

**NATIONAL HEALTH AND NUTRITION**

**EXAMINATION SURVEY III**

**INTERVIEWER'S MANUAL**

**Revised JUNE 1993**

NHANES III INTERVIEWER'S MANUAL  
TABLE OF CONTENTS

PART I: FIELD PROCEDURES

| <u>Chapter</u> |  | <u>Page</u> |
|----------------|--|-------------|
| 1              | INTRODUCTION TO THE THIRD NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES III) AND WESTAT ..... | 1-1         |
| 1.1            | History of the National Health and Nutrition Examination Programs .....                                  | 1-1         |
| 1.2            | National Health and Nutrition Examination Survey (NHANES III) .....                                      | 1-4         |
| 1.2.1          | NHANES III Main Study .....  | 1-5         |
| 1.2.2          | NHANES III Pretests .....  | 1-6         |
| 1.3            | Field Organization for NHANES III .....  | 1-7         |
| 1.4            | Overview of Interviewer Tasks .....  | 1-9         |
| 2              | PRE-FIELD PROCEDURES .....   | 2-1         |
| 2.1            | Overview of Interviewer Materials .....  | 2-1         |
| 2.1.1          | Materials to Encourage Respondent Cooperation .....  | 2-2         |
| 2.1.2          | Materials to be Used in the Field .....  | 2-3         |
| 2.1.3          | Materials for Organization and Recordkeeping .....   | 2-7         |
| 2.1.4          | Materials to Health you Prepare for Your Job .....   | 2-8         |
| 2.2            | Receiving and Reviewing Your Assignments .....   | 2-9         |
| 2.3            | Planning and Scheduling .....  | 2-10        |
| 2.4            | Preparing for the Field .....  | 2-11        |
| 3              | MAKING CONTACT .....   | 3-1         |
| 3.1            | Locating the Dwelling Unit (DU) .....  | 3-1         |
| 3.1.1          | Definition of a DU .....   | 3-2         |
| 3.1.2          | How to Use the Listing Sheets .....  | 3-7         |
| 3.1.3          | Case ID .....  | 3-7         |

TABLE OF CONTENTS (continued)

| <u>Chapter</u> |  | <u>Page</u> |
|----------------|--|-------------|
|                | 3.1.4 Using the Listing Sheets to Locate a DU .....  | 312         |
|                | 3.1.5 Maps .....   | 3-12        |
|                | 3.1.6 Problems Locating the DU .....   | 3-18        |
|                | 3.2 Introduction at the Door .....   | 3-18        |
|                | 3.3 Answering the Respondent's Questions .....   | 3-22        |
| 4              | ADMINISTERING THE INTERVIEW .....  | 4-1         |
|                | 4.1 The Household Screener Interview .....   | 4-1         |
|                | 4.1.1 Eligible Screener Respondent .....   | 4-2         |
|                | 4.1.2 Front Cover of the Household Screener .....  | 4-2         |
|                | 4.1.3 Household Composition -- Section A .....   | 4-2         |
|                | 4.1.4 Rules for Determining Household Members .....  | 4-6         |
|                | 4.1.5 Household Composition Questions .....  | 4-9         |
|                | 4.1.6 Household Composition Table .....  | 4-19        |
|                | 4.1.7 Composition of Families Within Households .....  | 4-21        |
|                | 4.1.8 Completing the Household Composition Table .....   | 4-23        |
|                | 4.1.9 Sample Person Selection .....  | 4-33        |
|                | 4.1.10 Ending the Screener Interview .....   | 4-49        |
|                | 4.1.11 Procedure in Case of Vacancy/Not a DU or<br>Refusal or Inability to Complete Screener ..... | 4-51        |
|                | 4.2 Administering the Family Questionnaire .....   | 4-53        |
|                | 4.2.1 Eligible Respondent for the Family Questionnaire .....                                       | 4-53        |
|                | 4.2.2 Completion Order for the Family Questionnaire .....  | 4-54        |
|                | 4.2.3 Assigning a Case Identification Number to the<br>Family Questionnaire .....                  | 4-54        |
|                | 4.3 Administering the Household Sample Person Questionnaires .....                                 | 4-58        |
|                | 4.3.1 Eligible Respondent for Household .....  | 4-58        |
|                | 4.3.2 Sample Person Questionnaires .....   | 4-58        |
|                | 4.3.3 Completion Order for the Household Sample<br>Person Questionnaires .....                     | 4-60        |
|                | 4.3.4 Assigning the Identification Number for the Household<br>Sample Person Questionnaires .....  | 4-60        |

TABLE OF CONTENTS (continued)

| <u>Chapter</u> |   | <u>Page</u> |
|----------------|---|-------------|
| 5              | THE HOUSEHOLD FOLDER .....  | 5-1         |
|                | 5.1 Assignment Box .....  | 5-3         |
|                | 5.2 Household Language Use .....                                      | 5-3         |
|                | 5.3 Summary of HH Work .....  | 5-3         |
|                | 5.4 Routing Form .....  | 5-6         |
|                | 5.5 Missed Structure Procedure .....                                  | 5-6         |
|                | 5.6 Missed DU Procedure and Missed DU Form .....                      | 5-6         |
|                | 5.7 Call Record Result Codes .....                                    | 5-7         |
|                | 5.8 Household Call Record .....                                       | 5-7         |
| 6              | CONTACT PROCEDURES .....  | 6-1         |
|                | 6.1 Contact Attempts .....  | 6-1         |
|                | 6.1.1 Planning Your Contacts .....                                    | 6-2         |
|                | 6.1.2 Number of Attempts .....  | 6-3         |
|                | 6.1.3 Neighbor Contacts .....   | 6-3         |
|                | 6.2 Using the Call Record .....                                       | 6-5         |
|                | 6.3 Result Codes .....  | 6-8         |
| 7              | MEASURING PULSE AND BLOOD PRESSURE IN THE HOME .....                  | 7-1         |
| 8              | THE MEC EXAMINATION APPOINTMENT .....                                 | 8-1         |
|                | 8.1 Overview of Mobile Examination Center (MEC) Operations .....      | 8-1         |
|                | 8.1.1 The MEC Unit .....  | 8-1         |
|                | 8.1.2 MEC Staff .....   | 8-3         |
|                | 8.1.3 MEC Exam .....  | 8-5         |
|                | 8.1.4 MEC Exam Schedule .....   | 8-8         |
|                | 8.2 General Procedures for Making MEC Appointment .....               | 8-9         |
|                | 8.3 Specific Procedures .....   | 8-11        |
|                | 8.4 AIDS Testing .....  | 8-46        |
|                | 8.5 Drug Testing - Cycle II .....                                     | 8-49        |
|                | 8.6 Answering SP Questions About the Blood Draw .....                 | 8-52        |
|                | 8.7 SP Receipt of Examination Findings/Results .....                  | 8-53        |
|                | 8.8 Motivating the Respondent to Participate in the Examination ..... | 8-54        |

TABLE OF CONTENTS (continued)

| <u>Chapter</u> |   | <u>Page</u> |
|----------------|---|-------------|
|                | 8.9 Making Field Reminders .....  | 8-54        |
|                | 8.10 Rescheduling Broken MEC Appointments .....   | 8-58        |
| 9              | HOME EXAMINATIONS .....   | 9-1         |
|                | 9.1 Overview .....  | 9-1         |
|                | 9.2 Who Gets a Home Exam? .....   | 9-4         |
|                | 9.3 Scheduling Guidelines .....   | 9-5         |
|                | 9.4 Making the Home Exam Appointment .....  | 9-5         |
|                | 9.5 Reasons for Refusing Home Exam Appointment .....  | 9-9         |
| 10             | NONRESPONSE .....   | 10-1        |
|                | 10.1 Nonresponse Problems .....   | 10-1        |
|                | 10.2 Completing the Non-Interview Form for the Screener .....   | 10-4        |
|                | 10.3 Completing the SP Card for Extended Interview, Pulse/Blood<br>Pressure and MEC Appointment Nonresponse ..... | 10-16       |
| 11             | QUALITY CONTROL .....   | 11-1        |
|                | 11.1 Field Edit .....   | 11-1        |
|                | 11.2 Field Office Edit .....  | 11-6        |
|                | 11.3 Validation .....   | 11-6        |
|                | 11.4 Updating Procedures and Specifications .....   | 11-7        |
| 12             | QUALITY CONTROL OF LISTING .....  | 12-1        |
|                | 12.1 Missed DU Procedure .....  | 12-2        |
|                | 12.2 Examples of Missed DU Situations .....   | 12-6        |
|                | 12.3 Missed Structure Procedure .....   | 12-9        |
|                | 12.4 Completing the Assignment Box .....  | 12-12       |
|                | 12.5 Working Missed DUs/Structures Using CAPI .....   | 12-12       |
| 13             | REPORTING .....   | 13-1        |
|                | 13.1 Conference with Your Supervisor .....  | 13-1        |
|                | 13.2 Report Forms .....   | 13-3        |

TABLE OF CONTENTS (continued)

| <u>Chapter</u> |  | <u>Page</u> |
|----------------|--|-------------|
|                | 13.2.1 Overview .....  | 13-3        |
|                | 13.2.2 The Interviewer Assignment Log (IAL) .....                                | 13-4        |
| 14             | GENERAL SPECIFICATIONS AND DEFINITIONS FOR THE<br>HOUSEHOLD QUESTIONNAIRES ..... | 14-1        |
|                | 14.1 General Specifications .....  | 14-1        |
|                | 14.2 General Definitions .....   | 14-3        |
| 15             | HOUSEHOLD ADULT QUESTIONNAIRE: SHORT FORM<br>(Ages 17+ Years) .....              | 15-1        |
|                | 15.1 When is this Form Completed? .....  | 15-2        |
|                | 15.2 General Specifications for Completing the HAQ Short Form .....              | 15-2        |
|                | 15.3 Instructions for Completing the Cover Page .....                            | 15-9        |
| 16             | INTRODUCTION TO THE SPANISH LANGUAGE COMPONENT<br>OF NHANES III .....            | 16-1        |
| 17             | LANGUAGE OF THE INTERVIEW .....  | 17-1        |
|                | 17.1 Determining the Language of the Interview .....                             | 17-1        |
|                | 17.1.1 Identify Environmental Cues .....   | 17-1        |
|                | 17.1.2 Use of Communication Cues .....   | 17-2        |
|                | 17.2 Use of "Usted" and "Tu" during the Interview .....                          | 17-4        |
|                | 17.3 Recording Open-ended Answers During the Spanish<br>Language Interview ..... | 17-4        |
|                | 17.4 Changing Language During the Interview .....                                | 17-5        |
| 18             | PROBING .....  | 18-1        |
|                | 18.1 Probing During the Spanish Interview .....                                  | 18-1        |
|                | 18.2 Probes in Spanish .....   | 18-1        |

TABLE OF CONTENTS (continued)

| <u>Chapter</u> |   | <u>Page</u> |
|----------------|---|-------------|
| 19             | ANSWERING RESPONDENT QUESTIONS .....      | 19-1        |
|                | 19.1 Answering Respondent Questions ..... | 19-1        |
|                | 19.2 Typical Respondent Questions .....   | 19-1        |
| 20             | COMMENTS ON SPANISH QUESTIONNAIRES .....  | 20-1        |

## List of Exhibits

### Exhibit

|      |   |       |
|------|---|-------|
| 3-1  | Listing Route Form .....  | 3-13  |
| 3-2  | Advance Letter .....  | 3-20  |
| 3-3  | Screener Brochure .....   | 3-21  |
| 4-1  | Age Verification Hand Card .....  | 4-42  |
| 5-1  | Reduced Copy of Household Folder .....  | 5-2   |
| 5-2  | Call Record Result Codes .....  | 5-8   |
| 5-3  | Household Call Record .....   | 5-9   |
| 6-1  | Call Record .....   | 6-6   |
| 6-2  | Call Record Result Codes .....  | 6-7   |
| 8-1  | Photograph of MEC (Exterior) .....  | 8-2   |
| 8-2  | Floor Plan of MEC .....   | 8-4   |
| 8-3  | Exam Components by Age Group .....  | 8-6   |
| 8-4  | Front cover of sample person brochure .....   | 8-12  |
| 8-5  | School Excuse Letter .....  | 8-14  |
| 8-6  | Address Labels on Household Folder Identifying Fasting Sample in<br>which all SPs in the Household Fall (S = Standard and M = Modified) ..... | 8-16  |
| 8-7  | Reminder Letter .....   | 8-16  |
| 8-8  | Consent Form .....  | 8-22  |
| 8-9  | Questions and Answers About NHANES III Consent form .....   | 8-22  |
| 8-9a | Information About Child Abuse .....   | 8-27a |
| 8-10 | Authorization for Release of Birth Certificate .....  | 8-29  |
| 8-11 | Transportation Form .....   | 8-31  |
| 8-12 | Cover of Household Folder .....   | 8-33  |
| 8-13 | Morning Exam Appointment Slip - Persons 20+ (BLUE) .....  | 8-35  |

TABLE OF CONTENTS (continued)

| <u>Exhibit</u> |   | <u>Page</u> |
|----------------|---|-------------|
| 8-14           | Morning Exam Appointment Slip - Persons 12-19 (PURPLE) .....  | 8-36        |
| 8-15           | Afternoon Exam Appointment Slip - Persons 12+ (PINK) .....  | 8-37        |
| 8-16           | Evening Exam Appointment Slip - Persons 12+ (YELLOW) .....  | 8-39        |
| 8-17           | Morning/Afternoon/Evening Exam Appointment Slip - Persons<br>2 months-11 Years and Diabetics on Insulin (WHITE) ..... | 8-40        |
| 8-18           | Home Exam Appointment Slip Persons 20+ (ORANGE) .....   | 8-41        |
| 8-19           | Morning Exam Appointment Slip Persons 12+ taking Pills<br>for Diabetes (GOLD) .....                                   | 8-42        |
| 8-20           | Certificate of Appreciation .....   | 8-45        |
| 8-21           | Rulers for SPs 12 and under and their siblings .....  | 8-46        |
| 8-22           | AIDS Information Sheet .....  | 8-48        |
| 8-23           | AIDS Brochure .....   | 8-49        |
| 8-24           | Drug Testing Information Sheet .....  | 8-52        |
| 8-25           | Control Card .....  | 8-56        |
| 8-26           | Household Folder Call Record .....  | 8-57        |
| 8-27           | SP Card .....   | 8-60        |
| 8-28           | Family Appointment History Report .....   | 8-61        |
| 9-1            | Home Exam Components by Age Group .....   | 9-3         |
| 9-2            | Home Exam Fact Sheet of the SP Brochure .....   | 9-6         |
| 9-3            | SP Card .....   | 9-8         |
| 10-1           | Screener Non-Interview Form .....   | 10-15       |
| 10-2           | SP Card .....   | 10-17       |
| 10-3           | SP Card Specifications .....  | 10-19       |
| 11-1           | Interview Conference Report .....   | 11-4        |
| 12-1           | Missed DU Form .....  | 12-4        |
| 12-2           | Missed Structure Form .....   | 12-11       |
| 13-1           | Interviewer Assignment Log .....  | 13-5        |

Attachment

Attachment

|   |  |     |
|---|--|-----|
| A | Information for Health Representatives to Use if SPs Express Concern<br>About the Blood Draw During the Appointment Making Process ..... | A-1 |
|---|--|-----|

Questionnaires

## **1. INTRODUCTION TO THE THIRD NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES III) AND WESTAT**

This chapter provides you with a general description of Health Examination Surveys and NHANES III. It also provides an overview of the tasks you will be expected to perform.

### **1.1 History of the National Health and Nutrition Examination Programs**

The National Health Survey Act, passed in 1956, provided the legislative authorization for a continuing survey to provide current statistical data on the amount, distribution, and effects of illness and disability in the United States. In order to fulfill the purposes of this Act, it was recognized that data collection would involve at least three sources: (1) the people themselves by direct interview; (2) clinical tests, measurements, and physical examinations on sample persons; and (3) places where persons received medical care such as hospitals, clinics, and doctors offices.

To comply with the 1956 Act, between 1960 and 1984, the National Center for Health Statistics (NCHS), a branch of the U.S. Public Health Service, in the U.S. Department of Health and Human Services, conducted six separate examination surveys to collect interview and physical examination data.

- 1. 1960-62 -- National Health Examination Survey I (NHES I);**
- 2. 1963-65 -- National Health Examination Survey II (NHES II);**
- 3. 1966-70 -- National Health Examination Survey III (NHES III);**
- 4. 1971-75 -- National Health and Nutrition Examination Survey I (NHANES I)**
- 5. 1976-80 -- National Health and Nutrition Examination Survey II (NHANES II);  
and**
- 6. 1982-84 -- Hispanic Health and Nutrition Examination Survey (HHANES).**

The first National Health Examination Survey (NHES I) focused mainly on selected chronic disease of adults aged 18-79. NHES II and NHES III focused primarily on the growth and development of children. The NHES II sample included children ages 6-11 while NHES III focused on youths 12-17. All three surveys had an approximate sample size of 7,500.

The fourth survey introduced a new emphasis. The study of nutrition and its relationship to health status had become increasingly important as researchers began to discover links between dietary habits and disease. In response to this concern, under a directive from the Secretary of the Department of Health, Education and Welfare, the National Nutrition Surveillance System was instituted by NCHS. The purpose of this system was to measure the nutritional status of the U.S. population and changes over time. However, a special task force recommended that a continuing surveillance system include clinical observation and professional assessment as well as the recording of dietary intake patterns. Thus, the National Nutrition Surveillance System was combined with the National Health Examination Survey to form the first National Health and Nutrition Examination Survey (NHANES I), the fourth examination survey conducted to date.

**NHANES I**, the first cycle of the NHANES studies, was conducted between 1971 and 1975. This survey was based on a national sample of about 32,000 persons between the ages of 1-74 years. Extensive data on health and nutrition were collected by interview, physical examination, and a battery of clinical measurements and tests from all members of the sample.

The **NHANES II** survey began in 1976 with the goal of interviewing and examining 28,000 persons between the ages of 6 months to 74 years. This survey was completed in 1980. It is important to point out that in order to establish a baseline for assessing changes over time, data collection for NHANES II was made comparable to NHANES I. This means that in both surveys many of the same measurements were taken, the same way, on the same age segment of the U.S. population.

While the NHANES I and NHANES II studies provided extensive information about the health and nutritional status of the general U.S. population, comparable data were not available for many of the ethnic groups within the U.S. The **Hispanic Health and Nutrition Examination Survey (HHANES)**, fielded from 1982 to 1984, aimed at producing estimates of health and nutritional status for the three largest Hispanic subgroups in the U.S. -- Mexican-Americans, Cuban-

Americans and Puerto Ricans -- that were comparable to the estimates available for the general population. HHANES was similar in design to the previous HANES studies, interviewing and examining about 16,000 people in various regions across the country where there are large Hispanic populations.

In addition to NHANES I, NHANES II, and Hispanic HANES, several other HANES projects have been underway since 1982. These projects have been a part of the HANES Epidemiologic Follow-up Survey, a multi-phase project which has been conducting follow-up interviews with the NHANES I survey population in order to provide a longitudinal picture of the health of the U.S. population.

## **1.2 National Health and Nutrition Examination Survey (NHANES) III**

NHANES III will follow in the tradition of past HANES (or NHANES) surveys, continuing to be a keystone in providing critical information on the health and nutritional status of the U.S. population.

Some of the diseases and medical conditions to be studied in NHANES III include, but are not limited to, the following:

- Heart disease
- Cancer
- Chronic obstructive lung disease (asthma, chronic bronchitis, emphysema)
- Diabetes
- Kidney disease and other urologic disorders
- Digestive disease (gallbladder disease)
- Osteoporosis
- Arthritis and related musculoskeletal conditions (rheumatoid arthritis, osteoarthritis, gout)

- **Infectious diseases**
- **Oral health/dental problems**
- **Allergies (asthma, hayfever, eczema, food and drug allergies)**
- **Mental health conditions**
- **Hearing loss**
- **Vision problems**
- **Nutritional disorders, such as vitamin and mineral deficiencies**

NHANES III is being conducted by Westat for the National Center for Health Statistics (NCHS), a branch of the U.S. Public Health Service.

### **1.2.1 NHANES III Main Survey**

Data collection on the NHANES main survey began in the Fall of 1988 and will continue for approximately six years (two three-year rounds) at 88 locations (stands) across the U.S. The main survey was preceded by four pretests which began during the Fall of 1987.

Approximately 40,000 individuals two months of age and older in households across the U.S., will be randomly selected to participate in the main survey. The study respondents include whites, blacks, Mexican-Americans, as well as all other groups. The study design also includes a representative sample of these groups by age, sex and income level.

Selected persons are invited to take part in the survey by being interviewed in their homes. This medical history interview includes demographic, socioeconomic, dietary, and health-related questions. Upon completion of the interview, respondents are asked to participate in a Mobile Examination Center (MEC) examination. This examination includes a physical and dental examination conducted by a physician and a dentist, and laboratory tests, x-rays and other health interviews conducted by highly trained medical personnel. Some respondents, not able to go to the MEC, receive an abbreviated physical examination in their home (discussed in Chapter 9).

**The results of this survey will benefit the U.S. population in three important ways. First** of all, data on the distribution of health problems and potential risk factors in the populations provides researchers with important clues to the causes of disease development. Secondly, information collected from this survey will be compared to information collected in previous and future HANES surveys. This will allow health planners to determine the extent to which various health problems and risk factors have changed in the U.S. population over time. Thirdly, by identifying the health care needs of the population, agencies of the government and private sector can establish policies and plan research, education, and health-promotion programs which will help improve the current health status of the population and prevent future health problems.

By computing prevalence rates for the population as a whole and for specific age-race-sex groups, researchers can determine which subgroups of the population would benefit most from specific programs and policies. For example, information collected in this survey will help FDA decide whether to implement calcium fortification regulations for the nation's food supply. NCHS will use the data from this survey to revise the growth charts which are used widely by pediatricians to monitor the growth of children.

### **1.2.2 NHANES III Pretests**

In 1987-88 **four** pretests were conducted in preparation for the NHANES III main study. They were as follows:

- **Washington, D.C. Area (Fall 1987):** This pretest tested all Mobile Examination Center procedures including the physical exams, the examination center interviews, and the automated data collection system. Respondents were volunteers; some were Federal government employees and dependents. No household interviewing was conducted.
- **Los Angeles (Fall 1987):** This pretest tested all the household interviewing procedures including interviews with English and Spanish-speaking respondents. No physical examinations were conducted.
- **Tampa (Winter 1988):** This pretest brought together the household interviewing and examination components of the study. Respondents were interviewed in their homes and then asked to participate in a physical examination in the

Mobile Examination Center or in their homes. All study documents and procedures were tested.

- In September, 1988, the fourth pretest was conducted in the **Maryland suburbs** of Washington, D.C. This final trial run was called the **dress rehearsal**. As in Tampa, all study components were tested and revision made.

During each pretest the NCHS/Westat staff observed all the survey tasks. Following each pretest, revisions and adjustments were made as necessary in order to ensure a successful main study. The main study began in October, 1989 [REDACTED]

In October 1992 NHANES converted to **CAPI** (computer-assisted-personal-interviewing). With CAPI, interviewers conduct hard copy Screeners, enter all critical Screener information for eligible households into CAPI (about 80 percent of Screener data), and then conduct all other household questionnaires using laptops.

In preparation for this, a pretest was conducted in the summer of 1992 [REDACTED] [REDACTED] This pretest tested all the household interviewing procedures (field and office tasks). No physical examinations were conducted. Following this pretest, revisions were made and the full implementation of CAPI was instituted in October 1992 [REDACTED]

### **1.3 Field Organization for NHANES III**

There are 2 levels of field organization for NHANES III. The home office staff and the stand staff.

- **Home Office Staff from Westat** -- Project staff from Westat are responsible for overseeing the field work.
- **Stand Office Staff** -- For this survey, we will open an office in every stand. Each stand office will have a MEC Manager, an Office Manager (OM), a Field Manager (FM), and 2 Assistant Office Managers (AOM). One of these individuals also serves as Stand Coordinator.

The **MEC (Mobile Examination Center) Manager** will supervise the set up and maintenance of the MEC, including administrative supervision of the MEC staff. The **Office Manager** will be responsible for the stand office operations and is the main conduit for the flow of work and information between the Mobile

Examination Center and the household interviewing staff. S/he will supervise one or more local office clerks hired to assist with office activities.

The **Field Manager** will have primary responsibility for the supervision of the **Household Interviewers** (Health Representatives).

The **AFMS Assistant Office Manager** will be primarily responsible for data entry into the Automated Field Management System (AFMS). S/he will report to the OM.

The **CAPI Assistant Office Manager** is responsible for editing hard copy and CAPI data and for verification of interviewer's work.

Several times per week you will visit the stand office and report to the FM. During the course of the study you will also interact, on a daily basis, with the other stand office staff as well as home office staff.

**Mobile Examination Center (MEC)** -- Examinations and MEC interviews will be conducted in specially-equipped and designed Mobile Examination Centers (MECs) each consisting of four trailers. Each trailer is approximately 60 feet long and 8 feet wide. The trailers are drawn by detachable truck tractors when moving from one geographic location (stand) to another. At an examination site, such as a hospital parking lot, the four trailers are set up side-by-side and connected by enclosed passageways. At any given time during the survey, there are two MECs set up at two different stands and one traveling to the next stand.

The MEC houses all of the state-of-the-art equipment necessary for the physical exams and the tests conducted. The trailers are divided into rooms to assure the privacy of each study participant during the examination and interview.

There are two exam teams traveling from stand to stand to conduct the exams and interviews in the MECs. There are 16 individuals on each traveling team: 1 licensed physician, 1 licensed dentist, 1 MEC coordinator, 1 ultrasonographer, 4 medical technicians, 4 health technicians, 1 home examination technician, 2 dietary interviewers, and 1 MEC interviewer. In addition, 2 local assistants are recruited, trained, and employed at each stand to assist the exam staff.

You will be part of a large field staff, separate from the exam team, which conducts the household interviews. However, it is important that you understand the activities of the exam team since it will be your job to set up appointments for respondents to go to the Examination Center.

## **1.4 Overview of Interviewer Tasks**

This section describes the steps that have already been completed to prepare for the survey and also provides you with an overview of the tasks you will be expected to perform as an interviewer. Each of these tasks is discussed in detail in later sections of this manual. In the overview that follows, certain key items are underlined. Make sure to thoroughly familiarize yourself with each of these basic concepts as you study this manual.

**Steps completed prior to interviewing:**

- Certain survey areas were selected for the main study. These are called stands.
- Statisticians scientifically selected certain **segments** in each of the stands. A segment is an area with definite boundaries, such as a city block or group of blocks containing a cluster of households.
- Twelve weeks before data collection begins, NHANES III staff will list the segments in each of the stands. Listing is the systematic recording on special forms of the address of every **dwelling unit** located within the segment. Commercial buildings and other structures not intended as living quarters will not be listed.
- A sample of dwelling units will be selected from the listing forms. This sample is the group of addresses that you will visit in order to conduct interviews.
- Immediately before data collection begins, an **advance letter** will be sent to each dwelling unit with a mailing address. This letter will briefly describe the study and inform the household that an interviewer will be contacting them in the near future.

**The tasks you will be performing for NHANES III begin at this point:**

1. After the successful completion of training, you will be given an assignment of sampled dwelling units to contact. Each assignment will consist of pre-labeled **Household Folders**, pre-labeled Screeners, and the appropriate Segment Folder.
2. Using addresses on the Household Folders and listing/mapping materials in the Segment Folder, you will locate these dwelling units.
3. If a selected address is not a dwelling unit or is not occupied, you will complete the "**Vacant/Not a du**" Section on the last page of the Screener.
4. You will contact an **adult household member** who lives in the dwelling unit. A household consists of all the individuals who live within a dwelling unit.

5. You will record the **result** of each contact or attempted contact with the household on the **Call Record** located on the Household Folder.
6. Once you have contacted an adult who lives in the selected household, you will administer the  **Screener**.
7. The  **Screener** is a questionnaire that enumerates all the persons in the household, divides the household into families, and collects all the demographic characteristics necessary to immediately determine if there are persons in the household eligible for further interviewing.

All instructions necessary to **determine eligibility and select Sample Persons (SPs)** for NHANES III are found in the Screener.

8. If all persons in a household are ineligible, no further work will be done with the case. When you find eligible household members you will continue to conduct all the necessary tasks associated with the case.
9. Next, you will administer the appropriate **medical history questionnaire** to each SP. The type of questionnaire you will complete depends on the age of the SP. These questionnaires will be discussed in detail in later sections of this manual.
10. Following the medical history interview you will **measure the pulse and blood pressure** of all SPs age 17+.
11. You will also administer a **Family Questionnaire** to one adult family member from each eligible family with selected SPs.
12. Next you will set up an **examination appointment**. You will repeat this process for each SP, attempting to coordinate appointments which conform to the Examination Center schedule and are convenient for an individual SP and all other SPs within a family unit.

Under some circumstances, you will also be setting up home examinations for selected SPs.

13. After you have confirmed the examination appointment (both MEC and home) with the stand office and the respondent you will obtain a signed consent form from the SP for the examination and give each SP an **appointment slip**.

At this time you will also obtain for each SP **age 16 or less parent authorization to release birth certificate**.

If there is more than one eligible family with SPs selected, you will repeat this process with each of the additional families. Most often you will find only one family in the household.

14. In the event that an SP or a respondent to any questionnaire is not immediately available, you will make an appointment to return at a later date.
15. You will also support the survey by conducting **field reminders** prior to MEC appointments and assist with **rescheduling of broken appointments** for the examinations.
16. If you are unable to complete any of the questionnaires or procedures (**non-response at the SP level**) you will complete a Household Adult Questionnaire - Short Form which collects certain essential facts about the SP and the nonresponse situation. You will also complete an **SP Card** which documents the problems encountered in completing one or more tasks.
17. You will check for missed DUs and/or structures when instructed to do so. If any are found, you will follow the **Missed DU or Missed Structure Procedures** and complete the appropriate forms.
18. When you have completed an interview, you will **edit** your work, carefully reviewing all questionnaires/forms for completeness and legibility.
19. You will **report** in person to the FM at the stand office for regularly scheduled conferences, usually every other day. During this conference, you will return and discuss completed cases, discuss problems with incomplete cases, and receive new case assignments. You will also report on your time, expenses, and production.
20. The FM will review your work. To insure the accuracy and completeness of the survey, all of your work and a sample of your cases will be **edited**, and then **validated** by recontacting respondents. After this review, your supervisor will provide you with feedback concerning the quality of your work.
21. At the end of each stand field period, you will **return all interviewing materials** to your supervisor.

## **2. PRE-FIELD PROCEDURES**

This chapter provides you with a description of all the materials you will be using in your job as an interviewer. It also provides a description of how you will receive assignments, as well as how to plan a schedule and how to prepare to go into the field in order to actually work on your assignments.

### **2.1 Overview of Interviewer Materials**

At the beginning of the survey, you will be given the materials you will need for your work. After you begin working, it will be your responsibility to obtain additional supplies from the stand office as you need them. Check your supplies regularly so that you can pick up additional materials before you run out.

The sections below describe the materials you will use on this study. Most of these items are discussed in more detail in other chapters of this manual. The brief descriptions provided in this chapter are arranged under four main headings:

- **Materials to encourage respondent cooperation;**
- **Materials to be used in the field;**
- **Materials for organization and recordkeeping; and**
- **Materials to help you prepare for your job.**

#### **2.1.1 Materials to Encourage Respondent Cooperation**

These materials are designed to introduce the survey to respondents and to encourage them to participate in the interview. All of the following materials are available in English and Spanish except the Identification Badge:

- **Advance Letter (in English and Spanish)** -- This letter introduces the survey and requests the respondent's participation. In most situations, the home office will send a letter to each address just before you are assigned the case. In some areas, however, the addresses will not be adequate to mail the letter. In those cases, you will present the letter during the first contact with a household member. Make sure that each household has received an advance letter either in the mail or directly from you during your introduction.
- **Screener Brochure (in English and Spanish)** -- This brochure contains a brief description of the study and provides answers to questions respondents may have

about the study. It emphasizes that eligible respondents may be asked further questions related to health and nutrition. It does not include information relevant to the specifics of sample selection for NHANES III. You should have this brochure available to hand out to an eligible Screener respondent.

- **Sample Person Brochure** ( in English and Spanish) -- The Sample Person brochure contains the same description of the study included in the Screener brochure plus additional information related to the extended interview and the physical examination. It also provides more detailed answers to questions respondents may have about the study. Interviewers should have it available to hand to an eligible respondent upon completion of the Screener.

The last page of this brochure contains the **MEC Examination Consent Form**. This form will be used to demonstrate that consent to participate in the examination has been obtained from each Sample Person, that they have been fully informed about the content of the examination and the nature of their participation, and that the examination results will be forwarded to them 8-12 weeks after the exam. One consent form must be completed and signed for each SP receiving an exam and turned into the office. The brochure and a copy of the consent form is left with the SP.

- **Call-Back Card** -- The call-back card is left when no one is at home at a sampled address. It briefly describes the study and tells the respondent that you will return.
- **Identification Badge** -- This photo ID verifies that you are an employee working on the study.
- **Business Cards** -- Each interviewer will have personal business cards with your name, title (Health Representative), and the name of the study preprinted on each.
- **NHANES at a Glance** -- This manual provides visual aides to be used, as necessary, to obtain respondent cooperation. It contains articles, letters of endorsement, etc. It is the only manual shown to respondents.
- **Elderly Handouts (Pink/Blue)** -- These handouts contain a concise overview of the benefits of study participation. The blue handout is directed towards elderly men and women while the pink handout is specifically directed towards elderly women. Interviewers should have copies of these two handouts available to hand to elderly SPs.

## 2.1.2 **Materials to be Used in the Field**

The materials that you will use while actually interviewing include:

- **Household Folder** -- This folder contains the following:
  1. **Address information** to use in locating the unit;
  2. **Household language** use information to document languages spoken in the household;
  3. **A Summary of HH Work** box in which to enter work status data;
  4. The **Routing Form**, which is for OFFICE USE ONLY;
  5. **Missed Structure/Missed DU** Forms to be completed when appropriate;
  6. The **Home Exam Record**, which is used to record all contacts and results associated with this component;
  7. A list of the **Call Record Result Codes** used to record the dispositions of the survey components as well as nonresponse reason codes to be used at the SP level of the different components;
  8. The **Household Call Record**, which is used to record all contacts and results of contacts with the household; and
  9. The Household Folder is also used to **hold and organize** all completed questionnaires and/or forms associated with the household.
  
- **Segment Folder** -- Each segment with sampled units has a separate folder. This folder contains the following items:
  1. **Census Map** -- This is a large map of the area that provides you with the segment boundaries. This map is a copy of a portion of the official Census Bureau Map for the area.
  2. **Sketch Map** -- This is a detailed map that was used by the listers. You will use it to help locate the segment in which you will be interviewing.
  3. **Lister's Map** -- This is a detailed map drawn by the lister if a situation in the segment needs further description.
  4. **Listing Sheets** -- This form was used during the listing phase to record the addresses of all dwelling units in the segment. It will be used by you as a reference to help locate the unit.
  5. **Listing Route Form** -- This form was used by listers to record all streets in the segment in the order which they were listed. You will use it as a reference to help locate the unit.

- **Household Screener Questionnaire** (in English and Spanish) -- This form is used to enumerate household members and determine whether any members are eligible for further interview and examination, i.e., the selection of Sample Persons (SPs).
- **Family Questionnaire** (English and Spanish Versions) -- For each family with selected Sample Persons, this questionnaire will be administered to a knowledgeable adult family member.
- **Questionnaires to be Administered to Sample Persons** (in English and Spanish) -  
- You will be using different types of SP household questionnaires depending on the age of the Sample Person. These questionnaires collect primarily medical and nutritional information. They are as follows:
  1. **HOUSEHOLD ADULT QUESTIONNAIRE** - This instrument will be administered to each selected SP 17+ years of age.
  2. **HOUSEHOLD YOUTH QUESTIONNAIRE** - This instrument asks questions pertaining to children from 2 months to 16 years of age. This questionnaire will always be completed by a proxy respondent -- ideally the child's parent or guardian.
- **Hand Cards** (in English and Spanish) -- These cards contain information for your use during the interviews, or are to be shown to the respondent as you administer certain questions.
- **Authorization For Release of Birth Certificate** (in English and Spanish) -- This form will be used to obtain parent/guardian authorization to obtain birth certificates for children age 16 and under from the state office of vital records.
- **Appointment for Examination Slip** (English and Spanish Versions) -- This appointment slip is a reminder to be left with respondents for whom an appointment for examination at the Mobile Examination Center has been scheduled. there are seven versions of this form which vary by fasting guidelines and age.
- **Authorization for Transportation Arrangements for Persons Under 16 Years of Age** (English and Spanish versions) -- This form must be completed, at the time of interview, by a parent or guardian of any minor (under 16) who will be transported to the MEC.
- **School Excuse Form** -- This form, at the SPs request, can be presented to the school, explaining the nature of the survey and the need to examine the SP.
- **Certificate of Appreciation** (English and Spanish version) -- This certificate is given to each Sp at the household after s/he has scheduled an examination appointment. It is signed by the Assistant Secretary of Health and the Surgeon General.

- **SP Card** -- This card must be thoroughly completed for any nonresponse situation associated with the extended interview, blood pressure, or examination appointment.
- **Household Adult Questionnaire - Short Form** -- This instrument collects a few items of information on adults who refuse to answer the regular Household Adult Questionnaire.

### **2.1.3 Materials for Organization and Recordkeeping**

These materials are designed to help you organize your work when you are in the field and to maintain accurate records for reporting your production, time, and expenses. They consist of the following:

- **Field Briefcase** -- This briefcase expands to hold the supplies you will need in the field. Organizing your materials within this folder will save you and your respondent time and trouble during the interview.
- **Appointment Calendar** -- This calendar is to be used as your record of appointments with respondents. By recording your appointments in this calendar, you will avoid making appointments for the same time with different respondents.
- **Interviewer Assignment Log** -- You will receive a computer-generated list of all cases assigned to you in a segment. Prior to your daily conference, you will review your cases and update the log.
- **Interviewer Time and Expense Report** -- This report is your means of reporting hours worked and expenses incurred, in order to receive the correct pay and reimbursement for expenses. You will submit it to your supervisor on a weekly basis.
- **Trip Expense Report** -- This report is your means of reporting your eligible travel expenses and your living allowance. You will submit it to your supervisor on a weekly basis.

### **2.1.4 Materials to Help you Prepare for Your Job**

These materials are designed both as study guides for the training sessions and as reference documents for use throughout the field period. The materials are all contained within the four manuals as follows:

1. **General Interviewing Techniques Manual** -- The chapters in this manual discuss standard interviewing techniques and give general information about surveys and questionnaires.
2. **Interviewer's Manual** -- This document contains all the study specific information needed to work on NHANES III. It has 2 parts as follows:
  - **Part I: Specific Field Procedures** -- These chapters provide the specific procedures which must be followed for this survey. You should take this part into the field for reference in case you encounter any procedural problems/questions.
  - **Part II: Specifications for the Spanish Language Interview** -- These chapters contain procedures for selecting which language the interview will be conducted in, as well as the specifications to be used when administering the Spanish versions of the questionnaires.
3. **CAPI Questionnaire Specification Manuals** -- These 4 manuals contain detailed instructions, explanations, definitions, and examples for using the Screener, Family, Household Adult, and Household Youth questionnaires.
4. **Pulse and Blood Pressure Procedures Manual** -- This document contains all the specific procedures you must follow in order to obtain accurate measurements.
5. **Obtaining Respondent Cooperation Manual** -- This manual documents all materials and techniques used to obtain respondent cooperation.

## 2.2 Receiving and Reviewing Your Assignments

Throughout the field period you will receive assignments from your supervisor. Assignments will be made by segment. Each assignment will consist of:

1. **A Household Folder** containing a **computer-generated** address label. This label will be attached to the front of each Household Folder and will identify the location of the dwelling unit to be contacted;
2. **A Screener** containing several **computer-generated labels** which provide the written household sampling instructions needed to select SPs.

3. A **Segment Folder** containing a Census Map, Sketch Map, and Listing Sheets. These maps and forms provide further information to help in locating assigned dwelling units.
4. An **Interviewer Assignment Log** which is a computer generated list of all cases assigned to the interviewer.

When you receive an assignment:

- Check the address on the Household Folder Address Label of each sampled dwelling unit with the address recorded on the Listing Sheet. The procedure for this is explained in Chapter 3; and
- Check the Case ID and address on the Household Address Label with those listed on the Interviewer Assignment Log. The procedure for this is explained in Chapter 12.

If you encounter any discrepancies, notify your supervisor before working on the case.

As part of your assignment, you will be provided with blank questionnaires and other survey documents. Each time you use one of these questionnaires/documents, be careful to record on the form cover the case identification number from the Household Folder "Address Label." Once a document is used, that document should be kept in the corresponding Household Folder. In addition, you will receive blank Household Folders to be used if you find missed dwelling units (this procedure will be explained in Chapter 5).

Before accepting your assignment of cases, always check through the addresses to see that none of them are addresses of friends or relatives. It is a general rule that you should never interview a friend or relative. If you receive such a case, give it back to your supervisor. (If you do not realize that this case is a friend or relative's address until you leave the office, do not complete any work on it. Turn it in to your supervisor during your next conference.)

### **2.3 Planning and Scheduling**

It is important to plan your schedule in a way that allows you to spend large blocks of time **in the field**. The amount of time you spend locating, contacting, screening, and interviewing during a day should greatly exceed the amount of time it takes you to get to a segment to work.

To keep your travel time to a minimum, your supervisor will always try to assign you cases which are clustered in one part of the stand. After completing part of your assignments, however, you may find that your remaining households are more scattered. To make efficient use of your time, it will then become particularly important for you to carefully plan your schedule before you go into the field. As you plan your route keep in mind any family or SP interview appointments you have made and organize your time so that you can contact as many households as possible between appointments.

Study the contact procedures described in Chapter 7 in planning your work schedule.

## **2.4 Preparing for the Field**

Each day, before you go into the field, check over your supplies. Make sure you take with you all the necessary materials (English and Spanish versions when appropriate), so that you will not have to return home or to the stand office to pick up certain items or begin an interview and discover that you do not have the necessary materials. (Always inventory your supplies when you visit the stand office.) Also make sure your materials are organized. Shuffling through your materials in the midst of an interview may cause unnecessary delays and give the respondent an unfavorable impression of you and the survey.

The following is a list of the items you should always take with you in the field. Remember to take with you an English and Spanish version, if appropriate.

- ID badge;
- Advance letters;
- Brochures and fact sheets/cards (Screener, Sample Person, Diabetes, HANES Data Uses, NHANES AT A GLANCE);
- Pre-labeled Household Folders for all cases you plan to work on that day;
- Blank Household Folders;
- Appropriate Segment Folder(s) for cases you plan to work on that day;

- **Prelabeled Household Screener Questionnaires;**
- **Blank Household Screeners;**
- **Laptops;**
- **Other laptop equipment such as:**
  - **Warranty card with matching serial number;**
  - **Two backup diskettes;**
  - **Power pack with a cord;**
  - **Extension cord and an LTE AC adapter;**
  - **Two NiMH batteries (one in the PC and a spare); and a**
  - **Briefcase with a name tag.**

**Interviewers should also carry a placemat or towel to be placed on a respondent's table prior to setting down the PC;**

- **Household Adult Questionnaire: Short Form;**
- **Hand Cards;**
- **Appointment for Examination Slips (five versions);**
- **Sample Person Brochures;**
- **Home Exam Fact Sheets (inserts to SP Brochures);**
- **Authorization for Release of Birth Certificate for persons 16 years old or less;**
- **Authorization for Transportation Arrangements for Persons Under 16 Years of Age;**
- **Certificates of Appreciation;**
- **SP Cards;**
- **Sharpened No. 2 lead pencils; and**
- **Interviewer Manuals (kept in car for reference).**

**Whenever you are in the field and leave your car, make sure it is locked. Try to keep all materials (especially completed work and laptops) out of sight, e.g., locked in the trunk of your car.**

**When setting out to contact a household at which you have already made a previous attempt, review the Household Folder (see Chapter 5) for any notes you made on the earlier try. They will give you clues as to the best time to make your next attempt.**

### 3. MAKING CONTACT

This chapter provides the basic information you will need to locate the sampled dwelling unit, to introduce yourself and explain the purpose of your contact, and to answer any questions respondents might have.

#### 3.1 Locating the Dwelling Unit (DU)

After receiving your assignments, you will need to locate the selected DU's. There are three basic steps to follow in doing this:

- Step 1: Locate the Segment:** Using maps of the area, you should identify the exact location of the segment.
  
- Step 2: Locate the Selected Address:** The address of the selected DU appears on the front page of the Household Folder in the Assignment Box. The addresses for all selected DU's in a segment also appear on the Interviewer Assignment Log. Use the sketch of the segment to locate the selected addresses. All of the selected addresses for a segment should be located within the boundaries of the area shown on the segment map. **IF YOU FIND A SELECTED ADDRESS OUTSIDE THE SEGMENT, CALL YOUR SUPERVISOR.**
  
- Step 3: Determine Whether Selected Address is a DU:** Generally a selected address is clearly a DU (for example, a single family house or an apartment in a multi-unit structure). Whenever you think a selected address may not qualify as a DU, you must refer to the dwelling unit definition to see if the selected address fits the description.

As mentioned in Chapter 2, Listing Sheets will be included in the Segment Folder you receive. These will be the original Listing Sheets used by the listers when they recorded the addresses of all dwelling units in the segment. The Listing Sheets will designate the sampled addresses you are to contact, as well as help you locate them. The following sections further explain how to locate DU's using the Listing Sheets and other materials in the Segment Folder, and how to determine whether the address is a DU.

### **3.1.1 Definition of a DU**

Screeners should be conducted only at addresses which qualify as dwelling units. Therefore, it is your responsibility to make sure that the assigned address is (1) a dwelling unit, and (2) only one dwelling unit. In most cases, a dwelling unit will be easy for you to define, that is, a dwelling unit will be an apartment, a detached house, one house in a row of houses, half a duplex, etc. Sometimes, however, you will encounter structures where it is difficult to determine what constitutes a DU. Examples of these types of structures might be rooming houses, resident hotels, or houses which have been divided up into multi-family residences. The following definition explains in detail how to determine whether a residence is a dwelling unit.

---

**A dwelling unit is a single room, or group of rooms that is intended for year-round separate living quarters. This means that the people who live there must live and eat separately from everyone else in the building (or apartment) AND the room or group of rooms must have --**

**A separate entrance directly from the outside of the building or through a common hall.**

---

#### **Examples of Types of DU**

Although the box above provides our definition of a DU, the concept of a DU can better be illustrated by the following examples of typical places that have been listed as DU's for this survey (remember that this list is merely illustrative, and may not include some places that would qualify as DU's):

- **A single house** which is intended for occupancy by only one family.
- **A multiple family house** containing more than one DU. (You will often need to refer to the definition of a DU to determine the correct number of DU's in such places.)
- **A flat or apartment** in a structure which includes other flats or apartments.
- **A basement, attic, or garage apartment.** These may occur in any of the types of structures described above.

- **Vacant houses or apartments** which could be occupied.
- **Hotel or motel rooms** which are (1) occupied by permanent guests, or (2) occupied by employees who have no **permanent** residence elsewhere.
- **A room in a nonresidential structure** where there are no other rooms occupied or intended for residential occupancy. Thus, if there is one room in a warehouse which the caretaker uses for his living quarters, such a room qualifies as a DU.
- **A mobile home or trailer**, which is used as the permanent residence of the occupants and not just as their vacation residence.
- **A mobile home or trailer location** in a trailer lot or mobile home park in which numbered or otherwise specified spaces are rented. In such a mobile home park, each separate space allocated for one mobile home was listed as a DU, even if no mobile home currently occupied the space -- that is, an empty space in a regular mobile home park was treated like a vacant apartment or house.
- **Work camps occupied by seasonal workers.** If a worker occupies a unit for six months or more of the year, that unit is considered a permanent DU, as long as the unit satisfies the other requirements of a DU.
- **Seasonal dwellings**, such as summer homes, resort cottages, or other part-time homes that currently serve as permanent residences are considered DU's. An example of a residence which could be permanent is one which is heated where heat would be required. However, if someone lives permanently in an unheated DU, it should be included.

Since it is difficult to determine without inquiry whether a seasonal unit currently serves as a permanent residence, seasonal dwellings are listed, unless (1) they are used for overflow sleeping quarters for the main house, in which case they were considered part of the main house, or (2) they fit the definition of vacation cabin given under examples of structures which are not DU's.

- **Group Quarters Situations**

**Rooms within institutions** (hospitals, penal institutions) which serve as the **permanent residence** of a staff member, and which satisfy the requirements of the DU definition.

**Rooms within college dormitories and college sororities.**

**Rooms occupied by roomers or lodgers within rooming and boarding houses, communes, workers dormitories --**

Are **SEPARATE DU's** if each meets the definition of a DU. Thus, if the roomers or lodgers have rooms with a separate entrance directly from the outside of the building or through a common hall -- they are occupants of separate DU's. The quarters occupied by each lodger or roomer are listed on a separate line of the listing sheet.

Are **PART OF THE SAME DU** if the rooms occupied by the roomers or lodgers do not meet the definition of individual DU's.

■ **Institutions Included:**

**Military bases**, any residences on a military base such as officer's quarters, residences for civilian employees, etc. will be **included in NHANES III**. Barracks on military bases will be excluded.

**Examples of Structures That Are Not DU's**

Below is a list of units that, with the exception of **permanent DU's** of staff members located within them, do **not** qualify as DU's. If you are in doubt as to whether or not a structure qualifies as a DU, you should call your supervisor before contacting the unit.

Some examples of institutions which are to be excluded are:

- **Barracks;**
- **Staff quarters in hospitals which are not permanent;**
- **Penal institutions;**
- **Hospitals;**
- **Homes for the aged;**
- **Convents and monasteries;**
- **Other institutions which provide care for residents of inmates;**

However, you cannot completely ignore such institutions since some of them may contain the dwelling unit of a manager, janitor, proprietor, etc. You should determine whether there are "hidden" dwelling units in the building.

- **Unoccupied buildings** which have been condemned or which are being demolished;
- **Newly constructed units** which are not yet ready for occupancy;
- **Transient hotels or motel rooms;**
- **Places of business**, such as stores, factories, etc. -- but be sure to look for hard-to-find living quarters behind or above or inside business places;

- **Vacation cabins**, a group of five or more cabins owned and operated under a single management. These cabins must be clustered together, and rented or intended for rent and identified by a sign on the property where they are located. If they do not meet these requirements, they should be included; and
- **Indian reservation**, any residences within an Indian reservation.

If you find that the assigned address is not a DU according to the guidelines above, you must complete a Vacant/Not a DU Form which is part of the Household Folder. Instructions for completing this form are discussed in Chapter 5.

If you find that the assigned address includes **more than one** DU, you may need to follow special procedures. These are the Missed DU Procedures discussed in Chapter 11.

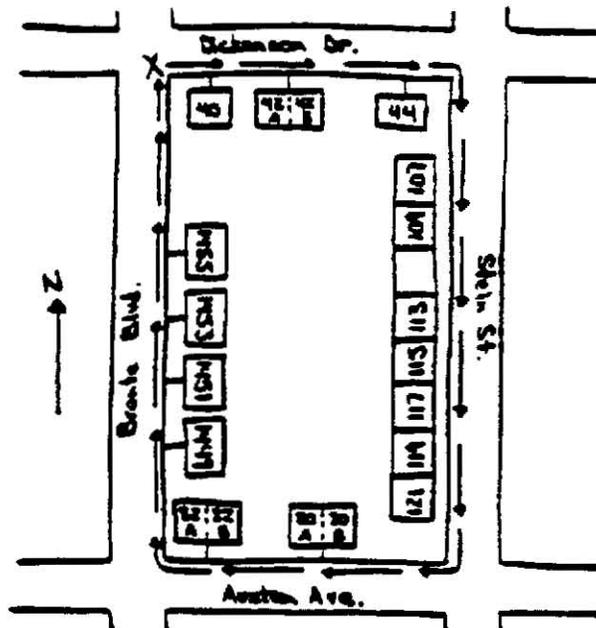
### **3.1.2 How to Use the Listing Sheets**

An understanding of how addresses were entered on the sheets by the listers will help you to use the Listing Sheets to locate the dwelling units you have been assigned. Listers followed this basic rule:

**LISTERS BEGAN AT THE NORTHWEST CORNER OF THE SEGMENT AND RECORDED ALL OF THE RESIDENTIAL ADDRESSES THEY ENCOUNTERED WHILE TRAVELING IN A CLOCKWISE DIRECTION AROUND THE BLOCKS IN THE SEGMENT. THE LISTER KEPT THE DWELLING UNITS BEING LISTED ON THE RIGHT, LISTED IN SEQUENCE, AND TRAVELED DOWN EVERY BLOCK IN THE SEGMENT, BEING SURE TO REMAIN WITHIN THE SEGMENT BOUNDARIES.**

The illustrations on the following pages show a **typical urban segment and a typical rural segment**. The listers began in the northwest corner and proceeded to record all DU's in the segment as shown on the Listing Sheet.

URBAN SEGMENT EXAMPLE



NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III

Listed by: Jack Smith  
 ID#: 1201

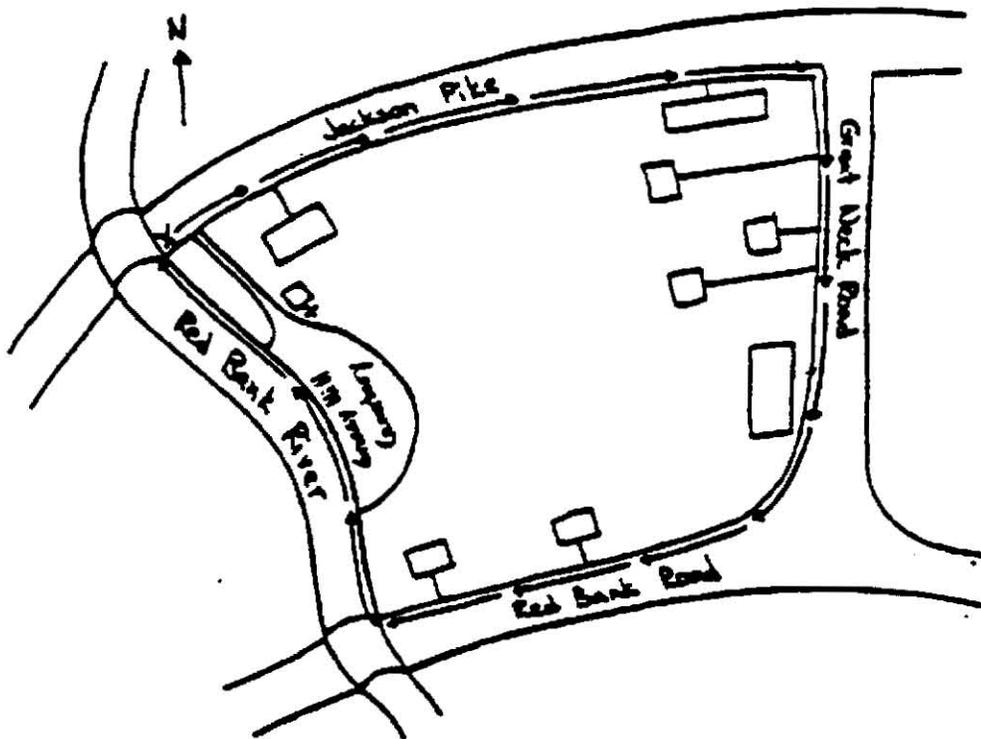
MAIN LISTING SHEET

Page 1 of 1 pages  
 Sheet: 101  
 Segment #: 11

MAILING INFORMATION FOR SEGMENT  
 Name of City, Township, etc.: Temple  
 Zip Code: 66622

| (a)<br>Office<br>Use<br>Only | (b)<br>Line<br># | (c)<br>Street Name | (d)<br>House<br># | (e)<br>Apt.<br># | (f)<br>Description or Location | (g)<br>If<br>Grp.<br>Qtrs.<br>(/) | (h)<br>Remarks |
|------------------------------|------------------|--------------------|-------------------|------------------|--------------------------------|-----------------------------------|----------------|
|                              | 1                | Dickson Drive      | 40                |                  |                                |                                   |                |
| 0012                         | 2                |                    | 42                | A                |                                |                                   |                |
|                              | 3                |                    | 42                | B                |                                |                                   |                |
|                              | 4                |                    | 51                |                  |                                |                                   |                |
|                              | 5                | Stein Street       | 107               |                  |                                |                                   |                |
|                              | 6                |                    | 109               |                  |                                |                                   |                |
| 0013                         | 7                |                    | 109               |                  | between 109 and 113            |                                   |                |
|                              | 8                |                    | 113               |                  |                                |                                   |                |
|                              | 9                |                    | 115               |                  |                                |                                   |                |
|                              | 10               |                    | 117               |                  |                                |                                   |                |
|                              | 11               |                    | 119               |                  |                                |                                   |                |
|                              | 12               |                    | 121               |                  |                                |                                   |                |
|                              | 13               | Austin Avenue      | 80                | B                |                                |                                   |                |
|                              | 14               |                    | 80                | A                |                                |                                   |                |
|                              | 15               |                    | 82                | B                |                                |                                   |                |
| 0014                         | 16               |                    | 82                | A                |                                |                                   |                |
|                              | 17               | Bronte Boulevard   | 1449              |                  |                                |                                   |                |
|                              | 18               |                    | 1451              |                  |                                |                                   |                |
|                              | 19               |                    | 1453              |                  |                                |                                   |                |

RURAL SEGMENT EXAMPLE



NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III

Page 2 of 2 241  
 Sheet 101  
 Segment 06

Listed by: Jack Smith  
 ID: 1301

MAIN LISTING SHEET

MAILING INFORMATION FOR SEGMENT  
 Name of City, Township, etc.: Temple  
 ZIP Code: 60628

| (a)<br>Office<br>Use<br>Only | (b)<br>Line<br># | (c)<br>Street Name | (d)<br>House<br># | (e)<br>App.<br># | (f)<br>Description or Location   | (g)<br>If<br>Cor.<br>Corr.<br>(/) | (h)<br>Remarks |
|------------------------------|------------------|--------------------|-------------------|------------------|----------------------------------|-----------------------------------|----------------|
|                              | 21               | Jackson Pike       |                   |                  | IN CENTER OF CORNER OF THE BLOCK |                                   |                |
|                              | 22               |                    |                   |                  | IN CORNER OF CORNER OF CORNER    |                                   |                |
|                              | 23               | Great Neck Road    |                   |                  | IN AN AREA OF CORNER - IN CORNER |                                   |                |
|                              | 24               |                    |                   |                  | IN AN AREA OF CORNER - IN CORNER |                                   |                |
| 0016                         | 25               |                    |                   |                  | IN CORNER OF CORNER - IN CORNER  |                                   |                |
|                              | 26               | Red Bank Road      |                   |                  | IN CORNER OF CORNER - IN CORNER  |                                   |                |
|                              | 27               |                    |                   |                  | IN CORNER OF CORNER - IN CORNER  |                                   |                |

### **3.1.3 Case ID**

When all listings were completed, Westat's Sampling Department reviewed the listings and selected the sample DU's you will be contacting. During this process, sample DU's were assigned Case ID numbers. The Case ID appears in the Assignment Box on the front of the Household Folder. This Case ID number can also be found on the Listing Sheet. The Case ID consists of 10 digits that provide the following information:

- **Stand Number** -- This is the first three digits of the Case ID. This code identifies your area, and should appear on all forms and communications with the office.
- **Segment Number** -- This is the second two digits of the Case ID. This code identifies the segment within the stand.
- **Serial Number** -- This is the next four digits of the Case ID. This code, along with the stand and segment numbers, uniquely identifies every household in the sample.

**NOTE:** The four digits found in column (a) of the Listing Sheet is the Serial Number of the Case ID.

- **Check Digit** -- This is the last digit of the Case ID and is meant to catch transcription errors. Unlike the previous nine digits, it has no field significance but is very important to the home office staff.

The address of the sample DU that appears on the Listing Sheet also appears on the Assignment Box -- Address Label on the front of the Household Folder. (Where no address is indicated, refer to the Listing Sheet and the segment sketch map to locate the DU.) Be sure the address and Serial Number on the Listing Sheet and the address and Serial Number on the front of the Household Folder agree. If there is any discrepancy, notify your Supervisor before working on the case.

The following illustration shows how the Case ID and address printed on the Address Label enable you to locate the sampled DU on the Listing Sheet.

ADDRESS LABEL ON HOUSEHOLD FOLDER

Check Digit

|              |               |                |   |
|--------------|---------------|----------------|---|
| 101<br>STAND | 15<br>SEGMENT | 0003<br>SERIAL | 5 |
|--------------|---------------|----------------|---|

ADDRESS: 129 Court Street  
Temple, Texas 60628

MESSAGES:  
 MISSED DU: Check for any DU's in this building which are not on Listing Sheet.  
 MISSED STRUCTURE: Check for any buildings in this segment which are not on Listing Sheet.

MESSAGES FOR MISSED DU AND MISSED STRUCTURE PROCEDURES (THESE ARE EXPLAINED IN CHAPTER 12).

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III

MAIN LISTING SHEET

Page 1 of 20 24000  
 Sheet: 001  
 Segment: 15

Listed by: Jack Smith  
 ID#: 1301

MAILING INFORMATION FOR SEGMENT

Name of City, Township, etc.: Temple

Zip Code: 60628

| (a)<br>Office Use Only | (b)<br>Line # | (c)<br>Street Name | (d)<br>House # | (e)<br>App. # | (f)<br>Description or Location | (g)<br>If Grp. Qtrs. (✓)                               | (h)<br>Remarks |
|------------------------|---------------|--------------------|----------------|---------------|--------------------------------|--|----------------|
|                        | 1             | ↓<br>Robinson Road | 42             |               |                                |  |                |
| 0001                   | 2             |                    | 44             |               |                                |  |                |
|                        | 3             |                    | 46             |               |                                |  |                |
|                        | 4             |                    | no #           |               |                                | Unit 2 Unit - 2 from house in front yard               |                |
| 0002                   | 5             |                    | 50             |               |                                |  |                |
|                        | 6             |                    | 54             |               |                                |  |                |
|                        | 7             |                    | 56             |               |                                |  |                |
|                        | 8             | ↓<br>Court Street  | 127            |               |                                |  |                |
| 0003                   | 9             |                    | 129            |               |                                |  |                |
|                        | 10            |                    | 131            |               |                                |  |                |
|                        | 11            |                    | no #           |               |                                | Unit 2 Unit on N.W. corner of lot with back yard fence |                |
| 0004                   | 12            |                    | 135            | A-1           | basement level                 |  |                |
|                        | 13            |                    |                | A-2           | basement level                 |  |                |
|                        | 14            |                    |                | B-1           |                                |  |                |
| 0005                   | 15            |                    |                | B-2           |                                |  |                |
|                        | 16            |                    |                | B-3           |                                |  |                |
|                        | 17            |                    |                | C-1           |                                |  |                |
|                        | 18            |                    |                | C-2           |                                |  |                |
| 0006                   | 19            |                    |                | C-3           |                                |  |                |
|                        | 20            |                    |                | C-4           |                                |  |                |

### **3.1.4 Using the Listing Sheets to Locate a DU**

In urban areas, you usually should have little difficulty locating the dwelling unit using the address that is printed on the address Label. However, occasionally DU's may not have an address or the address may be insufficient to locate the DU.

In such a situation, you will have to refer to the Listing Sheets and the maps in the Segment Folder to locate the DU. By referring to the Listing Sheet, you will know the addresses of those DU's that are located on either side of the sampled unit.

In the instance that referring to the Listing Sheet does not help, check the Listing Route Form to find out the order in which the streets in the segment were listed (see Exhibit 3-1). Then, using the Listing Sheets, follow the order that the DU's were originally listed. By doing this, you should be able to locate the sampled DU within the listing sequence.

### **3.1.5 Maps**

Included with your assignments, you will be given maps that were used during the listing phase. There are three types of maps you will be given:

- Census Maps;
- Sketch Maps; and
- Lister's Maps (if any).

# LISTING ROUTE FORM

Page \_\_\_\_ of \_\_\_\_

|        |       |
|--------|-------|
| Stand  | Seg   |
| _____  | _____ |
| Lister | _____ |
| Date   | _____ |

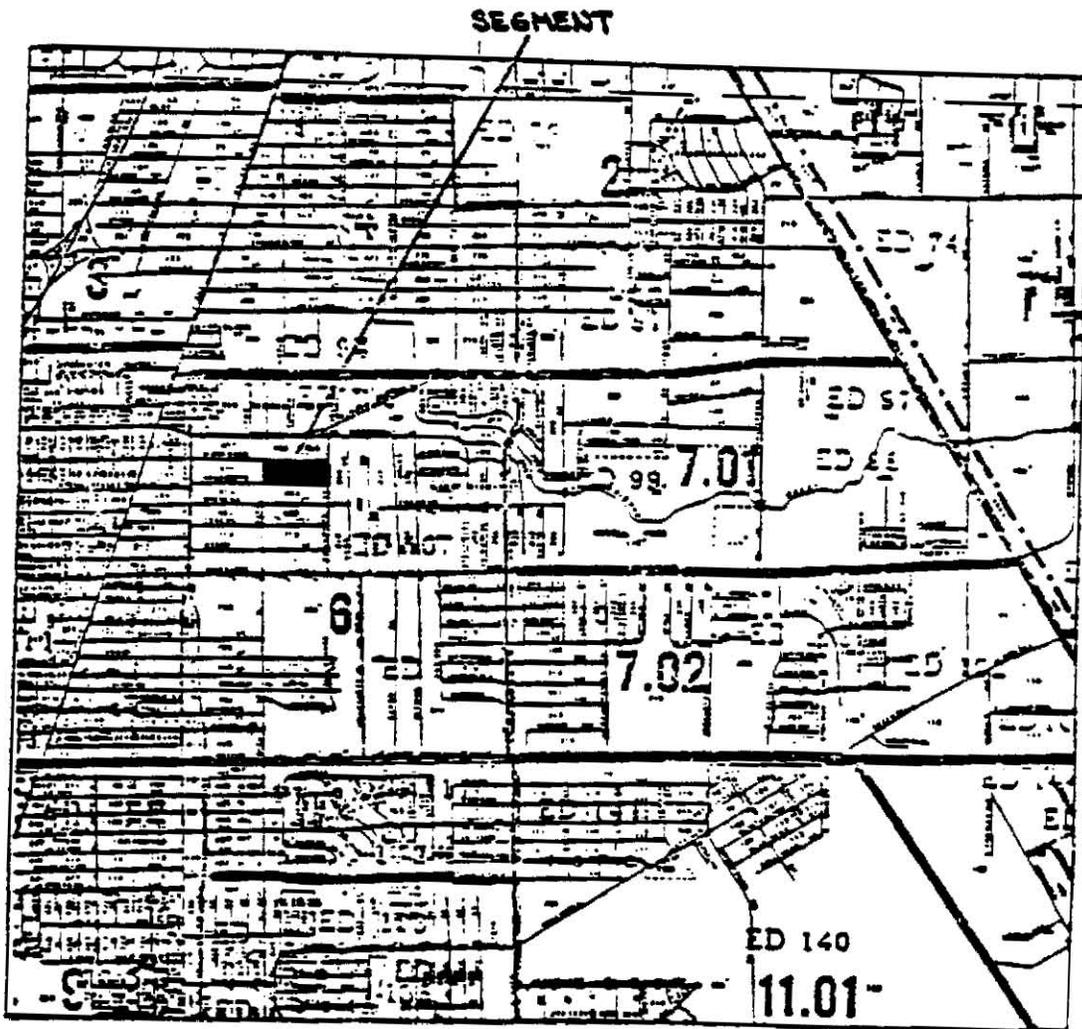
| List All Streets in<br>The Order Traveled | Between                   |                        |
|---|---------------------------|------------------------|
|   | Beginning<br>Intersection | Ending<br>Intersection |
| 1.  |                           |                        |
| 2.  |                           |                        |
| 3.  |                           |                        |
| 4.  |                           |                        |
| 5.  |                           |                        |
| 6.  |                           |                        |
| 7.  |                           |                        |
| 8.  |                           |                        |
| 9.  |                           |                        |
| 10.                                       |                           |                        |
| 11.                                       |                           |                        |
| 12.                                       |                           |                        |
| 13.                                       |                           |                        |
| 14.                                       |                           |                        |
| 15.                                       |                           |                        |
| 16.                                       |                           |                        |
| 17.                                       |                           |                        |
| 18.                                       |                           |                        |
| 19.                                       |                           |                        |
| 20.                                       |                           |                        |

These maps will be included in the Segment Folder. An example of each is presented on the following pages.

1. Census Maps -- You will be given a xeroxed portion of the Census Bureau's official map. The segment in which you will be interviewing will be highlighted in yellow.

LAND # 101    Temple / Bell    TRACT # 006    (BG) ED 8  
                  PLACE                    COUNTY

NUMBER OF DU'S 82                    SEGMENT # 01







It is a good idea for you to obtain a local map of the area in which you will be interviewing. These can usually be obtained at gas stations, drug stores, or the local Chamber of Commerce. If you ever have trouble locating a sampled DU or a group of sampled DU's, ask for directions. Postal carriers or gas station attendants will usually be able to help you. If this fails, call your supervisor. She may be able to help you immediately by referring to the maps that are kept in the stand office.

### **3.2 Introduction at the Door**

Once you have located the DU, you are ready to contact the household. How you present yourself at the door will usually determine success or failure in obtaining an interview. Since this is your first opportunity to describe the survey in such a way that the respondent's interest is stimulated sufficiently to participate in the interview, it is very important that the introduction be positive and friendly. If you can communicate your interest and enthusiasm about the survey and the interview, the respondent will view it as a pleasant and worthwhile experience.

A brief introduction is printed on the front of the Screener. You must use this introduction whenever you make contact with a household. It has been designed to let the respondent know immediately:

- Who you are;
- What you are doing; and
- Why you are there.

---

**INTRODUCTION:** Hello, I'm \_\_\_\_\_ and we are conducting a survey for the U.S. Public Health Service (**SHOW ID CARD**). A letter was sent to you recently explaining the survey, which is called the Health and Nutrition Examination Survey and is about your family's health. [**IF RESIDENT DOES NOT REMEMBER LETTER, HAND NEW COPY.**] All the information that you give us will be kept in the strictest confidence. Your name will not be attached to any of your answers without your specific permission.

---

**The "confidentiality statement," printed in Spanish and English in the middle box at the top of the first page of the screener, is to be read only if the respondent indicates that s/he wants to know more about the privacy of his/her answers. This statement also appears on the cover of each questionnaire.**



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
Centers for Disease Control

National Center for Health Statistics  
3700 East-West Highway  
Hyattsville MD 20782

Dear Friend,

When our interviewer knocks on your door, *you and your family will have the chance to take part in an important health survey.* The interviewer will be representing the U.S. Public Health Service which is studying the health and nutrition of people living in various communities across the United States.

Not everyone can be interviewed. . . so we chose families or individuals like you randomly by computer, based on the address of your home. Therefore, in our survey, *you represent thousands of other people and your voluntary participation is very important.*

Our interviewer will show you an official identification card and ask some easy questions about your health and that of other family members. This survey is authorized by the Public Health Service Act.

Of course, all of your answers will be kept in strict confidence and the information will be used only for research and statistical purposes. By law, the information you provide us cannot be used for any other purpose without your personal permission.

This survey will cover approximately 40,000 people in 88 communities across the United States. You are one of about 500 people in your community who have been chosen. The information you provide will contribute greatly to our understanding about the health and nutrition patterns and habits of the people of the United States. Thank you in advance for your cooperation.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.  
Director

# National Health and Nutrition Examination Survey

now in your area



This pamphlet answers some of the questions that people often ask us about this survey. We hope that after reading it you will want to participate in this most important program.

## • What is the National Health and Nutrition Examination Survey?

The National Health and Nutrition Examination Survey is conducted by the National Center for Health Statistics, a part of the U.S. Public Health Service. For 25 years, short interviews have been conducted around the country in households like yours. From these short interviews, some households are chosen to take part in the survey. The survey involves more complete interviews and physical examinations for some people in the households.

From the National Health and Nutrition Examination Survey we learn about the health of the people in the United States. We find out about dental health, vision and hearing levels, and the quality of nutrition; take body measurements such as height and weight; and look for the presence of certain diseases and conditions in the population.

## • How will I recognize the survey interviewer?

The interviewer who calls on you will have an official identification card from the U.S. Public Health Service with his or her photograph on it.

## • How was I chosen for the interview?

Since we cannot talk to everyone in the country, we choose certain households to represent many other households. To do this scientifically, we begin by selecting certain counties or cities. Then in these areas, we choose smaller areas such as blocks or tracts of land. Finally we select certain households within the smaller areas.

Your household has been chosen to take part in a short interview that will be used to determine which households will take part in the Health and Nutrition Examination Survey.

We do not know who lives in the households before we get to the door. But the people who live in these households make up a "sample" of the people in the counties and cities chosen.

## • How do I know my answers will be kept confidential?

We respect your privacy. The confidentiality of all the information you give us is protected by public law.

Your answers will be used only by researchers who work on the survey. All have signed a legal document requiring them to keep confidential all information provided by respondents. Personal information such as names, addresses, and local communities that might be used to identify a participant is removed before the information from the survey is given to anyone else for future research use.

The answers you give will be combined with those from thousands of other households and the results will be reported in percentages and totals in such a way that no one's answers can be identified.

We appreciate your cooperation. By taking part in this survey, you will help add to our knowledge about the health status of the people living in the United States.

The information we collect is used to solve health problems, to develop health programs, and to improve the quality of medical care.

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

---

**NOTICE:** 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).

---

When reading the introduction, you should always show your ID card and have a copy of the advance letter (see Exhibit 3-2) and the Screener Brochure (see Exhibit 3-3) ready to give to the respondent. These will help offset possible suspicions about your identity or purpose and overcome reservations the respondent may have about being interviewed.

Once you have read the introduction, tactfully try to gain entrance to the respondent's home. Keep in mind that you will want to conduct the interview in a quiet, comfortable setting with enough privacy for the respondent to answer your questions freely.

### **3.3 Answering the Respondent's Questions**

Although in most cases the introduction is all you will need to gain the respondent's cooperation, there will be times when you will have to answer questions before you begin the interview. A respondent's questions indicate interest and concern. You should be prepared to answer in ways that respond to that interest and concern.

Listen to the respondent's questions and answer by providing only the information needed to remove the respondent's doubts about you or the survey. In other words, make your answers brief and to the point. Do not volunteer extra information or unnecessarily lengthy explanations. Unasked for information may be misunderstood and confuse the respondent.

It is extremely important that you be thoroughly familiar with the purpose of the survey so that you can answer questions accurately. You should also be familiar with the contents of the advance letter and brochure so that, when appropriate, you can point out the written answers as you respond to questions. If you don't know the answer to a question, admit that you don't know it. Continue with the interview, but volunteer to have your supervisor call to talk with the respondent if the respondent wants you to.

The Obtaining Respondent Cooperation Manual includes questions respondents will frequently ask about the survey and suggested answers.

## **4. ADMINISTERING THE INTERVIEW**

### **4.1 The Household Screener Interview**

At each sample dwelling unit you will be conducting a screening interview for the purpose of identifying Sample Persons (SP's) who will then be interviewed on the survey's various questionnaires. The Household Screener is a six-page document which proceeds through three key stages:

- 1. A complete enumeration of all people living in the household, divided by family;**
- 2. Classification of these persons by the various categories that are important for the study -- age, ethnicity, race, and sex; and**
- 3. Based on these classifications, determining who is eligible for selection and then selecting Sample Persons.**

This section will discuss how this process is followed using the Household Screener Questionnaire. The Screener also serves several other important purposes:

- It contains a policy statement assuring confidentiality of the information obtained by the interviewer;**
- It provides an introduction for the interviewer to use at the door; and**
- It has been produced in a bilingual format to be used in both English and Spanish-speaking households.**

You will receive a Household Folder and a Screener for every address on your Interviewer Assignment Log. You will need to complete a Screener for each of these addresses. (The Household Folder will be discussed in more detail in Chapter 5 and the Interviewer Assignment Log in Chapter 13.) It is important to remember, however, that you must complete a Screener questionnaire for each dwelling unit regardless of whether anyone in the household is eligible for the main survey.

#### **4.1.1 Eligible Screener Respondent**

An eligible Screener respondent must be a knowledgeable household member (see Section 4.1.3 for rules to determine household members) at least 17 years old or who has been married. The Screener respondent will need to provide accurate information about everyone who lives in the household, their relationships, their national origin, and their ages.

#### **4.1.2 Front Cover of the Household Screener**

In the blank space in the middle of the front cover of each Screener (shown on the next page) there will be a **computer-generated label**. Each label contains the **STAND**, **SEGMENT**, and **SERIAL** numbers, and the **ADDRESS** of the dwelling unit where the screening is being conducted. This information is also found on the front of the Household Folder and on the Interviewer's Assignment Log.

Now let's look at the Screener front page in sections.



In the upper left corner of the Screener cover page there is a place to indicate the **number of Screeners** used for the dwelling unit. In most situations only one will be used and you will enter "Form 1 of 1 forms." If there is more than one family living in the dwelling unit, you will need to use one Screener per family. If, for example, you use two Screeners enter "Form 1 of 2 Forms" for the first Screener, and "Form 2 of 2 Forms" for the second.

Next, you will find **two notices -- statement of confidentiality and a public reporting burden notice.** These statements should be read to the respondents when necessary.

Below the notices, there are three sections. First there is a **LANGUAGE OF INTERVIEW** box. This box is to be checked by the interviewer indicating the language in which the Screener was conducted. Mark box #1 for English, #2 for Spanish, and #3 (Other) when a household translator was used to conduct the Screener. In this situation be sure to specify the language of the Screener respondent.

Next to the language box, enter your **INTERVIEWER ID** number. When the Screener is edited at the stand office, the **reviewer** will enter his/her **identification number**.

Next, is a box to record the **TIME** the Screener interview **BEGAN** and **ENDED**. Before you begin asking the Screener questions you must record the time the interview began. Remember to return to this box to complete the time the Screener interview ended.

The **DECK No.** is for **OFFICE USE ONLY**.

Next, you will find a **computer-generated label** containing a unique case ID number and the address of the dwelling unit you are to Screen.

The **INTRODUCTION** is to be used at the door to introduce yourself. During this initial contact, show your ID badge and have available the advance letter (in case the respondent does not recall or did not receive a letter) and the Screener brochure which explains the study.

**Item "b"** requires you to listen to the address given by the respondent and check it against information on the printed computer label. Ask question "b" to be sure you are interviewing at the correct dwelling unit. If the address given by the respondent is exactly the same as the address printed on the computer generated label on the Screener, check the box marked "SAME AS LABEL". However, if the respondent provides **additional** address information, such as house number, apartment number, or zip code, record this on the lines provided in question "b".

**NOTE:** Please make only significant changes. For example, do not change "#202 to Apt 202" or "Ave to Ave."

In **Item "c"** you will verify that the address recorded in "b" is the mailing address. If so, a mark in the box "same as b," is all that is required; if not, record the complete mailing address, including zip code.

NHANES III is a longitudinal study. The address information you verify/collect in **items b and c** will be critical in tracking respondents. Please keep in mind the importance of accurate address information and verify and record all data **very** carefully.

#### **4.1.3 Household Composition -- Section A**

Section A of the Screener is designed to gather the composition of the household. The purpose of the information on these pages is to obtain a complete list of all persons living or staying in the dwelling unit, and to identify and delete non-household members. In addition to obtaining a complete list of household members, we are interested in arranging household members into family units, delineating the relationships within those units, and determining national origin or ancestry (ethnicity) and/or race of the household members as a step in determining eligibility for selection as an SP.

Since the first objective of the Household Composition questions is to obtain a complete listing of all household members, let us review some definitions of "household" and "household membership."

#### **4.1.4 Rules for Determining Household Members**

**Household** -- The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person (defined in Section 4.1.5) and any relatives living in the unit. The household may also include roomers, employees, or other persons not related to the reference person.

**Household member** -- Consider the following categories of persons in a dwelling unit as members of the household.

- Persons, whether present or temporarily absent, whose usual place of residence at the time of interview is the dwelling unit.
- Persons staying in the dwelling 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 s/he 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 s/he is away.
- 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. By our rule, then, their home in the city is their "usual residence" because they spend the majority of the year there.
2. **Students and student nurses** -- Any student away at school, college, trade or commercial school in another locality will be interviewed in the locality **where they are attending school**. That is, even if a student considers his/her parents' home to be their 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 s/he is 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 home 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 dwelling 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 and are 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** -- If a person has two concurrent residences, ask how long the person has maintained them, 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 of the institution and are out-of-scope for this survey.
9. **Families within the household with separate living quarters** -- If, in addition to a "typical family group" (i.e. parent(s) and unmarried children or two or more unmarried siblings) there are additional relatives in the household ask if they all live and eat together as one family. If they do, treat them as a single family. If any of the persons say they live separately from the others, determine if they have either separate cooking equipment or separate direct access to the dwelling. If either of these conditions apply, consider them as living in a separate household. If there is a "Missed DU" message on the front of the household folder, you will need to follow the instructions described in Chapter 12.

4.1.5 Household Composition Questions

---

1a. To begin, how many people live in this household?

NUMBER

Para comenzar, ¿cuántas personas viven en este hogar?

---

In question 1a, enter the number of people given by the respondent. If you learn later that the number you entered here is incorrect, line out your original entry and enter the number that agrees with the number of persons you have listed in the household composition tables.

---

b. What is the name of the person or one of the persons who owns or rents this home?

¿Cómo se llama la persona o una de las personas que es dueño o que (renta/alquila) esta casa?

ENTER NAME ON FIRST LINE OF HOUSEHOLD COMPOSITION TABLE.

IF ONLY ONE PERSON LIVES IN HOUSEHOLD, GO TO 11. OTHERWISE CONTINUE.

---

The purpose of question 1b is to establish a "reference person" in order to make the questions easier to ask and to arrange household members into family units. The definition of reference person is as follows:

The first household member 17 years or older mentioned by the Screener respondent in answer to question 1b, i.e., the person or one of the persons who owns or rents the dwelling unit.

If no household member occupying the dwelling unit owns or rents the unit, the reference person is the first household member mentioned who is 17 years of age or older.

**On rare occasions, you may encounter dwelling units occupied entirely by persons under 18 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 owner/renter as the reference person.**
- **If none of the household members own or rent the sample unit, designate the oldest household member as the reference person.**

**As indicated in the instruction following question 1b, the name of the reference person is entered on line number "1" of the Household Composition Table on page 2 of the Screener. The names of the other household members obtained through the household composition questions on page 1 will also be recorded on page 2 of the Screener on consecutively numbered lines.**

**The instruction box following question 1b skips you over a number of the household composition questions, if only one person lives in the household.**

---

c. What is the name of (REF. PERSON)'s spouse, if any, who lives in this household?  
¿Cómo se llama el esposo(a) de (REF. PERSON), si tiene esposo(a), que vive en este hogar?  
ENTER NAME ON SECOND LINE OF HOUSEHOLD COMPOSITION TABLE.

---

Question 1c establishes whether or not the reference person (i.e., the person named in question 1b) has a spouse **who lives in the household**. A spouse mentioned in response to this question must be a member of the household as specified in rules for household membership (Section 4.1.4).

When reading question 1c, be sure to insert the reference person's **name** (i.e., the person listed on the first line of the Household Composition Table on page 2 of the Screener).

If the reference person does have a spouse living in the household, the spouse's name must be entered on the second line of the Household Composition Table directly under the reference person's name.

#### **Recording Names on the Household Composition Table**

You will note that the space allotted for household member names on the Household Composition Table is divided into three boxes. this is done in order to encourage the legible and accurate recording of complete names.

Obtain **complete** and **unique names** for all household members. **DO NOT ASSUME MEMBERS OF THE FAMILY HAVE THE SAME LAST NAME**. Also obtain complete middle names. Record middle initials only as a last resort. Do not record parts of a last name on the middle name line. Note that in some instances a woman may use her maiden name as part of her last name ( i.e., Sharon Pratt-Dixon) in which case please probe for her middle name (before marrying). Do not enter her maiden name on the middle name line. If there are two persons in the family with the same first and last name, they must be further identified by a middle initial or name, or as Sr., Jr., etc. For each member of a family with the same last name as the person on the preceding line, enter a long dash instead of repeating the last name.

## **REMEMBER TO VERIFY THE SPELLING OF ALL NAMES**

1. Even "Smith" can be spelled in a variety of ways (i.e., Smyth, Smithe, etc.).

### **Hispanic Surnames**

Keep in mind that Hispanics often use conventions for recording full names other than those with which you may be familiar. It is important that these names be recorded accurately and within the appropriately designated box on the Household Composition Table.

Since a significant portion of the NHANES sample is Hispanic it would be useful to review some of these conventions and the methods you use to record names on the Household Composition Table.

1. **Father's last name followed by a hyphen followed by mother's maiden name (i.g., Sanchez-Gomez).**

Both last names should be placed in the "Last Name" field.

2. **Father's last name followed by mother's maiden name with no hyphen.**

Both last names should be placed in the "Last Name" field.

3. **"De", "de la", or "del" as part of a surname.**

When a woman marries, she may append her husband's last name preceded by "del", "de" or "de la" meaning "of" or "of the" (Maria Vacario de Sanchez). Some men's names may also contain these words (e.g., Manuel de la Puente).

In this case both last names should be entered in the "Last Name" field. Using the example above, "Vacario de Sanchez" would be entered in the "Last Name" field.

4. **"De", "de la", or "del" as part of a middle name.**

In some cases a woman may have a middle name (e.g., Maria del Carmen, Maria **de la Concepcion**) which is preceded by "de" or "de la". For the most part these middle names have a religious origin or conotation. When you are uncertain about the correct recording of such names be sure to probe to determine whether to record a name as a middle or last name.

5. In a few cases female respondents will use their father's, mother's and husband's surnames and their father's surname. For example, Maria Luisa Gonzales-Rodriquez de Martinez.

In this case "Gonzales-Rodriquez de Martinez" should be entered in the "Last Name" field.

You are not expected to become an expert on the use of Hispanic surnames. The point of this discussion is to make you aware that there are several possible conventions in use and it is important that you make an effort to enter all names in the correct boxes. If you are unsure how to enter a name ask the respondent how it should be recorded.

---

d. And the other members of this household who are related to (REF. PERSON): What are their names? Let's begin with the oldest.  
¿Cómo se llaman los otros miembros de este hogar que son parientes de (REF. PERSON)? Vamos a empezar con el mayor.  
ENTER NAME(S) IN AGE ORDER ON HOUSEHOLD COMPOSITION TABLE.

---

Question 1d is intended to obtain the names of the household members, other than the spouse, who are **related** to the reference person. By "related," we mean all persons living in the household who are related to the reference person by **blood, marriage, or adoption**. This includes members of the immediate family, such as mother, father, son, daughter, as well as members of the extended family, such as granddaughter, grandson, uncle, aunt, niece, nephew, etc. Stepparents or stepchildren are relatives through marriage, and therefore should be considered as members of the same family.

Although not related by blood, marriage, or adoption, any **foster children or godchildren** of the reference person who are living in the household should be treated as part of the reference person's family.

All household members related to the reference person will be entered on the next available line in the Household Composition Table on page 2 of the Screener. List the names of the reference person's family members according to **age order**, starting with the oldest, in the Household Composition Table. Be sure the respondent includes himself/herself as one of the family members if s/he has not been listed on the first or second line but is related to the reference person.

---

e. Are there any other persons not related to (REF. PERSON) living in this household?

1

2 [

(May spouses/partners and/or non-related persons live in this household?)

IF YES: USE A BLANK SCREENER FOR ADDITIONAL FAMILY, ESTABLISHING A HEAD OF HOUSEHOLD AND ORDERING EACH FAMILY BY SPOUSE AND THEN FAMILY MEMBERS IN AGE ORDER.

---

This question establishes whether there are **one or more families** in a household. For purposes of the study, unrelated persons are considered as members of separate families. For example, two unrelated persons living together constitute two separate family units in the same household. A family can consist of only one person.

If there are persons living in the household who are unrelated to the reference person, you will need to group them into "family units" (as noted above) and, **beginning with the Household Composition Table**, use a separate Screener form for each family. When using additional Screeners for this purpose:

- Fill out the blanks for STAND, SEGMENT, SERIAL, and ADDRESS on the first page and skip all of Item 1;
- Proceed directly to Item 2 and enumerate each additional family on a new Household Composition Table as well as the SP Selection Tables that follow keeping in mind enumeration order -- head of family, spouse, and all other family members in age order; and
- Remember to fill out "Form \_\_\_\_ of \_\_\_\_ Forms" on the first page and "Family No. \_\_\_\_" on the Household Composition Table (as specified in Section 4.1.2).

|       |   |                            |                            |
|-------|---|----------------------------|----------------------------|
| f.    | I have listed (READ ALL NAMES). Have I missed:  | Y                          | N                          |
|       | Any babies or small children? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|       | Any lodgers, boarders, or persons in your employ who live here? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|       | Anyone who usually lives here but is now away from home? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|       | Anyone else staying here? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <hr/> |   |                            |                            |
|       | Yo he puesto en la lista (READ ALL NAMES). ¿He olvidado:  |                            |                            |
|       | Algunos bebés o niños pequeños? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|       | Algunos huéspedes, alojados o personas en su empleo que viven aquí? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|       | Alguien que vive aquí usualmente pero está fuera de la casa ahora? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|       | Algún otro que se queda aquí? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <hr/> |   |                            |                            |
| g.    | Do any of the persons in this household have a home anywhere else?  |                            |                            |
|       | <b>*APPLY HOUSEHOLD MEMBERSHIP RULES. PROBE IF NECESSARY:</b><br>Where does – usually live and sleep; here or somewhere else? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|       | Tienen algunas de las personas en este hogar un hogar en cualquier otro lugar?  |                            |                            |
|       | <b>*APPLY HOUSEHOLD MEMBERSHIP RULES. PROBE IF NECESSARY:</b><br>¿Dónde vive y duerme – usualmente; aquí o en otro lugar?     |                            |                            |

The questions asked in 1f serve as reminders to the respondent about persons who may have been overlooked.

You begin reading question 1f by mentioning the names of all the household members (all families) you have recorded in each of the Household Composition Tables. As you ask each question on the list in 1f, mark the appropriate "Y" or "N" box in the space provided. If you mark the "Y" box, obtain the name(s) of the person(s) and probe for household membership using the probe provided under item 1g. If the person(s) mentioned usually lives in the household, record the name(s) in the Household Composition Table on page 2 of the appropriate Screener.

The question in 1g is designed to verify that all persons recorded as residing in the household are household members as defined in Section 4.1.4. If you receive a "Y" response to 1g, remember to use the probe provided if necessary.

If you discover that any person you have recorded in the Household Composition Table is not a household member, delete this person by drawing a line through the person's name and correcting your entry in 1a.

---

h. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States?

1

2  (BOX)

¿Están algunas de las personas en este hogar en servicio activo de las Fuerzas Armadas de los Estados Unidos a horario completo?

---

i. Who is this? Anyone else?

¿Quién es? ¿Algún otro?

DELETE PERSON FROM HOUSEHOLD COMPOSITION TABLE BY DRAWING LINE THROUGH NAME.

---

j. FOR EACH PERSON IN ARMED FORCES, ASK:

Where does - usually live and sleep; here or somewhere else?  
SPECIFY "Living at home" OR "Not living at home" IN PERSON'S LINE.

¿Dónde vive y duerme - usualmente; aquí o en otro lugar?  
"Viviendo en el hogar" OR "No viviendo en el hogar" IN PERSON'S LINE.

---

Question **1h** is asked in all households, including those in which only females live.

**"Active duty in the Armed Forces"** means full-time active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard, and any National Guard unit presently activated as part of the regular Armed Forces. Included in "active duty" is the six-month period a person may serve in connection with the provisions of the Reserve Forces Act of 1955.

**Do not count as members of the Armed Forces:**

- **Persons working in civilian positions for the Armed Forces;**
- **Persons serving in the Merchant Marine;**
- **Persons in a National Guard unit not activated as part of the regular Armed Forces;**
- **Civilians who train only part time as reservists; and**
- **Persons who are in any reserve component of the Armed Forces but who only attend weekly reserve meetings, summer camp, or the like.**

Any person mentioned in **1i** as being on full-time active duty should have his or her name deleted from the Household Composition Table.

Question **1j** is asked of all persons in the Armed Forces and requires that the phrase "living at home" or "not living at home" be noted along the person's line in the Household Composition Table. This information is essential for determining whether the Armed Forces member may be a reference person or family head, which is possible if the person lives at home (even though s/he cannot be a Sample Person. (See item (4) under **household member** -- Section 4.1.4.)

Question **1k** is located on page 2 of the Screener, above the Household Composition Table. It is easy to remember and locate because it appears as a yellow label.

The intent of item **1k** is to ensure the collection of the most complete enumeration possible during the initial screening. By summarizing/repeating the enumeration for the respondent, we hope to avoid Screener errors involving the correct listing of household members.

Before reading item 1k, enter the total number of persons listed on the Household Composition Table in the space provided -- "... are \_\_\_ (TOTAL NUMBER)..." Next, read the item as written, inserting the total number of persons listed on the Household Composition Table and then reading the list of names. If an error is discovered, make appropriate changes to all affected sections (1a-1j and the HCT). This question is extremely important in establishing household membership. Except in cases of **clear** interviewer error, no corrections can be made to the household composition **after** the initial screening.

If there is any doubt about a person's membership in the household, contact the Field Manager before you continue with the Screener.

4.1.6 Household Composition Table

k. Before continuing, I would like to review what you have told me. There are \_\_\_\_\_ (TOTAL NUMBER) persons who either live here now or who are staying here temporarily and have no other home - (READ ALL NAMES LISTED).  
 Antes de continuar, quisiera repasar lo que usted me ha dicho. Hay \_\_\_\_\_ (TOTAL NUMBER) personas que, o viven aquí ahora o que se están quedando aquí temporalmente y no tienen otro hogar - (LEER ALL NOMBRES LISTED).

HOUSEHOLD COMPOSITION TABLE

FAMILY NO. \_\_\_\_\_

**BOX 1** AFTER LISTING HOUSEHOLD, CIRCLE LINE NO. OF HOUSEHOLD RESPONDENT. ASK QUESTIONS 2b-2d AS APPROPRIATE FOR EACH HOUSEHOLD MEMBER.

| LINE NO. | 2a. PRINT NAME |        |      | 2b. IF NOT COMPLETED ASK<br>What is --'s relationship to (REF. PERSON/ HEAD)?<br><br>¿Cuál es el parentesco de -- a (REF. PERSON/ HEAD)? | 2c. HAND CARD S-1.<br>Do any of these groups represent --'s national origin or ancestry?<br><br>¿Alguno de estos grupos representa el origen nacional o ancestro de --?<br>IF YES, CIRCLE NUMBER BELOW.<br>IF NO, SKIP TO 2d.<br><br>GO TO NEXT HOUSEHOLD MEMBER OR SKIP TO BOX 2. |                          | 2d. Is --'s race white, black or other?<br><br>¿Es -- de raza blanca, negra u otra? |   |   |
|----------|----------------|--------|------|--|--|--------------------------|---|---|---|
|          | FIRST          | MIDDLE | LAST |  | MEXICAN-AMERICAN   | OTHER HISPANIC (SPECIFY) | W   | B | O |
| 01       |                |        |      | REF. PERSON (OR HEAD*)   | 1  | 2                        | 1   | 2 | 3 |
| 02       |                |        |      |  | 1  | 2                        | 1   | 2 | 3 |
| 03       |                |        |      |  | 1  | 2                        | 1   | 2 | 3 |
| 04       |                |        |      |  | 1  | 2                        | 1   | 2 | 3 |
| 05       |                |        |      |  | 1  | 2                        | 1   | 2 | 3 |
| 06       |                |        |      |  | 1  | 2                        | 1   | 2 | 3 |
| 07       |                |        |      |  | 1  | 2                        | 1   | 2 | 3 |
| 08       |                |        |      |  | 1  | 2                        | 1   | 2 | 3 |
| 09       |                |        |      |  | 1  | 2                        | 1   | 2 | 3 |
| 10       |                |        |      |  | 1  | 2                        | 1   | 2 | 3 |
| 11       |                |        |      |  | 1  | 2                        | 1   | 2 | 3 |
| 12       |                |        |      |  | 1  | 2                        | 1   | 2 | 3 |

\*"HEAD" APPLIES IF MORE THAN ONE FAMILY

**BOX 2**

SAMPLING MESSAGE #1

Page 2 of the Screener is the Household Composition Table and is intended to show every household member in the family. The table is set up for you to record the relationship of each household member to the reference person (or family head, in the case of secondary families within the household) and to determine national origin or ancestry (ethnicity).

Begin using the table by following the self-explanatory instructions in Box 1.

**BOX 1**

**AFTER LISTING HOUSEHOLD, CIRCLE LINE NO. OF HOUSEHOLD RESPONDENT.**

**ASK QUESTIONS 2b-2d AS APPROPRIATE FOR EACH HOUSEHOLD MEMBER.**

Below Box 1, on the upper left-hand side of the table there is a blank after "FAMILY NO. \_\_\_\_." FAMILY NO. is assigned after the SP selection process has been completed and you have determined if there are any SP's in the family. A Family No. (e.g., #1, #2, etc.) is assigned to each family with SP's.

If you use more than one Screener in a household, remember to fill in the necessary items on the cover page of each additional Screener (see Section 4.1.2). Before we continue, let's review family composition.

#### 4.1.7 Composition of Families Within Households

As mentioned, "family" for this study is defined as all household members that are related by blood, marriage, or adoption to the reference person, including foster and godchildren. All other household members who are unrelated to the reference person are considered as part of separate families.

For each separate family (i.e., unrelated to the reference person), a head of the family is determined. All household members related by blood, marriage, or adoption to the head of **this** separate family, are family members.

Let's review a few examples of various household compositions and how they would be grouped into family units for our study:

#### Household Composition

| <u>Example #1</u> | <u>Reference Person</u> | <u>Other household Members</u>              | <u># of separate family units</u> |
|-------------------|-------------------------|---|-----------------------------------|
| 1                 | Husband                 | Wife, two sons                              | 1                                 |
| 2                 | Mother                  | Son, daughter, daughter's husband and child | 1                                 |
| 3                 | Grandmother             | Granddaughter, niece, and roomer            | 2                                 |
| 4                 | Roommate #1             | Roommate #2, Roommate #3                    | 3                                 |

Example 1 is straightforward. All household members are related to the reference person, therefore, there is only one family (Family #1) in the household.

Example 2 is also only one family. Even though the daughter's family (her husband and child) live in the household, they are still all related to the reference person, and should be considered one family (Family #1).

**In example 3, there are two separate family units. Family #1 is the grandmother, her granddaughter and niece. Family #2 is the roomer. Since the roomer is unrelated to the reference person, s/he is considered a separate family, even though it is only one person.**

**In example 4, there are three families. Since all three roommates are unrelated, they each constitute a separate family (Family #1, Family #2, and Family #3).**

4.1.8 Completing the Household Composition Table

HOUSEHOLD COMPOSITION TABLE

**BOX 1**

AFTER LISTING HOUSEHOLD, CIRCLE LINE NO. OF HOUSEHOLD RESPONDENT.  
ASK QUESTIONS 2b-2d AS APPROPRIATE FOR EACH HOUSEHOLD MEMBER.

FAMILY NO. \_\_\_\_\_

| LINE NO. | 2a. PRINT NAME |        |       | 2b. IF NOT COMPLETED ASK:<br><br>What is --s relationship to (REF PERSON/ HEAD*)?<br><br>¿Cuál es el parentesco de --s a (REF PERSON/ HEAD*)? | 2c. HAND CARD S-1.<br><br>Do any of these groups represent --s national origin or ancestry?<br><br>¿Alguno de estos grupos representa el origen nacional o ancestro de --s?<br><br>IF YES, CIRCLE NUMBER BELOW.<br>IF NO, SKIP TO 2d. |                          | 2d. Is --s race white, black or other?<br><br>¿Es --s de raza blanca, negra u otra? |   |   |
|----------|----------------|--------|-------|---|---|--------------------------|---|---|---|
|          | FIRST          | MIDDLE | LAST  |   | GO TO NEXT HOUSEHOLD MEMBER OR SKIP TO BOX 2.   | SKIP TO 2d.              | W   | B | O |
|          |                |        |       |   | MEXICAN-AMERICAN  | OTHER HISPANIC (SPECIFY) |   |   |   |
| 01       | Bradford       | ALAN   | JONES | REF PERSON (OR HEAD*)   | 1   | 2                        | 1   | 2 | 3 |
| 02       | MARY           | JANE   | ---   |   | 1   | 2                        | 1   | 2 | 3 |
| 03       | WILLIAM        | DAVID  | ---   |   | 1   | 2                        | 1   | 2 | 3 |
| 04       | ANNE           | MAY    | ---   |   | 1   | 2                        | 1   | 2 | 3 |
| 05       | MARTY          | ROBERT | ---   |   | 1   | 2                        | 1   | 2 | 3 |
| 06       |                |        |       |   | 1   | 2                        | 1   | 2 | 3 |
| 07       |                |        |       |   | 1   | 2                        | 1   | 2 | 3 |
| 08       |                |        |       |   | 1   | 2                        | 1   | 2 | 3 |

**As you completed questions 1a-j on page 1 of the Screener, you entered the names of all household members in a given family under 2a of the Household Composition Table. At this point you should glance at the entries in 2a to be sure that you have followed the specifications noted in Section**

HOUSEHOLD COMPOSITION TABLE

**BOX 1**

AFTER LISTING HOUSEHOLD, CIRCLE LINE NO. OF HOUSEHOLD RESPONDENT.  
ASK QUESTIONS 2b-2d AS APPROPRIATE FOR EACH HOUSEHOLD MEMBER.

FAMILY NO. \_\_\_\_\_

| LINE NO. | 2a. PRINT NAME |        |       | 2b. IF NOT COMPLETED ASK:<br><br>What is --'s relationship to (REF. PERSON/ HEAD)?<br><br>¿Cuál es el parentesco de -- a (REF. PERSON/ HEAD)? | 2c. HAND CARD S-1.<br><br>Do any of these groups represent --'s national origin or ancestry?<br><br>¿Alguno de estos grupos representa el origen nacional o ancestro de --?<br>IF YES, CIRCLE NUMBER BELOW.<br>IF NO, SKIP TO 2d. |                          | 2d. Is --'s race white, black or other?<br><br>¿Es -- de raza blanca, negra u otra? |   |   |
|----------|----------------|--------|-------|---|---|--------------------------|---|---|---|
|          | FIRST          | MIDDLE | LAST  |   | GO TO NEXT HOUSEHOLD MEMBER OR SKIP TO BOX 2.   | SKIP TO 2d.              | W   | B | O |
|          |                |        |       |   | MEXICAN-AMERICAN  | OTHER HISPANIC (SPECIFY) |   |   |   |
| 01       | Bradford       | ALAN   | JONES | REF. PERSON (OR HEAD)   | 1   | 2                        | 1   | 2 | 3 |
| 02       | MARY           | JANE   | ---   | WIFE  | 1   | 2                        | 1   | 2 | 3 |
| 03       | WILLIAM        | DAVID  | ---   | SON   | 1   | 2                        | 1   | 2 | 3 |
| 04       | ANNE           | MAY    | ---   | daughter  | 1   | 2                        | 1   | 2 | 3 |
| 05       | MARTY          | ROBERT | ---   | SON   | 1   | 2                        | 1   | 2 | 3 |
| 06       |                |        |       |   | 1   | 2                        | 1   | 2 | 3 |

Items 2b-2d are to be completed for each household member before continuing to the next household member.

The purpose of Question 2b is to determine relationships. You will be asking each family member's relationship to the reference person. When reading the question it will be necessary to insert the name of the person you are asking about and the name of the reference person. For example, "What is Mary Jones' relationship to Bradford Jones?"

If there is more than one family in the household, you will be asking question 2b to determine the relationship of the family members to the head of the family, not to the reference person.

It is possible that when you ask question 1 to obtain the listing of household members, you may obtain some of the relationships. Record this information as the respondent tells you and verify it when you come to question 2b.

In asking question 2b, you may learn that your original ordering of household members into family groups (through question 1) was incorrect. In reorganizing tables by family, draw a line through names being deleted and add the names to the appropriate family table(s).

If the person listed initially as the reference person has been deleted as a result of items in question 1 on household membership, s/he may or may not remain the reference person depending on the reason for deletions:

- a. If the deleted person on the first line is a **household member**, then this person is still the reference person and the family member's relationship 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 on the first line was deleted and is **not** a household member, s/he 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 18 years of age or older listed on the questionnaire and the relationships to this person will be obtained. Enter "reference person" on this person's line.

The same rules hold true for family head in the case of secondary families in the household.

For unmarried couples living together, ask question 2b about the relationship to the reference person or family head 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." If this is not the case, treat them as partners, listing as separate families.

**NOTE:** If the respondent reports 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, treat them as a single household.**
- **If any of the persons reported in answer to question 1 or 2b say they live separately from the others, ask about the access to the quarters they occupy and their kitchen facilities. If the quarters have either direct access or complete kitchen facilities, consider them as separate living quarters. If these separate living quarters have not already been listed, apply the rules for Missed Dwelling Units according to the instructions given in Chapter 12.**

FAMILY NO. \_\_\_\_\_

| LINE NO. | 2a. PRINT NAME<br><br>FIRST MIDDLE LAST |                          |           | 2b. IF NOT COMPLETED ASK:<br><br>What is --'s relationship to (REF. PERSON/ HEAD)*?<br><br>¿Cuál es el parentesco de -- a (REF. PERSON/ HEAD)*? | 2c. HAND CARD S-1.<br><br>Do any of these groups represent --'s national origin or ancestry?<br><br>¿Alguno de estos grupos representa el origen nacional o ancestro de --?<br>IF YES, CIRCLE NUMBER BELOW.<br>IF NO, SKIP TO 2d. |             | 2d. Is --'s race white, black or other?<br><br>¿Es -- de raza blanca, negra u otra? |   |   |
|----------|---|--------------------------|-----------|---|---|-------------|---|---|---|
|          |   |                          |           |   | GO TO NEXT HOUSEHOLD MEMBER OR SKIP TO BOX 2.   | SKIP TO 2d. |   |   |   |
|          | MEXICAN-AMERICAN                        | OTHER HISPANIC (SPECIFY) | W         |   | B   | O           |   |   |   |
| 01       | Luisa                                   | Jean                     | Hidalgo   | REF. PERSON (OR HEAD*)  | ①   | 2           | 1   | 2 | 3 |
| 02       | MARIA                                   | C.                       | HERNANDEZ | NIECE   | ①   | 2           | 1   | 2 | 3 |
| 03       | RAUL                                    | C                        | HIDALGO   | SON   | ①   | 2           | 1   | 2 | 3 |
| 04       |   |                          |           |   | 1   | 2           | 1   | 2 | 3 |
| 05       |   |                          |           |   | 1   | 2           | 1   | 2 | 3 |
| 06       |   |                          |           |   | 1   | 2           | 1   | 2 | 3 |
| 07       |   |                          |           |   | 1   | 2           | 1   | 2 | 3 |
| 08       |   |                          |           |   | 1   | 2           | 1   | 2 | 3 |
| 09       |   |                          |           |   | 1   | 2           | 1   | 2 | 3 |

It is very important to accurately obtain for **each household member** whether s/he belongs to one of the Hispanic groups listed on Hand Card S-1.

**S-1. National Origin and Ancestry**

1. Mexican/Mexican-American
  
2. Other Latin American or Spanish --  
please specify

Note the following definitions for Hand Card S-1.

1. Mexican/Mexican-American refers to anyone of Mexican birth or descent. It refers to anyone who may call themselves "Mexican, Mexican-American, Chicano or Tex-Mex." Code "1" for this group.

**SPECIAL NOTE -- HISPANOS**

**For ARIZONA, CALIFORNIA, NEW MEXICO OR TEXAS:**

When working in one of these four states and someone is identified as Hispano, Spanish, Spanish-American, Hispanic or some other **non-specific** category, **PROBE** for a country of origin. If the answer remains vague, such as "my family has been in this country for generations," code "1" and record verbatim.

2. **Other Latin American or Spanish** refers to anyone who says they were born in or had ancestors from Spain or one of the western hemisphere territories or countries (excluding Mexico) where Spanish is the primary language (e.g., Puerto Rico, Nicaragua, El Salvador, Dominican Republic, Colombia, Peru, Spain, etc.). Code "2" for this group and specify.

Administer 2c by showing Hand Card S-1 to the respondent, and allowing the respondent to indicate if any group on the card represents the household member's national origin or ancestry. If the household member is Hispanic, circle the number in 2c which corresponds to the particular

group named by the respondent. If the household member is not Hispanic, skip to item 2d. If a household member is identified as "Other Latin American or Spanish" probe for a specific nationality or country of origin (e.g., Puerto Rican, Chilean, Bolivian, Nicaraguan, Spain, El Salvador, etc.), to be sure the person should not in fact be classified as Mexican/Mexican-American. If the respondent is indeed not a "1" record the country or nationality under number "2" for that person.

For those household members who are not Mexican Americans (on Hand Card S-1), go to 2d.

### **Mixed Ethnic Background**

In some cases you may encounter persons of mixed ethnic background. The following guidelines should be adhered to when you encounter these situations.

When you find individuals of mixed ethnic background, if one of the ethnic backgrounds is Hispanic and the other is not, code the individual in the appropriate Hispanic group. For example:

**Example #1:** Joseph E. Lago is Mexican and Italian. Code "1" (Mexican/Mexican American).

**Example #2:** Maria Elena Ramirez is Puerto Rican and Irish. Code "2" (Other Latin American or Spanish).

**Example #3:** Diana Linda Gomez is Argentinian and German. Code "2" (Other Latin American or Spanish).

If an individual is of mixed Hispanic background, give priority to the group with the lowest number. For example:

**Example #1:** Pedro Luis Morales is Mexican (Code 1) and Puerto Rican (Code 2). Code "1."

**Example #2:** Antonio E. Mata is Mexican (Code 1) and Chilean (Code 2). Code "1."

**Example #3:** Frances P. Lopez is Puerto Rican (Code 2) and Peruvian (Code 2). Code "2."

The following example shows how item 2c would look for a family of mixed Hispanic background:

| LINE NO. | 2a. PRINT NAME |        |       | 2b. IF NOT COMPLETED ASK:<br><br>What is --'s relationship to (REF. PERSON/ HEAD)?<br><br>¿Cuál es el parentesco de -- (REF. PERSON/ HEAD)? | 2c. HAND CARD S-1.<br><br>Do any of these groups represent --'s national origin or ancestry?<br><br>¿Alguno de estos grupos representan el origen nacional o ancestro de --?<br><br>IF YES, CIRCLE NUMBER BELOW.<br>IF NO, SKIP TO 2d. |                          | 2d. Is --'s race white, black or other?<br><br>¿Es -- de raza blanca, negra u otra? |   |   |
|----------|----------------|--------|-------|---|--|--------------------------|---|---|---|
|          | FIRST          | MIDDLE | LAST  |   | GO TO NEXT HOUSEHOLD MEMBER OR SKIP TO BOX 2.  | SKIP TO 2d.              | W   | B | O |
|          |                |        |       |   | MEXICAN-AMERICAN   | OTHER HISPANIC (SPECIFY) |   |   |   |
| 01       | Olga           | ELBA   | GOMEZ | REF. PERSON (OR HEAD)   | 1  | 2                        | 1   | 2 | 3 |
|          |                |        |       |   | "I'm half Mexican and half Guatemalan"   |                          |   |   |   |
| 02       | JUAN           | Carlos | _____ | husband   | 1  | 2                        | 1   | 2 | 3 |
|          |                |        |       |   | "Bolivian"   |                          |   |   |   |
| 03       | Luis           | CARLOS | LOPEZ | Father  | 1  | 2                        | 1   | 2 | 3 |
| 04       | MARIA          | LUISA  | LOPEZ | Step-Mother   | 1  | 2                        | 1   | 2 | 3 |
| 05       | John           | HENRY  | JONES | SON   | 1  | 2                        | 1   | 2 | 3 |
|          |                |        |       |   | "John is not Hispanic. He is adopted"  |                          |   |   |   |
| 06       |                |        |       |   | 1  | 2                        | 1   | 2 | 3 |

Race is not an issue in Item 2c. If a respondent answers Hispanic and white, Hispanic and black, Mexican and white, etc., code the correct Hispanic group at 2c. In this example, no code is entered at 2c for John since he is not Hispanic.

| LINE NO. | 2a. PRINT NAME |        |       | 2b. IF NOT COMPLETED ASK:<br><br>What is --'s relationship to (REF. PERSON/ HEAD)?<br><br>¿Cuál es el parentesco de -- a (REF. PERSON/ HEAD)? | 2c. HAND CARD S-1.<br><br>Do any of these groups represent --'s national origin or ancestry?<br><br>¿Alguno de estos grupos representa el origen nacional o ancestro de --?<br>IF YES, CIRCLE NUMBER BELOW.<br>IF NO, SKIP TO 2d. |                          | 2d. Is --'s race white, black or other?<br><br>¿Es -- de raza blanca, negra u otra? |   |   |
|----------|----------------|--------|-------|---|---|--------------------------|---|---|---|
|          | FIRST          | MIDDLE | LAST  |   | GO TO NEXT HOUSEHOLD MEMBER OR SKIP TO BOX 2.   | SKIP TO 2d.              | W   | B | O |
|          |                |        |       |   | MEXICAN-AMERICAN  | OTHER HISPANIC (SPECIFY) |   |   |   |
| 01       | Bradford       | ALAN   | JONES | REF. PERSON (OR HEAD*)  | 1   | 2                        | 1   | 2 | 3 |
| 02       | MARY           | JANE   | ---   | wife  | 1   | 2                        | 1   | 2 | 3 |
| 03       | WILLIAM        | DAVID  | ---   | son   | 1   | 2                        | 1   | 2 | 3 |
| 04       | ANNE           | MAY    | ---   | daughter  | 1   | 2                        | 1   | 2 | 3 |
| 05       | MARTY          | ROBERT | ---   | son   | 1   | 2                        | 1   | 2 | 3 |
| 06       |                |        |       |   | 1   | 2                        | 1   | 2 | 3 |

Item 2d is asked of household members who are not Mexican-American. In Item 2d, circle the number which corresponds to the person's race: "1" indicates white (W), "2" indicates black (B), and "3" indicates other racial background, such as Asian, Pacific-Islander, Native-American, etc. **If obvious, record race by observation for the respondent and then ask Item 2d for all other household members.**

## **Mixed Racial Background**

Probe a mixed race answer by first asking the respondent which race best describes the household member and coding the answer. Second, when a respondent cannot provide one answer and continues to provide two or more answers: (1) code the household member as black if it is one of the races mentioned; and (2) if black not mentioned, code the "Other" category.

### **4.1.9 Sample Person Selection**

This section describes procedures for selecting SP's.

As an overview, think of these procedures as a three-step process:

1. Determining which persons in the household, if any, will be listed in the SP Selection Tables. Sampling Message #1 in Box 2 (page 2) of the Screener contains instructions for this initial step in determining eligibility.
2. Listing household members in SP Selection Tables 1-3 by racial and ethnic group.
3. Making a final SP selection by sex and age groups, based on the column headings in item 3e of each SP Selection Table of the Screener.

#### **A. Box 2 - Sampling Message #1**

After you have completed the Household Composition Table the Screener will direct you to Box 2 -- Sampling Message #1. This message tells you which household members to list in Tables 1-3 on the Screener. Only one sampling message will appear in Box 2 of each Screener. The following box lists various example messages.

---

**BOX 2**

**SAMPLING MESSAGE #1**

**"List all persons in appropriate race/ethnicity tables."**

**OR**

**"List only whites/others (Table 1) and Mexican-Americans (Table 3) in appropriate race/ethnicity tables."**

**OR**

**"List only blacks (Table 2) and Mexican-Americans (Table 3) in appropriate race/ethnicity tables."**

**OR**

**"List only Mexican-Americans (Table 3) in appropriate race/ethnicity tables."**

**IF NO ELIGIBLE PERSONS, SKIP TO ITEM 4.**

---

The tables referred to in Box 2 are found on pages 3 and 4 of the Screener. These tables are organized by Hispanic ethnicity (Item 2c) and race (Item 2d). They are set up as follows:

**Table 1 - Household members for whom you circled a "1" or "3" in 2d; that is, household members identified as White or other race. This may include Hispanics who are not Mexican-American and who are not identified as black in 2d, and also persons of other races, such as Asian, Native-American, etc.**

**Table 2 - Household members for whom you circled a "2" in 2d, for black. This may include Hispanics who are not Mexican-American but are identified as black in 2d.**

**Table 3 - Household members for whom you circled a "1" for Mexican-American in 2c.**

Let's review the example Sampling Message #1 in more detail.

**BOX 2**

**SAMPLING MESSAGE #1**

**"List all persons in appropriate race/ethnicity tables."**

**OR**

**"List only whites/others (Table 1) and Mexican-Americans (Table 3) in appropriate race/ethnicity tables."**

**OR**

**"List only blacks (Table 2) and Mexican-Americans (Table 3) in appropriate race/ethnicity tables."**

**OR**

**"List only Mexican-Americans (Table 3) in appropriate race/ethnicity tables."**

**IF NO ELIGIBLE PERSONS, SKIP TO ITEM 4.**

The first message (above), "List all persons in appropriate race/ethnicity tables," instructs you to list every household member regardless of race or Hispanic background in Tables 1-3.

The second message, "List only whites/others (Table 1) and Mexican-Americans (Table 3) in appropriate race/ethnicity tables," instructs you to refer to Items 2c and 2d and select only those household members who have been identified as Mexican-American in Item 2c or white or other in Item 2d.

The third message, "List only blacks (Table 2), and Mexican-Americans (Table 3) in appropriate race/ethnicity tables," instructs you to refer to Items 2c and 2d and select only those household members who have been identified as Mexican-American in Item 2c or black in Item 2d.

The fourth message, "List only Mexican-American (Table 3) ...," further limits the household members who are recorded to only those who are Mexican.

After following the instructions specified in Sampling Message #1, **there may be no eligible persons** in the household to list in Tables 1-3. In this situation, skip to Item 4 (Section C. Ending the Interview) and complete the Screener interview.

Let's review a few examples to see how these sampling instructions would work.

Example #1

|  |                            |
|--|----------------------------|
| <u>BOX 2</u>   | <u>SAMPLING MESSAGE #1</u> |
| "List all persons in appropriate race/ethnicity tables." |                            |

B. SELECTION OF SP'S

|  |
|--|
| <p><b>BOX 3</b></p> <ol style="list-style-type: none"> <li>1. FOLLOWING INSTRUCTIONS FROM SAMPLING MESSAGE #1 IN BOX 2, LIST AT 3a ALL HOUSEHOLD MEMBERS IN APPROPRIATE RACE/ETHNICITY TABLES.</li> <li>2. COMPLETE 3b-d FOR EACH HOUSEHOLD MEMBER.</li> <li>3. AT 3e ENTER AN "X" ONLY FOR THOSE PERSONS WHOSE AGES CORRESPOND TO THE COLUMN HEADINGS.</li> <li>4. ASSIGN SP'S NUMBERS IN 3f.</li> <li>5. COMPLETE 3g AFTER OFFICE HAS ASSIGNED A SAMPLE NUMBER.</li> </ol> |
|--|

TABLE 1 - WHITES OR OTHERS (NOT TO INCLUDE BLACKS OR MEXICAN-AMERICANS.)

| LINE NO. | 3a. FIRST NAME | 3b. What is -'s birthdate?<br><small>(Cuál es la fecha de nacimiento de -?)</small> | 3c. AGE CHART | 3d. SEX | 3e. | 3f. SP NO. | 3g. SAMPLE NO. |
|----------|----------------|---|---------------|---------|-----|------------|----------------|
|          | Bradford       |   |               | M F     |     |            |                |
|          | Mary           |   |               | M F     |     |            |                |
|          | WILLIAM        |   |               | M F     |     |            |                |
|          | ANNE           |   |               | M F     |     |            |                |
|          | Marty          |   |               | M F     |     |            |                |
|          |                |   |               | M F     |     |            |                |

Look at the Household Composition Table for Bradford Jones on page 4-32.

**In the above example, Sample Message #1 indicates to "List all persons..." Since all persons in the family of Bradford Jones are white of non-Hispanic background (based on Items 2c and 2d from the Household Composition Table), you will list them in Table 1 (white or other).**

Example #2

BOX 2

SAMPLING MESSAGE #1

"List only blacks (Table 2) and Mexican-Americans (Table 3) in appropriate race/ethnicity tables."

TABLE 2 - BLACKS

| LINE NO. | 3a.<br>FIRST NAME | 3b.<br>What is -'s birthdate?<br>¿Cuál es la fecha de nacimiento de -? | 3c.<br>AGE CHART | 3d.<br>SEX |   | 3e. | 3f.<br>SP NO. | 3g.<br>SAMPLE NO. |
|----------|-------------------|--|------------------|------------|---|-----|---------------|-------------------|
|          |                   |  |                  | M          | F |     |               |                   |
| 5        | John Henry        |  |                  | M          | F |     |               |                   |
|          |                   |  |                  | M          | F |     |               |                   |

TABLE 3 - MEXICAN-AMERICANS

| LINE NO. | 3a.<br>FIRST NAME | 3b.<br>What is -'s birthdate?<br>¿Cuál es la fecha de nacimiento de -? | 3c.<br>AGE CHART | 3d.<br>SEX |   | 3e. | 3f.<br>SP NO. | 3g.<br>SAMPLE NO. |
|----------|-------------------|--|------------------|------------|---|-----|---------------|-------------------|
|          |                   |  |                  | M          | F |     |               |                   |
| 1        | Ana Elba          |  |                  | M          | F |     |               |                   |
| 3        | Luis Carlos       |  |                  | M          | F |     |               |                   |
| 4        | Maria Luisa       |  |                  | M          | F |     |               |                   |

First check the Household Composition Table of Ana Gomez on page 4-31 of this manual.

Following Sampling Message #1 above, the Gomez family will be listed on separate tables. John is black and should be listed on Table 2. Ana, Luis, and Maria are Mexican and are listed on Table 3. Juan is not listed on any table, since he is neither black nor Mexican-American but Bolivian.

**BOX 2****SAMPLING MESSAGE #1**

**"List only blacks (Table 2) and Mexican-Americans (Table 3) in appropriate race/ethnicity tables."**

**First check the Household Composition Table of Ana Gomez on page 4-31 of this manual.**

**Following Sampling Message #1 above, the Gomez family will be listed on separate tables. John is black and should be listed on Table 2. Ana, Luis, and Maria are Mexican and are listed on Table 3. Juan is not listed on any table, since he is neither black nor Mexican-American but Bolivian.**

Example #3

BOX 2

SAMPLING MESSAGE #1

"List only Mexican-Americans (Table 3) in appropriate race/ethnicity tables."

BOX 1

AFTER LISTING HOUSEHOLD. CIRCLE LINE NO. OF HOUSEHOLD RESPONDENT.  
ASK QUESTIONS 2b-2d AS APPROPRIATE FOR EACH HOUSEHOLD MEMBER.

FAMILY NO. \_\_\_\_\_

| LINE NO. | 2a. PRINT NAME |        |          | 2b. IF NOT COMPLETED ASK:<br><br>What is --'s relationship to (REF. PERSON/ HEAD)*?<br><br>¿Cuál es el parentesco de --'s (REF. PERSON/ HEAD)*? | 2c. HAND CARD S-1.<br><br>Do any of these groups represent --'s national origin or ancestry?<br><br>¿Alguno de estos grupos representa el origen nacional o ancestro de --'s?<br>IF YES, CIRCLE NUMBER BELOW.<br>IF NO, SKIP TO 2d. |                          | 2d. Is --'s race white, black or other?<br><br>¿Es -- de raza blanca, negra u otra? |   |   |
|----------|----------------|--------|----------|---|---|--------------------------|---|---|---|
|          | FIRST          | MIDDLE | LAST     |   | GO TO NEXT HOUSEHOLD MEMBER OR SKIP TO BOX 2.   | SKIP TO 2d.              | W   | B | O |
|          |                |        |          |   | MEXICAN-AMERICAN  | OTHER HISPANIC (SPECIFY) |   |   |   |
| 01       | John           | Calvin | Northrup | REF. PERSON (OR HEAD*)  | 1   | 2                        | 1   | 2 | 3 |
| 02       | Fifi           | Louise | _____    |   | 1   | 2                        | 1   | 2 | 3 |
| 03       | Birney         | Alan   | _____    |   | 1   | 2                        | 1   | 2 | 3 |

Following Sampling Message #1 above, no one from the Northrup family would be listed in any table because all household members are white, non-Hispanic.

"List only Mexican-Americans (Table 3) in appropriate race/ethnicity tables."

Following Sampling Message #1 above, no one from the Northrup family would be listed in any table because all household members are white, non-Hispanic.

**B. Items 3a-3g**

**Item 3a:** Once you have determined on which table to record household members, enter the first name and line number from the Household Composition Table for each family member to be listed on the table.

**Item 3b:** For Item 3b, ask household member's birthdate. Enter two digits for month/day/year (e.g., 06/01/70). 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 month and day, then enter just the year.

**Item 3c:** Item 3c requires that you use the Age Verification Chart Hand Card (Exhibit 4-1) and the birthdate from Item 3b to determine the person's age. To use the Age Verification Chart, start with the person's year of birth. If the person's birthday is on or before the date of the interview, the "Yes" column will tell you the age. If the person's birthday comes after the interview date, the correct age will be in the "No" column. Verify the age from the chart with the respondent before entering it in 3c.

**Item 3d:** Item 3d requires that you code the sex of the household member. If the person's sex is not obvious, ask respondent. Remember to not assume gender from a name. Several common names are used for both male and female children, for example, Brooke, Stacy, Guadalupe and Concepcion.

**Item 3e:** Item 3e is not asked of the respondent, but rather involves classification of household members into specific age and sex categories. **These age and sex categories vary by table;** therefore, take care to enter an "X" in the correct category for each household member listed whose sex and age corresponds to one of the **sex and age column headings**.

Furthermore, because these categories will vary by Screener as well as by table and sex, Item 3e has not been printed as part of the Screener but is a computer generated label -- one per table.

## CARD A

| AGE VERIFICATION CHART FOR 1991  |                  |     |     |               |                  |         |         |
|--|------------------|-----|-----|---------------|------------------|---------|---------|
| INSTRUCTIONS   |                  |     |     |               |                  |         |         |
| In using this chart, determine age as follows: locate the birth year of the person on the chart. If the person has not had a birthday as of the day of interview in 1991, the correct age will be shown in the "No" column. If the person has had a birthday, the correct age will be in the "Yes" column. |                  |     |     |               |                  |         |         |
| Year of Birth  | Birthday in 1991 |     |     | Year of Birth | Birthday in 1991 |         |         |
|  | No               | AGE | Yes |               | No               | AGE     | Yes     |
| 1900   | 90               |     | 91  | 1946          | 44               |         | 45      |
| 1901   | 89               |     | 90  | 1947          | 43               |         | 44      |
| 1902   | 88               |     | 89  | 1948          | 42               |         | 43      |
| 1903   | 87               |     | 88  | 1949          | 41               |         | 42      |
| 1904   | 86               |     | 87  | 1950          | 40               |         | 41      |
| 1905   | 85               |     | 86  | 1951          | 39               |         | 40      |
| 1906   | 84               |     | 85  | 1952          | 38               |         | 39      |
| 1907   | 83               |     | 84  | 1953          | 37               |         | 38      |
| 1908   | 82               |     | 83  | 1954          | 36               |         | 37      |
| 1909   | 81               |     | 82  | 1955          | 35               |         | 36      |
| 1910   | 80               |     | 81  | 1956          | 34               |         | 35      |
| 1911   | 79               |     | 80  | 1957          | 33               |         | 34      |
| 1912   | 78               |     | 79  | 1958          | 32               |         | 33      |
| 1913   | 77               |     | 78  | 1959          | 31               |         | 32      |
| 1914   | 76               |     | 77  | 1960          | 30               |         | 31      |
| 1915   | 75               |     | 76  | 1961          | 29               |         | 30      |
| 1916   | 74               |     | 75  | 1962          | 28               |         | 29      |
| 1917   | 73               |     | 74  | 1963          | 27               |         | 28      |
| 1918   | 72               |     | 73  | 1964          | 26               |         | 27      |
| 1919   | 71               |     | 72  | 1965          | 25               |         | 26      |
| 1920   | 70               |     | 71  | 1966          | 24               |         | 25      |
| 1921   | 69               |     | 70  | 1967          | 23               |         | 24      |
| 1922   | 68               |     | 69  | 1968          | 22               |         | 23      |
| 1923   | 67               |     | 68  | 1969          | 21               |         | 22      |
| 1924   | 66               |     | 67  | 1970          | 20               |         | 21      |
| 1925   | 65               |     | 66  | 1971          | 19               |         | 20      |
| 1926   | 64               |     | 65  | 1972          | 18               |         | 19      |
| 1927   | 63               |     | 64  | 1973          | 17               |         | 18      |
| 1928   | 62               |     | 63  | 1974          | 16               |         | 17      |
| 1929   | 61               |     | 62  | 1975          | 15               |         | 16      |
| 1930   | 60               |     | 61  | 1976          | 14               |         | 15      |
| 1931   | 59               |     | 60  | 1977          | 13               |         | 14      |
| 1932   | 58               |     | 59  | 1978          | 12               |         | 13      |
| 1933   | 57               |     | 58  | 1979          | 11               |         | 12      |
| 1934   | 56               |     | 57  | 1980          | 10               |         | 11      |
| 1935   | 55               |     | 56  | 1981          | 9                |         | 10      |
| 1936   | 54               |     | 55  | 1982          | 8                |         | 9       |
| 1937   | 53               |     | 54  | 1983          | 7                |         | 8       |
| 1938   | 52               |     | 53  | 1984          | 6                |         | 7       |
| 1939   | 51               |     | 52  | 1985          | 5                |         | 6       |
| 1940   | 50               |     | 51  | 1986          | 4                |         | 5       |
| 1941   | 49               |     | 50  | 1987          | 3                |         | 4       |
| 1942   | 48               |     | 49  | 1988          | 2                |         | 3       |
| 1943   | 47               |     | 48  | 1989          | 1                |         | 2       |
| 1944   | 46               |     | 47  | 1990          |                  | under 1 | 1       |
| 1945   | 45               |     | 46  | 1991          |                  | NA      | under 1 |

The following illustrates a few examples of Item 3e column headings.

| LINE NO. | 3a. FIRST NAME | 3b. What is -'s birthdate?<br><i>(Qual es la fecha de nacimiento de-?)</i> | 3c. AGE CHART | 3d. SEX |   | 3e. MARK APPROPRIATE BOX |  |         |  | 3f. SP NO. | 3g. SAMPLE NO. |
|----------|----------------|--|---------------|---------|---|--------------------------|--|---------|--|------------|----------------|
|          |                |  |               |         |   | MALES                    |  | FEMALES |  |            |                |
|          |                |  |               | M       | F | ALL                      |  |         |  |            |                |
|          |                |  |               | M       | F |                          |  |         |  |            |                |

| LINE NO. | 3a. FIRST NAME | 3b. What is -'s birthdate?<br><i>(Qual es la fecha de nacimiento de-?)</i> | 3c. AGE CHART | 3d. SEX |   | 3e. MARK APPROPRIATE BOX |             |         |       | 3f. SP NO. | 3g. SAMPLE NO. |
|----------|----------------|--|---------------|---------|---|--------------------------|-------------|---------|-------|------------|----------------|
|          |                |  |               |         |   | MALES                    |             | FEMALES |       |            |                |
|          |                |  |               | M       | F | 2 mo. - 50+              | 2 mo. - 50+ |         |       |            |                |
|          |                |  |               | M       | F | 5 yrs                    | 5 yrs       | 5 yrs   | 5 yrs |            |                |

| LINE NO. | 3a. FIRST NAME | 3b. What is -'s birthdate?<br><i>(Qual es la fecha de nacimiento de-?)</i> | 3c. AGE CHART | 3d. SEX |   | 3e. MARK APPROPRIATE BOX |  |         |  | 3f. SP NO. | 3g. SAMPLE NO. |
|----------|----------------|--|---------------|---------|---|--------------------------|--|---------|--|------------|----------------|
|          |                |  |               |         |   | MALES                    |  | FEMALES |  |            |                |
|          |                |  |               | M       | F | YPS                      |  | 5 YPS   |  |            |                |

If the respondent has not been able to provide at least the year of birth for a household member, probe to determine if the person falls into one of the age groups shown on the table where s/he is listed. If so, enter an "X" in the category matching the person's response.

Note that Item 3e should be left blank for persons less than 2 months old, and for all persons whose ages do not correspond to one of the column headings.

**Items 3f and 3g**

Item 3f, the assigning of SP nO., is to be completed after the final SP selection procedure has been carried out, and will be discussed shortly. Item 3g, sample nO., is not entered until after the office has assigned a number. This will be discussed in Chapter 9.

**C. Examples Illustrating the Completion of Item 3e**

**Example #1**

Since all members of the Jones family are listed as "White" on the household composition table and since sampling message #1 instructs you to list only Whites on the appropriate table, all members of the family should be listed on Table 1. Item 3e, on Table 1, instructs you to select "all males" and "all females." Therefore, place an "X" at 3e for all males and females in the family. Thus everyone in the Jones family is an SP and the household has a total of 5 SP's.

BOX 2

SAMPLING MESSAGE #1

"List only whites (Table 1) in appropriate race/ethnicity tables."

| LINE NO. | 3a. FIRST NAME | 3b. What is -'s birthdate?<br>¿Cuál es la fecha de nacimiento de -? | 3c. AGE CHART | 3d. SEX | 3e. MARK APPROPRIATE BOX |         | 3f. SP NO. | 3g. SAMPLE NO. |
|----------|----------------|---|---------------|---------|--------------------------|---------|------------|----------------|
|          |                |   |               |         | MALES                    | FEMALES |            |                |
|          |                |   |               |         | ALL                      | ALL     |            |                |
| 1        | BONNIE         | 11/3/49   | 42            | (M) F   | X                        |         |            |                |
| 2        | MARY           | 5/13/53   | 38            | M (F)   |                          | X       |            |                |
| 3        | WILLIAM        | 2/25/74   | 17            | (M) F   | X                        |         |            |                |
| 4        | ANNE           | 2/19/78   | 13            | M (F)   |                          | X       |            |                |
| 5        | MARY           | 7/16/91   | 10            | (M) F   | X                        |         |            |                |
|          |                |   |               | M F     |                          |         |            |                |

**Example #2**

For members of the Hidalgo family, the situation is somewhat different. First, Sampling Message #1 indicates the selection of "only Mexican-Americans," thus all the Hidalgos will be listed on Table 3 since everyone in the family has been identified as Mexican-American. Table 3, Item 3e instructs you to select "males and females 2 months-19 years and 40+ years." Looking at Table 3 (below) you see that Luisa is 33, and so does not fall into the 2 months-19 or 40+ years category for a female. In this case she is not selected as an SP. On the other hand, both Maria Hernandez (17) and Raul Hidalgo (14) fall into the sex/age categories listed and are thus SP's. This family has a total of 2 SP's.

**BOX 2**

**SAMPLING MESSAGE #1**

"List only Mexican-Americans (Table 3) in appropriate race/ethnicity tables."

TABLE 3 - MEXICAN-AMERICANS

| LINE NO. | 3a. FIRST NAME | 3b. What is -'s birthdate?<br>¿Cuál es la fecha de nacimiento de-? | 3c. AGE CHART | 3d. SEX                          |                                  | 3e. MARK APPROPRIATE BOX |     |               |     | 3f. SP NO. | 3g. SAMPLE NO. |
|----------|----------------|--|---------------|----------------------------------|----------------------------------|--------------------------|-----|---------------|-----|------------|----------------|
|          |                |  |               |                                  |                                  | MALES                    |     | FEMALES       |     |            |                |
|          |                |  |               |                                  |                                  | 2 mo - 19 yrs            | 40+ | 2 mo - 19 yrs | 40+ |            |                |
| 1        | LUISA          | 10/1/57  | 33            | M                                | <input checked="" type="radio"/> |                          |     |               |     |            |                |
| 2        | MARIA          | 4/20/74  | 17            | M                                | <input checked="" type="radio"/> |                          |     |               | X   |            |                |
| 3        | RAUL           | 11/2/77  | 14            | <input checked="" type="radio"/> | F                                | X                        |     |               |     |            |                |
|          |                |  |               | M                                | F                                |                          |     |               |     |            |                |
|          |                |  |               | M                                | F                                |                          |     |               |     |            |                |

**Example #3**

In this example we have a mixed ethnic/race family situation. The Gomez family has black and Mexican-American family members. Sampling Message #1 indicates the selection of "only blacks (Table 2) and Mexican-Americans (Table 3)." In Table 2 if we follow the 3e instruction John, who is 15, is not selected (no "X" entered). In Table 3, following the 3e instructions, we will not select Ana and Maria respectively (no "X's" entered) because they are under 80+ but we will select Luis who is 84 and does fall into the listed male sex/age category for his table (Table 3). Thus this family has only one SP.

BOX 2

SAMPLING MESSAGE #1

"List only blacks (Table 2) and Mexican-Americans (Table 3) in appropriate race/ethnicity tables."

TABLE 2 - BLACKS

| LINE NO. | 3a. FIRST NAME | 3b. What is -'s birthdate?<br><i>¿Cuál es la fecha de nacimiento de -?</i> | 3c. AGE CHART | 3d. SEX |   | 3e. MARK APPROPRIATE BOXES |     |             |     | 3f. SP NO. | 3g. SAMPLE NO. |
|----------|----------------|--|---------------|---------|---|----------------------------|-----|-------------|-----|------------|----------------|
|          |                |  |               |         |   | - MALES -                  |     | - FEMALES - |     |            |                |
|          |                |  |               |         |   | 2 MO -                     | 70+ | 2 MO        | 70+ |            |                |
|          |                |  |               |         |   | 5 YRS                      | YRS | 5 YRS       | YRS |            |                |
| 5        | JOHN HENRY     | 10/19/76   | 15            | (M)     | F |                            |     |             |     |            |                |

TABLE 3 - MEXICAN-AMERICANS

| LINE NO. | 3a. FIRST NAME | 3b. What is -'s birthdate?<br><i>¿Cuál es la fecha de nacimiento de -?</i> | 3c. AGE CHART | 3d. SEX |     | 3e. MARK APPROPRIATE BOX |     |             |     | 3f. SP NO. | 3g. SAMPLE NO. |
|----------|----------------|--|---------------|---------|-----|--------------------------|-----|-------------|-----|------------|----------------|
|          |                |  |               |         |     | - MALES -                |     | - FEMALES - |     |            |                |
|          |                |  |               |         |     | 2-35                     | 80+ | 2-35        | 80+ |            |                |
|          |                |  |               |         |     | MO.                      | YRS | MO          | YRS |            |                |
| 1        | ANA ELBA       | 1/22/47  | 43            | M       | (F) |                          |     |             |     |            |                |
| 3        | LUIS CARLOS    | 8/19/06  | 84            | (M)     | F   |                          | X   |             |     |            |                |
| 4        | MARIA LUISA    | 4/06/29  | 62            | M       | (F) |                          |     |             |     |            |                |

**D. Assigning SP Numbers**

If SP's have been selected, it is necessary to assign a number to each SP. This number must be recorded in Item 3f in Tables 1-3.

**Assign SP numbers simply by numbering sequentially all SP's in a family** (all family members with an "X" in Item 3e). If these SP's are spread over more than one table (e.g., Tables 1 and 2), simply continue the numbering across tables, so that each SP has a unique number. Begin with number 1 and continue until each SP has a number.

**If there is more than one family in the household with selected SP's, start your numbering sequence over for each additional family.**

The following example shows how SP numbers are assigned within a family:

**Jones Family** (based on Example #1, page 4-44)

Jones Family (based on Example #1, page 4-44)

| LINE NO. | 3a. FIRST NAME | 3b. What is -'s birthdate?<br>¿Cuál es la fecha de nacimiento de -? | 3c. AGE CHART | 3d. SEX | 3e. MARK APPROPRIATE BOX |         | 3f. SP NO. | 3g. SAMPLE NO. |
|----------|----------------|---|---------------|---------|--------------------------|---------|------------|----------------|
|          |                |   |               |         | MALES                    | FEMALES |            |                |
|          |                |   |               |         | ALL                      | ALL     |            |                |
| 1        | Bondford       | 1/3/49  | 42            | (M) F   | X                        |         |            | 1              |
| 2        | MARY           | 5/13/53   | 38            | M (F)   |                          | X       |            | 2              |
| 3        | WILLIAM        | 2/25/74   | 17            | (M) F   | X                        |         |            | 3              |
| 4        | ANNE           | 2/19/78   | 13            | M (F)   |                          | X       |            | 4              |
| 5        | MARTY          | 7/16/91   | 10            | (M) F   | X                        |         |            | 5              |
|          |                |   |               | M F     |                          |         |            |                |

4.1.10 Ending the Screener Interview

ASK EVERYONE:

4. Would you give me your telephone number in case my office wants to check my work?  
¿Podría darme su número de teléfono en caso que mi oficina desee verificar mi trabajo?

TELEPHONE NO. \_\_\_\_\_  
AREA CODE \_\_\_\_\_

In whose name is the telephone listed?  
¿A nombre de quién aparece el teléfono?

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE

\_\_\_\_\_  
LAST

- 1  NO TELEPHONE
- 7  REFUSED

Hidalgo Family (based on Example #2, page 4-45)

TABLE 3 - MEXICAN-AMERICANS

| LINE NO. | 3a. FIRST NAME | 3b. What is -'s birthdate?<br><i>¿Cuál es la fecha de nacimiento de -?</i> | 3c. AGE CHART | 3d. SEX                          | 3e. MARK APPROPRIATE BOX         |     |               |     | 3f. SP NO. | 3g. SAMPLE NO. |
|----------|----------------|--|---------------|----------------------------------|----------------------------------|-----|---------------|-----|------------|----------------|
|          |                |  |               |                                  | MALES                            |     | FEMALES       |     |            |                |
|          |                |  |               |                                  | 2 mo - 19 yrs                    | 40+ | 2 mo - 19 yrs | 40+ |            |                |
| 1        | LUISA          | 10/1/57  | 33            | M                                | <input checked="" type="radio"/> |     |               |     |            |                |
| 2        | MARIA          | 4/20/71  | 17            | M                                | <input checked="" type="radio"/> |     | X             |     | 1          |                |
| 3        | RAUL           | 11/2/77  | 14            | <input checked="" type="radio"/> | F                                | X   |               |     |            | 2              |
|          |                |  |               | M                                | F                                |     |               |     |            |                |
|          |                |  |               | M                                | F                                |     |               |     |            |                |

Gomez Family (based on Example #3, page 4-46)

TABLE 2 - BLACKS

| LINE NO. | 3a. FIRST NAME | 3b. What is -'s birthdate?<br><i>¿Cuál es la fecha de nacimiento de -?</i> | 3c. AGE CHART | 3d. SEX                          | 3e. MARK APPROPRIATE BOXES |         |              |         | 3f. SP NO. | 3g. SAMPLE NO. |
|----------|----------------|--|---------------|----------------------------------|----------------------------|---------|--------------|---------|------------|----------------|
|          |                |  |               |                                  | MALES                      |         | FEMALES      |         |            |                |
|          |                |  |               |                                  | 2 mo - 5 yrs               | 70+ yrs | 2 mo - 5 yrs | 70+ yrs |            |                |
| 5        | John Henry     | 7/19/76  | 15            | <input checked="" type="radio"/> | F                          |         |              |         |            |                |
|          |                |  |               | M                                | F                          |         |              |         |            |                |

TABLE 3 - MEXICAN-AMERICANS

| LINE NO. | 3a. FIRST NAME | 3b. What is -'s birthdate?<br><i>¿Cuál es la fecha de nacimiento de -?</i> | 3c. AGE CHART | 3d. SEX                          | 3e. MARK APPROPRIATE BOX         |   |                    |  | 3f. SP NO. | 3g. SAMPLE NO. |
|----------|----------------|--|---------------|----------------------------------|----------------------------------|---|--------------------|--|------------|----------------|
|          |                |  |               |                                  | MALES                            |   | FEMALES            |  |            |                |
|          |                |  |               |                                  | 2-35 mo. - 80+ yrs               |   | 2-35 mo. - 80+ yrs |  |            |                |
| 1        | ANA ELBA       | 1/22/47  | 43            | M                                | <input checked="" type="radio"/> |   |                    |  |            |                |
| 3        | LUIS CARLOS    | 8/19/06  | 84            | <input checked="" type="radio"/> | F                                | X |                    |  |            | 1              |
| 4        | MARIA LUISA    | 4/06/29  | 62            | M                                | <input checked="" type="radio"/> |   |                    |  |            |                |
|          |                |  |               | M                                | F                                |   |                    |  |            |                |

The purpose of this question is to obtain the household telephone number and the name of the person it is listed under. It should be asked in **all households**, regardless of whether SP's are selected from this household. Be sure to enter the **complete number** including area code and the **complete name** of the person or persons in whose name the telephone is listed with the telephone company.

Remember to check "no telephone" or "refused" when applicable.

Item 5

---

5. DATE OF INTERVIEW:    [ ][ ] - [ ][ ] - [ ][ ]  
                                    MONTH      DAY      YEAR

---

Record the date the interview was completed. Use two digits for month, day, and year.

---

6. CODE ONE:    1  SP'S SELECTED  
                                    2  NO SP'S SELECTED

---

Check Tables 1-4 and complete this item.

---

7. RECORD TIME ENDED ON COVER PAGE.

---

**Enter the time the interview ended, using two digits (e.g., 05:15). Remember to code the AM or PM box.**

**4.1.11 Procedure in Case of Vacancy/Not a DU or Refusal or Inability to Complete Screener**

The final page of the Screener is to be filled in if you are unable to complete the Screener because the selected dwelling unit was vacant or did not fit the study's definition of a dwelling unit, or for any other reason that you were unable to obtain all the required household information.

This page is divided into two sections. The first section pertains to the situation if the dwelling unit is vacant or not considered a dwelling unit for this study. For either of these circumstances, you complete appropriate questions at the top of the page. Living quarters are vacant if no persons are living in them at the time of your first visit. If the occupant is only temporarily absent, consider the unit as occupied.

---

I. VACANT/NOT A DWELLING UNIT

A. WHY IS THE LISTED ADDRESS NOT AN OCCUPIED DWELLING UNIT FOR OUR SAMPLE?

- VACANT
- NOT A DU, CONDEMNED/DEMOLISHED (C)
- NOT A DU, PLACE OF BUSINESS (C)
- NOT A DU, NO SUCH ADDRESS/NO SUCH DU (C)
- NOT A DU, VACATION CABIN (C)
- NOT A DU, NOT USABLE AS PERMANENT RESIDENCE (C)
- NOT A DU, TRANSIENT USE (C)
- NOT A DU, STILL UNDER CONSTRUCTION (C)
- NOT A DU, LISTING PROBLEM, OUT OF SEGMENT (C)
- NOT A DU, OTHER REASON (C)  
(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_

B. RECORD BELOW ANY AND ALL SIGNS OF VACANCY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. RECORD BELOW ANY REASONS UNIT DOES NOT QUALIFY AS A DWELLING UNIT AS WELL AS ANY RELEVANT INFORMATION OR OBSERVATIONS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

The **second section** of this page refers to Screener nonresponse which is when the dwelling unit is occupied but you are unable to obtain the full household information requested in the Screener. In this situation, you are to describe as fully as possible the reason for being unable to complete the Screener, as well as try to obtain from neighbors or other informants as much information as possible about the household members. Specifically, how many people live in the household, their ages, sex and race and whether any are Mexican-American or other Hispanic. This amount of information will enable us to apply the sampling procedures, which we must do for every household selected for in this study.

#### **4.2 Administering the Family Questionnaire**

A separate Family Questionnaire will be completed for each family that has at least one Sample Person, i.e., one Family Questionnaire per family with eligible SP's. Therefore, if a household has two families and both families have a Sample Person, two Family Questionnaires are completed. If a household has two families, but only one family has a Sample Person, then only one Family Questionnaire is completed. NOTE: You will not administer any questionnaires, other than the Screener, to any family that does not have at least one Sample Person.

The Family Questionnaire is organized to ask questions about the head of the family (whether a Sample Person or not), each Sample Person in the family, and the household in general. The specific instructions on the items in the Family Questionnaire are in a separate manual.

##### **4.2.2 Eligible Respondent for the Family Questionnaire**

An eligible respondent for the Family Questionnaire must be a family member (i.e., household member related by blood, marriage, or adoption to the head of the family) who is at least 17 years old. In families where there is no one 17 years or older, you should choose as a respondent the head of the family or any person in the family who has ever been married.

In households that have more than one family with a Sample Person, the interviewer will need to use a respondent from each family to complete the appropriate Family Questionnaires. It is not permissible to have a nonfamily member respond to the Family Questionnaire.

Since the Family Questionnaire asks very specific questions about such subjects as occupation and income, it is important that the respondent be very knowledgeable about family matters. For this reason, it is preferred that the head of the family or spouse of the head be the respondent for the Family Questionnaire.

#### **4.2.2 Completion Order For the Family Questionnaire**

The Family Questionnaire is completed for every family in the household with at least one Sample Person. The Family Questionnaire may be completed on the same visit as the Screener interview, but ideally should be completed after all sample persons have been interviewed.

#### **4.3 Administering the Household Sample Person Questionnaires**

There are 2 NHANES III household Sample Person questionnaires which will be administered to eligible Sample Persons depending upon their age. They are as follows:

- **The Household Adult Questionnaire (HAQ)** -- for Sample Persons 17 years of age and older; and
- **The Household Youth Questionnaire (HYQ)** -- for Sample Persons ages of 2 months to 16 years.

##### **4.3.1 Eligible Respondent for Household Sample Person Questionnaires**

In order to be an eligible respondent for the household Sample Person questionnaires, the person must have been selected through the Sample Person selection procedure outlined in the Screener (described in Section 4.19 of this manual). As noted above, **Sample Persons** who are **17 years of age and older** are interviewed on the Household Adult Questionnaire. These adult Sample Persons (17+) must respond to the Household Adult Questionnaire for themselves, unless they are physically or mentally unable to do so. In these situations, when there is a serious physical or mental condition, a proxy respondent may be used to conduct the interview, (e.g. SP has hearing problem, is senile or mentally retarded, etc.). However, even in these situations, there are throughout the questionnaire a number of questions dealing with cognitive function which cannot be conducted by a proxy. These are identified in a separate manual covering the questionnaire specifications.

On the other hand, interviews for (Household Youth Questionnaire) **Sample Persons 2 months to 16 years** old should always be conducted with a proxy respondent. In the unusual situation where the "youth" lives alone or is married and no proxy is available, interview the youth and document the situation at item M4 in the Household Youth Questionnaire.

A **proxy respondent** must be a family member 17 years old or older, for children, preferably a parent or guardian. For adults with a serious physical or mental condition, a spouse would be preferred. It is best that the proxy live in the same household as the Sample Person, but if no such proxy is available, residence elsewhere is acceptable.

### **4.3.2 Sample Person Language Problems**

The NHANES III interviewing team includes bilingual (English/Spanish) interviewers. If you encounter a situation where a Spanish language interviewer is needed for an SP, return the case to your supervisor. S/he will reassign the case to a Spanish speaking interviewer.

If you encounter a situation where the SP only speaks another language (i.e., Chinese, French, Japanese, etc.), or does not speak enough English to conduct the interview, try to find a household translator to assist in the conduct of the interview. The household translator should be an adult (17+) household member. If you cannot find a household translator, complete a non-interview report (SP Card) (see Chapter 10) and return the case to your supervisor.

### **4.3.3 Completion Order For the Household Sample Person Questionnaires**

The household Sample Person questionnaires, whether the Adult or Youth, are administered following the completion of the Screener interview with Sample Persons or with proxy respondents (see Section 4.3.1 guidelines) who are available during that visit. The Family Questionnaire may also be completed during the same visit, but only after all possible household Sample Person questionnaires have been completed.

## **5. THE HOUSEHOLD FOLDER**

For each DU you are assigned you will receive a Household Folder. The folder itself is used to store completed questionnaires and/or other documents associated with the case. The Household Folder consists of the following sections (see Exhibit 5-1 for a reduced copy of the Household Folder showing the location of the various sections):

- **Assignment Box;**
- **Household Language Use;**
- **Summary of HH work;**
- **Routing Form;**
- **Missed Structure Procedure;**
- **Missed DU Procedure and Missed DU Form;**
- **Call Record Result Codes; and**
- **Household Call Record.**

This chapter discusses the purpose of each of these sections. It also provides a description of the procedures and specifications you should follow while completing each section.

Exhibit 5-1. Reduced copy of the Household Folder

This form is a reduced copy of a household folder. It features a header section at the top, followed by a large table with multiple columns and rows. Below the table, there are several text blocks containing instructions and information. The form is densely packed with text and data.

|   |   |
|---|---|
| <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> | <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> |
| <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> | <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> |
| <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> | <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> |
| <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> | <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> |
| <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> | <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> |

|   |   |
|---|---|
| <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> | <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> |
| <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> | <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> |
| <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> | <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> |
| <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> | <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> |
| <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> | <p>1. Name of household member</p> <p>2. Sex</p> <p>3. Date of birth</p> <p>4. Marital status</p> <p>5. Education</p> <p>6. Occupation</p> <p>7. Income</p> <p>8. Assets</p> <p>9. Liabilities</p> <p>10. Other information</p> |

**5.1 Assignment Box**

Each Household Folder you receive will have a large Address Label on the front page. This label contains the Stand/Segment/Serial number, address, and any message for the case. Section 3.1.3 contains a detailed discussion of the label and the information that can be found on it.

**5.2 Household Language Use**

Reco  
rd  
all  
the  
lang

|  |   |
|--|---|
| <b>HOUSEHOLD LANGUAGE USE</b>                  |   |
| <b>WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD?</b> | <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER |

uages spoken in the household. We are interested in languages which are spoken fluently and regularly by household members -- not languages which one or more household members may have studied in school.

**5.3 Summary of HH Work**

The lower half of the front cover of the Household Folder is the Summary of HH Work. Entries in this section should be made as the current interviewer completes each component of the survey. Note that this section can accommodate a disposition/status history for up to five SP's and report the work of up to four interviewers.



- **HAQ Short Form:** Enter the following as appropriate

(C)Completed= HAQ disposition S3-S9 and HAQ Short Form fully completed.

(PC)Partially Completed = One or more items on the form have been completed but it needs to be refiled.

(N) = HAQ disposition S3-S9 but HAQ Short Form not completed.

NA = HAQ Short Form not applicable to this SP.

- **Exam Appt. Disp.:** Enter the 2 digit code from the Household Call Record.
- **MEC Exam Appt. Information:** If an appointment has been made (DISP E1) enter the date, time, and mode of transportation for the SP (i.e., taxi, self-transport or project staff transport).
- **Infor Consent Signed:** Enter yes/no as appropriate. If the SP has indicated s/he will sign in MEC, enter "MEC.

If the SP is 10-17 years old two consents should be signed (Informed Consent and the MEC Interview Consent). Be sure to indicate in this situation whether both have been signed.

- **Birth Certificate Authorization:** Enter yes/no for SP's 16 and under or N/A as appropriate for SP's 17+.
- **Broken Appt Disp.:** Enter the 2 digit code from the Household Call Record.
- **Home Exam/Sch Disp.:** Enter the 2 digit scheduling code from the Household Call Record.
- **Home Exam/Compl Disp.:** Enter the 2 digit completion code from the Household Call Record.

**IT IS CRUCIAL THAT THIS INFORMATION BE ACCURATE SINCE THIS DATA WILL BE USED TO MAKE ENTRIES INTO THE AUTOMATED SURVEY MANAGEMENT SYSTEM.**

#### **5.4 Routing Form**

**This form is FOR OFFICE USE ONLY.**

## **5.5 Missed Structure Procedure**

Located inside of each Household Folder is the question asked as part of the Missed Structure procedures. These procedures and the use of this question are discussed in Chapter 12.

## **5.6 Missed DU Procedure and Missed DU Form**

Also located inside of each Household Folder is the Missed DU Form. The specifications for completing this form and a detailed discussion of the Missed DU Procedures can be found in Chapter 12.

## 5.7 Call Record Result Codes

On page five of the Household Folder you will find the result codes (Exhibit 5-2) to be used on the Household Call Record, the Summary of HH Work box, and other NHANES III documents. These codes will be defined in the next chapter on Contact Procedures.

At the bottom of this page you will find the following box:

---

|  |
|--|
| <b>OFFICE USE ONLY:</b>  |
| <b>WAS NON-RESPONSE LETTER SENT?</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> <b>DATE SENT</b> _____ |

This  
box  
will

be completed by your supervisor when s/he makes a determination to send a non-response letter to a household. A non-response visit to a household should be scheduled so that this letter has time to reach the household.

## 5.8 Household Call Record

The Household Call Record (see Exhibit 5-3) is located on the back page of the Household Folder. It provides you with space to record information about each of your attempts to locate, contact, and complete the necessary work on the sampled household. The Call Record has four basic purposes:

1. It serves as a permanent record of your work on each case;

CALL RECORD RESULT CODES

| SCHEMNER CODES   | FAMILY CODES  | SAMPLE PERSON CODES  | EXAM APPOINTMENT CODES  | BROKEN APPOINTMENT CODES  |
|--|---|--|---|---|
| 10 - Complete, No SP's<br>11 - Complete, With SP's<br>FOM SUPERVISOR USE ONLY<br>12 - Complete, No SP's Based on their HI Information<br>13 - Complete, With SP's Based on their HI Information<br>14 - Not Home After Multiple Attempts<br>15 - Refused/Rescheduled<br>16 - Unable to Enter Structure<br>17 - Unavailable During Field Period<br>18 - Language Problem<br>19 - Stress<br>20 - Other (Specify)<br>21 - Met a DU<br>22 - New Construction | F1 - Complete<br>F2 - Refused/Rescheduled<br>FOM SUPERVISOR USE ONLY<br>F3 - Rescheduled/Refused<br>F4 - Field Refused<br>F5 - Eligible Adult Not At Home After Multiple Attempts<br>F6 - Eligible Adult Unavailable During Field Period<br>F7 - Stress<br>F8 - Other (Specify) | S1 - Complete, With Blood Pressure or NA<br>S2 - Complete, Blood Pressure Inappropriate<br>S3 - Refused/Rescheduled<br>FOM SUPERVISOR USE ONLY<br>S4 - Reschedule/Refused<br>S5 - Field Refused<br>S6 - Not At Home After Multiple Attempts<br>S7 - Unavailable During Field Period<br>S8 - Stress<br>S9 - Other (Specify) | E1 - Exam Appointment Made<br>E2 - Refused<br>E3 - Refused, Immediately Offer Home Exam<br>E4 - Immediately Offer Home Exam<br>FOM SUPERVISOR USE ONLY<br>E5 - Field Refused<br>E6 - Not At Home After Multiple Attempts<br>E7 - Unavailable During Field Period<br>E8 - Stress<br>E9 - Other (Specify)   | B1 - Rescheduled<br>B2 - Refused<br>B3 - Could Not Contact<br>B4 - Recommended for Home Exam<br>B5 - Test III<br>B6 - Unavailable<br>B7 - Other (Specify)   |
| HOME EXAM  |   |  |   |   |
| REASONS FOR REFUSING INTERVIEW, REC APPOINTMENT, HOME EXAM, OR FOR BROKEN APPOINTMENTS, SP CARD AND HOME EXAMINATION RECORD ONLY (CODE ALL THAT APPLY)   |   |  |   |   |
| SCHEDULING CODES   | COMPLETION CODES  | HEALTH RELATED REASONS   | PERSONAL REASONS  | REC/HOME EXAM   |
| H1 - Exam Appointment Made<br>H2 - Refused<br>H3 - Could Not Contact<br>H4 - Test III<br>H5 - Unavailable<br>H6 - Other (Specify)  | C1 - Exam Conducted<br>C2 - Exam Rescheduled<br>C3 - Refused<br>C4 - Could Not Contact<br>C5 - Test III<br>C6 - Unavailable<br>C7 - Other (Specify)   | R1 - None<br>R2 - Personal Ill Health<br>R3 - Family Issues or Death<br>R4 - Doctor Says No<br>R5 - Hospitalized<br>R6 - Disabling/Field<br>R7 - Suspect Capability Impaired<br>R8 - On Med/Abx/Dr<br>R9 - Blind or Deaf   | I1 - Not Interested<br>I2 - Don't Want to Be Bothered<br>I3 - Nervous/Tired<br>I4 - Concerned About Privacy<br>I5 - Suspicious<br>I6 - Language Problems<br>I7 - Length of Interview<br>I8 - Friendly/Reluctant Advice<br>I9 - ?<br>I10 - ?<br>I11 - ?<br>I12 - ?<br>I13 - ?<br>I14 - ?<br>I15 - ?<br>I16 - ?<br>I17 - ?<br>I18 - ?<br>I19 - ?<br>I20 - ?<br>I21 - ?<br>I22 - ? | H1 - Not Interested<br>H2 - Lack of Time<br>H3 - Work Conflicts<br>H4 - Friends/Relative Advice<br>H5 - Applied to<br>H6 - Home Own Doctor<br>H7 - Fearful of Results<br>H8 - Fearful of Learning House<br>H9 - Suspicious<br>H10 - Length of Exam<br>H11 - Distance to Exam Center<br>H12 - Forget to Test<br>H13 - Reschedule/Refused Not Sent<br>H14 - Test Problem<br>H15 - Weather Conditions<br>H16 - Anti-Government Barriers<br>H17 - Misread<br>H18 - Out of Town<br>H19 - Other (Specify) |

OFFICE USE ONLY  
 WAS NON-RESPONSE LETTER SENT  NO  YES DATE SENT \_\_\_\_\_

2. **It helps you to schedule your contact attempts efficiently;**
3. **It enables you to keep track of the current status of all of your assignments; and**
4. **It aids your supervisor in evaluating the progress you are making on your assignments and in giving you suggestions to help you in your work.**

**We will discuss how you complete the Call Record in the next chapter on Contact Procedures.**

## **6. CONTACT PROCEDURES**

This chapter provides a description of procedures you should follow in order to make contact with the household. It is essential that these procedures be observed since they have been designed to aid you in contacting all households in the sample as quickly and efficiently as possible.

### **6.1 Contact Attempts**

In order to complete the Screener, Family and Sample Person questionnaires you will be allowed to make a specific number of **attempts** to the sampled address. To be considered an attempt, your visit to a household:

- Must be made in person, not on the telephone;
- Must be made at a different time of day than previously unsuccessful attempts. That is, your visit must be made at a time which maximizes the possibility of finding someone at home; and
- Must be made by going to the household's door and knocking. In other words, simply driving by the house to see if it looks like someone is home does not count as an attempt.

Each one of your attempts to contact a household should satisfy the criteria listed above and you should record all attempts in the Call Record on the back of the Household Folder.

#### **6.1.1 Planning Your Contacts**

The main question to ask yourself when attempting to contact a household is "When is a household adult most likely to be home?" For respondents who have daytime jobs, weekday evenings may be a good time. In industrial areas with plants that operate several shifts a day, many respondents may not be available on weekday evenings; you may have to try them on a morning or weekend. When your

first attempt fails, try a different time of day on your next attempt. So long as you have no better information, continue to schedule your attempts at the different times respondents are likely to be at home.

These are:

- Weekday evenings;
- Weekday afternoon;
- Weekend; and
- Weekday morning.

Most people's lives fall into a pattern. There are certain times of the day and days of the week when they are usually at home. By timing your attempts to fit different patterns, you will increase your chances of contacting your respondent.

Remember, though, that it is most important to stagger the timing of your attempts when you have no additional information about when a respondent is likely to be home. Whenever you do have reasonably reliable information on when a respondent will be home -- something learned from another member of the respondent's household, from a neighbor, or from your own observations of the neighborhood -- take that information into account. Plan your attempts so that with each successive effort you have a better chance of finding the respondent at home.

### **6.1.2 Number of Attempts**

You are allowed only a limited number of in-person attempts to each household assigned to you. Specifically, you are allowed a total of four attempts or visits to the household to complete the Screener. Upon completion of the Screener, if the household contains Sample Person(s), you may make up to four additional attempts to complete the household and family questionnaires.

For most of your assigned addresses, you will find this number of attempts, when scheduled efficiently, more than adequate to complete the work. If you are, however, unable to complete a Screener within the first four attempts to a household or the remainder of the questionnaires within four additional

attempts, you should complete the non-interview report (see Chapter 9) of the Screener or the SP Card for extended interviews and discuss the case with your supervisor at your next conference. Never make further attempts unless instructed to do so by your supervisor.

### **6.1.3 Neighbor Contacts**

Whenever you make an in-person attempt and find that no one is home at the assigned DU, you should make an effort to contact a neighbor to obtain information on a likely time to find someone at home. During neighbor contacts you should:

- Introduce yourself. State your name, that you are working on a health study for the U.S. Public Health Service, show your ID and explain the purpose of your visit.
- Obtain the "best time" to call on the assigned household. (Be sure the neighbor understands which household you are referring to.) This does not have to be a specific day or time; any information about the household's availability should be recorded. Record whatever information you obtain on the Call Record.

There are four basic considerations to keep in mind whenever you contact a neighbor:

1. "Neighbor" refers not only to the person who lives next door to the assigned household; it includes anyone in the immediate vicinity -- a building manager, a mailman passing by, someone in the yard across the street from the assigned address -- who might be able to give you information about the household.
2. Before contacting a nearby resident, always check your other assignments and Listing Sheets for the area to make sure the neighbor household you choose is not a sampled household itself. Do not attempt a neighbor contact at an address you will be contacting later for an interview. However, once you have completed the interview, you may use that household as a neighbor contact.
3. Never contact the same neighbor more than once.
4. Unless specifically asked, do not leave the advance letter with the neighbor you contact. You should leave the Call-Back card at the assigned address when no one is at home at the time of your attempt (see Chapter 10).
5. Neighbor contacts should be recorded on the Call Record on the back of the Household Folder.

6. **SPECIAL NOTE:** If, after multiple visits (at least 4), it appears that you may not reach an eligible household member, be sure to attempt to complete Part II of the last page of the Screener with 2 knowledgeable neighbors. SEE SECTION 4.1.11 SPECIFICATIONS.

## 6.2 Using the Call Record

It is essential that you keep the Call Record (Exhibit 6-1) current by making your entries immediately after each attempt. The Call Record should be completed according to the following specifications:

- **Attempt Number:** All attempts are entered on the Call Record as they occur. All in-person attempts should be consecutively numbered in this column. Telephone\*<sup>1</sup> attempts should not be numbered since they do not count towards the contact limit.
- **Interviewer ID Number:** Enter your ID.
- **Day of Week:** Using abbreviations, enter the day of the week (e.g., Fri.).
- **Date:** Enter digits to represent the month and day (e.g., 10/6).
- **Time:** Enter the time of your attempt and specify AM or PM.
- **Type of Contact:** Mark an X in the appropriate column to indicate the type of contact.

T = Telephone\*

P = In-Person

- **Result of Contact:** Enter a result code (Exhibit 6-2) only when you are finalizing your work at a given case level, i.e., Screener, Family, Sample Person, etc.. All of the result codes, as they appear on the Household Folder, and their definitions are provided in Section 6.3.

If an attempt does not produce a completed questionnaire or finalized result, describe the circumstances of your visit under the "Remarks" column.



**CALL RECORD RESULT CODES**

| SCREENER CODES   | FAMILY CODES  | SAMPLE PERSON CODES   | EXAM APPOINTMENT CODES   | BROKEN APPOINTMENT CODES   |
|--|---|---|--|--|
| 10 - Complete, No SP's<br>11 - Complete, With SP's<br><hr/> <b>FOR SUPERVISOR USE ONLY</b><br>12 - Complete, No SP's Based on Non-NH Information<br>13 - Complete, With SP's Based on Non-NH Information<br><hr/> 14 - Not Home After Multiple Attempts<br>15 - Refusal/Breakoff<br>16 - Unable to Enter Structure<br>17 - Unavailable During Field Period<br>18 - Language Problem<br>19 - Illness<br>20 - Other (Specify)<br>21 - Vacant<br>22 - Not a DU<br>23 - Now Construction | F1 - Complete<br>F2 - Refusal/Breakoff<br><hr/> <b>FOR SUPERVISOR USE ONLY</b><br>F3 - Reasonable Refusal<br>F4 - Final Refusal<br><hr/> F5 - Eligible Adult Not At Home After Multiple Attempts<br>F6 - Eligible Adult Unavailable During Field Period<br>F7 - Illness<br>F8 - Other (Specify) | S1 - Complete, With Blood Pressure or IA<br>S2 - Complete, Blood Pressure Nonresponse<br>S3 - Refusal/Breakoff<br><hr/> <b>FOR SUPERVISOR USE ONLY</b><br>S4 - Reasonable Refusal<br>S5 - Final Refusal<br><hr/> S6 - Not At Home After Multiple Attempts<br>S7 - Unavailable During Field Period<br>S8 - Illness<br>S9 - Other (Specify) | E1 - Exam Appointment Made<br>E2 - Refusal<br>E3 - Refusal, Immediately Offer Home Exam<br>E4 - Immediately Offer Home Exam<br><hr/> <b>FOR SUPERVISOR USE ONLY</b><br>E5 - Final Refusal<br><hr/> E6 - Not At Home After Multiple Attempts<br>E7 - Unavailable During Field Period<br>E8 - Illness<br>E9 - Other (Specify)  | B1 - Rescheduled<br>B2 - Refused<br>B3 - Could Not Contact<br>B4 - Recommend for Home Exam<br>B5 - Too Ill<br>B6 - Unavailable<br>B7 - Other (Specify)   |
| <b>HOME EXAM</b>   |   | <b>REASONS FOR REFUSING INTERVIEW, MEC APPOINTMENT, HOME EXAM, OR FOR BROKEN APPOINTMENTS, SP CARD AND HOME EXAMINATION RECORD ONLY (CODE ALL THAT APPLY)</b>   |  |  |
| <b>SCHEDULING CODES</b>  | <b>COMPLETION CODES</b>   | <b>HEALTH RELATED REASONS</b>   | <b>PERSONAL REASONS</b>  |  |
| H1 - Exam Appointment Made<br>H2 - Refusal<br>H3 - Could Not Contact<br>H4 - Too Ill<br>H5 - Unavailable<br>H6 - Other (Specify)   | C1 - Exam Conducted<br>C2 - Exam Rescheduled<br>C3 - Refusal<br>C4 - Could Not Contact<br>C5 - Too Ill<br>C6 - Unavailable<br>C7 - Other (Specify)  | 01 - None<br>02 - Personal Ill Health<br>03 - Family Illness or Death<br>04 - Doctor Says No<br>05 - Hospitalized<br>06 - Disabled/Frail<br>07 - Suspect Cognitively Impaired<br>08 - On Med/Alco/Dr<br>09 - Blind or Deaf  | <b>NH INTERVIEW</b><br>12 - Not Interested<br>13 - Doesn't Want to Be Bothered<br>14 - Nervous/Tired<br>15 - Concerns About Privacy<br>16 - Suspicious<br>17 - Language Problems<br>18 - Length of Interview<br>19 - Friends/Relative Advice Against It<br>20 - Concerns About Medicare or Other Federal Programs<br>21 - Never Spoke With SP, Only Intermediary<br>22 - Other (Specify) | <b>MEC/HOME EXAM</b><br>24 - Not Interested<br>25 - Lack of Time<br>26 - Work Conflicts<br>27 - Friends/Relative Advice Against It<br>28 - Have Own Doctor<br>29 - Fearful of Results<br>30 - Fearful of Leaving House<br>31 - Suspicious<br>32 - Length of Exam<br>33 - Distance to Exam Center<br>34 - Forgot to Fast<br>35 - Reminder Notice Not Sent<br>36 - Tail Problem<br>37 - Weather Conditions<br>38 - Anti Government Surveys<br>39 - Moved<br>40 - Out of Town<br>41 - Other (Specify) |
| <b>OFFICE USE ONLY</b><br>WAS NON-RESPONSE LETTER SENT? <input type="checkbox"/> NO <input type="checkbox"/> YES    DATE SENT _____  |   |   |  |  |

6-7

Exhibit 6-2. Call Record Result Codes



There are result codes for the Screener, Family questionnaire, Sample Person questionnaires, examination appointment status, MEC broken appointment codes, and home exam codes. Screener result codes will be used for every household; then, depending on the outcome of the Screener, you may also use the other result codes through exam appointment codes. The remaining codes and reasons for refusals will be used as needed.

The next few sections will provide specifications for all the codes. The "REASONS FOR REFUSING..." will be explained in Chapter 10.

### **Screener Result Codes**

The final outcome for the Screener should be assigned a two-digit Screener result code. The code should be recorded on the appropriate line of the Call Record under the Screener result column.

All of the Screener result codes, as they appear on the Household Folder, and their definitions, are provided below.

**10 - Complete, No SP's:** A Screener has been completed but no SP's have been selected for the study.

**11 - Complete, With SP's:** A Screener has been completed and the household has one or more SP's.

**12 - FOR SUPERVISOR USE ONLY.**

**13 - FOR SUPERVISOR USE ONLY.**

**14 - Not At Home After Multiple Attempts:** After visiting a DU at least four times you were unable to find an eligible Screener respondent at home. Keep in mind that this code is assigned only after four attempts have been made to find someone at home.

**15 - Refusal/Breakoff:** A Screener can not be started because the respondent refuses to answer any questions (REFUSAL). A Screener cannot be completed because the respondent refuses to continue after answering one (or more) question(s) (BREAKOFF).

**16 - Unable to Enter Structure:** It is not possible to contact the sampled household because of a security system that keeps the building locked and you have tried to enter by contacting the building management staff, etc.

**17 - Unavailable During Field Period:** A Screener cannot be completed because all adult household members are away and will not be back for the duration of the field period (e.g., institutionalized, on vacation, out of country, etc.).

**18 - Language Problems:** A Screener cannot be completed because all household members speak a language other than English or Spanish and a household translator is not available.

**19 - Illness:** A Screener cannot be completed because the person(s) living in the household have a serious health or physical problem which prevents them from being interviewed.

**20 - Other:** A Screener cannot be completed because of a reason other than those listed above. SPECIFY in "Remarks" column.

**30 - Vacant:** The unit is unoccupied at the time of contact.

**31 - Not a Dwelling Unit:** The unit does not qualify as a dwelling unit (e.g., seasonal home, commercial, etc.). The unit has been demolished or destroyed, or cannot be found.

### **Family Result Codes**

If you have completed the Screener and there is a family (or families) with at least one Sample Person (i.e., Screener result 11), you will need to assign a two-digit result code for the Family Questionnaire. The code is recorded when the questionnaire is completed or when all attempts to complete the questionnaire are finalized. The code is recorded on the appropriate line of the Call Record under the "Family Result" column.

**NOTE:** If there is more than one family in a household with a Sample Person, record the results for additional families on the Call Record leaving some space between families.

All of the family result codes, as they appear on the Household Folder, and their definitions are provided below.

**F1 - Complete:** A Family Questionnaire has been completed with an adult family member.

**F2 - Refusal/Breakoff:** The Family Questionnaire cannot be started because the respondent refuses to answer any questions (REFUSAL). The respondent begins the Family Questionnaire but refuses to continue before it is completed (BREAKOFF).

**F3 - FOR SUPERVISOR USE ONLY.**

**F4 - FOR SUPERVISOR USE ONLY.**

**F5 - Not at Home After Multiple Visits:** There is no adult family member at home to complete the Family Questionnaire after multiple visits.

**F6 - Eligible Adult Unavailable During Field Period:** The Family Questionnaire cannot be completed because all adult family members are unavailable for the duration of the field period (e.g., institutionalized, on vacation, out of country, etc.).

**F7 - Illness:** The Family Questionnaire cannot be completed because all adult family members have a serious health or physical problem which prevents them from being interviewed.

**F8 - Other:** A Family Questionnaire cannot be completed because of a reason other than those listed above. SPECIFY in "Remarks" column.

### **Sample Person Result Codes**

You will need to assign a two-digit Sample Person result code for each SP selected in a household. The Sample Person result code should be recorded when the SP Questionnaire is completed or when all attempts to complete the questionnaire are finalized. The code should be recorded on the appropriate line of the Call Record for the correct Sample Person. (The number in the Call Record should correspond to the person's SP number in the Case ID.)

**NOTE:** If there is more than one family in a household, results of the contacts for SP's from additional families should also be recorded on the Call Record leaving space between the two families.

All of the Sample Person result codes, as they appear on the Household Folder, and their definitions, are provided below. These codes also apply to proxy respondents for the Youth Household Questionnaire.

**S1 - Complete, With Blood Pressure or NA:** The SP questionnaire has been completed with the SP or a proxy respondent and the blood pressure has been taken for SPs 17+ or SP is age 2 months - 16 years and blood pressure measurements are not applicable.

**S2 - Complete, Blood Pressure Nonresponse:** The SP questionnaire has been completed with an adult SP (17+) or a proxy respondent but the blood pressure was not taken.

**S3 - Refusal/Breakoff:** The SP Questionnaire cannot be started because the SP refuses to answer any question (REFUSAL). The SP begins the SP Questionnaire but refuses to continue before it is completed (BREAKOFF).

**S4 - FOR SUPERVISOR USE ONLY.**

**S5 - FOR SUPERVISOR USE ONLY.**

**S6 - Not at Home After Multiple Attempts:** On multiple occasions an attempt was made to contact the SP but s/he was not at home.

**S7 - Unavailable During Field Period:** The SP Questionnaire cannot be completed because the SP is away and will not be back for the duration of the field period (e.g., institutionalized, on vacation, out of country, etc.).

**S8 - Illness:** The SP Questionnaire cannot be completed because the SP (or the proxy) has a serious health or physical problem which prevents him/her from being interviewed and no proxy respondent is available.

**S9 - Other:** The SP Questionnaire cannot be completed because of a reason other than those listed above. SPECIFY in "Remarks" column.

### **Exam Appointment Codes**

When you have completed all the necessary questionnaires for an SP you will need to assign a two-digit Exam Appointment Code to indicate whether you scheduled the SP for an exam appointment. Do not record this code until you have completed all your attempts to schedule an SP.

All of the Exam Appointment result codes as they appear on the Household Folder, and their definitions are provided below.

**E1 - Exam Appointment Made:** MEC appointment has been confirmed for an SP.

**E2 - Refusal:** The SP refuses to make a MEC appointment.

**E3 - Refusal, Immediately Offer Home Exam:** SP refused MEC appointment and is offered a home exam.

**E4 - Immediately Offer Home Exam:** The SP should not be appointed to the MEC (see Chapter 9) but should be offered a home exam immediately.

**E5 - FOR SUPERVISOR USE ONLY.**

**E6 - Not At Home After Multiple Attempts:** The eligible SP is not at home to set up a MEC appointment after multiple visits.

**E7 - Unavailable During Field Period:** The MEC exam appointment cannot be made because the SP is unavailable for the duration of the field period (e.g., institutionalized, on vacation, out of country, etc.).

**E8 - Illness:** The MEC exam appointment cannot be made because the SP has a serious health or physical problem which prevents him/her from being examined.

**F9 - Other:** The questionnaire cannot be completed because of a reason other than those listed above. SPECIFY in "Remarks" column.

### **Broken Appointment Codes**

On occasion, Sample Persons will break their exam appointment. When this occurs your supervisor may assign you to work on rescheduling a broken appointment.

All work associated with this task will be documented on the SP Card discussed in Chapter 10. This form will be attached to the Household Folder and all final results will be coded using the following result codes listed on the Household Folder.

**B1 - Rescheduled:** A new MEC exam appointment has been confirmed for an SP.

**B2 - Refused:** The SP refuses to reschedule a MEC exam appointment.

**B3 - Could Not Contact:** No contact could be made with the SP in order to schedule.

**B4 - Recommend for Home Exam:** For Supervisor use only.

**B5 - Too Ill:** The MEC exam appointment cannot be rescheduled because the SP is seriously ill and additionally is not a good candidate for a Home Exam.

**B6 - Unavailable:** The MEC exam appointment cannot be rescheduled because the SP is unavailable for the duration of the field period (e.g., institutionalized, on vacation, out of country, etc.).

**B7 - Other:** The MEC exam appointment cannot be rescheduled because of a reason other than those listed above -- SPECIFY.

### **Examples of Call Record Entries**

The following examples illustrate some situations an interviewer could encounter and how the Household Call Record would be completed for each.







## **7. MEASURING PULSE AND BLOOD PRESSURE IN THE HOME**

Heart disease is the leading cause of death in the United States and high blood pressure is an important risk factor for this disease. One of the goals of NHANES III is to determine the number of persons in the United States who have high blood pressure. Educational programs have been developed based on the information collected in past NHANES studies and directed toward those groups of people with the greatest need. NHANES III will provide important information on what progress has been made as a result of increasing people's awareness of the importance of maintaining recommended levels of blood pressure.

There is medical evidence that suggests that blood pressure readings may be higher when taken in a clinical setting. This higher reading is commonly called the "white coat" effect. In order to negate the effect the environment may have on blood pressure readings, measurements are taken twice for most SPs. Blood pressure measurements will be taken by the interviewer in the home on all SPs age 17 years and above. Blood pressure measurements will also be taken in the MEC on SPs age 5 and above.

We will take the pulse and blood pressure of adult SP's following the administration of the household interview. Technical procedures, recording of results, and the completion of forms are covered in detail in the Household Adult Questionnaire Specifications Manual and the Pulse and Blood Pressure Procedures Manual. The purpose of this brief summary is to cover some of the administrative issues you should keep in mind regarding this task.

Pulse and blood pressure measurement, taken by the interviewer, are done only on adult Sample Persons age 17 years and above. Thus, all children below the age of 17 are excluded from the procedure. The procedure takes only about 15 minutes.

**You will measure pulse and blood pressure after you administer the household questionnaire to the SP. The last section of the Household Adult Questionnaire (Section Z) contains the Blood Pressure Measurement Form. Thus, you will go immediately from the interview to this task.**

**Prior to the interview, however, you will inform the SP what is expected with regard to this component. This is done at the very beginning of the Household Adult Questionnaire in a printed introductory phrase above question A1.**

---

**As part of this interview, I will be measuring your pulse and blood pressure. Although I will be doing this procedure towards the end of our meeting, I would like to request that you do not smoke, eat, or drink coffee or alcohol now or during the interview because these factors can affect your pulse and blood pressure.**

**Now I would like to begin the interview.**

---

**Subsequently, toward the end of the questionnaire, this component is referred to again.**

---

**X2. CHECK ITEM. REFER TO RESPONSES IN X1a-1c.**

**IF ANY YES: May I see the containers for all of the (vitamins/minerals/prescription medicines/antacids) you took in the past month?**

**Also, if there are things that you need to do at this time such as going to the bathroom, please do so now so that I will be able to take your pulse blood pressure immediately after the next section is completed.**

**IF NECESSARY, ASK SP TO MOVE TO A SUITABLE LOCATION TO RECORD LABEL INFORMATION AND TO TAKE THE PULSE AND BLOOD PRESSURE READINGS.**

---

**This latter statement is made to SP's prior to gathering together all their medicines and supplements and allows them the opportunity to clear their bladder while they are getting their medicines**

and supplements. Thus, by the time you are ready to take the blood pressure measurements, the SP does not have to get up and has been in a sitting/relaxing position for a suitable period.

Westat has carried out many studies which called for measuring pulse and blood pressure and has found that, generally, respondents who agree to be interviewed will also agree to have their blood pressure taken. In the unusual event that the SP is reluctant to have the procedure done, remind him/her of the importance of the data and the uses to which it will be put.

In the few cases where the SP refuses the procedure, be sure to document the refusal on the SP Card. Regardless of whether blood pressure is taken or not, you must enter the appropriate Call Record Result Code on the Household Folder (S1 = Complete With Blood Pressure or NA and S2 = Complete, Blood Pressure Nonresponse).

Occasionally, an SP will say s/he does not have time to have his/her blood pressure taken at the moment but will agree to have it done at a later time. This can be time consuming for you unless you need to return to the household to administer another interview. Try to convince the SP to allow you to take his/her blood pressure when you first ask.

**There are very few good reasons for not taking a BP reading.** In most situations, we would like for you to take the BP reading even if optimal conditions are not present. The following are three examples of situations which have occurred during NHANES III and what you should do if such a situation arises.

**EXAMPLE #1:** An interviewer did not take a BP reading after the interview because the SP was drinking and smoking during the interview. The interviewer made an appointment to go back another day to do the BP measurement.

In this situation the interviewer should have taken the readings after the interview and noted the adverse conditions on the BP form in the HAQ. However, at least an appointment was made to go back. This, however, is time consuming and may lead to missing data if the SP does not comply later.

**EXAMPLE #2:** An interviewer indicated that she did not take the BP reading because the SP interview took a long time and the SP refused the BP because she had to go to work. No appointment was made to go back to get the home BP. The SP was examined on the MEC.

This interviewer should have taken the reading even if it meant going back to the home and the office staff should have noted the problem and asked her to go back for the measurement.

**EXAMPLE #3:** An interviewer did not do the BP measurement because there was no adequate table/ chair/place in the home.

Try to find an adequate substitute area, i.e., steps, a porch, etc. However, if there is indeed no substitute, do not do the BP measurement and record this on the form.

## **8. THE MEC EXAMINATION APPOINTMENT**

After you have completed the medical history interviews (and taken the age 17+ SP's pulse and blood pressure), your next important NHANES III task will be to set up examination appointments for all selected Sample Persons in the household. It is this combination of interview information and physical examination data that makes NHANES III unique in health research.

This chapter of the manual provides you with an overview of the MEC examination component, gives key definitions associated with the examination, and outlines each step in establishing a date and time for the appointment. Chapter 9 will discuss the home examination component.

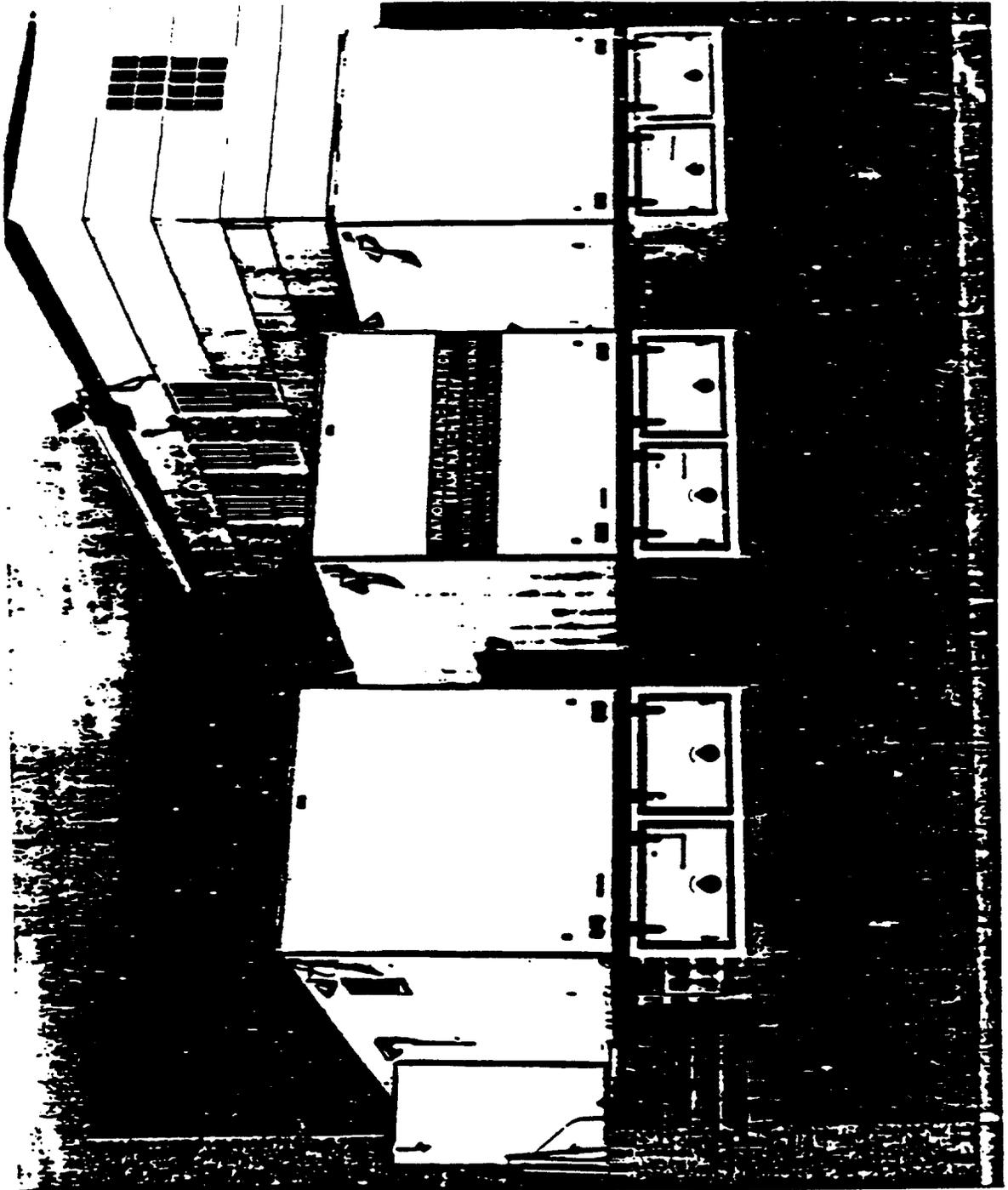
### **8.1 Overview of Mobile Examination Center (MEC) Operations**

#### **8.1.1 The MEC Unit**

The examination component of NHANES III will be conducted in specially-equipped and designed Mobile Examination Centers (MEC) each consisting of 4 trailers (Exhibit 8-1). Each trailer is approximately 60 feet long and 8 feet wide. The trailers are drawn by detachable truck tractors when moving from one geographic location (stand) to another. At an examination site, such as a hospital parking lot, the 4 trailers are set up side-by-side and connected by enclosed passageways. At any given time during the survey, there are 2 MEC set up at 2 different stands and one traveling to the next stand.

The  
M E  
C  
houses all  
of the  
state-  
of-the-  
art  
equipment  
necessary  
for the  
physical  
exams  
and tests  
conducted.  
The  
trailers  
are  
divided  
into  
rooms  
to  
assure  
the  
privacy  
of  
each  
study

Exhibit 8-1. Photograph of MEC (Exterior)



participant during the examinations and interviews. Exhibit 8-2 demonstrates the MEC floor plan.

### **8.1.2 MEC Staff**

There are 2 MEC teams. Each team is composed of 16 highly qualified, trained, health care professionals. The team members include:

- 1 licensed physician,
- 1 licensed dentist,
- 1 ultrasonographer,
- 4 medical technicians,
- 4 health technicians,
- 1 home examination technician,
- 2 dietary interviewers,
- 1 MEC interviewer, and
- 1 MEC coordinator who acts as an office manager and receptionist for MEC operations.

In addition, 2 local assistants will be trained at each stand to assist the exam staff. Each MEC team will have some bilingual staff (Spanish/English).



### 8.1.3

#### MEC Exam

The MEC exam consists of physical and dental examinations, biochemical measurements, dietary interviewing, cognitive testing for children and the elderly, and an interview which covers a range of health-related topics. For SP's 6+ the exam is scheduled to last approximately three hours. For children 5 and under the exam should last about one hour. The specific tests a Sample Person will receive depends on his or her age. Exhibit 8-3 lists all of the exam components and indicates which components are given to each age group. The individual exam components are described briefly below.

- **Physician Exam** - A physical exam which includes blood pressure measurement, examination of the skin, heart, lungs, and joints. It does not include a gynecological exam.
- **Blood Test** - A number of analyses are done on blood samples. These include hematology, hepatitis test, and analysis of vitamins, glucose, cholesterol and selected hormones.
- **Body Measurements** - Height, and weight, and arm girth and skinfold measurements.
- **Dietary Interview** - Assessment of eating habits of adults and children including a 24-hour recall for all ages and a food frequency questionnaire of foods eaten in the past month for ages 6-19.
- **Fundus Photograph** - A photograph of the back (fundus) of the eye which shows the condition of the blood vessels and is helpful in diagnosing complications of diabetes and hypertension.
- **ECG (EKG)** - Check heart rhythm and screen for possible heart disease.
- **Bioelectrical Impedance** - Measurement of body fat. (No sensation is felt by SP.)
- **Spirometry** - Measurement of lung capacity to screen for obstructive or restrictive problems such as asthma. It does not diagnose lung disease.

Exhibit 8-3. Exam Components by Age Group

NHANES III  
MEC EXAM COMPONENTS BY AGE GROUP

| EXAM COMPONENT             | AGES           |                |           |           |           |           |
|----------------------------|----------------|----------------|-----------|-----------|-----------|-----------|
|                            | 2 months-5     | 6-19           | 20-39     | 40-59     | 60-74     | 75 -      |
| Physician's Exam           | X              | X              | X         | X         | X         | X         |
| Blood Test                 | X <sup>4</sup> | X              | X         | X         | X         | X         |
| Body Measurements          | X              | X              | X         | X         | X         | X         |
| Dietary Interview          | X              | X              | X         | X         | X         | X         |
| Fundus Photograph          | -              | -              | -         | X         | X         | X         |
| ECG                        | -              | -              | -         | X         | X         | X         |
| Bioelectrical Impedance    | -              | X <sup>1</sup> | X         | X         | X         | X         |
| Spirometry                 | -              | X <sup>2</sup> | X         | X         | X         | X         |
| Dental                     | X <sup>4</sup> | X              | X         | X         | X         | X         |
| Bone Density               | -              | -              | X         | X         | X         | X         |
| Hand, Knee X-ray           | -              | -              | -         | -         | X         | X         |
| Gallbladder Ultrasound     | -              | -              | X         | X         | X         | -         |
| Allergy                    | -              | X              | X(½)      | X(½)      | -         | -         |
| Audiometry/Tympanometry    | -              | X              | -         | -         | -         | -         |
| Physical Function-Measures | -              | -              | -         | -         | X         | X         |
| Health Interview           | X              | X              | X         | X         | X         | X         |
| Neurological Tests         | -              | -              | X(½)      | X(½)      | -         | -         |
| Cognitive Test             | -              | X <sup>3</sup> | -         | -         | X         | X         |
| <b>TOTAL COMPONENTS</b>    | <b>6</b>       | <b>11</b>      | <b>11</b> | <b>13</b> | <b>15</b> | <b>14</b> |

<sup>1</sup>Ages 12+

<sup>2</sup>Ages 8+

<sup>3</sup>Ages 6-16

<sup>4</sup>Ages 1+

(½) Denotes that procedure is for half-sample only.

- **Dental** - Limited dental exam which checks for cavities, periodontal problems, tooth loss and soft tissue lesions.
- **Bone Density** - Examination of bones in the hip to estimate mineral content. Results will be used to study osteoporosis.
- **X-Ray** - X-ray of hands and knees for people over 60 (knees to check for arthritis).
- **Gallstone Ultrasound** - Screening for gallstones. Not an X-ray.
- **Allergy** - Tests for allergy to selected substances such as dust and pollen.
- **Audiometry/Tympanometry** - Hearing tests for children.
- **Physical Function Measures** - Assessment of physical impairment in individuals ages 60-74.
- **Health Interview** - Interview to obtain information on reproductive history, emotional health, drugs, smoking and other health-related topics.
- **Neurological Tests** - Screens for neurological disease. Consists of a self-administered computer test to assess memory and reaction time.
- **Cognitive Test** - Assessment of analytical skills in children. Not an IQ test.

It is important for you to become very familiar with the MEC examination. In the SP Brochure you will find a list of the exam components. In most situations this is what you should use to explain the MEC examination to SPs. If, however, an SP wants to know exactly which components s/he will receive, a copy of Exhibit 8-3 has been inserted into your hand-cards to be used as a reference. Respondents, who ask for more detailed information about the examination than you can provide or than is provided in the Sample Person Brochure or the hand cards, can be referred to the stand office staff. Respondents can discuss the examination with the Stand Coordinator or the MEC Manager directly from their home. If more detail is required, the stand office can also ask a MEC staff member to contact the respondent. Remember that respondents can also get very detailed information during their actual visit to the MEC.

#### **8.1.4 MEC Exam Schedule**

Two exam sessions are scheduled each day (morning and afternoon or evening). Approximately 10 SP's are scheduled for each exam session. Sample Persons age 20+ should be given appointments either in the morning, afternoon, or evening depending on whether the household has been randomly assigned to the **standard or modified sample** (discussed in Section 8.1.5). SP's under age 20 or diabetics on insulin can be scheduled throughout the day, however, families are encouraged to come in together.

**The weekly schedule for MEC exams will vary.** During the first three weeks of MEC exams, sessions will be scheduled Tuesday through Saturday. During the last few weeks, exams will be scheduled Wednesday through Sunday. Evening exams will be offered twice a week (Mondays, Tuesdays, or Thursdays). When you receive your first assignment your supervisor will give you a detailed MEC exam schedule. Try to schedule as many appointments as possible for week days so that weekend schedules do not become overcrowded.

When the SP arrives at the MEC s/he is greeted by the MEC coordinator who is responsible for seeing to it that the SP receives all the exams for which s/he is scheduled. S/he changes from street clothes into a paper gown, trousers and slippers provided by the MEC. The SP is then escorted from the reception area to each of the exam locations within the MEC.

## **8.2 General Procedures For Making MEC Appointment**

As you know, each eligible household can contain one or more Sample Persons. If all Sample Persons are not at home during your visit, then you will need to recontact the household to complete the interviews and/or set up examination appointments.

**1. ONE SAMPLE PERSON IN THE HOUSEHOLD.** This is the simplest household situation. You administer the Sample Person questionnaire to the respondent or to a proxy (where applicable), take the pulse and blood pressure measurements, and set up the examination appointment at the conclusion of the interview.

**2. TWO OR MORE SAMPLE PERSONS IN THE HOUSEHOLD -- ALL SP's AT HOME DURING YOUR VISIT.** Scheduling appointments for two or more Sample Persons when all

SP's are present at the time of contact is similar to scheduling appointments for one person. After completing the Sample Person interview with each respondent and taking the pulse and blood pressure measurements, **informally** arrange an appointment for the examination with the SP pointing out that s/he should choose a day which is convenient for the other SP's in the family (and, if possible, in the household). You should encourage SP's to come together to the examination center.

Then, upon completion of the questionnaires and physical measurements for **all** Sample Persons, **formally** schedule a time and date by telephoning the stand office to arrange for all SP's to come to the examination center together. (Keep in mind the importance of appropriate GTT scheduling.) If this is not possible, schedule appointments when it is most convenient for each Sample Person to get to the center.

**3. TWO OR MORE SAMPLE PERSONS IN THE HOUSEHOLD -- NOT ALL SP's AT HOME DURING YOUR VISIT.** When one or more Sample Persons are not at the household at the time of your contact, complete the Sample Person questionnaires and physical measurements for all Sample Persons who are present and set up examination appointments for those interviewed.

On occasion the Sample Person(s) interviewed may indicate that s/he would like to set up an appointment for one or more absent SP's (i.e., husband wants to be sure of securing an appointment at the same time for his absent wife, mother wants to insure a convenient time slot for herself and her 20 year old daughter attending college). Go ahead and schedule an appointment with the stand office. Be sure to inform the office of this situation and remember that you must set up an appointment to conduct the Sample Person interview before the examination appointment date and confirm the examination appointment at that time. (Keep in mind that the Family questionnaire should be completed if an eligible respondent representing the family unit is present.)

If you need to return to a household to both interview and schedule an appointment with one or more absent SP's be sure to establish a time for recontacting absent members of the household. Remember that recontact with a household in order to interview an absent Sample Person is only mandatory for those 17 years of age or older. For SP's 2 months through 16 years old, an eligible adult family member must respond to the Sample Person questionnaires. An adult may schedule MEC

appointments for SP's 2 months through 16 years but for older youths you may need to verify the appointment by telephone.

### **8.3 Specific Procedures**

Whether you establish an appointment with all Sample Persons in one visit or must return to the household on subsequent calls, the procedure for setting up the appointment is the same. Below is a step-by-step process you should follow when scheduling appointments:

#### **1. Inform the SP that S/He Has Been Randomly Selected to Participate in a Health Examination**

No formal statement is provided for you, however, it is important that your brief introduction include the following points:

- **Thank** the respondent for his/her cooperation in the household interview/pulse and blood pressure phase of NHANES;
- **Inform** the respondent that the U.S. Public Health Service cannot learn all they need to know about the health of the United States population from interview questions alone. Actual measurements and test results obtained through a physical examination are also needed. [REFER RESPONDENTS TO SAMPLE PERSON BROCHURE (see Exhibit 8-4)];
- Remind the respondent that the second phase of this important study consists of a **free examination** for the preselected household members (NAME SAMPLE PERSONS). It is especially important to emphasize that the exam is free since some respondents refuse the exam out of fear that they will be billed for the exam later;
- Mention that she will be **furnished, or reimbursed for, transportation to and from** the medical examination center and establish what the transportation needs for each selected household member will be (REFER RESPONDENTS TO THE SAMPLE PERSON BROCHURE);

Exhibit 8-4. Front Cover of Sample Person Brochure

# National Health and Nutrition Examination Survey III

---



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

Encourage respondents to use the taxi service provided by the stand office. "No shows" for appointments increase when SP's provide their own transportation. If an SP insists on an alternate form of transportation do not press the issue. We will reimburse respondents at the rate of 20 cents per mile or for a car/bus fare;

In special cases (a very elderly SP, a handicapped individual, or any other SP who you feel would not attend the examination otherwise), you should offer to provide transportation yourself or simply say that you will pick up the respondent(s) at a given time. However, remember, your personal services as a driver should not be routinely offered since this would make it impossible to meet our interviewing goals.

- Point out that **compensation** will be paid to each selected household member at the MEC upon completion of the examination. The compensation is \$50 for adults 20 years and above who agree to schedule their appointments at the pre-selected times and \$30 for children and adolescents. (REFER RESPONDENTS TO THE SAMPLE PERSON BROCHURE.)

As noted in the brochure, this compensation is paid in appreciation of the respondent's time and interest in the examination and their availability during the pre-selected time slots.

- If the SP has child care problems, indicate that s/he can be **reimbursed at the MEC for babysitting expenses** incurred during the visit to the MEC.
- If a youth or his/her parents or guardians are concerned about missing classes either because of the difficulty involved in making up assignments or because of school regulations, and Saturday or evening sessions are not feasible, inform the respondent that we can **notify the school**. (Exhibit 8-5.)

Exhibit 8-5. School Excuse Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics  
3700 East-West Highway  
Hyattsville MD 20782

Dear Principal:

Please excuse the below named student from class to participate in the National Health and Nutrition Examination Survey of the U.S. Public Health Service. The date and arrangements we have made for transportation are indicated below.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

- Parent will pick up.
- Taxi will pick up.
- One of our representatives will pick up.
- Student will leave from home.

Thank you for your cooperation and your appreciation of the valuable contribution this student is making to our study. If you need to contact us, please call \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Stand Manager

As parent/guardian of the above named child, I consent to the arrangements indicated.

\_\_\_\_\_  
Signed (parent/guardian)

**2. Inform the SP that their household has been randomly selected for an a.m. (Standard) or p.m. (Modified) examination**

The address label on the Household Folder (Exhibit 8-6) will display either an "S" (Standard) or an "M" (Modified) which indicates the randomly selected sample for which the household has been selected. Households have been randomly divided into the standard and modified samples so that valid national estimates can be made for various biochemical blood tests based upon time of day. You should look at this label to note the sample in which the household falls **before** beginning discussion with the SP or SP's about appointment times. It is extremely important that **SP's 20+ years** who are in the Standard (S) sample schedule a morning appointment, at approximately 8:30 a.m. Further it is extremely important that **SP's 20+ years** who are in the Modified (M) sample schedule an afternoon appointment at approximately 1:30 p.m. or an evening appointment at approximately 5:30 p.m. Children and adolescents under the age of 20 and diabetics on insulin may schedule an exam at any time of the day, although SP's within a family are encouraged to come to the MEC together if at all possible. Allow adults 20+ to make appointments at non-preselected times only if they refuse to come in during the pre-selected times.

To encourage SP's to conform to our randomly selected times for appointments according to time of day, we will pay \$50 to SP's 20+ selected for the Standard (S) sample who agree to come in to be examined in the morning and \$50 for SP's selected for the Modified (M) sample who come in to be examined in the afternoon or evening. SP's 20+ years who are examined during non-preselected times -- either because they are not available during a "pre-selected time" or because they are taking insulin injections will receive \$30 as will all SP's who are less than 20 years old. Therefore, explain to SPs 20+ that if they come to the MEC at their pre-selected time that they will receive \$50, otherwise they will receive only \$30. Children and adolescents under the age of 20 and diabetics on insulin may come in at anytime and payment is always \$30.

Exhibit 8-6. Address Labels on Household Folder Identifying Fasting Sample in Which All SP's in the Household Fall (S = Standard and M = Modified).

ASSIGNMENT BOX

-----  
STAND: 998 SEG: 05 SERIAL: 0033-3 S  
-----

818 RAINBOW TRAILER CT  
TAMPA, FL 33605

MISSED STRUCTURE:

CHECK FOR ANY STRUCTURE IN SEGMENT  
NOT ON THE LISTING SHEET

MISSED DU:

CHECK FOR ANY DU'S IN THIS BUILDING  
WHICH ARE NOT ON THE LISTING SHEET

ASSIGNMENT BOX

-----  
STAND: 999 SEG: 03 SERIAL: 0019-3 M  
-----

6700 N ROME ST 5220  
TAMPA, FL 33604

For students, we can provide a letter, to be presented to the school, explaining the nature of the survey and the need to examine this individual. This school excuse letter (Exhibit 8-5) can be sent along with the reminder letter. The school excuse form should be completed by the parent/guardian and sent to the school. If further contact with the school is necessary, the site office can make arrangements to do so upon notification.

**3. Arrange a General Appointment Date and Time for the Examination**

Exams will start approximately three weeks after household interviewing begins. Thus, SP's who are interviewed at the beginning of the stand may have to wait up to three weeks for their exams. Generally, however, our goal is to schedule SP's for their exams about one week following the Sample Person Interview. This allows the stand office time to process the case and follow up with a reminder letter (Exhibit 8-7) and phone call to the respondent. It is also close enough to the date of the original interview to sustain respondent interest in participation and thereby reduce the incidence of "no shows."

It is important for you to note, however, that it may not always be possible to arrange the exam appointment one to two weeks after the interview for a number of reasons.

1. As noted above, the MEC is not in operation for the first few weeks of the interviewing period;
2. The respondent may not be available during the period in question;

Exhibit 8-7. Reminder Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Mr. JAMES A. RAINIER  
8000 CHANUTE PL. APT 4  
FALLS CHURCH, VA 22042

National Center for Health Statistics  
Centers for Disease Control  
3700 East-West Highway  
Hyattsville, MD 20782

Dear Mr. RAINIER:

This is just a reminder of your appointment for our free health examination on Friday, November 09, at 08:30 AM at our mobile examination center, PARKING LOT, BLDG 498, HARRIS RD, FORT BELVOIR, VA 22060. Our telephone number is 703-719-6206.

It is very important that you follow the instructions below since many tests you will have during your examination depend on these rules.

ON THE DAY BEFORE YOUR APPOINTMENT

- DO:
- o EAT AS YOU WOULD ON ANY NORMAL DAY UP TO 8:30 PM.
  - o TAKE YOUR NORMAL MEDICATIONS.
- DON'T:
- o EAT OR DRINK ANYTHING EXCEPT WATER AFTER 8:30 PM. THIS MEANS NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES OF ANY KIND.

ON YOUR APPOINTMENT DAY

- DO:
- o DRINK A GLASS OR TWO OF WATER.
  - o TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.
- DON'T:
- o EAT OR DRINK ANYTHING EXCEPT WATER NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

As I am sure your representative told you, your examination is very important to the success of our health survey. Without your help, our findings will not be complete. This is why it is essential that you keep your appointment as scheduled.

Let me also assure you again that everything we learn from your examination will be kept confidential. Also, the results of your examination will be sent directly to you in about 8 to 12 weeks.

Meanwhile, if you have any questions, I hope you will call our office. Thank you again for your help.

Sincerely yours,

Field Coordinator

P.S. PLEASE REMEMBER TO BRING YOUR VOUCHER COUPONS.

3. As the field period progresses there will be fewer appointment slots available and respondents will have to be seen as the MEC schedule permits.

4. **Telephone the Stand Office For an Appointment**

Ask the respondent if you may use his/her telephone to call the stand office and establish a date and time for the appointment. If the call can be placed from the household, review with the office a date and time which is convenient for both the Sample Person and the office and **confirm this appointment with the respondent while you are still talking with the office.**

If there is no telephone available in the household, ask the respondent for the location of the nearest telephone where you can place the call. Go immediately from the respondent's home to the nearest telephone and call the stand office. Inform the office that you are calling from a place other than the person's home and review with the office a date and time which is convenient for both the Sample Person and the office. Return to the household and confirm the appointment with the respondent. In the unusual situation where upon returning to the household you find that the respondent unavailable for the appointment scheduled, repeat the process.

5. **Exchange Key Respondent Information With the Stand Office During the Appointment Call**

Whether you call the stand office from the respondent's home or from somewhere else be sure you have the completed Screener and Sample Person questionnaire with you. During the call you will be **asked to provide** the office with the following respondent information:

- Name, age and sex of Sample Person and Identification No. (segment, serial, family and SP number from Screener);

- For Sample Persons ages 40-74 years, you must tell the office whether or not the respondent is taking insulin injections (a "Yes" in D6 in the adult SP questionnaire).
- Preference of respondent for weekday/weekend appointment;
- Mode of transportation to the examination center. If by taxi you must give the address (home, work place, school, etc.) of where the respondent will be picked up. Also, note the approximate travel time from the SP's location to the MEC so that pick-up times can be scheduled accurately. (If you are calling from outside the household, you will have to give this information to the office later); and
- Special information about the respondent which could affect his/her visit to the examination center. For example, the respondent has a physical or mental handicap (extremely overweight, requires wheelchair), currently pregnant, does not speak English or Spanish and requires interpreter, or consents to exam but refuses blood test, etc. These comments should also be written on the front of the questionnaire. Obviously, some of these items will touch on sensitive areas and you must use your discretion on what may be said in front of the respondent and what must wait until you return to the stand office.

During the call you will **need to obtain** from the stand office the following information:

- **Sample number:** This is a unique 7-digit number given to each Sample Person. An example sample number would be S201001. The letter identifies the fasting sample. Digits one through three are the stand number and the last four digits are the sequential number.

This number must be placed on **every Sample Person** form. During training you will be shown exactly where to place this number on each form.

- **Appointment time:** The stand office will provide you with the specific appointment slot for each SP you are appointing.

**NOTE:** During the initial two to three weeks of interviewing the office will always be manned during working hours to schedule MEC appointments when you call. Your supervisor will provide you with office hours and telephone number information for each week of the survey.

#### **6. Ask the Respondent to Read, Fill Out and Sign the Examination Consent Form(s)**

Once the examination appointment has been established and confirmed ask the Sample Person (or parent/ guardian) to read and fill out the **Examination Consent Form** located in the back of the Sample Person Brochure (see Exhibit 8-8).

Exhibit 8-8. Consent Form  
**National Health and  
 Nutrition Examination Survey**

Health information collected in the NHANES III is kept in strictest confidence. Without your approval our staff is not allowed to discuss your participation in this study with anyone under penalty of Federal law: Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A). However, in the case of children we will refer clear evidence of physical abuse to the responsible state agency for possible follow-up.\*

|   |               |
|---|---------------|
| <b>Sample Person 12 Years and Older:</b>  |               |
| I have read the attached brochure explaining the nature and purpose of the NHANES III and voluntarily consent to participate and for information regarding me to be released only as described above. |               |
| _____<br>Signature of sample person if 12 years or older  | _____<br>Date |

|   |               |
|---|---------------|
| <b>Parent or Guardian of Sample Person Under 18 Years of Age:</b>   |               |
| I have read the attached brochure explaining the nature and purpose of the NHANES III and give my voluntary permission for my child to participate and for information regarding my child to be released only as described above. |               |
| _____<br>Signature of parent or guardian  | _____<br>Date |

|                                    |               |                                |               |
|------------------------------------|---------------|--------------------------------|---------------|
| _____<br>Signature of staff member | _____<br>Date | _____<br>Witness (if required) | _____<br>Date |
|------------------------------------|---------------|--------------------------------|---------------|

Print name  
of sample  
person

|       |        |      |
|-------|--------|------|
|       |        |      |
| First | Middle | Last |

\_\_\_\_\_  
Sample Number

\*Additional information is available if required.

NOTE: If you have further questions, please call Dr. Marsha Davenport, collect - (301) 438-8267 8:00 AM to 4:00 PM EST.

NOTICE - 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).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, Room 721-B, Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

OMB NO. 0920-0237  
 REV. 9/91

The introductory statement informs the SP of the strict confidential nature of the study except in cases of clear evidence of child abuse. The form is divided into separate sections; one for the signature of persons 12 years or older and one for the additional signature of a parent or guardian in those cases where the SP is under 18 years of age. The text of the consent ensures that the respondent has read the brochure explaining the nature and purpose of the study before s/he signs the consent form. This form is filled out in triplicate and must be completed for each Sample Person taking the physical examination. Leave the respondent the last copy in the set.

Allow the Sample Person (and his/her guardian if under 18) adequate time to read the release and complete the appropriate information with a confirmation of the importance and voluntary nature of the study. After the respondent has completed the form, review it carefully to assure that all appropriate information has been filled out completely. Remember to record the Sample Number at the top of the form.

This form is basically self-explanatory, however, let's look more closely at several items below which require some elaboration.

---

**National Health and  
Nutrition Examination Survey**

Health information collected in the NHANES III is kept in strictest confidence. Without your approval our staff is not allowed to discuss your participation in the study with anyone under penalty of Federal law: Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A). However, in the case of children we will refer clear evidence of physical abuse to the responsible state agency for possible follow-up.\*

|   |  |
|---|--|
| <p><b>Sample Person 12 Years and Older:</b></p> <p>I have read the attached brochure explaining the nature and purpose of the NHANES III and voluntarily consent to participate and for information regarding me to be released only as described above.</p> <p>_____<br/>Signature of sample person if 12 years or older <span style="float: right;">Date</span></p>   |  |
| <p><b>Parent or Guardian of Sample Person Under 18 Years of Age:</b></p> <p>I have read the attached brochure explaining the nature and purpose of the NHANES III and give my voluntary permission for my child to participate and for information regarding my child to be released only as described above.</p> <p style="text-align: center;">/</p> <p>_____<br/>Signature of parent or guardian <span style="float: right;">Date</span></p> |  |
| <p><u>2.</u> _____<br/>Signature of staff member <span style="float: right;">Date</span></p>  | <p><u>3.</u> _____<br/>Witness (if required) <span style="float: right;">Date</span></p> |

---

1. Minors 12-18 and over are asked to sign as an indication of assent. If a minor 12 and over is not home at the time of interview s/he can sign at the MEC;
2. Sign your name on the "Interviewer" line;
3. "WITNESS (if required)" refers to any witness used during the release process. For example, if a respondent cannot read, read the textual information to him/her in the presence of a witness. If a respondent cannot read or write have a witness testify that the respondent has been read the form information and consents to participate in the examination. In both cases record the full name of the witness on the appropriate line;
4. In the rare case where the SP does not want to receive his/her exam results him/herselves, the interviewer **must** write the following on the consent form (**NOTE THE EXACT PHRASING MUST BE USED**).

THAT

"The SP refused to have report of findings sent to him/herself. It was explained to the SP that, in the event a health problem was discovered during the exam, it could not be reported to anyone."

The SP should sign his/her name next to the statement and the interviewer should sign his/her name as a witness.

**Remember that we are not allowed to conduct any examination component on any person for whom we do not have a consent form, therefore have the Sample Person and/or guardian sign the form(s) before you leave the household. In a situation where the Sample Person does not wish to sign the form(s) then s/he can choose to bring the signed form(s) to the examination center at the time of the appointment. If the Sample Person has additional questions which require answers at the examination center then s/he can sign the consent form at that time.**

We do not anticipate that this form will cause any unusual problems. As you probably know from your own interviewing experience, most sensitive issues do not pose a threat to an SP's cooperation when handled in a matter of fact manner.

Past experience indicates that there will be very few SPs who have questions about child abuse issues and you are not expected to explain this issue in detail to the SP. In fact, it is generally not advisable to provide a respondent with too much detailed information, since this could lead to confusion and unnecessary concerns on the respondent's part.

However SPs that do have questions deserve a clear, accurate answer, given in a manner that communicates your recognition that theirs is an important question.

For that reason we provide you with a handout (Exhibit 8-9) that includes a list of questions respondents may have along with appropriate answers. You should have this handout with you whenever you are working in the field. In most situations providing the respondent with this information will end the child abuse conversation. If the respondent asks you other specific questions about child abuse issues, provide him or her with the appropriate telephone number. Depending on the nature of the question, this may be the number of the field office, the local state agency that deals with child abuse cases or the National Center for Health Statistics. **Do not answer child abuse questions based on your own knowledge.** Your supervisor will give you the appropriate local agency number at the beginning of each stand.

#### **QUESTIONS AND ANSWERS ABOUT NHANES III CONSENT FORM**

**What do you mean by "clear evidence of physical child abuse"?**

This card contains information about and a definition of child abuse as it is used in NHANES III. This information was obtained from the Journal of the American Medical Association.

**HAND CARD MARKED "INFORMATION ABOUT CHILD ABUSE"**  
(see Exhibit 8-9a)

**Why are the people working on the survey concerned about child abuse?**

We are concerned about the health, safety, and proper treatment of all children and our physicians are mandated by state law to report such cases.

**Who gave you the right to determine whether my child is being abused?**

My purpose here today is to administer the Health and Nutrition questionnaire. However the physicians in the mobile examination center are mandated by state laws to report such cases.

**What actions are taken in suspected cases of child abuse?**

Investigation of suspected cases of child abuse are dependent upon the specifics laws in your state.

**Will the physician at the mobile examination center tell me if s/he is reporting my child as being abused?**

Yes they will inform you of their intention to do so.

**Where do you get your guidelines on child abuse?**

Guidelines vary from state to state but the guidelines our physician uses for reporting come from the Journal of the American Medical Association, 1985;254:796-800.

**Are your physicians mandated by law to report instances of physical abuse of adults?**

The law mentioned in the consent form only applies to physical abuse of children.

**How can I get more information about child abuse and how it is treated in the NHANES III project?**

My supervisor can give you more information and can be reached at (GIVE CURRENT PHONE NUMBER OF STAND COORDINATOR).

**If I have more questions which you or your supervisor cannot answer, who can I call?**

You may call the agency in your state that deals with child abuse cases [GIVE AGENCY NUMBER] or the person to contact on a national level is Dr. Marsha Davenport at the National Center for Health Statistics. Her number is 301 436-8267. You may call collect.

## **7. Authorization to Obtain Birth Certificate**

Obtaining accurate information on the health and well-being of children is one of the primary goals of NHANES III. Specifically, one important goal is to collect data to update the estimations of growth curves for infants and children. These data are used by pediatricians and other health professionals to determine if the weight and height gains of individual children are within normal limits. To estimate the normal growth curve for weight gain, children's current weight, obtained during the MEC exam, will be compared with their birth weight. For older children, the data on birth weight will also be used to examine the health outcomes associated with various birth weights. For example, researchers will examine whether low birth weights are associated with special health problems.

To obtain accurate information on birth weight we will ask parents of all Sample Persons **16 years and under** to authorize the National Center for Health Statistics to obtain the child's birth

## INFORMATION ABOUT CHILD ABUSE

Physical child abuse is a serious and widespread problem. Every year more than a million children in the United States are abused, and between 2,000 and 5,000 die as a result of their injuries. Physicians are in a unique position to detect child abuse and are mandated by law to report such cases.

Physical abuse of a child is defined as the nonaccidental injury of a child. Some physical signs are unusual bruises, welts, burns or multiple broken bones. Usually, the injuries are more severe than those that could be attributed to the claimed cause.

certificate. At the end of the household interview, after the SP has signed the consent forms for the MEC exam, you will ask the parent (or guardian) to read, complete and sign the **Authorization For Release of Birth Certificate** (see Exhibit 8-10). Be sure to check over the form after it has been completed to make sure the parent has filled in all of the required information.

The following is a list of the key information items on the authorization form:

- **Name of Child:** Obtain first, middle, and last name of child as it appears on the birth certificate. Verify the child's last name if the parent does not write it in. Do not assume you know what it is. A child may carry his father's or mother's last name or a hyphenated version of the two names.
- **Signature of Parent/Guardian :** The mother, father, or guardian must sign the authorization.

Exhibit 8-10. Authorization for Release of Birth Certificate

AUTHORIZATION FOR RELEASE OF BIRTH CERTIFICATE



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics  
3700 East-West Highway  
Hyattsville MD 20782

AUTHORIZATION FOR RELEASE OF BIRTH CERTIFICATE

The measurement of childrens' health is a primary aim of NHANES III. Information from the birth certificate, for example birth weight, will help us better understand childrens' growth and development from birth.

By signing below I give my permission to the state office of vital records to release a copy of the birth certificate of

\_\_\_\_\_  
(FIRST, MIDDLE AND LAST NAME OF CHILD)

to researchers at the National Center for Health Statistics to be used for research purposes. I understand that this information will be kept strictly confidential. Names and other identifying information will not appear in any report of this study.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
RELATIONSHIP TO CHILD

\_\_\_\_\_  
CHILD'S DATE OF BIRTH: (MONTH/DAY/YEAR)

\_\_\_\_\_  
CHILD'S SEX

CHILD'S PLACE OF BIRTH:

\_\_\_\_\_  
HOSPITAL

\_\_\_\_\_  
CITY

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
STATE

NAME OF MOTHER  
ON BIRTH CERTIFICATE:

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MAIDEN

\_\_\_\_\_  
LAST

NAME OF FATHER  
ON BIRTH CERTIFICATE:

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
LAST

Remember to enter complete names on this form. FIRST, MIDDLE AND LAST for the child. FIRST, MAIDEN and LAST for the mother and FIRST and LAST for the father.

In addition, please print all names clearly and VERIFY THE SPELLING of all names.

- **Relationship to Child:** The relationship of the person signing the form to the child (either mother, father, or guardian).
- **Child's Date of Birth:** The month, day, and year the child was born.
- **Child's Sex:** Self-explanatory.
- **Child's Place of Birth:** The parent should enter the name of the hospital (if known), and the city, county, and state where the child was born. If the child was born outside the United States write in the name of the country.
- **Name of Mother on Birth Certificate:** It is very important to obtain the maiden name of the mother, who is listed on the birth certificate, as well as her first and last name.
- **Name of Father on Birth Certificate:** The first and last name of the father, who is

**8. If Necessary, Have the Respondent Sign the Authorization For Transportation Arrangements For Person Under 16 Years of Age Form**

In a situation where a minor (under 16) is to be transported to and from the examination center it is necessary for the parent or guardian to complete and sign the authorization for transportation form (see Exhibit 8-11).

In addition to authorizing transportation arrangements, the form also notifies parents that children under 12 should not come to the MEC without a proper escort, i.e., someone 12+ years old. If children under 12 do arrive at the MEC alone, they will not be examined. In such a case, the Field Office will telephone the SP's home and determine if someone 12+ is at home. If yes, the SP will be sent home immediately in a taxi. Otherwise, the SP will remain at the MEC until the expected closing time of the session and s/he will then be sent home in a taxi.

Exhibit 8-11. Transportation Form



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
Centers for Disease Control

National Center for Health Statistics  
6525 Belcrest Road  
Hyattsville, MD 20782

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III

AUTHORIZATION FOR TRANSPORTATION ARRANGEMENTS FOR  
PERSONS UNDER 16 YEARS OF AGE

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

- I consent to transportation of my child to and from the Mobile Exam Center by members of the National Health and Nutrition Examination Survey staff.
- I consent to transportation of my child to and from the Mobile Exam Center in a taxi arranged and paid for by the National Health and Nutrition Examination Survey.
- I will drive.

Children under 12 must come to the Mobile Exam Center accompanied by someone aged 12+. Please complete the subsequent section with this in mind. Children under 12 who arrive alone will not be examined.

- Mother will accompany.
- Father will accompany.
- Other person age 12+ will accompany \_\_\_\_\_  
Specify
- Will come alone (only for children ages 12-16).

\_\_\_\_\_  
(Date) (Signature of Parent or Guardian)

\_\_\_\_\_  
(Witness)

|                     |
|---------------------|
| Sample No.<br>_____ |
|---------------------|

CDC 62.27  
REV. 06/90

Be sure that the parent/guardian reads carefully the statement on the form on transportation for children under 12. If you sense that there may be reading problems, read the statement aloud to the parent/guardian. Record the full name of the person who will accompany the child in the appropriate space. Be sure to take the form with you when you leave the household and turn it in with the case.

**9. Determine the Appropriate Appointment Slip By Time of Day Exam is Scheduled and Age of the SP**

There are **five different appointment slips**. You should select the appointment slip which corresponds to the SP's age and exam session appointment (morning, afternoon, or evening). These forms contain the date and time of the appointment and detailed fasting instructions for the SP. (Fasting instructions are discussed below.)

**10. Fill Out the Appointment Slip and Leave It With the SP**

For **every SP** for whom an examination appointment is scheduled, you must complete and leave at the household, an Appointment for Examination Slip. To complete the appointment slip, fill in the Sample Person's NCHS number (you will receive the number from the stand office), and day, date, and time (specify a.m. or p.m.). Fill in the taxi pick-up time if the SP has requested taxi transportation.

As you complete the appointment slip, write the taxi information for each SP on the Summary Table on the cover of the Household Folder (Exhibit 8-12). Enter complete taxi/appointment because this is your only hard copy documentation of this data.

Exhibit 8-12. Cover of Household Folder

NATIONAL HEALTH AND NUTRITION  
EXAMINATION SURVEY III  
HOUSEHOLD FOLDER

HOUSEHOLD LANGUAGE USE

WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD?  ENGLISH  OTHER \_\_\_\_\_

SUMMARY OF HH WORK

SCREENER DISP \_\_\_\_\_

FAMILY # \_\_\_\_\_ FAMILY QUEX DISP \_\_\_\_\_

| INTER ID | NCHS SAMPLE # | SP QUEX DISP | DATE TRANSMITTED | HQG SHORT FORM | EXAM APPT DISP | MEC EXAM APPT INFORMATION |      |                | CONSENT SIGNED | BIRTH CERTIF AUTHOR | BROKEN APPT DISP | HOME EXAM |            |
|----------|---------------|--------------|------------------|----------------|----------------|---------------------------|------|----------------|----------------|---------------------|------------------|-----------|------------|
|          |               |              |                  |                |                | DATE                      | TIME | TRANSPORTATION |                |                     |                  | BCH DISP  | COMPL DISP |

SP # 01

|  |  |  |  |  |  |   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
|  |  |  |  |  |  |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  | ↓ |  |  |  |  |  |  |  |
|  |  |  |  |  |  |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |   |  |  |  |  |  |  |  |

Appointment  
Slip Information

SP # 02

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

SP # 03

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

SP # 04

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

SP # 05

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 11. Read and Review the Fasting Instructions With the SP

You should read and review the fasting instructions with the SP and make sure that s/he understands them. Each appointment slip and its corresponding fasting instructions are described below:

- **Morning Exam Appointment Slip - Persons 20+ (blue --This form (Exhibit 8-13) is given to adults 20+ years. It asks the respondent to fast 12 hours (overnight) - that is, not to eat or drink anything except water -- from 8:30 p.m. to 8:30 a.m. This means no coffee, no food, no gum, no snacks, and no beverages of any kind (except water) until after the MEC exam. Respondents are instructed to take their normal medications but with water only.**

Respondents are also asked to bring their glasses or contact lenses to the exam, if used.\*<sup>2</sup>

- **Morning Exam Appointment Slip - Adolescents 12-19 (purple) --- This form (Exhibit 8-14) is given to children 12-19. It asks the respondent to fast 6+ hours -- it suggests not to eat anything from midnight to 8:30 a.m. This means no coffee, no food, no gum, no snacks, and no beverages of any kind (except water) until after the MEC exam. Respondents are instructed to take their normal medications but with water only.**
- **Afternoon Exam Appointment Slip - Persons 12+ (pink) -- This form (Exhibit 8-15) is given to persons 12+ who have an afternoon appointment. Respondents are asked to begin fasting -- no food or drink of any kind except water -- at 7:30 a.m. on the day of their appointment.**

Respondents are asked to bring their glasses or contact lenses to the exam, if used.\*131415

Exhibit 8-13. Morning Exam Appointment Slip - Persons 20+ Years  
(BLUE)

NATIONAL CENTER FOR **nchs**  
HEALTH STATISTICS

---

National Health and Nutrition Examination Survey

---

**APPOINTMENT FOR EXAMINATION  
CITA PARA EXAMEN MEDICO**

Appointment for \_\_\_\_\_  
Cita para \_\_\_\_\_ **(NOMBRE/NOMBRE)**

\_\_\_\_\_  
**(SAMPLE NO./Nº DE MUESTRA)**

Day of week: \_\_\_\_\_  
Día de la semana: \_\_\_\_\_

Date/Fecha: \_\_\_\_\_ Time/Hora: \_\_\_\_\_

Time will call at \_\_\_\_\_  
El tiempo llamará a \_\_\_\_\_ **(TIEMPO/HORA)**

---

Please bring contact lens or glasses to the examination.

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

See instructions on back.  
Vea instrucciones en otro lado.  
PHS-8137 (12/88)

**MORNING EXAMS  
(PERSONS 20+ YEARS)**

**ON THE DAY BEFORE YOUR APPOINTMENT**

**DO:**

- EAT AS YOU WOULD ON ANY NORMAL DAY UP TO 8:30 PM.
- TAKE YOUR NORMAL MEDICATIONS.

**DON'T:**

- EAT OR DRINK ANYTHING, EXCEPT WATER, AFTER 8:30 PM. THIS MEANS NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES OF ANY KIND.

**ON YOUR APPOINTMENT DAY**

**DO:**

- DRINK A GLASS OR TWO OF WATER.
- TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.

**DON'T:**

- EAT OR DRINK ANYTHING EXCEPT WATER. NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

---

**EXAMENES DE LA MAÑANA  
(PERSONAS 20+ AÑOS)**

**EN EL DÍA ANTERIOR A SU CITA**

**HAGA:**

- COMA COMO LO HARÍA EN CUALQUIER DÍA NORMAL HASTA LAS 8:30 PM.
- TOME SUS MEDICACIONES USUALES.

**NO:**

- COMA NI BEBA NADA, EXCEPTO AGUA, DESPUÉS DE LAS 8:30 PM. ESTO SE LLAMA AYUNO DE UNA NOCHE. ESTO SIGNIFICA NINGUN CAFÉ, NINGUN TÉ, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERENDAS Y NINGUNAS BEBIDAS DE CUALQUIER CLASE.

**EN EL DÍA DE SU CITA**

**HAGA:**

- TOME UN VASO O DOS DE AGUA.
- TOME SUS MEDICACIONES USUALES CON AGUA SOLAMENTE.

**NO:**

- COMA NI BEBA NADA, EXCEPTO AGUA. ESTO SIGNIFICA NINGUN CAFÉ, NINGUN TÉ, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERENDAS, Y NINGUNAS BEBIDAS.

Exhibit 8-14. Morning Exam Appointment Slip - Persons 12-19 Years  
(PURPLE)

**NATIONAL CENTER FOR HEALTH STATISTICS**   
**National Health and Nutrition Examination Survey**

---

**APPOINTMENT FOR EXAMINATION**  
**CITA PARA EXAMEN MEDICO**

Appointment for \_\_\_\_\_  
 Cas para \_\_\_\_\_ (NAME/NOMBRE)

\_\_\_\_\_  
 (SAMPLE NO./N° DE MUESTRA)

Day of week \_\_\_\_\_  
 Día de la semana \_\_\_\_\_

Date/Fecha \_\_\_\_\_ Time/Hora \_\_\_\_\_

Time will call at \_\_\_\_\_  
 El día llamará a \_\_\_\_\_ (TIME/HORA)

---

Please bring contact lens or glasses to the examination.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Public Health Service  
 Center for Disease Control

See instructions on back.  
 Vea instrucciones al otro lado.  
 PHS-6137 (12/88)

**MORNING EXAMS**  
**(PERSONS 12-19 YEARS)**

**ON THE DAY BEFORE YOUR APPOINTMENT**

**DO:**

- EAT AS YOU WOULD ON ANY NORMAL DAY UP TO MIDNIGHT
- TAKE YOUR NORMAL MEDICATIONS.

**DON'T:**

- EAT OR DRINK ANYTHING, EXCEPT WATER, AFTER MIDNIGHT. THIS MEANS NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES OF ANY KIND.

**ON YOUR APPOINTMENT DAY**

**DO:**

- DRINK A GLASS OR TWO OF WATER
- TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY

**DON'T:**

- EAT OR DRINK ANYTHING EXCEPT WATER, NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

---

**EXAMENES DE LA MAÑANA**  
**(PERSONAS 12-19 AÑOS)**

**EN EL DÍA ANTERIOR A SU CITA**

**HAGA:**

- COMA COMO LO HARIA EN CUALQUIER DÍA NORMAL, HASTA LA MEDIA NOCHE.
- TOME SUS MEDICACIONES USUALES.

**NO:**

- COMA NI BEBA NADA, EXCEPTO AGUA, DESPUES DE LA MEDIA NOCHE. ESTO SE LLAMA AYUNO DE UNA NOCHE. ESTO SIGNIFICA NINGUN CAFÉ, NINGUN TÉ, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERENDAS Y NINGUNAS BEBIDAS DE CUALQUIER CLASE.

**EN EL DÍA DE SU CITA**

**HAGA:**

- TOME UN VASO O DOS DE AGUA.
- TOME SUS MEDICACIONES USUALES CON AGUA SOLAMENTE.

**NO:**

- COMA NI BEBA NADA, EXCEPTO AGUA. ESTO SIGNIFICA, NINGUN CAFÉ, NINGUN TÉ, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERENDAS, Y NINGUNAS BEBIDAS.

National Health and Nutrition Examination Survey

APPOINTMENT FOR EXAMINATION  
CITA PARA EXAMEN MEDICO

Appointment for \_\_\_\_\_  
Cita para \_\_\_\_\_ (NAME/NOMBRE)

\_\_\_\_\_  
(SAMPLE NO./Nº DE MUESTRA)

Day of week \_\_\_\_\_  
Día de la semana \_\_\_\_\_

Date/Fecha \_\_\_\_\_ Time/Hora \_\_\_\_\_

Time will call at \_\_\_\_\_  
El día terminará a \_\_\_\_\_ (TIME/HORA)

Please bring contact lens or  
glasses to the examination.

See instructions on back.  
Vea instrucciones al otro lado.

PHS-8137 (12/88)

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

AFTERNOON EXAMS  
(PERSONS 12+ YEARS)

ON THE DAY BEFORE YOUR APPOINTMENT

- DO:
- EAT AS YOU WOULD ON ANY NORMAL DAY.
  - TAKE YOUR NORMAL MEDICATIONS.

ON YOUR APPOINTMENT DAY

- DO:
- DRINK A GLASS OR TWO OF WATER.
  - TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.
  - EAT SOMETHING FOR BREAKFAST BEFORE 7:30 AM.

- DON'T:
- EAT OR DRINK ANYTHING EXCEPT WATER AFTER 7:30 AM. NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

EXAMENES DE LA TARDE  
(PERSONAS 12+ AÑOS)

EN EL DÍA ANTERIOR A SU CITA

- HAGA:
- COMA COMO LO HARIA EN CUALQUIER DÍA NORMAL.
  - TOMA SUS MEDICACIONES USUALES.

EN EL DÍA DE SU CITA

- HAGA:
- TOMA UN VASO O DOS DE AGUA.
  - TOMA SUS MEDICACIONES USUALES CON AGUA SOLAMENTE.
  - COMA ALGO PARA EL DESAYUNO ANTES DE LAS 7:30 AM.

- NO:
- COMA NI BEBA NADA, EXCEPTO AGUA, DESPUES DE LAS 7:30 AM. ESTO SIGNIFICA NINGUN CAFÉ, NINGUN TÉ, NINGUNA COMIDA, NINGUN CÍRCULO, NINGUNAS MERENDAS, Y NINGUNAS BEBIDAS.

- **Evening Exam Appointment Slip - Persons 12+ (yellow)** -- This form (Exhibit 8-16) is given to persons 12+ who have an evening appointment. Respondents are asked to begin fasting at 11:30 a.m. on the day of their appointment.

Respondents are also asked to bring their glasses or contact lenses to the exam,

if used.\*<sup>3</sup>

- **No Fasting Required Appointment Slip (white)** -- This form (Exhibit 8-17) is given to children ages 2 months-11 years and diabetics on insulin. This form only requests that respondents bring their glasses or contact lenses to the examination, if used.\*

- **Home Exam Appointment Slip (orange)** -- This form (Exhibit 8-18) is given to persons 20+ years who have scheduled a home exam. Respondents are to begin fasting 6 hours before the time of their appointment.

- **Morning Exam Appointment Slip - Persons 12+ Taking Pills for Diabetes (gold)** -- This form (Exhibit 8-19) is given to persons 12+ years who are taking oral hypoglycemic agents. Respondents are asked to begin fasting 12 hours before the appointment; to **not** take the hypoglycemic agent before the appointment, but to bring the medication to the MEC.

Respondents are asked to bring their glasses or contact lenses to the exam, if

used.\*16171819

Exhibit 8-16. Evening Exam Appointment Slip - Persons 12+ Years  
(YELLOW)

NATIONAL CENTER FOR **nchs**  
HEALTH STATISTICS

---

National Health and Nutrition Examination Survey

---

**APPOINTMENT FOR EXAMINATION**  
**CITA PARA EXAMEN MEDICO**

Appointment for \_\_\_\_\_  
Cita para \_\_\_\_\_ (NAME/NOMBRE)

\_\_\_\_\_  
(SAMPLE NO./Nº DE MUESTRA)

Day of week \_\_\_\_\_  
Día de la semana \_\_\_\_\_

Date/Fecha \_\_\_\_\_ Time/Hora \_\_\_\_\_

Taxi will call at \_\_\_\_\_  
El taxi llamará a \_\_\_\_\_ (TIME/HORA)

---

Please bring contact lens or glasses to the examination.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Center for Disease Control

See instructions on back.  
Vea instrucciones al otro lado.

PHS-6137 (12/88)

**EVENING EXAMS**  
**(PERSONS 12+ YEARS)**

**ON THE DAY BEFORE YOUR APPOINTMENT**

DO:

- EAT AS YOU WOULD ON ANY NORMAL DAY.
- TAKE YOUR NORMAL MEDICATIONS

**ON YOUR APPOINTMENT DAY**

DO:

- DRINK A GLASS OR TWO OF WATER.
- TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.
- EAT SOMETHING FOR LUNCH BEFORE 11:30 A.M. IN THE MORNING.

DON'T:

- EAT OR DRINK ANYTHING EXCEPT WATER AFTER 11:30 A.M. IN THE MORNING. NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

---

**EXAMENES DE LA NOCHE/TARDIAR**  
**(PERSONAS 12+ AÑOS)**

**EN EL DÍA ANTERIOR A SU CITA**

HAGA:

- COMA COMO LO HARÍA EN CUALQUIER DÍA NORMAL.
- TOME SUS MEDICACIONES USUALES.

**EN EL DÍA DE SU CITA**

HAGA:

- TOME UN VASO O DOS DE AGUA.
- TOME SUS MEDICACIONES USUALES CON AGUA SOLAMENTE.
- COMA ALGO ANTES DE LAS 11:30 A.M. (EN LA MAÑANA).

NO:

- COMA NI BEBA NADA, EXCEPTO AGUA, DESPUÉS DE LAS 11:30 A.M. (EN LA MAÑANA). ESTO SIGNIFICA, NINGUN CAFÉ, NINGUN TÉ, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERIENDAS, Y NINGUNAS BEBIDAS.

Exhibit 8-17. Morning/Afternoon/Evening Exam Appointment Slip -  
 Persons 2 Months-11 Years & Diabetics on Insulin  
 (WHITE)

NATIONAL CENTER FOR   
 HEALTH STATISTICS

---

National Health and Nutrition Examination Survey

---

**APPOINTMENT FOR EXAMINATION  
 CITA PARA EXAMEN MEDICO**

Appointment for \_\_\_\_\_  
 Cita para (NAME/NOMBRE)

\_\_\_\_\_  
 (SAMPLE NO./# DE MUESTRA)

Day of week \_\_\_\_\_  
 Día de la semana

Date/Fecha \_\_\_\_\_ Time/Hora \_\_\_\_\_

This will call at \_\_\_\_\_  
 El tipo llamará a (TIME/HORA)

---

Please bring contact lens or glasses to the examination.

See instructions on back.  
 Véase instrucciones al otro lado.

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

PHS-8137 (12/68)

MORNING, AFTERNOON, OR EVENING EXAMS  
 (PERSONS 2 MONTHS-11 YEARS AND DIABETICS  
 ON INSULIN)

SINCE FASTING IS NOT REQUIRED FOR YOUR EXAM, PLEASE EAT AS YOU WOULD ON  
 ANY NORMAL DAY

---

EXAMENES DE MAÑANA, TARDE, O NOCHE/A TARDECER  
 (PERSONAS 2 MESES-11 AÑOS Y DIABÉTICOS  
 TOMANDO INSULINA)

YA QUE AYUNAR NO ES REQUERIDO PARA SU EXAMEN, POR FAVOR COMA COMO  
 LO HARIA EN CUALQUIER DIA NORMAL.

Exhibit 8-18. Home Exam Appointment Slip - Persons 20+ Years  
(ORANGE)

NATIONAL CENTER FOR HEALTH STATISTICS   
 National Health and Nutrition Examination Survey

---

**APPOINTMENT FOR EXAMINATION**  
**CITA PARA EXAMEN MEDICO**

Appointment for \_\_\_\_\_  
 Cita para \_\_\_\_\_ (NAME/NOMBRE)

\_\_\_\_\_  
 (SAMPLE NO./N° DE MUESTRA)

Day of week \_\_\_\_\_  
 Día de la semana \_\_\_\_\_

Date/Fecha \_\_\_\_\_ Time/Hora \_\_\_\_\_

Taxi will call at \_\_\_\_\_  
 El taxi llegará a \_\_\_\_\_ (TIME/HORA)

---

Please bring contact lens or glasses to the examination.

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

See instructions on back.  
 Vea instrucciones al otro lado.

PHS-6137 (12/88)

**HOME EXAMS**  
**(PERSONS 20+ YEARS)**

**ON THE DAY BEFORE YOUR APPOINTMENT**

**DO:**

- EAT AS YOU WOULD ON ANY NORMAL DAY
- TAKE YOUR NORMAL MEDICATIONS.

**ON YOUR APPOINTMENT DAY**

**DO:**

- DRINK A GLASS OR TWO OF WATER.
- TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.

**DON'T:**

- EAT OR DRINK ANYTHING EXCEPT WATER AFTER \_\_\_\_\_ NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

---

**EXAMINES EN LA CASA**  
**(PERSONAS 20+ AÑOS)**

**EN EL DÍA ANTERIOR A SU CITA**

**HAGA:**

- COMA COMO LO HARÍA EN CUALQUIER DÍA NORMAL.
- TOME SUS MEDICACIONES USUALES.

**EN EL DÍA DE SU CITA**

**HAGA:**

- TOME UN VASO O DOS DE AGUA.
- TOME SUS MEDICACIONES USUALES CON AGUA SOLAMENTE.

**NO:**

- COMA NI BEBA NADA, EXCEPTO AGUA, DESPUÉS DE LAS \_\_\_\_\_ ESTO SIGNIFICA, NINGUN CAFÉ, NINGUN TÉ, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERMENDAS, Y NINGUNAS BEBIDAS.

Exhibit 8-19. Morning Exam Appointment Slip -  
 Persons 12+ Years Taking Pills for Diabetes  
 (GOLD)

**NATIONAL CENTER FOR HEALTH  
 HEALTH STATISTICS**

---

**National Health and Nutrition Examination Survey**

**APPOINTMENT FOR EXAMINATION  
 CITA PARA EXAMEN MEDICO**

Appointment for \_\_\_\_\_ (NAME/CONJUNTO)  
 On the date \_\_\_\_\_

EXAMPLE NO./Nº DE INVESTIGACION

Day of week \_\_\_\_\_  
 On the morning \_\_\_\_\_

Office/Oficina \_\_\_\_\_ Telephone \_\_\_\_\_

You will call at \_\_\_\_\_  
 El día de la llamada \_\_\_\_\_ (TELÉFONO)

Please bring medical history or  
 please to the examination.

See instructions on back.  
 Ver instrucciones al otro lado.  
 PH-4137 (12/88)

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

**MORNING EXAMS FOR PERSONS TAKING PILLS FOR DIABETES  
 (PERSONS 12+ YEARS)**

**ON THE DAY BEFORE YOUR APPOINTMENT**

**DO:**

- EAT AS YOU WOULD ON ANY NORMAL DAY UP TO 8:30 PM.
- TAKE YOUR NORMAL MEDICATIONS.

**DON'T:**

- EAT OR DRINK ANYTHING, EXCEPT WATER, AFTER 8:30 PM. THIS MEANS NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES OF ANY KIND.

**ON YOUR APPOINTMENT DAY**

**DO:**

- DRINK A GLASS OR TWO OF WATER.
- TAKE ALL MEDICATIONS EXCEPT YOUR PILLS FOR DIABETES IN THE MORNING WITH WATER ONLY.
- BRING YOUR PILLS FOR DIABETES WITH YOU TO THE MEC.

**DON'T:**

- EAT OR DRINK ANYTHING EXCEPT WATER. NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

SP's are asked to fast because certain biochemical determinations from the blood are only meaningful if done on a fasting blood specimen. For example:

1. **Monitoring nutritional status** is one of the key goals of NHANES III. In order to establish a national baseline of information, tests will be done to determine the level of vitamins A, E, C, D, carotenoids, and selenium in the blood. Valid estimates require subjects to fast.

Once these levels are established, researchers can make recommendations such as -- the need to do more vitamin fortification.

2. **Determining cholesterol levels and other blood lipid determinations** is another goal of NHANES III. Valid measurements of triglyceride in the blood require subjects to fast.
3. **The oral glucose tolerance test (GTT)** requires SP to fast. The GTT is a key clinical test for diabetes. It is one of several tests administered during the MEC exam to screen for diabetes.

The results of the test will be used to estimate the prevalence of diabetes, especially undiagnosed diabetes, in the U.S. population.

**KEEP IN MIND THAT ALL RESPONDENTS BEING ASKED TO FAST SHOULD BE REMINDED NOT TO FAST MORE THAN 16 HOURS.**

## **12. Make a Closing Statement to the Respondent**

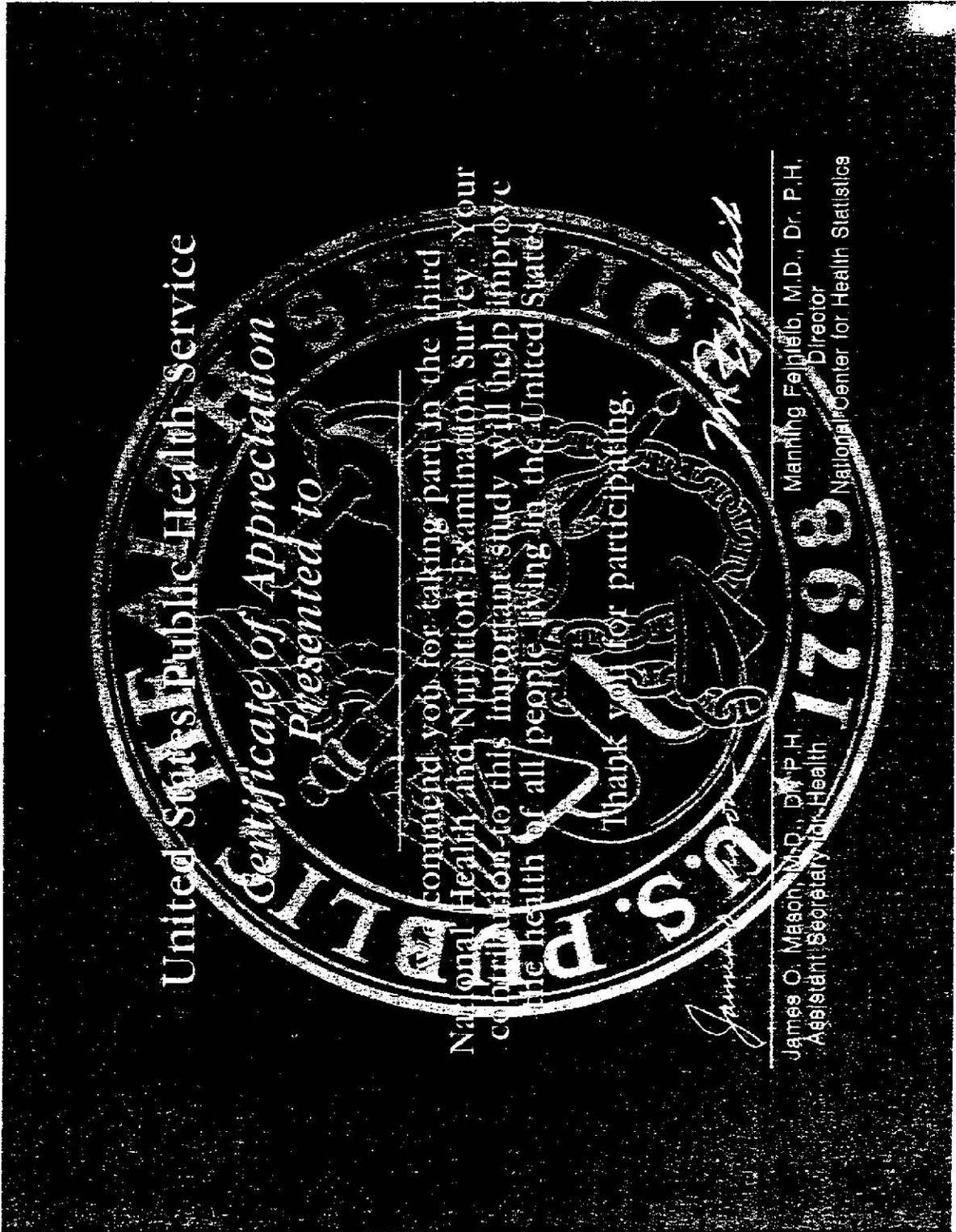
The major points to be covered during the closing statement include:

- **Thank** the respondent for his/her cooperation and time. Hand the respondent the **Certificate of Appreciation** (Exhibit 8-20).

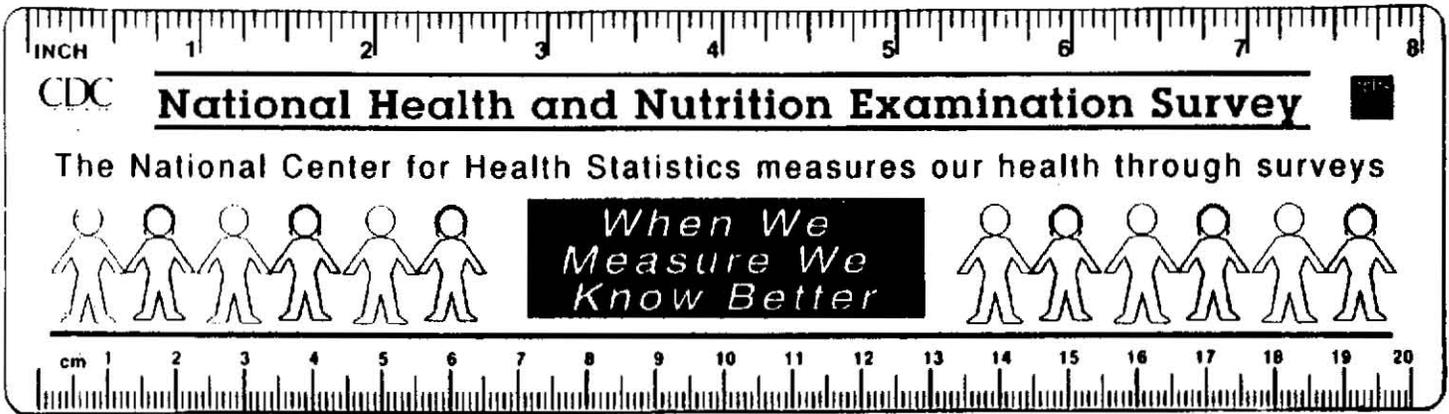
Be sure to stress the importance of his/her contribution to the study. Even though the respondent should at this point be generally familiar with the survey objectives, it is important to leave the respondent with a feeling that s/he has participated and should continue to participate in a worthwhile experience.

**Children 12 years old and under:** Give them an NHANES III ruler. There are 2 versions (Exhibit 8-21) of the ruler -- one that says "I participated ..." is for SPs and the other version is for siblings of SPs.

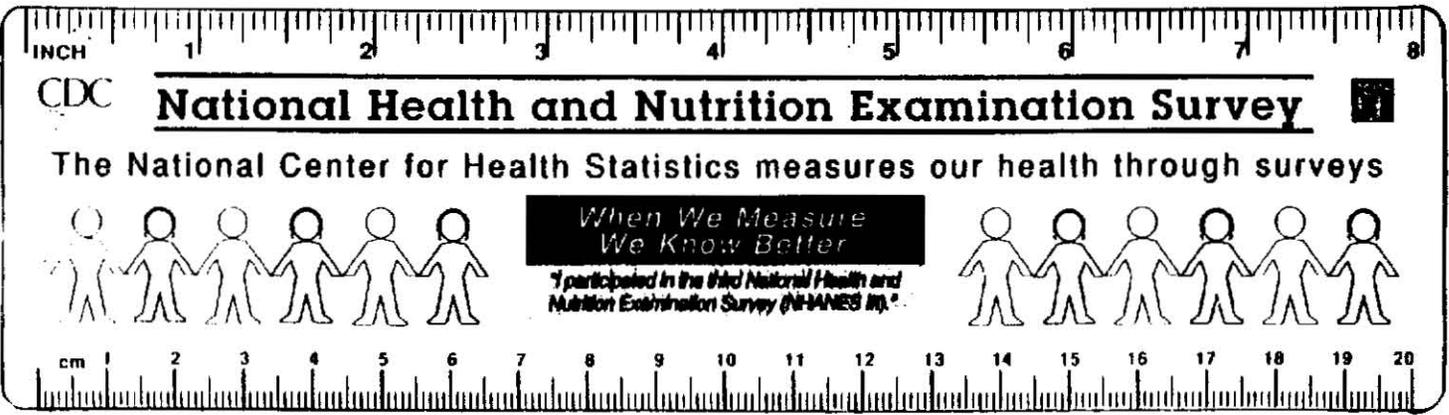
- Restate the **date, time and transportation** arrangements for the examination appointment;



Non SPS



SPS



- Mention the **reminder letter and the telephone** call she will receive before the scheduled appointment; and
- Leave the respondent the field office telephone number and ask him/her to call if s/he has any questions. Record the telephone number on the Appointment for Examination Slip. **THIS NUMBER WILL BE GIVEN TO YOU BY YOUR SUPERVISOR.**

#### 8.4 **AIDS Testing**

AIDS is one of the health issues to be studied in NHANES III. The SP Brochure informs respondents of this. Based on our pretest experience, we know that the overwhelming majority of respondents do not ask any questions concerning AIDS. However, if you are asked about AIDS and NHANES III, we would like you to do the following:

1. **Read and hand** to the respondent the AIDS Information Sheet (Exhibit 8-22) which contains information on procedures for the blood test given in the MEC. You will carry a copy of this sheet (encased in a plastic cover) along with your other interviewing materials. It is not to be left with the respondent but is provided for the respondent to read while you are in the home.

In most situations this will end the AIDS conversation and you will proceed with the appointment making process.

2. If the respondent has further questions, hand the respondent the AIDS Brochure (Exhibit 8-23) which contains information on the AIDS virus. Note that the brochure includes an 800 number which respondents can call for additional information.
3. If the respondent asks you specific questions about AIDS indicate that you can provide him/her with the telephone number of a local health center where s/he can get authoritative answers. **Do not answer AIDS questions based on your own knowledge. YOUR SUPERVISOR WILL GIVE YOU THIS NUMBER AT THE BEGINNING OF EACH STAND.**

Exhibit 8-22. AIDS Information Sheet



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

---

AIDS TESTING IN NHANES

National Center for Health Statistics  
Centers for Disease Control  
3700 East-West Highway  
Hyattsville, MD 20782

NHANES IS A SURVEY THAT LOOKS AT THE HEALTH OF THE UNITED STATES POPULATION, STUDYING MANY DISEASES SUCH AS HEART DISEASE, DIABETES, AND OSTEOPOROSIS. ONE OF THE MAJOR HEALTH ISSUES IN THE UNITED STATES IS AIDS. BECAUSE IT IS SUCH AN IMPORTANT PUBLIC HEALTH PROBLEM AND SCIENTISTS NEED TO KNOW HOW WIDESPREAD THE INFECTION IS IN THE GENERAL POPULATION, WE PLAN TO TEST THE BLOOD OF EVERYONE AGES 18 YEARS AND OLDER FOR AIDS INFECTION. YOUR BLOOD WILL BE SEPARATED IN THE LABORATORY AND PUT INTO A TEST TUBE THAT DOES NOT HAVE YOUR NAME OR IDENTIFICATION NUMBER ON IT. THEREFORE, WE CAN NOT TELL YOU OR ANYONE ELSE THE RESULTS OF INDIVIDUAL TESTS.

YOU CANNOT GET AIDS FROM ANY PROCEDURE IN THE MOBILE EXAMINATION CENTER. ALL NEEDLES USED IN OBTAINING YOUR BLOOD ARE STERILE AND ARE USED ONLY ON YOU. ALL OTHER EQUIPMENT USED DURING THE EXAMINATION IS EITHER DISPOSABLE OR STERILIZED AFTER EACH USE.

---

PRUEBA DE SIDA/AIDS EN NHANES

NHANES ES UNA ENCUESTA QUE EXAMINA LA SALUD DE LA POBLACION DE LOS ESTADOS UNIDOS, ESTUDIANDO MUCHAS ENFERMEDADES TALES COMO ENFERMEDADES DEL CORAZON, DIABETES Y OSTEOPOROSIS. UNO DE LOS PRINCIPALES TEMAS DE SALUD EN LOS ESTADOS UNIDOS ES SIDA/AIDS. DADO QUE ES UN PROBLEMA DE SALUD PUBLICA TAN IMPORTANTE Y LOS CIENTIFICOS QUIEREN SABER CUAN ESPARCIDA ESTA LA INFECCION EN LA POBLACION GENERAL, PLANEAMOS HACER UNA PRUEBA DE LA SANGRE DE CADA PERSONA DE 18 AÑOS Y MAYOR PARA DETERMINAR LA INFECCION DE SIDA/AIDS. SU SANGRE SERA SEPARADA EN EL LABORATORIO Y PUESTA EN UN TUBO DE ENSAYO QUE NO TIENE SU NOMBRE NI SU NUMERO DE IDENTIFICACION. POR LO TANTO, NO PODEMOS DECIRLE A USTED NI A CUALQUIER OTRA PERSONA LOS RESULTADOS DE PRUEBAS INDIVIDUALES.

USTED NO PUEDE CONTRAER SIDA/AIDS COMO RESULTADO DE CUALQUIER PROCEDIMIENTO EN EL CENTRO MOVIL DE EXAMEN. TODAS LAS AGUJAS USADAS PARA OBTENER MUESTRAS DE SU SANGRE SON ESTERILES Y SE USAN UNICAMENTE PARA USTED. TODO EL RESTO DEL EQUIPO USADO DURANTE EL EXAMEN ES DESECHABLE O ESTERILIZADO DESPUES DE CADA USO.

---

# What You Should Know About AIDS

---

Facts about the disease  
How to protect yourself and your family  
What to tell others



AMERICA  
RESPONDS  
TO AIDS

---

An Important Message from the U.S. Public Health Service  
Centers for Disease Control

---



4. If the respondent would like to get the results of his or her AIDS test point out (by referring to the AIDS Sheet) that the testing is anonymous and we will not be able to tell him/her or anyone about the results.
5. If the respondent **insists** that s/he will participate in the MEC exam except for the AIDS testing, grant this concession and note it on the Consent Form.
6. Anytime that the AIDS issue is brought up by a respondent, we would like you to record this in the Household Adult Questionnaire --- COMMENTS. Document your conversation with the SP thoroughly.

## **8.5 Drug Testing - Cycle II**

Today, drug use in the United States is an important health issue which has a significant impact on the health of the nation's population. In order to be responsive to this situation, NHANES III will study the use of certain drugs as they are related to the nation's health. These drugs are marijuana, cocaine, opiates, amphetamines or phencyclidine.

A test for the presence of these drugs will be included with the other tests performed on the SPs who are 18 years old or older. SPs 18+ are giving urine specimens, thus, this will have no impact on the length or character of the actual exam.

As with the test performed for AIDS on the NHANES study, this test will be anonymous, that is any identification of the SP is removed from his or her laboratory sample and the results of the study can only be reported in aggregate.

After years of performing many tests on SP laboratory specimens, the NHANES experience indicates that even those tests which might be considered controversial such as the AIDS test have had a negligible effect on SP cooperation. Therefore, the performance of this additional test is not expected to generate an unusual amount of questions or resistance from SPs.

However when questions do arise it is important that you are prepared to answer them, therefore, if you are asked questions about NHANES III and drug testing we would like you to do the following:

1. If the SP has not already read the SP Brochure, have him or her read the question and answer on page six of the brochure that deals with drug testing:  
**Q - Will I receive the results of my drug use test?**  
**A - No.** The test for NHANES III is being done to tell us how many people in the United States are currently using marijuana, cocaine, opiates, amphetamines, or phencyclidine for medical or other reasons. To protect your privacy, no information to identify you will be attached to the urine specimens tested for drug use. Therefore, your results will be anonymous.
2. If further information or reassurance is needed, read and hand to the respondent the Drug Testing Information Sheet (Exhibit 8-24). Like the Aids Information Sheet, this card will be encased in a plastic cover and is not to be left with the respondent but is provided for the respondent to read while you are in the home.
3. If the respondent has further questions/concerns about the drug testing, provide him or her with your Stand Coordinator's office phone number. If the SP has further questions which cannot be answered by the Stand Coordinator, refer him or her to the NCHS contact name and telephone number on page 6 of the SP Brochure: Dr. Marsha Davenport, National Center for Health Statistics, 301-436-8267 (SPs may call collect).



Exhibit 8-24. Drug Testing Information Sheet

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
Centers for Disease Control

National Center for Health S  
6525 Belcrest Road  
Hyattsville, MD 20782

### DRUG TESTING IN NHANES III

NHANES is a survey that looks at the health of the United States population as a whole. The survey studies many important health problems such as diabetes, allergies, arthritis, high blood pressure and high blood cholesterol. Since drug use has a major impact on health, scientists need to know how widespread drug use is. Therefore, all survey participants who are 18 years old or older will receive this test.

Your drug test sample will be put into a test tube that does not have your name or any information that could identify you attached to it. This means that we cannot tell you or anyone else the results of your test .

This study is not interested in any one person's test results but rather in drug usage in the total population. This means that the results of your tests will be combined with the results of thousands of others and only a total result will be reported.

---

### PRUEBA DE DROGAS EN NHANES III

NHANES es una encuesta que examina la salud de la población de los Estados Unidos en su totalidad. La encuesta estudia muchos problemas importantes de salud como la diabetes, alergias, artritis, alta presión de sangre y alta colesterol en la sangre. Como el uso de drogas tiene un impacto mayor en la salud, los científicos necesitan saber cuán extenso es el uso de drogas. Por lo tanto, todos los participantes de la encuesta que tienen 18 años o más recibirán esta prueba.

Su muestra de la prueba de drogas será puesta en un tubo de ensayo que no tiene pegado su nombre ni cualquier información que pueda identificarlo. Por lo tanto, no podemos decirle a usted ni a cualquier otra persona los resultados de la prueba.

Este estudio no tiene interés en los resultados de las pruebas individuales, sino más bien el uso de drogas en la población total. Esto quiere decir que los resultados de su prueba serán combinados con otros miles de resultados de otras personas y solo un resultado total será reportado.

As you do with other potentially sensitive issues, do not attempt to answer questions based on your own knowledge as it may lead to unnecessary concerns on the respondents part and impede the interview.

4. If the respondent has concerns about someone getting the results of his or her test, point out that the testing is anonymous and we will not be able to tell anyone, even the respondent, about the results. Then review the question and answer on page six of the SP Brochure that deals with drug testing and the third paragraph of the Drug Testing Information Sheet which discusses the anonymity of the testing procedure.
5. If the respondent insists that s/he will participate in the MEC exam except for the drug testing, accept this and note it on the consent form.
6. Anytime the drug test issue is brought up we would like you to record it in the Household Adult Questionnaire -- comments section. Please document your conversation with the SP thoroughly.

#### **8.6 Answering SP Questions About the Blood Draw**

During the appointment process some SPs may have questions concerning the blood draw that takes place as part of the MEC examination. A special document (Attachment A) has been produced to aid the health representative in answering these questions.

## **8.8 SP Receipt of Examination Findings/Results**

When the question arises explain to the respondent how the **examination results** will be provided.

- SPs will be provided, verbally, with the results of the following exam components while they are in the MEC:

Blood pressure  
Dental exam results  
Allergy Tests  
Height  
Weight

- The data collected on some tests cannot be provided in the form of results to the SPs. This is because the tests are so new that no standard of comparison is yet available which would allow the findings on a specific SP to be interpreted. Rather, the data being collected on these tests in NHANES III will provide a standard of comparison for the future. The components for which results are not available to the SP are the following:

Dietary Interview  
Bioelectrical Impedance  
Bone Density  
Physical Function  
Health Interview  
Neurological Tests  
Cognitive Tests

- A complete report of findings reflecting the tests conducted as a part of the exam will be sent to the examinee 12-16 weeks after the exam is completed.
- **FOR YOUR INFORMATION ONLY -- DO NOT DISCUSS WITH SPs SINCE IT MAY HAVE A NEGATIVE EFFECT.** If a serious health problem is found while the SP is in the MEC (from the physician's exam, EKG, etc.) the physician will explain the problem to the SP and recommend that s/he see his/her regular doctor for further study and medical care. (It must be remembered, however, that this is not a general physical exam but is designed to study only a subset of health problems.)

## **8.8 Motivating the Respondent to Participate in the Examination**

The face to face Sample Person interview generally provides a unique opportunity for the interviewer and the respondent to establish a positive working relationship. This rapport will in most cases be crucial to motivating the respondent to cooperate in the examination component of NHANES.

However, situations will certainly arise where you sense that the respondent is apprehensive or reluctant about the examination. In such cases of non-cooperation (short of an outright refusal) there are a number of techniques which should be employed once you have determined the reason for the reluctance. Some of the techniques are the same as those used to convince Sample Persons to participate in the household interview, others are unique to the examination phase. These techniques are discussed in the Obtaining Respondent Cooperation Manual.

## **8.9 Making Field Reminders**

Within forty-eight hours of their MEC appointment, all SP's will receive a reminder telephone call. This call is made from the stand office. SP's who do not have phones, whose phones are not working, or who have not been contacted by phone for some other reason must be contacted in the field.

Field reminders will be assigned to interviewers by the Field Manager. A **field reminder assignment package** will include:

- A **segment folder** (Chapter 3) to help locate the address;
- A copy of the Control Card of the SP who requires the field reminder (Exhibit 8-25); and
- A xerox copy of the HH Folder Call Record (Exhibit 8-26) to serve as a contact reference.

Exhibit 8-25. Control Card

01/29/89

\*\* NEANES III CONTROL CARD \*\*

Enter: Stand/Seq/Serial:103/20/00239 or NCHS0:U1031708  
 or NAME: \_\_\_\_\_

Curr Intv: FIS\_

Name: \_\_\_\_\_ Family:01 SP:04 NCHS0:U1031708  
 Address: \_\_\_\_\_ Dispositions--SP:81\_( ) Appt:21  
 HOUSTON, TX 77012 \*\*Close SP  
 Phone:713-644-7547 MB:998 SBS:998 (Y/N) Y  
 Age:1 Y Birthdate:10/19/86 Ethnic/Race:1/4 Sex:M Lang:E Consent:1  
 Date Examined:01/12/89 Transp Code:T Pick-up Time:04:10 PM Authorization:  
 REMARKS: \_\_\_\_\_

----- APPOINTMENT INFORMATION -----

|            | Date     | Type | Interviewer | Result | Timeslot |
|------------|----------|------|-------------|--------|----------|
| Current--> | 01/12/89 |      | FIS_        |        | E        |
|            | _____    | -    | _____       | -      | -        |
|            | _____    | -    | _____       | -      | -        |
|            | _____    | -    | _____       | -      | -        |
|            | _____    | -    | _____       | -      | -        |

Exhibit 8-25. Control Card

01/29/89

\*\* MEANES III CONTROL CARD \*\*

Enter: Stand/Seq/Serial:103/20/00239 or NCHS#:U1031708  
 or Name: \_\_\_\_\_

Curr Intv: FIS\_

Name: \_\_\_\_\_ Family:01 SP:04 NCHS#:U1031708  
 Address: \_\_\_\_\_ Dispositions--SP:81\_( ) Appt:21  
 HOUSTON, TX 77012 \*\*Close SP  
 Phone:713-644-7547 MB:998 SSS:998 (Y/N) Y  
 Age:1 Y Birthdate:10/19/86 Ethnic/Race:1/4 Sex:M Lang:E Consent:1  
 Date Examined:01/12/89 Transp Code:T Pick-up Time:04:10 PM Authorization:  
 REMARKS: \_\_\_\_\_

----- APPOINTMENT INFORMATION -----

|            | Date     | Type | Interviewer | Result | Timeslot |
|------------|----------|------|-------------|--------|----------|
| Current--> | 01/12/89 |      | FIS_        |        | E        |
|            | _____    | -    | _____       | -      | -        |
|            | _____    | -    | _____       | -      | -        |
|            | _____    | -    | _____       | -      | -        |
|            | _____    | -    | _____       | -      | -        |



Field reminders must be done in person face-to-face -- leaving a slip under the door is not a successful field contact. (In the **unusual event** that face-to-face contact is not possible after multiple attempts with the household, the interviewer should then leave an appointment slip at the household for each SP and notify the Field Manager of the situation.) SP's not receiving in person field reminders may be more likely not to show for their MEC appointments.

In making field reminders to Sample Persons, be sure to go over all of the points mentioned below.

1. Introduce yourself and explain that you are calling from the National Health and Nutrition Examination Survey.
2. Remind SP that a health representative made an appointment for him/her to come to the Mobile Examination Center on (mention date of appointment).
3. Ask the SP to get the appointment slip that was left by the health representative so that you can review the instructions.
4. Review the time of the appointment and the address of the MEC. If the SP is to be picked up by a taxi, tell the SP what time the taxi will pick him/her up. If the SP is coming into the MEC on his or her own, remind the SP what time s/he needs to be there.
5. Review the fasting instructions with the SP.
6. If appropriate, remind the SP to bring his/her contact lens or glasses to the examination.

Moreover, it is important to keep in mind that each time a household contact is made, you should leave the most positive feeling behind concerning NHANES III since it will surely affect the next component of the study. In this case, participation in the examination.

When you have completed the field reminder, write the date of the contact on the Control Card and return it to your supervisor.

## **8.10 Rescheduling Broken MEC Appointments**

Interviewers will support the stand office staff in their efforts to reschedule respondents who do not appear for their MEC examination appointments. Initially, the office staff will attempt to reach these respondents by telephone. Those who do not have phones or who persist in refusing to come in for their exams will be assigned to interviewers by the Field Manager.

**A broken appointment assignment package will include:**

- **A segment folder** (Chapter 3) to help locate the address;
- **The SP Card** (Exhibit 8-27) to record the results of rescheduling the broken appointment;
- **A Family Appointment History Report** (Exhibit 8-28) which provides a brief history of the case -- appointment history data on all SPs in a household.
- **A xerox copy of the Household Call Record** from the Household Folder (Exhibit 5-3) to provide contact information about the household.

At the time a broken appointment is assigned, the interviewer and the Field Manager should discuss conversion strategies (see **Obtaining Respondent Cooperation Manual**)



Exhibit 8-28. Family Appointment History Report

**\*\* NATIONAL RAMES III \*\***  
**REVIEW SCREEN APPOINTMENT INFO FOR UNCLOSSED CASES**

Enter STAND/32G/32R: 998/ / or NCHS# for person \_\_\_\_\_  
 \*\*Close out case: \*\*Curr Intvr: (= to reassign, replace (or re-type)  
 Family#: SP#: NCHS#: Name:  
 Appt. Date: Timeslot: Interviewer: Transportation Code:  
 Broken Appt. Disp/Description Close SP? (Y/N):

\*\*\* SP Appointment History : Records \*\*\*

| Appt Date | Appt Result | Int | S/A Reason | Transp Code | Remarks |
|-----------|-------------|-----|------------|-------------|---------|
| -         | -           | -   | -          | -           |         |
| -         | -           | -   | -          | -           |         |
| -         | -           | -   | -          | -           |         |

Family#: SP#: NCHS#: Name:  
 Appt. Date: Timeslot: Interviewer: Transportation Code:  
 Broken Appt. Disp/Description Close SP? (Y/N):

\*\*\* SP Appointment History : Records \*\*\*

| Appt Date | Appt Result | Intvr | S/A Reason | Transp Code | Remarks |
|-----------|-------------|-------|------------|-------------|---------|
| -         | -           | -     | -          | -           |         |
| -         | -           | -     | -          | -           |         |
| -         | -           | -     | -          | -           |         |

Family#: SP#: NCHS#: Name:  
 Appt. Date: Timeslot: Interviewer: Transportation Code:  
 Broken Appt. Disp/Description Close SP? (Y/N):

\*\*\* SP Appointment History : Records \*\*\*

| Appt Date | Appt Result | Intvr | S/A Reason | Transp Code | Remarks |
|-----------|-------------|-------|------------|-------------|---------|
| -         | -           | -     | -          | -           |         |
| -         | -           | -     | -          | -           |         |
| -         | -           | -     | -          | -           |         |

## 9. HOME EXAMINATIONS

### 9.1 Overview

The primary goal of NHANES III is to interview as many SPs as possible and bring them to the MEC for examination. The more interview/examination data we have about SPs, the more confidently we can relate what we know about SP's health to the U.S. population as a whole.

However, we know that we will not be able to examine 100 percent of all SP's in the MEC. Therefore, a home exam component has been added to NHANES III to try to obtain a minimum amount of data from those who do not receive the MEC exam.

Home exams will be scheduled by interviewers and conducted by home examination technicians. The home examination technicians are part of the MEC team and have been specially trained to conduct home examinations. The home examiner is a certified laboratory technologist with a college degree in her field and several years of field experience prior to NHANES III. Each is certified by the American society of Clinical Pathologists (ASCP). When the home examiner is hired, s/he receives 8 weeks of NHANES-specific training conducted by Westat, NCHS, NIOSH AND NIDR. This is the longest training any MEC professional receives. In addition, the home examiner undergoes extensive quality control checks by the MEC Manager, the home office and NCHS.

The **length of the home exam** will vary by SP age as follows:

| <b>SP Age</b> | <b>Length of Exam</b> |
|---------------|-----------------------|
| 2-11 months   | 10 minutes            |
| 20+ years     | 30 minutes            |

In addition to the time required for the actual exam, an additional 10-15 minutes are needed for the Home Examiner to set up the equipment and 10 minutes to pack up. Note that the

home exam will never be offered to SPs ages 1-19 since, historically, response to the MEC exam has been sufficiently high for this age group.

Exhibit 9-1, **Home Examination Components by Age Group**, lists the components administered during the home examination. Basically, the home exam includes a subset of the MEC examination components.

In addition to the benefits derived from receiving the exam components and their results, there are additional benefits which should be discussed with the SP when asking him or her to take part in the home exam. They include the following:

- The home exam requires a much shorter amount of time than the MEC exam. This means a substantially reduced respondent burden;
- Scheduling for the exam is much more flexible; the exam can be scheduled any hour the MEC is open and there is a slot available;
- The SP will not need to disrobe, however, s/he may be asked to remove his or her shirt for Body Measurements;
- Blood work is minimal; and
- Considering the time involved (less than 45 minutes for the longest exam plus an additional 5 to 10 minutes in the home) the \$15 payment is a reasonable compensation.

Exhibit 9-1

NHANES III  
HOME EXAM COMPONENTS BY AGE GROUP

| EXAM COMPONENT             | AGES        |          |          |
|----------------------------|-------------|----------|----------|
|                            | 2-11 months | 20-59    | 60+      |
| Body Measurements*         | X           | X        | X        |
| Dietary Interview          | X           | -        | -        |
| Blood Tests                | -           | X        | X        |
| Spirometry                 | -           | X        | X        |
| Health Interview**         | -           | X        | X        |
| Cognitive Function         | -           | -        | X        |
| Physical Function Measures | -           | -        | X        |
| <b>TOTAL COMPONENTS</b>    | <b>2</b>    | <b>4</b> | <b>6</b> |

\* Includes only height, weight, arm girth and triceps skin fold measurements.

\*\* Interview lasts 5-10 minutes.

## **9.2 Who Gets a Home Exam?**

To standardize the NHANES III approach to SPs, rules have been developed which provide a decision-making framework. Interviewers have three options when they begin field work:

1. All bedbound SPs ages 2-11 months and 20+. By bedbound we mean SPs who are primarily confined to bed, not SPs who are temporarily confined to bed for a condition such as the flu. Offer MEC exam. If refused, immediately offer home exam.
2. SPs 60+ who are in a wheelchair
3. All other SPs 2-11 months and 20-74. Only offer MEC exam.

As the field period progresses, we will continue to stress the MEC examination since this provides NHANES III with the most comprehensive examination data critical to the study. Interviewers, working with the Field Manager, will employ various nonresponse conversion strategies designed to achieve high MEC examination response rates.

Subsequent to these conversion efforts, the Field Manager will make decisions concerning offering home exams to selected SPs. It is important to stress that **the option to offer the home exam to respondents (with the one exception noted earlier) will be a decision made only by the Field Manager.**

### 9.3 Scheduling Guidelines

For the most part, home exams will begin somewhat after MEC exams begin, with the exception of those SPs who are bedbound, or SPs 60+ in a wheelchair and who refused the MEC exam. Generally, two home exam visits (sessions) will be scheduled per day (morning, afternoon or evening). For the most part, this will mean two SPs per day; however, if there are two SPs in a household eligible for a home exam, they can be scheduled for one session. Generally, the home exam technician should be working the same days of the week and during the same hours of the day as the MEC team.

### 9.4 Making the Home Exam Appointment

Basically, making home exam appointments will be very similar to making MEC exam appointments. Note the following key items:

1. **Inform the SP** that s/he has been selected for a home examination. Review SP Brochure if not previously done, then refer the respondent to the home exam fact sheet of the SP Brochure (Exhibit 9-2) and (if necessary) to the hand card which is identical to Exhibit 9-1 (list of components by age group). Answer any SP questions associated with this component.

**SP reimbursement** for the home exam will be \$15.00.

**Results of findings** will be provided as described in Section 8.5 for the MEC exam.

2. Arrange for a **general appointment** time (day of the week/morning, afternoon, evening for the examination).
3. **Telephone the field office** for an appointment. During the call, you will be asked to **provide** the following SP information:
  - Name, sex, age, case ID number;
  - General SP appointment preferences;
  - Special information about SP (i.e., pregnant, mentally handicapped, etc.)

You will need to **obtain**:

- Sample number (if not previously assigned); and
- Appointment time.

4. **Record the appointment information** in the first available "HOME EXAM APPT. INFOR." box at the bottom of the **SP Card** (see Exhibit 9-3).
5. Ask the respondent to read, fill out and sign the **examination consent form** -- the same form used for the MEC exam (Exhibit 8-8). Add the word "HOME" to the consent form in pen.
6. Obtain an **Authorization to Obtain Birth Certificate** (Exhibit 8-9) for all SPs under one year of age.
7. Leave an orange home exam appointment slip (Exhibit 8-17) with the SP. These slips are different from the MEC exam appointment slips in that they require the interviewer to enter the beginning fasting time tailored to the SP's appointment time. thus, SPs should be instructed to fast for 6 hours prior to their appointment time.

**EXAMPLE:** An SP has an 11:00 AM home exam appointment. S/he should be instructed to begin the fast at 5:00 AM.

### **NHANES III HOME HEALTH EXAMINATION**

**NHANES III needs to collect information on the health of all persons. We have chosen important parts of the examination that can be done in people's homes and will help us complete our picture of the health of the people of the United States. We ask that you read our Sample Person Brochure and ask our interviewer any questions you may have about the survey.**

**A trained medical technician from our examination center will come to your home to conduct the examination. The home health examination will take about one hour of your time and can be performed while you are dressed in your usual clothes. You will have the opportunity to learn about your health along with helping to contribute knowledge about the health needs of other Americans.**

#### **Your Home Examination May Include:**

- Height and weight**
- Lung capacity test**
- Muscle function**
- Collection of a blood specimen**
- Short health interview**

**All of the information about you will be kept confidential. You will receive \$15.00 for your time and participation. Please volunteer to help us.**



8. Make a **closing statement** to the respondent. Thank him/her, review appointment information, mention reminder call and leave the field office telephone number for the respondent.

Hand the SP a Certificate of Appreciation (Exhibit 8-18).

## 9.5 Reasons for Refusing Home Exam Appointment

If you obtain nonresponse to the home exam, document the details on the Home Examination Record "Results..." column and record one or more of the following reason codes (listed on the Household Folder Call Record Result Codes page) in the "Reason Code" column.

### Health Related Reasons

- 01 - None
- 02 - Personal Ill Health
- 03 - Family Illness or Death
- 04 - Doctor Says No
- 05 - Hospitalized
- 06 - Disabled/Frail
- 07 - Suspect Cognitively Impaired
- 08 - On Med/Alco/Dr
- 09 - Blind or Deaf

### Personal Reasons

- 24 - Not Interested
- 25 - Lack of Time
- 26 - Work Conflicts
- 27 - Friends/Relatives Advise Against It
- 28 - Have Own Doctor
- 29 - Fearful of Results
- 31 - Suspicious
- 32 - Length of Exam
- 34 - Forgot to Fast
- 35 - Reminder Notice Not Sent
- 37 - Weather Conditions
- 38 - Anti-Government Surveys
- 39 - Moved
- 40 - Out of Town
- 41 - Other (Specify)

## **10. NONRESPONSE**

Any nonresponse to the survey's questionnaires or procedures must be fully documented. For NHANES III we will record nonresponse problems on three forms as follows:

- **Inability to complete the Screener will be documented on the last page of the Screener questionnaire; and**
- **Inability to interview, measure pulse and blood pressure, obtain birth certificate authorization, schedule a MEC appointment, reschedule a broken MEC appointment for an SP, will be documented on the SP Card.**
- **If you encounter a refusal to the Household Adult Questionnaire, you will need to complete the **Adult Household Questionnaire - Short Form**. Specifications for this task are in Section 18 of this manual.**

In this chapter we will discuss nonresponse problems/ situations, as well as the completion of all nonresponse forms.

### **10.1 Nonresponse Problems**

You may sometimes encounter problems which prevent you from completing all the necessary action on a case. These problems can occur:

- **When you are trying to initially locate or make contact at a DU;**
- **When you are trying to conduct the Screener with a household adult;**
- **After you have screened a household and have selected sample person(s), and are unable to interview an SP;**

- When you are attempting to measure pulse and blood pressure for SP's 17+;
- When you need to make an appointment or obtain assigned consent for the physical examination or the MEC interview;
- When you are trying to obtain authorization for birth certificate release; or
- When you are trying to reschedule a broken MEC appointment.

### **Dwelling Unit Problems**

You may encounter problems associated with the sampled addresses you have been assigned. These are known as "DU problems." While they occur rarely, you should be prepared for them. This section provides a description of the most common DU problems and what you are to do when you encounter them.

#### **a. The Assigned Address Does Not Qualify as a DU**

Even though addresses were listed as carefully as possible during the listing effort, some of the sampled DU's may no longer qualify as DU's. For example, after the listing, a residential unit may have been converted to a store or may have been totally demolished. It is also possible that the lister made an error and listed an address that does not meet our definition of a DU. Screeners should only be conducted at sampled addresses which qualify as DU's. Therefore, it is your responsibility to make sure that the address you have been assigned is a DU.

You should use Section 3.1.1, "Definition of a Dwelling Unit," to make the determination of a dwelling unit. Whenever you determine that a sampled address does not qualify as a DU, complete Section I (Vacant/Not a Dwelling Unit) on the last page of the Screener, and return the case to your supervisor at your next scheduled conference.

**b. The Sampled DU Does Not Exist**

Most of the problems you have finding an address can be solved by careful use of the information and materials provided to you. If you cannot find a DU, recheck the materials in your Segment Folder and consult your local area map to try to determine the source of the problem. You may, for example, have gone to the north end of a street to find an address that is actually at the south end.

If your best efforts fail to locate the sampled DU and you suspect that it has been demolished or that it never existed, describe the situation in Section I (Vacant/Not a Dwelling Unit) on the last page of the Screener. Return the case to your supervisor during your next scheduled conference.

**c. The Unit is Vacant**

If the sampled DU is vacant, there are several steps to take before you actually consider the unit to be vacant. Be sure that there are no signs of furniture or other clues that the DU is occupied. Do not assume a unit is vacant just because there are no curtains or accumulation of old newspapers on the porch. While you are in the neighborhood verify the vacancy with a neighbor or building manager (very desirable but not a requirement). Once you are satisfied that the unit is vacant, fill out Section I (Vacant/Not a Dwelling Unit) on the last page of the screener. Be sure to include in your comments all signs of vacancy.

If there is any doubt in your mind whether the DU is vacant, verify the vacancy with a neighbor or building manager. If verification through neighbor information is not possible (no one home, neighbors refuse to give information, etc.) discuss the case with your supervisor at your next interviewer conference. Your supervisor will decide on what further activity is necessary.

Once you determine that a unit is vacant, fill out Section I (Vacant/Not a Dwelling Unit) on the last page of the Screener. If you should happen to notice that the DU is no longer vacant on later trips to the segment, do not make any attempts to contact the new residents. Return the case to your supervisor at your next scheduled conference.

**d. You Are Unable to Enter the Structure**

You may encounter a building which is locked for security reasons. Many locked buildings contain entryways with intercom systems to provide communications with the residents of the building. Access to the individual units can be gained only with a key or by contacting a resident on the intercom who unlocks the door from the inside. Listed below are the procedures you should follow if you have sampled units in such a building:

- First, attempt to make contact by using the intercom system to speak directly with a household member from the sampled unit.
- If this does not work (e.g., intercoms not available), try to contact the resident manager for permission to gain entry. The manager may ask for further verification (i.e., a letter or telephone call). When this happens, record his/her name, address, and telephone number (if appropriate) on the Call Record and inform your supervisor.

Because security systems vary widely with locality, always contact your supervisor if you have any questions on how to proceed.

If you cannot gain entry by making contact with the sampled DU or resident manager, complete Section II (Screener Nonresponse) on the last page of the Screener. Then, return the case to your supervisor during your next scheduled conference.

**NOTE:** You may be assigned cases which were discovered to be in security locked buildings during the listing operation. Your supervisor will help you handle these cases if you are assigned them.

### **Problems Obtaining the Interview**

Once you have located the dwelling unit, you are ready to make contact with the household in order to complete the Screener, and if there are selected SP's, a number of other interviews. There are several situations in which an attempt to conduct the Screener or an interview with an SP may result in an outcome other than a completed questionnaire.

The following are the problem situations which you may encounter. Any of these problems could occur when you are attempting to contact:

- A household adult for the Screener;
- The Sample Person (or proxy when admissible) for the Household Adult Questionnaire, the Household Youth Questionnaire; or
- An adult family member for the Family Questionnaire.

The procedure that you should follow applies no matter when the problem occurs unless otherwise noted.

#### **a. Not at Home**

It is common to find no one at home when you attempt to contact a household. When you find no one at home, you should complete a Call-Back card and put it under the door of the assigned unit. Do not leave materials in the mailbox. Be sure to record at the bottom of the card the stand, segment and serial number for the household. This will facilitate identifying the household if a household member calls the field office.



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

---

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**NATIONAL HEALTH AND NUTRITION EXAMINATION  
SURVEY**

I am sorry I did not find you at home today to interview you for the National Health and Nutrition Examination Survey. A letter was sent to you recently explaining the survey and the importance of your participation in it.

I will return on \_\_\_\_\_ and hope to find you home. If you would like to arrange a more convenient time for me to come, please call \_\_\_\_\_.

I am looking forward to speaking to you. Thank you for your cooperation.

---

**HEALTH REPRESENTATIVE**

---

**SEG**

---

**STAND**

---

**SERIAL**

**Then, make a deliberate effort to contact a neighbor to obtain information about the household's or SP's availability.**

**You should:**

- **Probe to determine when an adult household member (if trying to complete a Screener) or a selected SP will be home;**
- **Record appropriate information on the Call Record; and**
- **Leave a copy of the Advance Letter and Screener Brochure if trying to complete the Screener.**

**If you have reached the limit of attempts and have been unable to find an adult at home to administer the Screener, complete Section II (Screener Nonresponse) of the last page of the Screener. At item A explain thoroughly why you were unable to complete the Screener interview and at item B try to complete the household enumeration box as thoroughly as possible using information obtained from sources such as resident managers, children from the sampled DU, neighbors, mail carriers, and other similar knowledgeable sources. Be sure to record who provided the information in item B. Return the case to your supervisor during your next scheduled conference.**

**Once you have completed the Screener and find yourself in a situation where you are unable to complete one of the household interviews with an SP because the respondent is not at home after you have reached the maximum number of attempts, complete the SP Card detailing the situation. Return the case to your supervisor during your next scheduled conference.**

**b. Refusal**

Occasionally even the best interviewers receive refusals to participate in a survey. Most respondents do not refuse outright; rather, they express some hesitancy, reservation, or initial hostility. In a short time, you will become sensitive to the firmness of the "NO" conveyed by the tone and wording of the respondent's comments. You will also learn to sense the reasons behind a respondent's hesitancy and develop ways of dealing with those "hidden" concerns.

Always listen very carefully to what the respondent has to say, and then address your remarks to the respondent's concerns. Some of the most common reasons respondents give for refusing are:

- Too busy; don't have the time;
- Not interested in the study;
- Don't want to be bothered or involved;
- Waste of time and money;
- Government interference;
- "Nothing in it for me;" and
- Too ill, don't feel well enough.

These reasons reflect two broad types of concerns respondents may have: Concerns about the time you are asking them to give and concerns about the study itself or about surveys in general. You can respond to the first concern in several ways: By emphasizing the importance of the study, by persuading respondents that we do appreciate their contribution to the project, and by indicating your willingness to be as flexible as possible in arranging an appointment at the respondent's convenience. You can respond to the second type of concern by explaining how the project is worthwhile, by pointing out that people making decisions on government programs need good information to guide the, or that for a survey's results to be useful, they must include information from a representative sample.

**Additional considerations to keep in mind for overcoming respondent refusals include the following:**

- **Make your respondents feel they are valuable to the study;**
- **Make your respondents feel that you are concerned about their time, their experiences, etc.;**
- **Make sure your respondent knows exactly who you are, whom you represent, and why you are there;**
- **Be confident, reassuring, and ready to react promptly to a respondent's cues. Don't get into a "set interviewing routine" that keeps you from dealing with each respondent's individual concerns;**
- **Try to get started with the questionnaire as quickly as possible; once you begin asking the questions, the respondent may see that his/her fears about the interview are unfounded; and**
- **Above all, be thoroughly familiar with all study materials so that you can readily answer a respondent's questions about the survey.**

**If you find that you are not getting anywhere with a respondent, try to end the contact before you get a final "No." However gruff or rude a respondent may be, always maintain a pleasant, courteous manner. Above all, do not antagonize or alienate the respondent. Try to keep the door open for future contacts. In most situations, your supervisor will assign another interviewer to attempt the interview. If you can leave on a pleasant note, the respondent may be more receptive to the efforts of another interviewer. After leaving the respondent, record the situation **completely** on the appropriate nonresponse form (Screener = last page and extended household interviews = SP Card and for adults 17+ the HAQ Short form -- Section 15.24 of this manual) and return the case to your supervisor during your next scheduled conference.**

## **Special Refusal Situations**

The following are some additional refusal situations. You should deal with these situations as described.

- If an SP **refuses to give an interview**, you should remain to interview other willing SPs so long as your presence is still welcome.
- During an interview, a respondent may **refuse to answer a particular question** or series of questions. If this occurs, record the respondent's comments verbatim in the questionnaire and reassure him/her that all the information you collect will remain confidential. Try to deal with any reasons offered by the respondent for the refusal, but do not pressure the respondent to answer. Go on to the next question.
- If, during a **telephone contact (rare on NHANES III)**, a respondent does not flatly refuse, but expresses reluctance or unwillingness to commit himself/herself to an appointment, you should make further in-person attempts to get the interview. If you receive a firm refusal either over the phone or in-person, however, do not make any further contacts on the case.
- Sometimes a respondent does not refuse outright but **keeps putting you off** by asking you to come back again and again or makes appointments and doesn't keep them. When a respondent does not keep an appointment, you should wait at the respondent's home for at least 15 minutes. If the respondent does not arrive while you are there, go on and make contact attempts at other nearby assignments. Later the same day you should telephone the respondent and, in the course of your conversation, mention that you stopped by at the appointed time and somehow missed the respondent. The respondent might have forgotten the appointment or there may have been some unexpected circumstance or simply a misunderstanding as to the place and time of the appointment. If, however, you have not succeeded in obtaining the interview in the allotted number of attempts due to broken appointments, treat the case as a refusal.

**c. Breakoff**

A breakoff occurs when a respondent begins responding to the questionnaire and at some point before the conclusion of the interview refuses to finish. As with a refusal, you should attempt to determine the reasons for the breakoff and try to answer the respondent's concerns. Stress that the respondent may refuse to answer any individual question that s/he finds to be too personal, etc. If it is simply a matter of inconvenience for the respondent, you should try to set an appointment to finish the interview at another time. If it is clear that the respondent has no intention of resuming at a later date, record the situation completely on the appropriate nonresponse form.

**d. Unavailable During the Field Period**

If you learn that all the adults in the sampled household will not be at home at all during the field period (e.g., the residents are out-of-town visiting a sick relative and won't be back for three or four months; that they are traveling for an extended period of time; in prison, etc.), and are therefore unavailable for the screening, do not make further attempts. Record the details on the last page of the Screener (Section I) and return the case to your supervisor at your next conference.

If you learn that an SP in a household will not be available for the entire field period because of an extended absence (and a proxy is not admissible), you should complete a form for that SP.

**e.      **Illness****

You may encounter a respondent who cannot complete the Screener because of an illness, deafness, senility, or other health problems. You will encounter these problems in varying degrees and it will be up to you to judge whether the problem is sufficiently severe for you to discontinue your attempts to complete the Screener. To begin with, check to see if there is some other knowledgeable household adult who could complete the Screener. In some cases, you will find that the respondent is only temporarily indisposed and is very willing to do the Screener at a later time. In such a case, make an appointment. If the illness problem is such that it will be impossible to complete the Screener at the household during the entire field period, complete Section I on the last page of the Screener. Return the case to your supervisor at your next conference.

If you screen a household and find that an SP suffers from an extended illness or has some type of health problem which prevents him/her from responding for the entire field period, a proxy may be selected to respond on the SP's behalf as described in Chapter 4. If the SP's illness is temporary you should try to set an appointment for a time when s/he is more able to respond.

**f.      **Language Problem****

In this survey, we will be conducting Screeners with respondents who speak either English or Spanish. If you do not speak Spanish and encounter a Spanish only speaking household return the case to your supervisor. S/he will assign a bilingual interviewer to the case. If you encounter a household where all the household members speak some other language (not Spanish), you may use a neighbor to translate for the Screener interview. If you cannot find a translator, complete Section II (last page of Screener) and return the case to your Supervisor during your next scheduled conference.

If you encounter a language problem during your attempts to complete the extended household interviews follow the rules specified above for Spanish language. If the SP speaks only some other language (not Spanish), try to find an adult (17+) household translator to assist you during the interview. If none exists, return the case to your supervisor.

**g. Other Situations**

Any other type of incomplete interview situation which does not fit into any of the categories mentioned previously should be described in detail in the appropriate nonresponse form (Screener, SP). Discuss all "other" situations with your supervisor during your conference.

**Problems Obtaining Pulse and Blood Pressure Measurement**

Difficulties encountered obtaining pulse and blood pressure measurement and nonresponse conversion techniques will be discussed in the Pulse and Blood Pressure Manual. Any nonresponse for this component should be documented on the **SP Card**.

**Problems Obtaining the MEC Examination Appointment,  
Informed Consent, or Rescheduling Broken Appointments**

If you have any difficulties making a MEC examination appointment, obtaining a signed consent form, or rescheduling a broken MEC appointment, complete the **SP Card**.

## **10.2            Completing the Non-Interview Form For the Screener**

The last page of each Screener contains a form to be completed when you encounter non-interview situations. This form will provide your supervisor with an accurate description and documentation of the problem you encounter in completing the Screener.

It is important to stress that on the basis of the non-interview information you provide, your supervisor will decide whether to refiled the case. If a case is refiled, this information will also be used by the interviewer to whom the case is reassigned. It is, therefore, very important for you to fill out the non-interview form as completely and accurately as possible to give your Supervisor and any future interviewer a full description of the problem you had and any suggestions you might have about how to deal with it. Whenever necessary, make any additional notes you feel are pertinent.

There are **two** sections to the non-interview form on the Screener:

- I.     **Vacant/Not a Dwelling Unit; and**
  
- II.    **Screener Nonresponse.**

Exhibit 10-1 presents this form and contains the specifications for its completion.

Exhibit 10-1. Screener non-interview form

VACANT/NOT A DWELLING UNIT

- A. WHY IS THE LISTED ADDRESS NOT AN OCCUPIED DWELLING UNIT FOR OUR SAMPLE?
- VACANT
  - NOT A D.U. CONDOR/CONDOMINIUM (C)
  - NOT A D.U. PLACE OF BUSINESS (C)
  - NOT A D.U. NO SUCH ADDRESS/NO SUCH D.U. (C)
  - NOT A D.U. VACATION CASH (C)
  - NOT A D.U. NOT USABLE AS PERMANENT RESIDENCE (C)
  - NOT A D.U. TRANSIENT USE
  - NOT A D.U. STILL UNDER CONSTRUCTION (C)
  - NOT A D.U. LISTING PROBLEM OUT OF SECTOR (C)
  - NOT A D.U. OTHER REASON (C)  
SPECIFY BE SURE TO SPECIFY.

B. RECORD BELOW ANY AND ALL SIGNS OF VACANCY.

RECORDED COMPLETELY ALL SIGNS OF VACANCY INCLUDING VERIFICATION (E.G. FROM NEIGHBOR IF OBTAINED).

C. RECORD BELOW ANY REASON WHY DOES NOT QUALIFY AS A DWELLING UNIT AS WELL AS ANY RELEVANT INFORMATION OR OBSERVATIONS.

RECORD ANY AND ALL SIGNS OF INFORMATION THAT THE D.U. DOES NOT QUALIFY AS A SAMPLE UNIT.

COMPLETE AS SOON AS POSSIBLE AFTER LEAVING HOUSE HOLD.

88

SCREENER UNABLE TO INTERVIEW

A. EXPLAIN WHY YOU WERE UNABLE TO COMPLETE THE SCREENER INTERVIEW. DETAILED INFORMATION. RECORD ANY COMMENTS MADE BY RESPONDENT. FILL OUT "ASAP" AFTER TALKING TO / LEAVING THE PERSON SO THAT HIS/HER REMARKS ARE FRESH IN YOUR MIND. IF REFUSAL RECORD ALL CONVERSATION / REMARKS INCLUDING YOUR OWN PERSUASION REMARKS.

B. OBTAIN AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE.

| PERSONS IN HH (P OR HH#)                             | SEX | RACE      | HISPANIC ETHNIC ORIGIN (MEXICAN-AMERICAN OR OTHER HISPANIC) | RACE (N/A/OTHER) |
|--|-----|-----------|---|------------------|
| LIST NAMES OF  |     | BEST      | ENTER BEST  | INFORMATION      |
| FAMILY STRUCTURE (E.G. FATHER MOTHER SON #1 SON #2), |     | ESTIMATE. | OBTAINED OR ONE   | OR MORE HH       |
| AS COMPLETELY  |     |           | MEMBERS.  |                  |
| AS POSSIBLE.   |     |           |   |                  |
|  |     |           |   |                  |
|  |     |           |   |                  |
|  |     |           |   |                  |

WHO PROVIDED THE INFORMATION NAME, ADDRESS AND TELEPHONE NUMBER?

PROVIDE DETAILS ON 2 SOURCES OF INFORMATION -- NAME ADDRESS AND TELEPHONE #.

### **10.3 Completing the SP Card for Extended Interview, Pulse/Blood Pressure and MEC Appointment Nonresponse**

The green SP Card (Exhibit 10-2) is used if an interviewer has been unable to complete an interview, obtain pulse/blood pressure measurement, or schedule a MEC exam appointment, to reschedule a broken appointment, and to schedule home exams. The first interviewer who experiences any one of these situations must begin a **SP Card** for a Sample Person and fully describe the circumstances relating to the situation. If another interviewer is later assigned to the case to convert the nonresponse, the efforts of that interviewer must also be recorded on the SP Card.

The SP Card is somewhat similar to the Household Call Record on the Household Folder. First, you must record attempt #, interviewer ID#, day of week, date, time and type of contact (telephone or in-person) for each nonresponse situation. Specifications for completing each item on the card are given below:

**ATTEMPT #:**

Enter all attempts on this card as they occur. All attempts should be consecutively numbered.

the exception to this is the **"00" code**. The latter is the number given to the first attempt listed on the SP Card which in fact is a duplicate of the last attempt listed on the HH Folder. for example, the last attempt # on the HH Folder is #10. At this last attempt, the SP refused the interview and MEC exam. the interviewer then codes S3 and E2 on the HH Folder and begins an SP Card with Attempt #00 where s/he describes what happened, in detail. the next interviewer assigned to convert that refusal will number his/her first attempt as Attempt #1 on the SP Card.

this **"00" code** should **also** be **used** by the office staff in the event that they initiate an SP Card. For example, an SP calls the office to break an appointment. Another example would be a situation where an SP might call the office to refuse after receiving a nonresponse letter.



**INTERV. ID:**  
**DAY OF WEEK:**  
**DATE:**  
**TIME:**  
**TYPE OF CONTACT:**  
**RESULTS TO COMPLETE**  
**SP QUEX OR**  
**SCHEDULE HOME**  
**OR MEC EXAM:**  
**REMARKS:**

Enter alpha and numerical identification number.

Complete just as on Household Folder.

Enter the SP questionnaire (S codes) and exam (E and H codes) **result codes** for the case. Enter the **reason code(s)** for the nonresponse. Use the codes listed on the Call Record Result Codes page of the Household Folder. **Enter all the codes applicable.** Use all reason codes applicable (01-41) for the interview or the MEC/home exam. Do not differentiate.

The reason codes are as follows:

Be sure that all **codes related** to an attempt are **entered horizontally** along the same line. This is very important for final data prep/coding purposes.

**SUGGESTION:** When you are reviewing the SP Card during the edit **circle key words** (blue pencil) in phrases which will make coding the "reasons" easier for you.

Remember that since NHANES is a health study, knowledge of **health nonresponse reasons** is particularly important. Don't forget to code them when applicable.

Please keep all your **remarks** about this situation in this column **do not spill** ~~over~~ into the adjacent section -- "Results to Reschedule Broken Appointments..."

Keep these remarks **legible, complete, and pertinent.** Complete means documenting what happened; it does not necessarily mean complete sentences. Good phrases are adequate. Exhibit 10-3 presents guidelines on the kinds of information which should be included on the SP card. Note ~~that~~

**your best guess or estimate will do in cases where you do  
not have data.**

Exhibit 10-3. SP Card Specifications

NHANES III

SP CARD SPECIFICATIONS

Please provide the following information when completing the SP Card (best guesses will do).

1. Age
2. Sex
3. Race
4. Ethnicity
5. Physical appearance/health - size  
weight  
condition (normal/frail,  
handicapped, any  
physical/mental  
condition which  
would keep respondent  
from coming to MEC)
6. Attitude (normal, scared, angry)
7. Details on conversation between you and respondent --  
what respondent said/what you said
8. Type and condition of DU (apartments, single homes,  
well kept lawns, rundown, high  
security)
9. Type of neighborhood (low income, middle income, high income,  
singles, families, professionals)

| REASONS FOR REFUSING INTERVIEW, MEC APPOINTMENT, HOME EXAM, OR FOR BROKEN APPOINTMENTS, SP CARD AND HOME EXAMINATION RECORD ONLY (CODE ALL THAT APPLY)   |   |   |
|--|---|---|
| HEALTH RELATED REASONS   | PERSONAL REASONS  |   |
| 01 - None<br>02 - Personal Ill Health<br>03 - Family Illness or Death<br>04 - Doctor Says No<br>05 - Hospitalized<br>06 - Disabled/Prone<br>07 - Susceptibly Cognitively Impaired<br>08 - On Med/Alon/Dr<br>09 - Blind or Deaf | <b>HH INTERVIEW</b><br>12 - Not Interested<br>13 - Doesn't Want to Be Bothered<br>14 - Nervous/Tired<br>15 - Concerns About Privacy<br>16 - Suspicious<br>17 - Language Problems<br>18 - Length of Interview<br>19 - Friends/Relatives Advise Against It<br>20 - Concerns About Medicare or Other Federal Programs<br>21 - Never Spoke With SP, Only Intermediary<br>22 - Other (Specify) | <b>MEC/HOME EXAM</b><br>24 - Not Interested<br>25 - Lack of Time<br>26 - Work Conflicts<br>27 - Friends/Relatives Advise Against It<br>28 - Have Own Doctor<br>29 - Fearful of Results<br>30 - Fearful of Leaving House<br>31 - Suspicious<br>32 - Length of Exam<br>33 - Distance to Exam Center<br>34 - Forgot to Fast<br>35 - Reminder Notice Not Sent<br>36 - Test Problem<br>37 - Weather Conditions<br>38 - Anti-Government Surveys<br>39 - Moved<br>40 - Out of Town<br>41 - Other (Specify) |

HOME EXAM  
APPT. INFOR:

At the bottom of the page there are three boxes to be completed when you schedule or reschedule a home exam. We have allowed for up to three attempts to schedule a home exam.

RESULTS TO RESCHEDULE  
BROKEN APPOINTMENTS OR  
RESULT OF HOME EXAM:

Interviewers/office staff should enter a broken appointment code (B code) in the result code column and a reason code(s) and remarks when they are unable to reschedule a broken appointment.

Again be sure to keep the remarks legible, complete, and pertinent.

Information about the Result of Home Exam should be entered by the Home Examiner.

## **11. QUALITY CONTROL**

A number of steps will be taken to ensure the quality of the data collected for this study. These include the field edit, supervisory edit, and validation. This chapter describes each of these processes.

### **11.1 Field Edit**

One of your major responsibilities as an interviewer is to edit and account for all survey documents before you report to your Supervisor. This edit consists of 3 main parts:

- An item-by-item proofreading of all the hard copy forms associated with each case;
- An accounting of all required materials for the case; and
- A review of certain CAPI tasks/screens.

**NOTE:** During your field edit you may find missing respondent data. You should never recontact a respondent for omitted information or to correct an error made while interviewing, unless you have first discussed the situation with your Supervisor and received his/her permission to recontact the respondent.

#### **When to Review Completed Work**

The field edit should be performed as soon as possible after you return home from completing an interview, and must be completed before you report to your Supervisor for your next conference.

#### **Editing Hardcopy Materials**

During your edit, review each hardcopy form associated with a case (e.g., Screener, Household Adult Questionnaire Short Form, Household Folder, Transportation Form, etc.). Always review the following:

1. Check instructions; delete extraneous information and note any omissions;
2. Enter missing items on administrative forms, e.g., disposition codes, sample numbers, etc.
3. Clarify sloppy coding and illegible handwriting; and
4. Spell out abbreviations other than those commonly used.

### **Reviewing Key Items**

There are certain key items which are collected both on the Screener and the extended interview questionnaires. These include age, birthdate, sex, spelling of last name, and address. This information is used to ensure that SPs get appropriate examination components, for forwarding reports of findings, for tracking the SPs over time, and for developing estimation procedures used in the analyses of the data. Thus, it is critical that the information you obtain be completely accurate.

### **Demographic Data**

It is up to you as you are administering questionnaires to household members and before you leave the household to resolve any inconsistencies which have arisen on sex, age, birthdate and name. This means, of course, that you will need to compare the birthdate and age information given to you by the Screener respondent to that given to you by the SP him/herself (or by proxy) and reconcile any differences. In addition, during your field edit of all materials, check these items carefully for inconsistencies.

Name, age, birthday, and sex are currently recorded on the hardcopy Screener and the CAPI Screener matrices. Always review these Screener matrix entries carefully as you are making these entries. When you begin the extended CAPI interviews you are asked to verify this demographic data again with the respondent and are given the opportunity to make changes if errors are noted. At this point remember that if you make any changes in CAPI you must also go back and correct the hard copy Screener. Furthermore, you must point out these changes to your Supervisor so that s/he can

correct any demographic errors in the AFMS. Lastly, remember to check the Interview Conference Report (Exhibit 11-1) for each eligible Screener to ensure that the demographic data for the case matches the hard copy Screener.

### **Addresses**

As you know, when you administer the Screener in a household, in items b and c you confirm the street address and ask if there is a separate mailing address. Recording these items accurately is critical to the tracking effort for the follow-up phase of the study. Remember to write in corrections to the street address on the address labels on the front of the household folder and the front of the Screener.

CAPI will also ask you to verify the household street address and enter the mailing address. Only make significant changes to street addresses. Do not, for example, make changes such as "AV to AVE," or "#203 to APT. 203." Always verify all new entries (street or mailing) with the respondent.

At the stand office, the editors check all of these data items again carefully and data retrieval will be carried out as necessary. In addition, the MEC coordinators also compare the data furnished on the questionnaires to that given by the SPs when they come to the exam center for their examinations. Make sure that you have made every effort to resolve inconsistencies before materials are turned into the field office.

### **Accounting for Case Materials**

When processing completed cases it is critical to have all of the materials that comprise each case. As part of your field edit, therefore, you must review each case to verify that all required materials are present in the Household Folder, that all forms are properly labeled, and that all summary tables on the front cover of the Household Folder have been properly and completely filled out.

To eliminate the possibility of confusion about which case a document belongs to, you should always check to make sure you have completed all necessary identifying information on all

**Exhibit 11-1. Interview Conference Report**

**INTERVIEWER CONFERENCE REPORT**

Date: 07/08/93

STAND: 170

INTERVIEWER: WAY

| SEG/SER | SCR<br>DISP | DATE<br>COMPL                                | FAM<br>NO | FAM<br>DISP | SP<br>NO | AGE | BDATE   | ETH/<br>RACE | SEX | SP<br>DISP | NCHS<br>NO |
|---------|-------------|--|-----------|-------------|----------|-----|---------|--------------|-----|------------|------------|
| 0800048 | 11          | 06/17/93<br>06/23/93<br>06/23/93<br>06/23/93 | 01        | F1          |          |     |         |              |     |            |            |
|         |             |  |           |             | 1        | 40Y | 2/12/53 | 3/2          | F   | S1         | M1700774   |
|         |             |  |           |             | 2        | 15Y | 3/14/78 | 3/2          | M   | S1         | U1700782   |
| 0800062 | NW          |  |           |             |          |     |         |              |     |            |            |
| 0800075 | 30          |  |           |             |          |     |         |              |     |            |            |
| 0800088 | 11          | 06/17/93<br>06/23/93<br>06/23/93<br>06/23/93 | 01        | F1          |          |     |         |              |     |            |            |
|         |             |  |           |             | 1        | 2Y  | 1/11/91 | 3/2          | F   | S1         | U1700790   |
|         |             |  |           |             | 2        | 1Y  | 5/29/92 | 3/2          | M   | S1         | U1700804   |
| 0800101 | 15          |  |           |             |          |     |         |              |     |            |            |
| 0800114 | NW          |  |           |             |          |     |         |              |     |            |            |

forms immediately after leaving the household. During your edit, make a final check to verify that the proper form identification information is in place and is correct.

**CAPI Editing**

Review comments in CAPI to be sure they are relevant, clear, and complete. If not, record additional/clarifying information on a sheet of paper and include it with the case.

Review the Conference Report on the PC to be sure that all entries have been made and that they are correct. Enter all final dispositions which are not automatic (10, 30, 31).<sup>\*4</sup> Enter all NCHS sample numbers obtained from the stand office since the last reporting conference.

## **11.2 Field Office Edit**

In addition to your field edit, your work will be reviewed in the stand office before being transmitted to the National Center for Health Statistics. You will be notified by your Supervisor of any problems discovered with your work.

## **11.3 Validation**

Validation is used to make sure that an interview was conducted with the assigned household according to procedures. Persons working in the stand office will be responsible for phoning or visiting a sample of survey households and asking a few questions about the interview.

Our procedures require that a systematic validation be done of all cases returned by an interviewer (this will include completed cases, ineligible screeners, vacancies, etc.). This process serves to assure the National Center for Health Statistics that the data collected are valid.

## **11.4 Updating Procedures and Specifications**

It is impossible in a study of this size to anticipate every situation that might arise during the course of the fieldwork. Occasionally points already covered in the Interviewer's Manual will need to be expanded or clarified or new points will need to be made. Updates will be issued in the form of Field Memos or changed pages to your manual. All changes will be numbered and distributed by your Supervisor. If you have any questions regarding the content of a Field Memo or changed page, ask your Supervisor for clarification.

## **12. QUALITY CONTROL OF LISTING**

Before the sample was selected, listers were to record address information for each dwelling unit (DU) in each of the segments. When the segments were listed, however, it is possible that some DUs were missed. This can happen for a variety of reasons, including:

- The lister made an error;
- What appeared upon observation to be one type of DU is entirely different when you get inside the structure; or
- The DU is difficult to find or "hidden" within the structure.

Since it is important that every household has an equal chance of being selected, it is necessary to represent each DU. Procedures, therefore, have been developed to pick a sample of those DUs which should have been listed originally but for some reason were not.

There are 2 procedures designed to do this: the Missed DU Procedure and the Missed Structure Procedure. These allow the interviewer, while in the field, to select and interview at a sample of DUs that may have been missed during listing. You will perform these procedures when instructed to do so by a message printed on the address label. Separate messages are generated for each procedure, and it is possible to have either one or both messages printed on the address label for any DU. This chapter explains how to deal with both of these messages: completing the necessary forms, selecting the DUs, and interviewing additional households.

**NOTE:** It is also possible to have no message printed on the address label. If there is no message and you encounter a missed DU or missed structure, do not follow these procedures.

### **12.1 Missed DU Procedure**

If you are to perform the Missed DU Procedure at the assigned address, the following message will be printed on the address label:

**MISSED DU: CHECK FOR ANY DUS IN THIS BUILDING  
WHICH ARE NOT ON THE LISTING SHEET.**

An assigned address where you are instructed to perform the Missed DU procedure may be a single-family house or a multi-unit building (e.g., apartment house).

To check for the additional or missed DUs in either a single family house or multi-unit building, you need to perform two steps.

**Step 1:** Ask the respondent for his/her help before leaving the household by saying: "We want to be sure that every household in this area has been given a chance to participate in this important survey. At this address we listed \_\_\_\_ households in your structure. Are there any other living quarters in here that we may have missed?"

If there is no eligible family or Sample Person selected or the Sample Person is not at home, you should ask this question of the Screener respondent after completing the Screener interview. If there is an eligible family and Sample Person in the household, conduct all relevant interviews (if the appropriate person(s) is at home) before you ask for help with the Missed DU procedure.

**EXCEPTION:** If the household enumeration leads you to believe that there is more than one DU, you would have to determine the status of the household at that point. (See instructions on page 4-26.)

**Step 2:** Check in the lobby (i.e., mailboxes and bells) and around the outside of the house/building for additional units or entrances to the house/building. In a multi-unit building, you must be careful to look for a basement or out-of-the-way apartments that may have easily been missed in listing.

If you find any additional DUs that you think were missed, be sure to carefully check the addresses and/or location descriptions against your Listing Sheets. If the unit was originally listed on one line of the Listing Sheet, as a single-family house, and you have discovered more than one DU at the assigned address, you have found a missed DU. If the unit was originally listed as a multi-unit building, with each apartment listed on a line of the Listing Sheet, check that any additional apartments you discover in that building or on that floor(s) are not already listed on the sheet. If you discover a DU that is not listed, you have found a missed DU.

Once you have checked the DUs against the Listing Sheet and verified that they are missed DUs, you will need to complete the Missed DU Form located in the Household Folder (see Exhibit 12-1). You should complete this form according to the following specifications.

Exhibit 12-1. Missed DU form

**MISSED STRUCTURE PROCEDURE**

USE IF LABEL MESSAGE IS "CHECK FOR ANY BUILDINGS IN THIS SEGMENT WHICH ARE NOT ON LISTING SHEET."

1. BEFORE LEAVING HOUSEHOLD, SAY: We want to be sure that every household in this area has been given a chance to participate in this important survey. Are there any apartments over garages or other dwelling units that we may have overlooked in identifying the households in this area.  
  
Queremos estar seguros que cada hogar en esta area ha tenido la oportunidad de participar en esta importante encuesta. ¿Hay algunos apartamentos sobre garajes u otras unidades de vivienda que podiamos haber pasado por alto en el proceso de identificar los hogares en esta area?
2. RECORD ALL DISCOVERED DU'S ON THE MISSED STRUCTURE FORM LOCATED IN THE SEGMENT FOLDER. THEN, FOLLOW MISSED STRUCTURE PROCEDURE ABOVE THAT FORM (AND IN THE INTERVIEWER MANUAL).

**MISSED DWELLING UNIT PROCEDURE**

USE IF LABEL MESSAGE IS "CHECK FOR ANY DU'S IN THIS BUILDING WHICH ARE NOT ON LISTING SHEET."

1. BEFORE LEAVING HOUSEHOLD, SAY: We want to be sure that every household in this area has been given a chance to participate in this important survey. At this address we have listed \_\_\_\_\_ households in your structure. Are there any other living quarters in here that we may have missed?  
  
Queremos estar seguros que cada hogar en esta area ha tenido la oportunidad de participar en esta importante encuesta. En esta direccion listamos \_\_\_\_\_ hogares en su estructura. ¿Hay algunas otras unidades de vivienda aqui que podiamos haber pasado por alto?
2. ALSO, CHECK IN THE LOBBY AND AROUND THE OUTSIDE OF THIS (HOUSE/BUILDING) FOR ADDITIONAL UNITS OR ENTRANCES IN THIS STRUCTURE.
3. RECORD ALL DISCOVERED DU'S ON FORM BELOW. CALL THE FIELD OFFICE TO OBTAIN COMPUTER-ASSIGNED SERIAL NUMBER. IF NO ADDITIONAL DU'S, CHECK THE CIRCLE IN THE UPPER LEFT-HAND CORNER OF THE FORM.
4. IF 1 TO 4 MISSED DU'S ARE DISCOVERED, FILL OUT AN ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH (INSTRUCTIONS FOR HOW TO DO THIS ARE IN THE INTERVIEWER MANUAL) AND CONDUCT SCREENER INTERVIEW. ADD THE DISCOVERED DU'S TO THE LISTING SHEET AND TO ALL COPIES OF THE INTERVIEWER REPORTS.
5. IF 5 OR MORE MISSED DU'S ARE DISCOVERED, CALL SUPERVISOR FOR INSTRUCTIONS BEFORE YOU DO ANY ADDITIONAL SCREENER INTERVIEWS. ADD ALL OF THE DISCOVERED DU'S TO THE LISTING SHEET AND THE SELECTED SAMPLE DU'S TO ALL COPIES OF THE INTERVIEWER REPORTS. THEN FILL OUT AN ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH SELECTED SAMPLE DU AND CONDUCT SCREENER INTERVIEW.

**MISSED DU FORM**

|   |                            |             |
|---|----------------------------|-------------|
| CHECK ( ) IF NO MISSED D.U. AT SAMPLED STRUCTURE: | STAND # _____              | SEG # _____ |
| SERIAL # ASSIGNED                                 | ADDRESS OF DISCOVERED D.U. |             |
|   |                            |             |
|   |                            |             |
|   |                            |             |
|   |                            |             |
|   |                            |             |
|   |                            |             |
|   |                            |             |
|   |                            |             |
|   |                            |             |

TOTAL ADDITIONAL D.U.'S:

NOTE: BE SURE TO THANK RESPONDENT

1. Record the addresses and/or location descriptions of the discovered DUs on the form. If there is more than one, record them in the same order that they would be listed. That is, if the building contains numbered/lettered apartments, consider them in the following order:
  - Basement apartment first;
  - Then, the lowest numbered/lettered apartment to the highest; and
  - Attic apartment last.

If the building contains apartments with no numbers/letters, consider them in the following order:

- Bottom floor to top floor; and
  - Right to left in relationship to the main door within each floor.
2. Call the Field Office to obtain a computer-assigned serial number for each missed DU that is discovered.
  3. **If 4 or fewer missed DUs** are discovered in a particular structure, fill out an Assignment Box on a blank Household Folder for each. Add the discovered DUs to the Listing Sheet(s) and the Interviewer Assignment Log. Then, contact each of these DUs and conduct the Screener.
  4. **If 5 or more missed DUs** are discovered in a particular structure, record **all** of the discovered DUs on the Missed DU Form and on the Listing Sheet(s). Then, call your Supervisor before doing any additional work. S/he will select those DUs which should be added to the sample and contacted for screening. For each **selected DU**, fill out an Assignment Box on a blank Household Folder. Add only the **selected DUs** to the Interviewer Assignment Log. Then, contact each of the selected DUs and conduct the Screener.

**REMEMBER:** You are only to add newly discovered DUs to the sample if there is a message on the address label to perform the Missed DU procedure. If you discover a missed DU at an address which does not have a missed DU message, do not add the discovered DU to the materials and do not contact the household for screening.

If you have been instructed by a message on the address label to do the Missed DU procedure, and have asked the respondent and checked the premises for additional DUs but do not discover any missed DUs, check the circle at the top left corner of the Missed DU Form. This is the only way we will know that you have carried out the procedure.

12.2 Examples of Missed DU Situations

The following examples illustrate some situations where missed DUs were discovered and the interviewer used the Missed DU procedure.

EXAMPLE 1:

An interviewer working in Segment 12 is assigned case 001-12-0015 which was listed as a single family house at 1140 Jonas Avenue. The Address Label for this case contains the Missed DU message. When the interviewer arrives, s/he realizes that even though there is one entrance, the house is divided into 4 apartments (A, B, C, and D). One of the apartments is accounted for by the Listing Sheet (in this case A since it is the lowest letter) but the other 3 have been missed. S/he completes the Missed DU form in the following manner:

MISSING DU FORM

| Case # of the missed DU at this structure | Case #               | Segment #        |
|---|----------------------|------------------|
| 1140                                      | 001                  | 12               |
| Case # assigned                           | Address of Missed DU |                  |
| 5000                                      | 1140                 | Jonas Ave. Apt B |
| 5001                                      | 1140                 | Jonas Ave. Apt C |
| 5002                                      | 1140                 | Jonas Ave. Apt D |
|   |                      |                  |
|   |                      |                  |
|   |                      |                  |
|   |                      |                  |
|   |                      |                  |
|   |                      |                  |

TOTAL ADDITIONAL D.U.'S: 3

NOTE: BE SURE TO THANK RESPONDENT

Since there are 4 or fewer missed DUs, the interviewer fills out an Assignment Box on a blank Household Folder for each, adds them to the Listing Sheet and the Interviewer Assignment Log, and contacts each to conduct the Screener.



### **12.3 Missed Structure Procedure**

If you are to perform the Missed Structure procedure, the following message will be printed on the Address Label of all DUs in a segment:

**MISSED STRUCTURE: CHECK FOR ANY BUILDINGS IN THIS SEGMENT WHICH ARE NOT ON LISTING SHEET.**

The Missed Structure procedure requires a re-canvass of the entire segment rather than just a single DU or apartment building. You must check for any structures missed when the segment was listed.

To check for missed structures in a segment, you need to perform 2 steps.

- 1. Using the Segment Maps, Listing Sheets, and Listing Route Forms, re-canvass the entire segment by walking or driving around it. Look for structures containing DUs which may have been missed during listing.**
- 2. At every sampled DU in the segment, ask the following question of the respondent before leaving the household:**

**"We want to be sure that every household in this area has been given a chance to participate in this important survey. Are there any apartments over garages or other dwelling units that we may have overlooked in identifying the households in this area?"**

**(NOTE: This question is located at the top of the form in the Household Folder.)**

If you find any structures that you think were missed, be sure to carefully check the addresses and/or location descriptions against your Listing Sheets. If you discover an additional building (i.e., single-family house or apartment building) that is not listed, you have found a missed structure.

Once you have checked the structures against the Listing Sheets and verified that they are missed, you will need to complete the Missed Structure Form located in the Segment Folder (see Exhibit 12-2). You should complete this form according to the following specifications.

1. Record the addresses and/or location descriptions of all the discovered DUs in that building on the form. If the missed structure is a multi-unit building, you would record all the apartments in the same order that they would be listed (see Chapter 3).
2. Call the Field Office to obtain a computer-assigned serial number for each missed structure that is discovered.
3. If 4 or fewer missed DUs are discovered in the segment, fill out an Assignment Box on a blank Household Folder for each. Add the discovered DUs to the Listing Sheet(s) and the Interviewer Assignment Log. Then contact each of these DUs and conduct the Screener.
4. If 5 or more missed DUs are discovered in the segment, record all of the discovered DUs on the Missed Structure Form and on the Listing Sheet(s). Then, call your Supervisor before doing any additional work. S/he will select those DUs which should be added to the sample and contacted for screening. For each selected DU, fill out an Assignment Box on a blank Household Folder. Add only the selected DUs to the Interviewer Assignment Log. Then, contact each of the selected DUs and conduct the Screener.

**Exhibit 12-2 Missed structure form**

**MISSED STRUCTURE PROCEDURE**

USE IF LABEL MESSAGE IS 'CHECK FOR ANY BUILDINGS IN THIS SEGMENT WHICH ARE NOT ON LISTING SHEET.'

1. USING SEGMENT MAP AND LISTING SHEET(S), RECANVASS THE ENTIRE SEGMENT.
2. ALSO, BEFORE LEAVING THE HOUSEHOLD AT EVERY SAMPLED DU IN THE SEGMENT, READ THE MISSED STRUCTURE QUESTION IN THE HOUSEHOLD FOLDER.
3. RECORD ALL DISCOVERED DU'S IN THE STRUCTURE ON THE FORM BELOW. IF NO ADDITIONAL STRUCTURES, CHECK THE CIRCLE IN THE UPPER LEFT-HAND CORNER OF THE FORM.
4. IF 1 TO 4 MISSED DU'S ARE DISCOVERED, FILL OUT AN ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH (INSTRUCTIONS FOR HOW TO DO THIS ARE IN THE INTERVIEWER MANUAL) AND CONDUCT SCREENER INTERVIEW. ADD THE DISCOVERED DU'S TO THE LISTING SHEET AND TO ALL COPIES OF THE INTERVIEWER REPORTS.
5. IF 5 OR MORE MISSED DU'S ARE DISCOVERED, CALL SUPERVISOR FOR INSTRUCTIONS BEFORE YOU DO ANY ADDITIONAL SCREENER INTERVIEWS. ADD ALL OF THE DISCOVERED DU'S TO THE LISTING SHEET AND THE SELECTED SAMPLE DU'S TO ALL COPIES OF THE INTERVIEWER REPORTS. THEN FILL OUT AN ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH SELECTED SAMPLE DU AND CONDUCT SCREENER INTERVIEW.

**MISSED STRUCTURE FORM**

CHECK (✓) IF NO MISSED STRUCTURES IN SEGMENT:

STAND # \_\_\_\_\_

SEG # \_\_\_\_\_

| SERIAL # ASSIGNED | ADDRESS OF DISCOVERED D.U. |
|-------------------|----------------------------|
| 8000              |                            |
| 8001              |                            |
| 8002              |                            |
| 8003              |                            |
| 8004              |                            |
| 8005              |                            |
| 8006              |                            |
| 8007              |                            |
| 8008              |                            |
| 8009              |                            |

SERIAL NUMBERS ARE PRE-PRINTED BEGINNING WITH 8000. EACH NUMBER MUST BE ASSIGNED ONLY ONCE WITHIN A SEGMENT.

TOTAL ADDITIONAL D.U.'S:

If you have been instructed by the Address Label message to do the Missed Structure procedure, and have asked at the sampled households and re-canvassed the segment but do not discover any missed structure, check the circle in the box on the left side of the Missed Structure Form. Return this form with the Segment Folder since this is the only way we will know that you have carried out the procedure.

#### **12.4            Completing the Assignment Box**

You should always carry several blank Household Folders with you in case additional DUs are discovered as a result of the Missed DU or Missed Structure procedures. For each discovered DU that is selected, you will need to complete the Assignment Box on one of these folders. To do this:

- Record the Stand number, Segment number and newly assigned Serial number in the Assignment Box; and
- Record the address and/or location description in the Assignment Box.

This folder will be used for recording all actions with the household in the selected DU. You should attempt to contact the household and conduct the Screener.

#### **12.5            Working Missed DUs/Structures Using CAPI**

Eligible households (i.e., households with SPs) cannot be worked in CAPI until your Supervisor has assigned the case in CAPI and the AFMS and confirmed the case ID number.

## **13. REPORTING**

In order to monitor the results of your work and assign you new work, it is necessary for you to report to your Supervisor, in person, several times per week. In addition to the various records to be kept in connection with completing forms, measuring pulse and blood pressure, setting up examination appointments, obtaining informed consent and completing nonresponse reports, it will be necessary to complete two administrative forms on a periodic basis: the Time and Expense Report and the Interviewer Assignment Log. The procedures for completing these forms and for preparing for your conference with your Supervisor are discussed in this chapter.

### **13.1 Conference With Your Supervisor**

Several times per week, you will have a regularly scheduled appointment to report to your Supervisor. Your supervisor is responsible for a number of interviewers, so it is very important that you report on time. If you cannot report at your scheduled time, please phone your Supervisor about this as far in advance of your regularly scheduled conference as possible. S/he will reschedule your conference and you can discuss any problems which require immediate action.

During the conference, you will review all the cases in your possession. This is the time to discuss any problems you have with a case or questions about procedures. You should review new assignments during the conference so that you can discuss any questions pertaining to them before you leave.

Since you will discuss each case in your possession with your Supervisor, during each conference, it is very important that you have all your materials organized prior to the conference. Please remember to follow these guidelines when reporting to your Supervisor:

- Bring in all of your assignments (hard copy and laptop);
- All work should be in segment/serial order;
- All work being turned in should be completely filled out and edited, including Household Folders, Call Records, SP Cards, and Household Adult Questionnaire Short Forms;
- Print the CAPI Conference Report in the field office immediately prior to the conference and review it for completeness and correctness.

To print a Conference Report:

- Connect the laptop to the printer in the interviewer area.
  - Line up the printer paper.
  - Enter the interviewer initials and password.
  - At the Interview Activities Menu, select Option 3 -- Conference Report.
  - At Conference Report, select Option 2 -- Print Format.
  - Upon completion, exit, turn the power off, and unplug the PC.
- Thoroughly complete all Interim Folders necessary.

Always feel free to discuss any problems you may be having concerning your job with your Supervisor. Don't be afraid to discuss mistakes you think you made or to ask for advice on how to handle certain types of respondents or interviewing situations. Never discuss problems with or ask for solutions from another interviewer; always refer such matters to your Supervisor.

When you encounter a problem that you feel needs immediate resolution, you should telephone your Supervisor without waiting for your next regular conference.

## **13.2 Report Forms**

### **13.2.1 Overview**

It will be necessary for you to fill out 3 forms for reporting purposes:

- **Time and Expense Report;**
  - **Trip Expense Report; and**
  - **Interviewer Assignment Log.**

The Time and Expense Report and the Trip Expense Report will always cover a one week period. This one week period always begins on Thursday morning and ends on Wednesday evening one week later. The Interviewer Assignment Log does not cover any particular time period but should be brought in completely updated each time you report to your Supervisor during a stand.

Since these forms will be used to monitor your progress, the status of your assignment segments, the number of completed questionnaires you have turned in, the time you have spent, and the expenses you have had, it is important that they be filled out correctly. The Time and Expense Report and the Trip Expense are discussed in detail in the **Travel and Administrative Policies for the Main Study of NHANES III Manual**. The Interviewer Assignment Log is described next.

### **13.2.2 The Interviewer Assignment Log (IAL)**

The Interviewer Assignment Log is a record of the cases assigned to you and the results of your work on those cases. The IAL, which is computer generated, consists of a listing of all DUs in the segment. It will be included in the segment folder and should always be kept in the segment folder.

The report will contain the following information, entered by the home office, before you receive it.

- 1. The stand number and segment number in the upper left-hand corner;**
- 2. The serial numbers and addresses of all DUs selected in this segment (NOTE: As part of the address, any message connected with a case will be printed); and**
- 3. The number of selected DUs in the upper right-hand corner.**

**When assigning cases to an interviewer, the supervisor begins the IAL by filling in the following information:**

- Name of the interviewer to whom the segment is assigned; and**
- Date assigned.**

**When you receive an assignment, check the serial numbers of the Household Folders for the segment against the serial numbers listed on the IAL. If you find any discrepancy between the Household Folders you receive for a segment and the serial numbers listed on the IAL, contact your Supervisor before beginning work on the assignment.**



Prior to all conferences with your Supervisor you should review each of your cases in the segment and enter on the IAL any results obtained since the last conference. Make the appropriate entries for each case in order to reflect the current status of your assignment. Exhibit 13-1 shows an IAL.

Any missed DUs added to the segment should be recorded on the IAL in the following way:

1. At the top right record:
  - a. The number of DUs added (that is, the total number of DUs discovered through the Missed DU and Missed Structure procedures); and
  - b. The total sampled DUs in the segment (that is, the sum of selected DUs and selected missed DUs).
2. In the serial number and general information columns, after the last DU that was listed by the computer, add the sampled DUs that have been discovered by the Missed DU and Missed Structure procedures (see Chapter 12).

For each case you must record the results according to the following specifications:

- **Family Number/Sample Person Number.** Once the Screener has been completed, you will know: 1) if there are one or more families in the household, and 2) if there are one or more Sample Persons. When you have Sample Persons, you will complete these columns. Record the Sample Person's number preceded by the family number to which s/he belongs. Do this for each Sampled Person in the household. NOTE: If there were no Sample Person(s) selected, these columns will be blank.
- **Final Result Code.** Once you have completed all required work, enter the final result code under the appropriate column and, if applicable, across from the appropriate Family/SP number. The three result code columns are completed as follows:

1.  **Screener** - Enter the two-digit result (10-20, 30 or 31) from the Call Record on the Household Folder. All cases will have a Screener result whether or not any (other) questionnaires were completed or required for the case.
  2.  **Family** - If the Screener result is 11, enter the two-digit family result (F1-F8) from the Call Record on the Household Folder. Only one result code should be entered for each family even though the same family number is repeated for each SP in the family.
  3.  **Sample Person** - If the Screener result is 11, enter a two-digit SP result (S1-S9) for each SP from the Call Record on the Household Folder.
  4.  **Exam Appointment** - Enter a two-digit Exam Appointment code (E1-E8) for each SP from the Call Record on the Household Folder.
- **Date Transmitted.** For each final result code entered, record the date the questionnaire/appointment information was turned in to your Supervisor. The dates within one case may be different since all portions of a case are not necessarily finalized or returned in at the same time. The five date columns are completed as follows:
1.  **Screener** - Enter the date the Screener questionnaire was turned in. All cases will have a Screener transmittal date.
  2.  **Family** - If the Screener result code is 11, enter the date the Family Questionnaire was turned in. As with the result code, only one date should be entered for each family.
  3.  **Sample Person** - If the Screener result is 11, enter the date each SP Questionnaire was turned in.
  4.  **Exam Appointment** - Enter the date the exam appointment was made.

When a case has been totally closed out (that is, you have completed all interviews or have finalized the case in some other manner, for example, vacancy), enter an "X" in the box under the "case closed out" column to indicate that no further work will be done in relation to that household. Before this box is marked, be sure you have transmitted the entire case to your Supervisor.

Remember, it is important that this form be kept up-to-date because you need to report the status of your assignment to your Supervisor at each conference. In addition, the IAL is your only record of completed work after it is turned in to your Supervisor.

## 14. GENERAL SPECIFICATIONS AND DEFINITIONS FOR THE HOUSEHOLD QUESTIONNAIRES

### 14.1 General Specifications

This section reviews some general instructions related to administering the NHANES III questionnaires. Many of these have been discussed in your General Interviewing Techniques Manual -- all, however, should be reviewed before we begin to look at the item-by-item specifications.

- The questionnaires do not contain written **survey introductions**. Whenever you switch respondents, for example, after completing a Screener or on a return visit to the household, introduce yourself to the new respondent. Use the brochure to introduce the study. Determine which language to use in conducting the interview (English or Spanish) by following the procedures discussed in Part III of this Manual.
- Use the **introductory sentences** throughout the questionnaire to smooth the transition from one section to another.
- You should encourage the respondent to take the time necessary to **think** about his/her answers and emphasize the importance to the research of obtaining accurate information.

There are a number of **long questions** in the questionnaire. Be sensitive -- if you sense that the respondent has not grasped the question (e.g., there is a long pause), re-read the question almost immediately.

- Words/statements in all **capital letters** are **interviewer instructions** or **answer categories** which are not to be read to the respondent.
- **Underlined** or **reverse video (CAPI)** words or phrases in a question should be stressed when read.
- Unless indicated next to the question, only **one answer** should be **coded** for each question.
- **Reference periods vary frequently** throughout all of the NHANES III questionnaires (i.e., in the past year, during the past month, ever, during your lifetime, in the last 2 weeks, etc.). Be sure to **stress** all reference periods when reading the questions. When necessary re-read the time frame.
- Answers to questions requiring a number, a date or an age ideally should reflect actual numbers. If the respondent is unable to provide an exact number, always

probe for a **best estimate**. If an estimate is given, note "(est)" by the number. If a range is given, try to narrow it down as much as possible.

- Some questions have a "Don't Know" response category. Keep in mind that **all "Don't Know" answers should be probed.**

Furthermore, keep in mind that if a question does not include a don't know answer category and after probing, the respondent still indicates s/he doesn't know -- record DK.

- Be alert for **inconsistencies**. If the respondent's comments indicate that s/he has forgotten or overlooked a fact or date s/he has given previously, you may remind him/her by saying: "I want to make sure I've recorded everything correctly. I believe you mentioned earlier..." If the respondent provides an explanation for the inconsistency, be sure to record his/her comments verbatim (probed for clarity). You may also include an explanatory note if you feel one is necessary. At no time, however, should you question a response s/he provides simply because it does not seem reasonable to you. Be sure to record verbatim any explanations the respondent may volunteer while providing answers.
- All questions/statements in a questionnaire directed at the respondent must be read or verified aloud. For example, if you are asking for the respondent's birthdate and you already have the answer you must do one of two things -- ask the questions exactly as written or verify the birthdate aloud with the respondent. Do not skip any question in the questionnaires because you believe you already have the answer.

## 14.2 General Definitions

This section provides some definitions of terms used throughout the NHANES III household questionnaires. These definitions are for your information; do not define these terms for respondents.

**Doctor** - See medical doctor.

**Doctor's Assistant/Health Professional** - 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.

**Doctor's office** - See Health Care Facilities.

**Doctor visits** - Include both personal visits and telephone conversations, as follows:

- Visits for health care advice made to a doctor, doctor's assistant, or health professional at a doctor's office, a clinic, a hospital emergency room, or an out-patient department of a hospital where a person goes for a treatment or examination **even though** a doctor may not have been seen.
  - A visit by the doctor or doctor's assistant to the respondent.
  - Physicals for athletes or the U.S. Armed Services.
  - Telephone calls to or from a doctor or assistant for the purpose of discussing the person's health. Include a call to or from a doctor or assistant for obtaining or renewing a prescription or a call to obtain the results of tests or x-rays. ■
- Obtaining medical advice from a family member or friend who is a doctor, even if this is done on an informal basis.

**Exclude**, as visits, the following:

- Visits made by a doctor or assistant while the person was an overnight patient in the hospital.
- Visits to the school nurse (up through the 12th grade) or the clinic at work where the person seen was not working with or for a medical doctor.
- Visits for shots or examinations (such as x-rays) administered on a mass basis. Thus, if it is volunteered 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 immunization 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.)
- Laboratory visits, unless the person sees a medical doctor as part of the laboratory visit, and/or the person receives some kind of medical treatment, advice, or diagnosis from a doctor or doctor's assistant as part of the laboratory visit. Treatment could include for example, physical therapy or radiation treatment.
- Calls for appointments, inquiries about a bill, calls made by a pharmacist to a doctor to renew prescriptions, or calls made between the person and a pharmacist, or any other type of call **not directly related** to the person's health.

**Health Care Facilities** - Include as usual places for routine care:

- **Home** - Any place the person was staying at the time of the doctor's visit. It may be his/her own home, the home of a friend, a hotel room, etc. Be sure respondent does not mean that s/he goes to the doctor's office.
- **Doctor's Office** - The office of a doctor in private practice. This may be an office in the doctor's home, an individual office in an office building, or a suite of offices occupied by several doctors. This category also includes "doctor's clinic," meaning the offices of a group of doctors.
- **Company or School Clinic** - A company or plant doctor's office or clinic which is operated solely for the employees of that company or industry; or a clinic at a school for the use of students.
- **Hospital Outpatient Clinic** - A unit of a hospital where persons may go for medical care without being admitted as an inpatient.
- **Migrant Clinic** - Clinic set up to serve migrant farm workers.
- **Other Clinic** - A clinic other than a company or school, hospital outpatient, or migrant clinic. Enter all available information.
- **Hospital Emergency Room** - A unit of a hospital where persons may receive medical care, usually of an urgent nature, without or before being admitted as an inpatient.
- **Community, Neighborhood, or Family Health Center** - A public or private ambulatory facility generally sponsored by a unit of local government (sometimes receiving Federal funding). They provide medical care only to residents of a particular area.

- **HMO/Prepaid Group** - This is a type of medical care facility that provides care only to members of a Health Maintenance Organization ("prepaid group") health plan. Do not probe for this information unless the respondent appears to be confusing this type of facility with some other type of clinic or health center.

**Medical Doctor** - Refers to both medical doctors (M.D.'s) and osteopathic physicians (D.O.'s). Medical doctors include general practitioners and all types of specialists, such as ophthalmologists, psychiatrists, pediatricians, gynecologists, internists, etc.

Do not include as medical doctors any persons who do not have an "M.D." or "D.O." degree, such as dentists, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, or psychologists, etc.

**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.

- **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.
- **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.

## Usual Activities

- **Working** - Include the following as working:

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

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

**Working without pay** in a business or farm operated by a related household member.

If the respondent volunteers that his/her major activity during most of the past 12 months was service in the Armed Forces, consider this to be "working."

Working as an **employee** of the National Guard or Department of Defense.

Participating in "**exchange work**" or "**share work**" on a farm.

- **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.
- **Going to school** - Include full-time or part-time attendance at any type of public or private day or night educational establishment both in and out of the regular school system, such as high school, college, vocational schools, and special schools for the handicapped and mentally retarded. (See definitions of "school" elsewhere in General Definitions.)

**Usual Place for Routine Care - See Health Care Facilities.**

## **15. HOUSEHOLD ADULT QUESTIONNAIRE: SHORT FORM (Ages 17+ Years)**

Everyone asked to participate in surveys does not do so. Research comparing non-respondents to respondents has shown in general that non-respondents are often systematically different from respondents. If the differences are related to the topic of interest to the survey, then the estimates from the survey are inaccurate. That is, if any aspect of the non-respondent SP's health influences their decision to participate in the NHANES III, then the estimates about the health of the U.S. will not be accurate. For instance, if non-respondents as a group say they are healthier than respondents, and assuming self-reported health status reasonably reflects actual level of health, then a less healthy population will be described by NHANES.

Some past research on NHANES has hinted that non-respondents to the MEC exam may have different health than those examined, based on what they reported on the Household Questionnaire. Although we can look at questionnaire data on SP's that refuse the examination we know essentially nothing about those SP's that refuse to even have the interview.

The few questions we are trying to get the non-respondents to answer have frequently been shown in past studies to be correlated with overall health. The questions we are asking the non-respondents are roughly equivalent to questions that will be asked of all respondents. Therefore, we will at least be able to compare a small amount of key information for non-respondents and respondents. It is extremely important that NCHS be able to reassure researchers and health policy makers that use the data from this survey, that the data accurately reflect the health of the United States. Alternatively, if the non-respondents appear to be systematically different we will have some idea in what direction (more or less healthy) the differences lie. We will also consider development of strategies to compensate for these difference and/or interpret the results in light of this knowledge.

## 15.1 When Is this Form Completed?

This form should be completed by the first interviewer who encounters nonresponse to the Household Adult Questionnaire. Furthermore, space has been provided for up to three attempts to complete this questionnaire. Thus, NCHS believes that it is so important to complete this form, that, if the first interviewer does not obtain answers to one or more of the three data items (ZZ31, ZZ32, ZZ33), the supervisor should do everything possible to ensure that when the case is reassigned for nonresponse conversion the second/third interviewer completes these items if s/he does not obtain a completed interview.

## 15.2 General Specifications for Completing the HAQ Short Form

Note the following:

- This form is a **two-page document**. The front page contains the respondent data to be obtained as well as the "contact" data to be recorded. The back page contains the typical SP specific administrative data present on all questionnaires.
- **Always** have several of these **forms accessible** when you are completing the Screener.

Hopefully, you will continue to have high interview response rates, but as soon as you encounter a refusal you should have this form ready for use.

- When a refusal to the adult interview occurs, try to **immediately ask the two health questions** in a matter-of-fact manner. Never say anything which will hamper any refusal conversion effort such as, "Just answer two more questions and I will leave you alone...or...No one will ever contact you again."
- Some of you already have developed a technique for introducing these questions. One way is to simply ask them as a follow-up to the screening process.

Another way would be to introduce the questions using the following script:

- **FOR SELF RESPONDENTS**

"Because you cannot be replaced in our survey with another person, it is essential to get a very brief picture of your health status. We have **two** short questions for you. First..."

- FOR PROXY RESPONDENTS

"Because \_\_\_\_ cannot be replaced in our survey with another person, it is essential to get a very quick picture of his/her health status. We have two short questions for you. First,..."

- Immediately after leaving the household complete the **observed** characteristics - - item ZZ33, and complete the first blank Attempt # column.
- **KEEP IN MIND** that this form should always be kept in the Household Folder with the SP Card and should serve as a **resource document** during nonresponse work. Once you have coded the SPs physical characteristics on this form you do not need to repeat them on the SP Card.

| ZZ33. OBSERVED <u>PHYSICAL</u> CHARACTERISTICS/ <u>HEALTH</u> CONDITIONS OF THE SP: |                                       |  |                                 |
|---|---------------------------------------|--|---------------------------------|
| a. IN BED?  | 1 <input type="checkbox"/> Y          | 2 <input type="checkbox"/> N             | 9 <input type="checkbox"/> DK   |
| b. IN WHEELCHAIR?   | 1 <input type="checkbox"/> Y          | 2 <input type="checkbox"/> N             | 9 <input type="checkbox"/> DK   |
| c. USES CANE, CRUTCHES, OR WALKER?  | 1 <input type="checkbox"/> Y          | 2 <input type="checkbox"/> N             | 9 <input type="checkbox"/> DK   |
| d. WALKS SLOWLY OR SHUFFLES?  | 1 <input type="checkbox"/> Y          | 2 <input type="checkbox"/> N             | 9 <input type="checkbox"/> DK   |
| e. PARALYSIS IN HANDS OR LEGS?  | 1 <input type="checkbox"/> Y          | 2 <input type="checkbox"/> N             | 9 <input type="checkbox"/> DK   |
| f. HEARING IMPAIRMENT?  | 1 <input type="checkbox"/> Y          | 2 <input type="checkbox"/> N             | 9 <input type="checkbox"/> DK   |
| g. SPEECH PROBLEMS (NOT LANGUAGE)?  | 1 <input type="checkbox"/> Y          | 2 <input type="checkbox"/> N             | 9 <input type="checkbox"/> DK   |
| h. COUGHS CONTINUOUSLY?   | 1 <input type="checkbox"/> Y          | 2 <input type="checkbox"/> N             | 9 <input type="checkbox"/> DK   |
| i. DRESSED IN STREET CLOTHES?   | 1 <input type="checkbox"/> Y          | 2 <input type="checkbox"/> N             | 9 <input type="checkbox"/> DK   |
| j. WEIGHT?  | 1 <input type="checkbox"/> OVERWEIGHT | 2 <input type="checkbox"/> ABOUT AVERAGE | 3 <input type="checkbox"/> THIN |
| k. OTHER <u>PHYSICAL</u> CHARACTERISTICS/ <u>HEALTH</u> CONDITIONS?                 | 1 _____<br>_____<br>_____<br>_____    |  |                                 |

Complete ZZ33 only if you observed the SP or if the HH member (proxy) you are speaking with voluntarily tells you some specific physical characteristic about the SP. For example, "Jim

Item-by-Item Specifications

---

ZZ31. Would you say your health in general is excellent, very good, good, fair, or poor?  
¿Diría usted que en general su salud es excelente, muy buena, buena, regular o mala?

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| 1 <input type="checkbox"/> excellent | 1 <input type="checkbox"/> excelente |
| 2 <input type="checkbox"/> very good | 2 <input type="checkbox"/> muy buena |
| 3 <input type="checkbox"/> good      | 3 <input type="checkbox"/> buena     |
| 4 <input type="checkbox"/> fair      | 4 <input type="checkbox"/> regular   |
| 5 <input type="checkbox"/> poor      | 5 <input type="checkbox"/> mala      |

---

This question is the same as B1 in the Household Adult Questionnaire (HAQ). Follow the specifications noted for that question on page 15-9 in the Interviewer's Manual.

Note that the Spanish language version is in the gray area.

**CAUTION:** If one SP is answering for several nonrespondents, beware of statements such as everyone in this house is in "excellent health." Do not code statements like that for all SPs in the household.

---

ZZ32. Do you smoke cigarettes now?

¿Fuma cigarrillos ahora?

- |                              |                              |
|------------------------------|------------------------------|
| 1 <input type="checkbox"/> Y | 2 <input type="checkbox"/> N |
|------------------------------|------------------------------|

---

Follow the specifications for question R3 in the HAQ on page 15-112 in the Interviewer's Manual.

Note that the Spanish language version is in the gray area.

**CAUTION:** Beware of the same problem noted above with blanket statements made by proxies, i.e., "no one here smokes." Do not code answers given in this manner.

has been bedridden for six months" or "Jane is confined to a wheelchair." **DO NOT** ask these questions of the respondent or of a proxy.

Use your best judgement in completing this item. Code "Y", "N", or "DK". If you don't know or can't tell, mark "DK". For example, if you only observe an SP in bed, you **will not know** if the SP uses a cane, crutches or walker or uses a wheelchair.

In the **unusual situation** where the proxy volunteered one or more "observed facts" code the rest "DK".

**NOTE: DO NOT CODE "DK" WHEN YOU HAVE NOT OBSERVED THE SP. IN THIS CASE LEAVE ZZ33 BLANK.**

At item "i" be sure to differentiate between clothes worn to go to work, school, or to conduct errands or some extracurricular activity versus those typically worn only in the home, i.e., any bed clothes such as pajamas, bathrobes, etc. At item "j" please think about what is typically

regarded as overweight, average, and thin.

**NOTE:** In the new version of this form the word "very" in front of overweight and thin has been eliminated.

At item "k" if the SP has any "other" obvious and unusual physical characteristics, note them in the answer space. "Other" items to be noted might include:

- "blind"
- "limps"
- "has speech problem/stutters"
- "is short of breath"
- "appears to be pregnant"
- "has cold"

- "had a nervous breakdown last month"
- "had a baby last week"
- "has right arm in cast"
- "hard of hearing"
- "depressed"
- "mentally ill"
- "disoriented/cognitively impaired"
- "very frail" or
- "terminally ill/has lung cancer".

**DO NOT INCLUDE COMMENTS WHICH ARE NOT HEALTH RELATED.** Include all health comments even though you may not have observed the person.

**KEEP IN MIND THAT YOU SHOULD COMPLETE THIS SAME SECTION IN THE HAQ AS THOROUGHLY AS WE ARE ASKING YOU TO DO IT HERE.**

Lastly, in the **unusual event** that an observed characteristic changes drastically from one visit to another, NCHS would like to have this information. The interviewer should then add this information at item "k" and place their interviewer ID number next to the comment. For example, this might occur if an SP was in an accident and fractured an arm.

**ZZ34-ZZ38:** Anytime you have to complete a Household Adult Questionnaire and are unable to do so you must attempt to complete a HAQ: Short Form unless a prior interviewer has already thoroughly completed one.

Generally, it is the responsibility of the first interviewer to obtain nonresponse to the HAQ to complete this form. If, however, for any reason s/he is unable to complete one or more of items ZZ31-ZZ33, then it becomes the responsibility of the next interviewer assigned the case to complete the unobtained items.



- If you obtained the information from the SP him/herself code "SELF RESPONSE."
- If the wife refused ZZ31-ZZ32 for the husband but you saw the husband code "REFUSED and PROXY." Item ZZ33 should be completed in this situation.
- If a mother answers ZZ31-ZZ32 for her adult son code "PROXY and NOT OBSERVED."

At **ZZ38** code all items completed by you or mark "NONE" if you were unable to obtain any information.

On the cover page you will find the notices of confidentiality and public reporting burden, and spaces to enter information to identify the sample person and yourself, as well as certain other administrative data. The items are as follows:

**NOTICE OF  
CONFIDENTIALITY:**

Read this statement to the respondent only if s/he expresses some concern about the confidentiality of his/her responses.

**STATEMENT OF  
PUBLIC REPORT-  
ING BURDEN:**

Read to the respondent **ONLY** if necessary.

**CASE NO.:**

Enter this 10-digit number. Section 4.3.4 of this manual discusses the assignment of this case identification number.

**FAMILY NO.:**

Enter this one-digit number from the Household Composition Table on the Screener. Section 4.1.6 discusses the assignment of this number.

**SP NO.:**

Enter this number from the Household Composition Table on the Screener. Section 4.1.9 discusses the assignment of this number.

**SAMPLE NO.:**

Enter this 7-digit number. Unlike the CASE NO., which is determined upon completion of the Screener, this number is given to you by the site office. Thus, it will be filled in after the interview (see Chapter 9).

|   |   |  |
|---|---|--|
| <p>Department of Health and Human Services<br/>Public Health Service<br/>Centers for Disease Control<br/>National Center for Health Statistics<br/><b>HOUSEHOLD ADULT QUESTIONNAIRE<br/>SHORT FORM</b><br/>NHANES III</p> <p>National Health and Nutrition Examination Survey</p> | <p><b>NOTICE:</b> 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 306(d) of the Public Health Service Act (42 USC 242 m).</p> <p><b>NOTICE:</b> La información contenida en este formulario que permitiría identificar a cualquier individuo o establecimiento ha sido recolectada con la garantía que será mantenida en la más estricta confidencialidad, será usada sólo para los propósitos establecidos para este estudio, y no será divulgada o entregada a otros sin el consentimiento del individuo o del establecimiento de acuerdo con la sección 306(d) de la Ley del Servicio de Salud Pública - Public Health Service Act (42 USC 242m).</p> | <p>Public reporting burden for complete participation in NHANES III is estimated to average five hours. So comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Report Clearance Officer, Room 721-H, Humphrey Building, 20 Independence Avenue, SW, Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.</p> <p>Carga al público de reporte para participación completa en el NHANES III se estima que, en promedio, sea cinco horas. Envíe comentarios respecto a esta carga o cualquier otro aspecto de esta colección de información, incluyendo sugerencias para reducir esta carga al PHS Report Clearance Officer, Room 721-H, Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201; ATTN: PRA, y a la Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.</p> |
|---|---|--|

CASE NO:

|           |             |            |  |
|-----------|-------------|------------|--|
|           |             |            |  |
| Stand No. | Segment No. | Serial No. |  |

EDITOR NO.

FAMILY NO.

NAME (First, Middle, Last)

SP NO.

AGE

SEX

1  Male  
2  Female

SAMPLE NO:

DECK NO.

656A



DECK NO.: FOR OFFICE USE ONLY.

EDITOR NO.: FOR OFFICE USE ONLY.

NAME: Enter the SP's first, middle, and last name from the Screener. Be sure to verify the

**SPELLING of each name with the respondent.**

**AGE:**

**Verify and record the SP's age from the Screener. We are interested here in age as of the screening date, not the age at time of this interview.**

**SEX:  
information.**

**Code the appropriate box either by observation or from the Screener**

## **16. INTRODUCTION TO THE SPANISH LANGUAGE COMPONENT OF NHANES III**

Recent studies have shown that the vast majority of Hispanics in the United States use Spanish. Among those, about half speak only Spanish or just enough English to "get by." The remainder function primarily or exclusively in English even though they are of Hispanic origin. This means that in order to collect valid health and nutrition data on all Hispanics, NHANES III questionnaires have been designed to be implemented in a bilingual format so that respondents can choose to be interviewed in their preferred language.

Currently, all NHANES III survey instruments and materials are available in English and Spanish. This includes materials to encourage respondent cooperation, field materials requiring interaction with respondents or neighbors, and hard copy and CAPI questionnaires.

As noted earlier in this manual, the primary goal of interviewers is to collect accurate information by following the specified field procedures and using the questionnaires according to sound interviewing practices. This task is considerable in one language and more complex in two languages.

In a bilingual study it is vital to identify the correct language in which to conduct the interview. Experience shows that the initial interaction between the interviewer and the respondent and the language selected for the interview set the tone of the interview and determine the quality of data obtained.

Part IV of this manual will provide specifications for the Spanish language interview. First, it will provide you with guidelines for determining the language of the interview. Secondly, it will include additional information to facilitate the Spanish interviewing.

## 17. LANGUAGE OF THE INTERVIEW

It is important that the interviewer provide the respondent with every possible opportunity to determine the language of the interview. Some Hispanics may choose the language they believe is expected of them in the interview situation, rather than the one in which they are the most articulate. The goal in this survey is to minimize the influence of the interviewer in the choice of language for interviewing. Interviewers should try to determine the preferred language quickly, without biasing the respondent's decision.

### 17.1 Determining the Language of the Interview

To determine the language of the interview there are several steps which are important to follow.

#### 17.1.1 Identify Environmental Cues

Environmental cues provide the interviewer with important initial information. Be observant. Awareness of the neighborhood where you are interviewing will provide you with your first language cues. For example, observe the names of community shops and posters and notices in store windows and on buildings. Watch for signs which are printed in English and Spanish. Note if the signs are only in one language. Watch out for local theaters -- note the titles of the movies playing. Listen to the language being spoken on the street -- English, Spanish, or both.

As you approach the sample household continue to be sensitive to environmental cues. Listen to radio, television, or conversation sounds which provide clues to the preferred language of the household.

Remember that while these are valuable cues, they do not necessarily reflect the preferred language of everyone in the community or every member of a specific household.

#### 17.1.2 Use of Communication Cues

In addition to environmental cues, it is vital that you use a number of communication cues in determining the preferred language of the respondent. The subsequent steps must be followed closely.

**1. INTRODUCE YOURSELF IN BOTH LANGUAGES.** When you have identified a respondent for the Screener, introduce yourself in both languages. Begin the introduction with the language you perceive to be the preferred language through your use of environmental cues.

**EXAMPLE 1:** The sample household is in a building which houses two stores: "Bodega de los Hermanos Sanchez" and "Discos Para Todos los Gustos." As you approach the selected apartment you notice that most of the tenants in the building are conversing in Spanish. You knock on the door of the selected household, the door opens and you introduce

yourself. "Buenas tardes. Good afternoon. Me llamo Martha Lopez y trabajo para Westat. My name is Martha Lopez and I work for Westat."

**EXAMPLE 2:** The sample household is in a residential area having mostly single family houses and garden apartments. The only visible signs are street and school signs. A group of older women appear to be speaking in Spanish; however, the rest of the people on the street are speaking English. You knock at the door of the selected household and as the person opens the door you note that the radio is on an English-speaking station. You should introduce yourself in both languages, using English first.

**2. NOTE THE LANGUAGE USED BY THE RESPONDENT DURING THE INITIAL CONTACT.** The introductory conversation at the door can be initiated by either the respondent or the interviewer. The respondent might begin by saying "Who is it?" or "¿Quién es?" At other times the interviewer may introduce him/herself first. In either situation, note the language used by the respondent -- it may be one or both (combination English/Spanish). S/he may ask you one or more questions about the study and who you are. If the respondent speaks to you primarily in one language, answer all questions in that language. If the respondent speaks to you in both languages, answer all questions in both languages.

Use this period to ascertain the respondent's language facility and natural language preference and to make the respondent aware that you are comfortable in both languages. It is very important to reinforce to the respondent, explicitly (i.e., in a natural, unbiased way) that you can conduct the interview in both languages and that the choice of the language for the interview is up to the respondent.

**3. ASK THE RESPONDENT TO CHOOSE THE LANGUAGE FOR THE INTERVIEW.** Ask the question in both languages. This will continue to stress to the respondent that the final choice of language for the interview is his/hers. Ask the interview language questions using the communication cues identified previously to determine which language to use first. For example:

"In which language do you wish to conduct the interview?"

"¿En qué idioma prefiere usted hacer la entrevista?"

Keep in mind that the procedures used to determine the language of the interview need to be implemented each time you approach a new household as well as each time you encounter a new respondent within the household.

**4. CONDUCT THE INTERVIEW IN THE LANGUAGE SPECIFIED BY THE RESPONDENT.** The interviewer/respondent interaction described in the steps above should allow the respondent to feel free to choose his/her preferred language for the interview. In the usual situation where, in your opinion, the environmental and communication cues do not support the interview language chosen by the respondent, **DO NOT CONTRADICT** the respondent's choice. Begin the interview in the language chosen by the respondent and utilize the guidelines provided in Section 21.3 if you encounter difficulties with the language chosen for the interview.

#### **17.2 Use of "Usted" and "Tu" During the Interview**

Successful interviewing requires that the interviewer establish and maintain a professional relationship with the respondent. To support this, it is important that all communication with the respondent be conducted using the formal "usted" rather than the familiar "tu." This includes all the interaction with the respondent, whether during the informal introduction at the door or during the interview using the survey questionnaire.

#### **17.3 Recording Open-ended Answers During the Spanish Language Interview**

**Short** answers (3-5 words) to open-ended questions in any of the Spanish language survey instruments should be recorded only in English. **Longer** answers (more than 5 words) should be recorded in Spanish. During the office edit, the editor will translate these answers to English.

#### **17.4 Changing Language During the Interview**

On occasion, language changes will occur during the interview. The following situations should serve as a guide for language changes during an interview.

**1. RESPONDENT USES TWO LANGUAGES DURING THE INTERVIEW.** On occasion, or even on a frequent basis, the respondent may answer questions using both languages. For example:

**Interviewer:** What was the main reason for that visit?

**Respondent:** I had a bad cold -- muy malo.

**Interviewer:** ¿Porqué dejó de tomar esa medicina?

**Respondent:** Money -- costaba mucho.

Despite the use of both English and Spanish in this situation the respondent has provided an appropriate answer to these questions. The interviewer should record the answers as given and continue the interview in the language initially selected by the respondent.

**2. RESPONDENT APPEARS UNCLEAR ABOUT A WORD OR A PHRASE.** During the interview a respondent may hesitate in answering a question. First, use the standard interviewing technique of repeating the question.

Secondly, during the questionnaire development process a number of words were identified which might require alternative translations. These translations have been inserted. For example:

"¿Ha usado alguna vez un (audífono/aparato para oír/'hearing aid')?"

Repeat the question using these alternatives.

This is the only substitution allowed in the questionnaires. If the respondent remains unclear about the meaning of a word or question, make a note in the margin (hardcopy) or in the comments section (CAPI).

**3. RESPONDENT ASKS TO CHANGE THE LANGUAGE OF THE INTERVIEW AND CONTINUE IN THE "OTHER LANGUAGE".** On occasion, a respondent will determine, once the interview is under way, that s/he would be more comfortable in the "other language" and asks the interviewer to switch the language of the interview.

If this happens, assure the respondent that it poses no problem, and that you will be happy to continue the interview in the "other language." Use the CAPI Interrupt Menu and select the other language. Write a comment indicating the reason for the change. Continue the interview at the question where the language change occurred. Do not begin the interview over again unless specifically asked to do so by the respondent.

**4. THE INTERVIEWER PERCEIVES THAT THE RESPONDENT WOULD BE MORE COMFORTABLE IN THE "OTHER LANGUAGE".** On occasion, it may become clear, **to the interviewer**, that the respondent is having repeated difficulty understanding the questions being asked of him/her and that this problem is clearly one which could be solved by switching the language of the interview.

When this situation occurs, the interviewer may ask the respondent if s/he wishes to complete the interview in the "other language." It is extremely important to be **sensitive to the feelings of the respondent** and to make sure that in making this suggestion the interviewer in no way implies ineptness on the part of the respondent.

Document this language change using the same basic steps used to record a language change initiated by the respondent. (See item 3 in this section.)

## **18. PROBING**

### **18.1 Probing During the Spanish Interview**

As you learned in the General Interviewing Techniques Manual, the quality of an interview depends a great deal on the interviewer's ability to probe meaningfully and successfully. The kinds of probes and probing techniques presented for the English component of NHANES III (see Section 5.5 of the General Interviewing Techniques Manual) are the same as those for the Spanish component.

Always keep in mind that the motive for probing is to motivate the respondent to answer more fully or to focus the answer, without introducing bias. Therefore, it is very important always to use neutral probes in Spanish as well as in English.

### **18.2 Probes in Spanish**

In order to assist you, the following neutral probes, presented in Section 5.5 of the General Interviewing Techniques Manual have been translated. These probes have been used successfully because they are commonly used in normal conversation and stimulate fuller and clearer responses.

**INDAQUEN PARA CLARIFICAR:**

"¿Qué quiere decir exactamente?"

"¿Qué quiere decir por...?"

"Por favor, ¿me puede explicar un poco más?"

No creo que entiendo por completo."

**INDAQUEN PARA ESPECIFICAR:**

"¿Tiene algo en particular en mente?"

"¿Puede ser un poco más específico acerca de eso/sobre eso?"

"Dígame sobre eso. ¿Qué/quién/cómo/porqué lo haría...?"

**INDAGUEN PARA RELEVENCIA:**

"Ya veo. Bueno, déjeme preguntarle otra vez...  
(REPITA LA MISMA PREGUNTA).

"¿Me puede explicar qué quiere decir con eso?"

**INDAGUEN PARA COMPLETAR:**

"¿Qué más?"

**"¿En qué más puede pensar?" "¿Hay algo más?"**

**"¿En qué otras razones/cosas/ejemplos, etc.,  
puede pensar?"**

## **19. ANSWERING RESPONDENT QUESTIONS**

### **19.1 Answering Respondent Questions**

As noted in Section 3.3 of this Manual, most people will go right through an interview without asking any questions. It is important, however, for the interviewer to be ready to answer respondents' questions as they come up.

The guidelines noted for answering respondents' questions for the English component of NHANES III should be followed for the Spanish component. In short:

- Listen carefully to the respondent's question;
- Answer briefly but accurately;
- Do not volunteer more information than needed to answer the specific question; and
- If a respondent asks a question for which you have no answer, do not attempt to make up an answer. Admit that you do not know the answer, and if the respondent wishes, make arrangements to obtain an answer.

### **19.2 Typical Respondent Questions**

The following are some of the questions respondents will frequently ask about the survey as well as suggested answers. They have been translated for your use with Spanish speaking respondents.

1. **¿QUE ES EL SERVICIO DE LA SALUD PUBLICA?** "El Servicio de la Salud Pública es parte del Departamento de Salud y Servicios Humanos. El Servicio de la Salud Pública contiene muchas divisiones y algunas son responsables para estudios de la salud de la población del país."
2. **¿DE QUE SE TRATA ESTE ESTUDIO?** "Este estudio se está llevando a cabo nacionalmente por el Departamento de Salud y Servicios Humanos para obtener información sobre la salud y la prevalencia de ciertas condiciones de salud en las personas. Los resultados serán utilizados para evaluar los programas de salud y nutrición y para determinar las necesidades del cuidado de la salud."
3. **¿QUE VA A PREGUNTAR USTED?** "Hacemos preguntas acerca de problemas de salud que usted tiene (tuvo), experiencias que usted tiene (tuvo) cuando esta (ha estado) buscando ayuda, y otros problemas relacionados con la salud. La mayor parte de las personas encuentran la entrevista interesante."
4. **¿CUANTO TIEMPO VA A TOMAR? SI ES PREGUNTADA ANTES DEL CUESTIONARIO "SCREENER":** "La entrevista debe tomar menos de diez minutos -- lo suficiente para determinar si necesito hablar con usted y su familia con más detalle."

SI ES PREGUNTADA DESPUES DEL CUESTIONARIO "SCREENER": "La entrevista probablemente tomará entre 30-60 minutos (PARA CADA "PERSONA MUESTRA"). A veces es más corta o más larga, dependiendo de lo que usted tiene que decir."

5. **¿TENGO QUE CONTESTAR LAS PREGUNTAS?** "Su participación en esta encuesta es voluntaria. Sus respuestas, no obstante, serán usadas para ayudar a desarrollar una programación y una política de salud nacional, por eso deseamos que usted tome el tiempo para participar."
6. **¿ALGUNA OTRA PERSONA SABRA LO QUE LE HE DICHO?** "Sus respuestas serán mantenidas en confidencia y serán vistas solamente por las personas trabajando en este estudio. Toda la información que usted nos provee está protegida por la Ley de Privacidad de 1974." LEA LA AFIRMACION DE CONFIDENCIALIDAD EN LA CUBIERTA DEL CUESTIONARIO "SCREENER."
7. **¿QUE VA A HACER CON ESTA INFORMACION?** "La información que usted nos facilita sera juntada con información similar de otros participantes a través de los Estados Unidos para producir datos/cifras totales, promedios y estadísticas acerca de la salud nacional en general. El Departamento de Salud y Servicios Humanos utilizará esta información para ayudarles a entender y responder a los problemas y las necesidades de la salud."
8. **¿COMO FUI SELECCIONADO?** "Su dirección fué escogida al azar. Cuando se escogen familias para entrevistas en esta forma, todas las personas tienen la misma oportunidad de ser entrevistadas y nos aseguramos de entender bien las condiciones de salud en (AREA LOCAL)."

9. **¿PORQUE NO VA A LA CASE DEL LADO?** "Cada hogar escogido representa a muchos otros que no fueron escogidos, y es muy importante obtener respuestas para que otros como usted sean representados. Una vez que su hogar ha sido escogido, no estamos permitidos sustituir otro hogar por el suyo, por lo tanto, solo usted puede responder por todos esos hogares que usted representa."
10. **SIEMPRE HE TENIDO BUENA SALUD (O TENGO PROBLEMAS CON LA SALUD), POR LO TANTO NO SOY UNA BUENA PERSONA CON QUIEN HABLAR.** "Sus experiencias y opiniones son importantes también. Estamos interesados en hablar con toda clase de personas que tenga experiencias diferentes."

## **20. COMMENTS ON SPANISH LANGUAGE INTERVIEWING**

This section contains general guidelines for use during the interviews with Hispanics. These specifications will serve as your reference during the training, interviewing, and editing phase of your work.

- **Pronounce proper names, doctors' names, etc., as pronounced by the respondent (even if they appear incorrect to you). Interviewers should not correct the respondent's pronunciation except in a situation where clarification is needed to avoid ambiguity.**
- **The Spanish used throughout the NHANES III materials is standard Spanish and should be understood by all Spanish-speaking respondents. However, the specific goal of the translators was to develop Spanish language materials which would be especially appropriate for interviewing Mexican-Americans.**

Moreover, in the Spanish language questionnaires you will find words in parentheses separated by slash marks which have the same meaning but which are used with greater frequency by some Hispanics. For example, "(una noria/un pozo)." In general, the first words in parentheses are those used most frequently by Mexican-Americans. In a situation where the respondent appears unclear about a word choice, read all the choices available.

- **Remember that parentheses are generally used as an indication to the interviewer to select the term(s) appropriate in a specific question situation.**

ATTACHMENT A

NHANES III

Cycle II

Information for Health Representatives  
to Use If SPs Express Concern  
About the Blood Draw During the  
Appointment Making Process

September, 1991

A-1

20-275

1.           **The MEC Laboratory Team**

Each laboratory team includes three certified medical technologists who are experienced in...

- venipuncture - the puncture of a vein especially for the withdrawal of blood or for intravenous medication;
- hematology - a branch of biology that deals with the blood and blood-forming organs;
- serology - a science dealing with serum and especially its reactions and properties;

...and one certified phlebotomist who is experienced in venipuncture.

The chief medical technologist is the most senior member of the team. The chief medical technologist is responsible for overseeing all the activities of the medical technologists and phlebotomist in the MEC, quality control, equipment calibration (standardization) and maintenance. On a day-to-day basis, the chief medical technologist performs the same duties as the other medical technologists.

Medical technologists rotate among three work stations in the MEC. Each work station has specific tasks associated with it, and each medical technologist is trained to perform all of these tasks. The tasks of each technologist can be briefly listed as follows:

- Specimen centrifugation, blood specimen processing;
- Hematology, urine processing and pregnancy testing;  
and

- Labeling vials, processing, shipping and floating (assisting with all tasks as needed);
- Assist the phlebotomist as needed.

The phlebotomist's chief responsibilities are as follow

- Venipuncture and GTT;
- Assist with labeling vials, specimen centrifugatio and shipping as time allows.

2. **How much blood is drawn from SPs?**

The amount of blood drawn depends on the age of the SP. Generally we will draw between half a tablespoon and seven tablespoons. This is much less than the amount drawn when you donate blood (Red Cross donation = 16 fluid ounces or one pint).

If the SP is interested in specific amounts note the following:

| <u>SP Age (Years)</u> | <u>Total Ml</u> | <u># Tubes</u> | <u>Fluid Ounces</u> | <u>Lay Person Equivalency Tablespoons</u> |
|-----------------------|-----------------|----------------|---------------------|---|
| 1-3                   | 6               | 2              | .2                  | $\frac{1}{2}$                             |
| 4-5                   | 23              | 3              | .8                  | $1\frac{1}{2}$                            |
| 6-11                  | 38              | 4              | 1.3                 | $2\frac{1}{2}$                            |
| 12-19                 | 72              | 8              | 2.4                 | 5   |
| 20-39                 | 95              | 10             | 3.2                 | $6\frac{1}{2}$                            |
| 40+ ( <u>No</u> GTT)  | 95              | 11             | 3.3                 | $6\frac{1}{2}$                            |
| 40+ (GTT)             | 103             | 13             | 3.5                 | 7   |

3. Some times an SP might say...

"My wife was in the MEC last week and she told me that it seemed that a lot of blood was drawn."

A good response to that might be...

"According to your wife's age they only drew about \_\_\_\_\_ ounces (\_\_\_\_ tablespoons) of blood but it may have seemed like more because they have to use several different tubes to collect the blood. This is necessary because we need to have separate containers in order to perform different tests.

4. What tests are performed on SPs?

See Table I attached. This table is for your information. It is too technical to present to SPs.

The table lists all analyses performed in HANES I, II and III and Hispanic HANES. As you can see, NHANES III will include over 50% more analyses than NHANES II and 35% more analyses than HHANES.

6. What are the benefits to SPs of having blood drawn?

Different tests are done on the blood depending on the SP's age. The cost of the assays if done independently would be at least several hundred dollars. Though there are many different tests whose results will be provided to SPs to give to their physician, the following are a few well known blood tests:

**Children:** In babies over the age of one and young children, one of the most important tests performed is for lead exposure. Lead has a serious effect on the neurological development of children. Children of all socioeconomic classes can be exposed to lead in their environment through many different means (e.g., tap water flowing through lead pipes, house paint, etc.). A blood test for lead performed in a timely manner might indicate exposure to unsafe lead levels before an individual showed any physical signs of lead poisoning. This would be critical since the effects of lead poisoning cannot be reversed.

In this age group, we also test for anemia or low blood. This can also be a common condition in childhood, that is easily correctable.

**Teenagers:** In addition to the two tests described for children, teenagers also have a complete blood chemistry and hematology profile and lipid analyses including cholesterol.

**Adults:** Many blood tests are performed on an adult's blood. Including the tests described above, tests are also made of the sugar or glucose level in the blood, and the level of thyroid hormones.

7. **Why do we need to draw blood/obtain phlebotomy data?**

From the blood obtained from an adult sample person, over 60 biochemical analyses are performed.

The data obtained from these analyses will be used extensively by health professionals. Some of the most important data uses are:

- To estimate the prevalence of diseases such as hepatitis A, B and C and HIV.

- To determine the extent of immunization in the population, based on the tetanus and rubella antibody level.
- To determine the level of lead especially in children and to ascertain the extent of anemia.
- To obtain national population reference data for the thyroid hormones and urinary iodine.
- The priority toxicant study will also establish the normal level of volatiles in the blood and urine. This data will be used as a baseline in investigating toxic exposures.
- Blood tests help in monitoring nutritional status. The nutrition information obtained during the household interview in the MEC interview will be correlated with the nutritional biochemistries. What researchers discover from this data can lead to health policy recommendations. Examples include the need for more vitamin fortification and more public education and outreach programs to improve dietary habits.
- Finally the presence of abnormal levels of certain analytes will be associated with outcome measures (such as heart disease, osteoporosis, etc.) to determine risk factors for these diseases, on a national level.

In order to obtain all this information from the NHANES survey we must obtain blood samples on as close to 100% of the population selected as possible. In order to look at the validity of the data, we must prove to ourselves and other scientists that nonrespondents are similar to respondents. Or in other words, there is no bias in the data. For example, if one of the characteristics of a sample person that refuses phlebotomy is that of a middle aged male who is overweight with an increased level of fat intake, the systematic nonresponse of like people would alter our estimate of the cholesterol level in the United States because such a person is at high risk for a high cholesterol level. We hope that the nonresponse is random, but the only way to assure that it is, is to reduce it to the very minimum.

8.           **How can the SP be sure that s/he won't get AIDS from giving blood or that the procedure is safe?**

There is absolutely no chance of SPs getting AIDS from giving blood. All the equipment used in taking the blood is sterile and only used on the SP. SPs can look at the phlebotomy room and equipment and meet the phlebotomist if they have any additional questions. SPs who express concern in the home should be encouraged to ask questions in the MEC and be assured that all their questions will be answered. Furthermore, all the phlebotomists on the project are very experienced and have performed hundreds of phlebotomies.

9.           **Is the phlebotomy going to make the SP sick (or sicker)?**

Some SPs are afraid that the volume of blood taken will harm them. SPs sometimes say "my blood is already low". You must convince them that a maximum of only 4 ounces of blood is taken (less if younger). This is only 25% of a unit of blood and will be replaced by the body within twenty-four hours. Our hematology experts have assured us that this amount will not adversely affect anyone.

10.          **What is the benefit to the U.S. population?**

Data from the NHANES survey is used by the U.S. Public Health Service for planning and evaluating health programs in the United States. Remind sample persons of their obligations as citizens to help in health planning and assessment. If this is done in a positive straightforward way, hopefully, a reluctant

participant will overcome their own fear to provide for the greater good. If you assume that an individual will act in a noble fashion regardless of the benefit to themselves, your attitude should convince at least some individuals. This is especially important with mothers of children. A mother should be made to understand that the momentary discomfort that her child undergoes can produce a large effect on the future child health programs in the United States.

11. Will it hurt?

SPs may feel a slight pinch. The discomfort should be slight and last only a few seconds.

TABLE 1  
Laboratory Analyses, in NHANES, I II, III, HHANES

|   | I | II | H | III |
|---|---|----|---|-----|
| <b>Hematological Assessments</b>        |   |    |   |     |
| a. Sedimentation Rate                   | x |    |   |     |
| b. Differential Smears                  | x | x  | x | x   |
| c. Hematocrit                           | x | x  | x | x   |
| d. Hemoglobin                           | x | x  | x | x   |
| e. Cell Counts                          | x | x  | x | x   |
| f. Neutrophil Hypersegmentation         |   |    |   | x   |
| g. Mean Cell Volume                     | x | x  | x | x   |
| h. Red Cell Distribution Width          |   |    |   | x   |
| <b>Serum Biochemical Assessments</b>    |   |    |   |     |
| a. Folic Acid                           | x | x  | x | x   |
| b. Iron and Total Iron-Binding Capacity | x | x  | x | x   |
| c. Vitamin C                            |   | x  |   | x   |
| d. Vitamin D (25-OH D)                  |   |    |   | x   |
| e. Zinc and Copper                      |   | x  |   |     |
| f. Vitamin A                            | x | x  | x | x   |
| g. Vitamin B12                          |   | x  |   |     |
| h. Plasma Glucose (GTT)                 |   | x  | x | x   |
| i. Selenium                             |   |    |   | x   |
| j. Cholesterol, Total                   | x | x  | x | x   |
| k. HDL and LDL Cholesterol              |   |    |   | x   |
| l. Triglycerides                        |   | x  | x | x   |
| m. Apolipoproteins A1, and B            |   |    |   | x   |
| n. Total and Ionized Calcium            |   |    |   | x   |
| o. Ferritin                             |   | x  | x | x   |
| p. Biochemistry Profile:                |   |    |   |     |
| 1. Total Carbon Dioxide                 |   |    | x | x   |
| 2. Blood Urea Nitrogen                  | x |    | x | x   |
| 3. Total Bilirubin                      | x |    | x | x   |
| 5. Alkaline Phosphatase                 | x | x  | x | x   |
| 6. Cholesterol                          | x | x  | x | x   |
| 7. SGOT, AST                            | x | x  | x | x   |
| 8. SGPT, ALT                            |   |    | x | x   |
| 9. LDH                                  |   |    | x | x   |
| 10. Total Protein                       | x |    | x | x   |
| 11. Albumin                             | x | x  | x | x   |
| 12. Creatinine                          | x | x  | x | x   |
| 13. Glucose                             |   |    | x | x   |
| 14. Calcium                             | x |    | x | x   |
| 15. Chloride                            |   |    | x | x   |
| 16. Uric Acid                           | x |    | x | x   |
| 17. Phosphorus                          |   |    | x | x   |
| 18. Sodium                              | x |    | x | x   |
| 19. Potassium                           | x |    | x | x   |

|  | <u>I</u> | <u>II</u> | <u>H</u> | <u>III</u>   |
|--|----------|-----------|----------|--------------|
| q. Carotene Profile                              |          |           |          | x            |
| r. Cotinine                                      |          |           |          | x            |
| s. Bile Salts                                    |          | x         |          |              |
| t. Pesticides                                    |          | x         | x        |              |
| u. Thiocyanate                                   |          |           | x        |              |
| v. Syphilis Serology                             | x        | x         | x        |              |
| w. Hepatitis A and B Serology                    |          | x         | x        | x            |
| x. Tetanus                                       | x        |           | x        | x            |
| y. Herpes Simplex I and II                       |          | x         |          | x            |
| z. IgE   |          |           |          | x            |
| aa. Human Immunodeficiency Virus                 |          |           |          | x            |
| bb. C-Reactive Protein                           |          |           |          | x            |
| cc. Rheumatoid Factor                            |          |           |          | x            |
| dd. Follicle Stimulating Hormone                 |          |           |          | x            |
| ee. Luteinizing Hormone                          |          |           |          | x            |
| ff. Thyroxine (T4)                               |          |           |          | x            |
| gg. Thyroid Stimulating Hormone (TSH)            | x        |           |          | x            |
| hh. Antithyroglobulin Antibodies                 |          |           |          | x            |
| ii. Antimicrosomal Antibodies                    |          |           |          | x            |
| jj. Insulin                                      |          |           |          | x            |
| kk. C-Peptide                                    |          |           |          | x            |
| ll. Plasma Fibrinogen                            |          |           |          | x            |
| mm. Rubella                                      |          |           |          | x - Cycle II |
| nn. Toxoplasmosis                                |          |           |          | x - Cycle II |
| <b>III. Whole Blood Biochemistry Assessments</b> |          |           |          |              |
| a. Protoporphyrin                                |          | x         | x        | x            |
| b. Lead  |          | x         | x        | x            |
| c. Folate  |          | x         | x        | x            |
| d. Carboxyhemoglobin                             |          | x         | x        |              |
| e. Glycosylated Hemoglobin                       |          |           | x        | x            |
| f. Priority Toxicant Volatiles                   |          |           |          | x            |
| <b>IV. Urinary Assessments</b>                   |          |           |          |              |
| a. Urinalysis                                    | x        | x         | x        |              |
| b. Pesticides                                    |          | x         | x        |              |
| c. Riboflavin                                    | x        |           |          |              |
| d. Thiamine                                      | x        |           |          |              |
| e. Cadmium                                       |          |           |          | x            |
| f. Creatinine                                    | x        | x         |          | x            |
| g. Microalbumin                                  |          |           |          | x            |
| h. Urinary Iodine                                |          |           |          | x            |
| i. Pregnancy Test                                | x        |           |          | x            |
| j. Priority Toxicant Phenols                     |          |           |          | x            |
| <b>V. Excess and Reserve Vials</b>               |          |           |          |              |
| a. Serum   | x        | x         | x        | x            |
| b. White Blood Cells for DNA Banking             |          |           |          | x            |

1. \*On NHANES III interviewers should only make in-person contacts with respondents unless authorized to make telephone contacts by their supervisor.

2. \*Respondents 20-59 years are asked to bring their glasses or contact lenses to the exam because the central nervous system exam component requires this age group to read instructions on a computer screen.

3.\*Respondents 20-59 years are asked to bring their glasses or contact lenses to the exam because the central nervous system exam component requires this age group to read instructions on a computer screen.

4. \*NOTE: Remember that if an interviewer has not completed the "closing remarks" section of the extended interview, CAPI will not assign the case a disposition code.

# **Questionnaires**

**Household Family Questionnaire**

**Household Youth Questionnaire**

**Household Adult Questionnaire**

**Household Screener Questionnaire**

**NATIONAL HEALTH AND NUTRITION  
EXAMINATION SURVEY III  
CAPI CONVERSION  
FAMILY QUESTIONNAIRE  
  
QUESTION-BY-QUESTION  
SPECIFICATIONS**

**March 1993**

**FAMILY QUESTIONNAIRE**  
**TABLE OF CONTENTS**

| <b>Chapter</b>  | <b>Page</b> |
|---|-------------|
| <b>1. INTRODUCTION TO THE FAMILY QUESTIONNAIRE .....</b>          | <b>1-1</b>  |
| <b>2. SECTION A: INDIVIDUAL CHARACTERISTICS .....</b>             | <b>2-1</b>  |
| <b>3. SECTION B: HEALTH INSURANCE AND INCOME ASSISTANCE .....</b> | <b>3-1</b>  |
| <b>4. SECTION C; FAMILY BACKGROUND .....</b>                      | <b>4-1</b>  |
| <b>5. SECTION D: OCCUPATION OF FAMILY HEAD .....</b>              | <b>5-1</b>  |
| <b>6. SECTION E: HOUSING CHARACTERISTICS .....</b>                | <b>6-1</b>  |
| <b>7. SECTION F: FAMILY CHARACTERISTICS .....</b>                 | <b>7-1</b>  |

## 1. INTRODUCTION TO THE FAMILY QUESTIONNAIRE

The Family Questionnaire is intended to collect information about the SPs in the family, about the family as a whole, and some questions about the head of the family, regardless of whether s/he is a sample person. For each family in a household with an eligible sample person, a separate Family Questionnaire must be completed. Rules for determining sample person/family eligibility are described in Chapter 4 of the Interviewer Procedures Manual.

### General Instructions for Completing the Family Questionnaire

As you will see, the Family Questionnaire is set up differently than the other questionnaires. **IMPORTANT NOTE:** In some sections you will be asking **only** about SPs in the family. In other sections you will ask **only** about the family head, and still other times you will be asking about the family head and family SPs. In general, the subjects of each section are as follows:‘

- **Section A:** The family head and all family SPs, whether or not the family head is an SP.
- **Sections B and C:** **Only** family SPs. This includes the family head if s/he is an SP, but not if the family head isn't an SP.
- **Section D:** **Only** for a family head who is **not** an SP. Otherwise, CAPI will skip the section.
- **Section E:** In this section there are no questions specific to individual members of the household but rather about the family in general.
- **Section F:** The first part of section F pertains to the family situation in general. In the second part, the family head is asked about the income of family members, SPs and non-SPs. Many questions will mention a specific type of income and inquire which family members receive it.

If the **reference person/head of the family** is a member of the **Armed Forces**, s/he will have been deleted from the Screener and, therefore, cannot be a sample person. However, if the person **lives at home**, s/he is still considered a household member for the purpose of administering the Family Questionnaire, and questions FA1 through FA13, as well as FD1 through FD12, will be completed for him/her if s/he is the head of the family.

You should not be concerned with determining who to ask questions about in each section if you have correctly entered screener information into the CAPI screening matrixes. CAPI will use this information to display the name of the person you are asking questions about at the top of each screen or insert his/her name in the text of the question automatically.

0.01 ACTVMENU

INTERVIEWER ACTIVITIES MENU

1. Work on a Household
2. Missed DU/Structure
3. Conference Report
4. Transfer Cases
5. Call the Field Office/  
Schedule SP Appointment

SELECT MENU OPTIONS: ( 1 )

[PRESS ENTER TO EXIT]

0.02 SELECTID

SELECT A HOUSEHOLD TO WORK

ENTER CASE ID: 002 - (1000002 )

[PRESS ENTER TO EXIT]

## **ACTVMENU**

When you log on to the computer follow the general procedures you learned in CAPI training and use the specific commands taught to you in NHANES training to access the Interviewers Activities Menu. In order to enter Screener information or conduct the HAQ, HYQ or FQ you should always choose option 1 (Work on a Household) and press the ENTER Key to advance to the next screen.

## **SELECTID**

Enter the 7 digit ID number that corresponds to the household ID on the cover of the Screener you are about to work. Note that although you are to enter a seven digit ID, there are eight spaces in the SELECTID field. This last space allows you to review the ID number you have typed before you advance to the next screen. Once you have reviewed the ID number press the ENTER Key to advance to the next screen.

0.03 WORKCASE

ID: 002-1000002 Workcase

WORK A HOUSEHOLD MENU

1. Enter Eligible Screener or Conduct Interview
2. Enter Other Screener Disposition Codes
3. Enter Disposition Codes for Youth, Adult, or Family
4. Review Comments

SELECT MENU OPTION: (1 )

[PRESS ENTER TO EXIT]

ID: 1000002  
 ADDRESS: 112 MAIN ST.  
 ROCKVILLE MD 20850 - 0110

0.002 PICKQUEX

ID: 002-1000002 PickQuex

SELECT INTERVIEW TO ADMINISTER

ENTER X IN MARK COLUMN OR ENTER ESC ESC TO EXIT

| MARK | TYPE | STATUS | LAST SECTION | RESPONDENT       | FAMILY NO. | SP NO. |   |
|------|------|--------|--------------|------------------|------------|--------|---|
| x    | ADLT | NW     |              | SUSAN WILLIAMS   | 01         | 2      | x |
| x    |      |        |              |                  |            |        | x |
| x    | ADLT | NW     |              | HENRY WILLIAMS   | 01         | 3      | x |
| x    |      |        |              |                  |            |        | x |
| x    | ADLT | NW     |              | WHITNEY WILLIAMS | 01         | 4      | x |
| x    |      |        |              |                  |            |        | x |
| x    | ADLT | NW     |              | JESSICA WILLIAMS | 01         | 5      | x |
| x    |      |        |              |                  |            |        | x |
| x    | YUTH | NW     |              | RICHARD WILLIAMS | 01         | 6      | x |
| x    |      |        |              |                  |            |        | x |
| x X  | FMLY | NW     |              | RICHARD WILLIAMS | 01         | 1      | x |

## **WORKCASE**

After entering the ID number, the WORK A HOUSEHOLD MENU will appear. The ID number you have typed and the address that corresponds with this ID will appear in the lower left-hand corner of the screen. This will be the same address that appears on the label of the hard copy Screener. Always select Code 1 (Enter Eligible Screener Data/Conduct Interview) to start the interview.

## **PICKQUEX**

If all the Screener information for the household has been entered into CAPI the PICKQUEX screen will appear. The definition of each column is as follows:

**TYPE--** Displays the kinds of interviews to be administered in the household (Screener, Adult, Youth, Family)

**STATUS--** Displays the status code of each interview. Most of these codes correspond to the codes on the back of the green Household Folder. "NW" indicates the interview has not been worked. "IP" signifies the interview is in progress, that is, it has been started but is not completed.

**LAST SECTION--**Indicates the last section worked in the interview.

**RESPONDENT--**Indicates the SP who is the subject of the Questionnaire or, in the case of the Family Questionnaire, the most appropriate respondent. Note that CAPI will always display the name of the person entered as head of household on the Screener as the most appropriate respondent for the Family Questionnaire.

**FAMILY NO.** Indicates the Family Number of the SP.

**SP NO** Indicates the sample number of the SP. A "00" will appear in this field if the respondent has not been selected as an SP (as is sometimes the case for respondents to the Family Questionnaire).

To select an interview to administer, you should use the arrow keys to move to the appropriate line. Once done, type an " X" to select the interview and hit the ENTER key. Note you may not add or delete household member on this screen.

0.0040 LANGUAGE

ID: 002-1000002 Family

WHAT LANGUAGE WILL BE USED IN INTERVIEW?

( 1 )

1. ENGLISH
2. SPANISH
3. OTHER

0.043 FPROXY

ID: 002-1000002 Family

ARE YOU INTERVIEWING ...

( 2 )

1. FAMILY MEMBER OTHER  
THAN HEAD OF HOUSEHOLD
2. HEAD OF HOUSEHOLD

NAME: RICHARD WILLIAMS  
FAMILY NO. 01  
LINE NO. 1

## **LANGUAGE**

Specification of English or Spanish determines the language in which the CAPI screens will appear. If the interview is to be conducted in a language other than English or Spanish, CAPI will prompt you to specify the language. CAPI screens are only available in English and Spanish.

Keep in mind that NHANES III has English and Spanish speaking interviewers. If you are not authorized to conduct an interview in Spanish and you encounter a respondent who speaks only Spanish, notify your Supervisor and a Spanish speaking interviewer will be assigned the case. If, however you encounter an SP who speaks another language (i.e., French, German, Chinese, etc.) only, notify your Supervisor. **DO NOT USE A PROXY IN THIS SITUATION.**

## **FPROXY**

This question tells the CAPI program which names and pronouns should be inserted into the questions during the interview. For example, if you are interviewing a proxy respondent concerning a female SP, the question will either display the SP's name or the pronoun "she".

30.0101 FA1 ID: 002-1000002 Family Section: A

FAMILY NUMBER: 01 LINE NUMBER: 1

FIRST NAME: RICHARD

MIDDLE NAME: NMN

LAST NAME: WILLIAMS

AGE: 61 YEARS

GENDER: MALE

RACE: WHITE

PRESS ENTER TO CONTINUE

30.0106 FA6STATE ID: 002-1000002 Family Section: A

In what state or foreign country was RICHARD born?

(99 )

STATE ABBREVIATION

ENTER 99 FOR FOREIGN COUNTRY

USE F1 FOR COMPLETE LIST OF STATE ABBREVIATIONS

## **2. SECTION A: INDIVIDUAL CHARACTERISTICS**

This section asks a series of questions (FA1 - FA13) about individual background of all family SPs, and the family head whether or not the family head is an SP. CAPI will cycle through this series of questions for each person before continuing with other questions.

**FA1** This screen displays the name, age, gender and race of the family head. The Family Number and Line Number of the person appear at the top of the CAPI screen. All this data is accessed from screener information the interviewer entered into CAPI before interviewing began. This identifying information will be used to format the next set of questions. Note, you cannot make demographic corrections on this screen.

### **FA6STATE**

If the family head/SP was born in the U.S., enter the two digit abbreviation of the state. (Use F1 for a complete list of state abbreviations.) Enter 99 if he/she was born in a foreign country.

30.0107 FA6CNTRY

ID: 002-1000002 Family Section: A

In what country was RICHARD born?

(093 )  
3-DIGIT CODE

ENTER 999 FOR OTHER

PARTIAL LIST:

|                    |               |              |                  |
|--------------------|---------------|--------------|------------------|
| 112 ARGENTINA      | 109 EQUADOR   | 130 ISRAEL   | 100 PHILLIPPINES |
| 127 CAMBODIA       | 121 FRANCE    | 108 ITALY    | 137 POLAND       |
| 093 CANADA         | 087 GERMANY   | 070 JAMAICA  | 113 PORTUGAL     |
| 118 CHINA          | 132 GREECE    | 090 JAPAN    | 145 SCOTLAND     |
| 103 COLOMBIA       | 068 GUATEMALA | 119 KOREA    | 083 SPAIN        |
| 063 CUBA           | 069 HAITI     | 153 LAOS     | 094 TAIWAN       |
| 064 DOMINICAN REP. | 088 HONDURAS  | 098 LEBANON  | 124 THAILAND     |
| 115 EGYPT          | 161 HONG KONG | 080 MEXICO   | 114 TRINIDAD     |
| 065 EL SALVADOR    | 144 INDIA     | 148 PAKISTAN | 131 USSR         |
| 106 ENGLAND        | 139 IRAN      | 082 PANAMA   | 107 VIETNAM      |

USE F1 FOR COMPLETE LIST

30.0106 FA6VER

ID: 002-1000002 Family Section: A

IS THE FOLLOWING FOREIGN COUNTRY  
RICHARD'S CORRECT PLACE OF BIRTH?

CANADA

(1 )

1. YES  
2. NO

#### FA6CNTRY

This question is asked if head/SP was born in a foreign country. A partial list of countries appears at the bottom of the screen. Enter the appropriate 3-digit code to indicate the country in which the family head/SP was born. As the instruction on the screen indicates, use the F1 key for a more complete list of countries. If the respondent mentions a country other than one of the countries listed, enter "999" and specify on the line provided. Note, only use "999" if the country does not appear on the complete list. That is, only use "999" after you have accessed the complete list by using the F1 key.

#### FA6VER

This screen serves to verify your previous entry. Enter Code 1 (YES) if the information you entered is correct and Code 2 (NO) if the information entered is incorrect. If the information is incorrect, CAPI will cycle through the previous questions a second time.

What is the highest grade or year of regular school  
RICHARD has ever attended?

ENTER 00 IF NEVER ATTENDED SCHOOL OR KINDERGARTEN ONLY.  
IF UNDER 5 YEARS OLD, ENTER 00 (NEVER ATTENDED SCHOOL).

( 16 )

ELEMENTARY:

HIGH SCHOOL:

COLLEGE:

- 1. FIRST GRADE
- 2. SECOND GRADE
- 3. THIRD GRADE
- 4. FOURTH GRADE
- 5. FIFTH GRADE
- 6. SIXTH GRADE
- 7. SEVENTH GRADE
- 8. EIGHTH GRADE

- 9. NINTH GRADE
- 10. TENTH GRADE
- 11. ELEVENTH GRADE
- 12. TWELFTH GRADE

- 13. FIRST YEAR
- 14. SECOND YEAR
- 15. THIRD YEAR
- 16. FOURTH YEAR
- 17. FIVE OR MORE YEARS

FA7 The objective of this question is to determine both the level (elementary school, high school, or college) and the highest year attended. Enter the number corresponding to the highest level and grade.

When administering this question keep in mind the concept of level of school vs. years attended. Circle the appropriate answer 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 -- enter Code 14 (SECOND YEAR - listed under "COLLEGE"), not Code 17 (FIVE OR MORE YEARS).

Example 2: The respondent explains that s/he went to college for 2 years, majoring in math. Then s/he decided s/he didn't want to major in math so s/he switched to economics and started over. S/He is now attending his/her third year in this subject and has one more year to complete before graduation. Because of this change, s/he is only considered a "Junior." In this case, enter Code 15 (THIRD YEAR) not Code 17 (FIVE OR MORE YEARS).

#### DEFINITIONS:

Regular School -- For this question include regular school 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, s/he 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.

Determine the specific grade and enter the highest year of school attended in **FA7** for all persons 5 years old and over.

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, enter Code 00.

7-Year Elementary System -- Some schools have, or used to have, an 7-year elementary course and a 4-year high school course. Enter Code 7, listed under "ELEMENTARY" for persons who attended only 7 years in such a system and did not attend high school. Enter the appropriate Codes from "9" to "12" under "HIGH SCHOOL" for persons who attended some high school following the 8th 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 enter the appropriate number next to "High."

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."

"Post-Graduate" High School -- For persons who have attended "post-graduate" high school courses after completing high school, but have not attended college, enter "12" opposite "High."

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, enter 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 "5+" opposite "College."

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. However, do not probe for this information unless the respondent cannot provide a year or grade.

Did RICHARD finish four years of college?

(1 )

1. YES
2. NO

Equivalency Tests -- For persons who pass a high school equivalency (or G.E.D.) test or finish high school while in the Armed Forces, enter "12" opposite "High."

Miscellaneous School System -- 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.

Skipped or Repeated Grades -- For persons who skipped or repeated grades, enter the highest grade attended regardless of the number of years it took.

Persons Still in School -- For persons still attending regular school, the highest grade attended is the one in which they are now enrolled.

Summer Status -- For persons who are on summer vacation from school, enter 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.

Special Schools -- For persons enrolled in special schools (such as schools for the handicapped) attempt to obtain a regular school equivalency from the respondent.

**FA8** For persons who completed only part of the year or grade or failed to "pass" the year or grade, enter Code 2 (NO). Also enter Code 2 for persons who are currently enrolled in that grade in the regular school system.

HAND CARD F-1

Are any of those groups RICHARD's  
national origin or ancestry?

(Where did RICHARD's ancestors come from?)

( 1 )

1. YES
2. NO

HAND CARD F-1

Which of those groups best describes RICHARD's  
national origin or ancestry?  
Please give me the number of the group.

( 2 )

1. Mexican/Mexican American
2. other Latin American or other Spanish

ARGENTINEAN, BOLIVIAN, CENTRAL AMERICAN, CHILEAN, COLOMBIAN,  
CUBAN, DOMINICAN, ECUADORAN, GERMAN, GUATEMALAN, HONDURAN,  
NICARAGUAN, PANAMANIAN, PERUVIAN, PHILIPPINO, PORTUGUESE,  
PUERTO RICAN, SALVADOREAN, SPANISH, TRINIDADIAN, URUGUAYAN,  
VENEZUELAN. ARGENTINEAN

specify

FA9 It is very important to accurately determine if the family head(s) and other SPs belong to one of the Hispanic groups listed on Hand Card F1. Administer FA9 by showing Hand Card F1 to the respondent, and asking if any of the groups on the card represents his/her national origin or ancestry. Note that FA9 is a Yes/No question. If Code 1 (YES) is entered, CAPI will go to FA10. Enter the code corresponding to the answer.

**FA100V** Note the following definitions for Hand Card F1.

1. Mexican/Mexican-American refers to anyone of Mexican birth or descent. It refers to anyone who may call themselves "Mexican, Mexican-American, Chicano or Tex-Mex." Code "1" for this group.

**SPECIAL NOTE -- HISPANOS**

For ARIZONA, CALIFORNIA, NEW MEXICO OR TEXAS:

When working in one of these four states and someone is identified as Hispano, Spanish, Spanish-American, Hispanic or some other non-specific category, PROBE for a country of origin. If the answer remains vague, such as "my family has been in this country for generations," code "1" and record verbatim.

2. Other Latin American or Spanish refers to anyone who says they were born in or had ancestors from Spain or one of the western hemisphere territories or countries (excluding Mexico) where Spanish is the primary language (e.g., Puerto Rico, Nicaragua, El Salvador, Dominican Republic, Colombia, Peru, Spain, etc.). Code "2" for this group and specify.

If a person has identified himself/herself as Code 2 (OTHER LATIN AMERICAN OR OTHER SPANISH) you will be asked to enter a specific nationality to be sure the person should not in fact be classified as Mexican/Mexican American. The list of nationalities under the response category represents some of the common Latin American or Spanish nationalities that have been reported in the past. Enter the nationality on the line provided.

### Mixed Ethnic Background

In some cases you may encounter persons of mixed ethnic background. The following guidelines should be adhered to when you encounter these situations.

When you find individuals of mixed ethnic background, if one of the ethnic backgrounds is Hispanic and the other is not, code the individual in the appropriate Hispanic group. For example:

Example #1: Joseph E. Lago is Mexican and Italian. Enter Code 1 (Mexican/Mexican American).

Example #2: Maria Elena Ramirez is Puerto Rican and Irish. Enter Code 2 (Other Latin American or Spanish).

Example #3: Diana Linda Gomez is Argentinian and German. Enter Code 2 (Other Latin American or Spanish).

If an individual is of mixed Hispanic background, give priority to the group with the lowest number. For example:

Example #1: Pedro Luis Morales is Mexican (Code 1) and Puerto Rican (Code 2). Enter Code 1.

Example #2: Antonio E. Mata is Mexican (Code 1) and Chilean (Code 2). Enter Code 1.

Example #3: Frances P. Lopez is Puerto Rican (Code 2) and Peruvian (Code 2). Enter Code 2.

Race is not an issue in FA10. If a respondent answers Hispanic and white, Hispanic and black, Mexican and white, etc., code the correct Hispanic group as described above.

HAND CARD F-2

What is the number of the group that best represents RICHARD's race?

(4 )

1. Aleut, Eskimo, or American Indian
2. Asian or Pacific Islander
3. Black
4. White
5. Another group not listed

Is RICHARD now married, living together with someone as married, widowed, divorced, separated or has RICHARD never been married?

IF MARRIED, PROBE FOR SPOUSE IN HOUSEHOLD OR SPOUSE NOT IN HOUSEHOLD.

(1 )

1. married - spouse in hh
2. married - spouse not in hh
3. living as married
4. widowed
5. divorced
6. separated
7. never married

FA11 Show Card F2 (identical to response categories in question) and ask the respondent to indicate the number of the group which best represents his/he race. Enter the code that represents the response category. If two or more answers, PROBE for best one. If you cannot obtain one answer, and one of the two groups mentioned is "Black", Code 3 (Black), because that is a study group for NHANES III. If neither of the two groups mentioned are "Black", enter the code corresponding to the first group mentioned by the respondent. For example: If the respondent continues to say "Asian and Eskimo," enter Code 2 (Asian). If you encounter any further difficulty or confusion, Code 5 (Another group not listed) -- specify," and explain the situation on the line provided.

Note the following definitions:

- 1) Aleut, Eskimo, or American Indian includes persons having origins in any of the peoples native to the Arctic coastal regions of North America (including the Aleutian Islands) as well as the original peoples of mainland North America.
- 2) Asian/Pacific Islander includes persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan.
- 3) Black includes persons having origins in any of the black racial groups of Africa.
- 4) White includes persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 5) Another group not listed (SPECIFY) is self-explanatory.

NOTE: Persons who are of Hispanic national origin or descent, as determined in FA9 and FA10, may be of various racial groups, so code accordingly.

**FA12** Record current marital status using the following guidelines:

Code 1 Married -- Note that there are two categories for married: married - spouse in HH and 2 married - spouse not in HH. If the respondent answers "married" and you know the location of the spouse from previous questions, you do not have to read the qualifier (spouse in HH - spouse not in HH) as part of the category. Simply enter the appropriate code. However, if the respondent answers "married" and you have any doubt about the spouse's location, you must probe for whether the spouse is in the household or not in the household.

Include persons in these first two categories who report themselves as married and those who state they have a common-law marriage.



Did RICHARD ever serve in the Armed Forces  
of the United States?

( 2 )

1. YES
2. NO

**FA13** "Served 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 service in the Armed Forces: Persons who worked in civilian positions for the Armed Forces; persons who served 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 enter Code 1 (Yes) if the person received a medical or disability discharge/release, even if this release came during initial training.

Medicare is a Social Security health insurance program for certain disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this.

HAND CARD F-3

During the last month were

RICHARD, SUSAN, HENRY,  
WHITNEY, JESSICA, RICHARD  
covered by Medicare?

( 1 )

1. Yes, one or more SPs covered
2. No, no SPs covered

### 3. SECTION B: HEALTH INSURANCE AND INCOME ASSISTANCE

This section is asked only about SPs in the family, which means you will ask about the family head only if s/he is an SP. CAPI will cycle through a set of questions concerning specific types of health insurance (Medicare, Medicaid, military health care programs and private insurance plans) for all SPs. The names of the people you are talking about will automatically be inserted in the text of each question.

#### **FB**

**1-FB5** all pertain to Medicare.

**FB1** Although it is most common for persons 65 years old and over to have Social Security Medicare coverage, in certain situations people under 65 may also be covered. Therefore, questions **FB1-FB2** are asked for all SPs, regardless of age. **FB1** asks if any of the SPs in the family are currently covered by Medicare. If at least one of the family's SPs are covered, enter Code 1 (YES). If none of the SPs in the family are covered by Medicare, enter Code 2 (NO) and CAPI will automatically skip to the next set of insurance questions.

30.0202 FB2

ID: 002-1000002 Family Section: B

During the last month was RICHARD  
covered by Medicare?

( 1 )

1. covered
2. not covered

30.0203 FB3

ID: 002-1000002 Family Section: B

May I please see the Medicare cards for

RICHARD, SUSAN, HENRY,  
WHITNEY, JESSICA, RICHARD

to record the claim number and type of coverage?

PRESS ENTER TO CONTINUE

**FB2** If any SP in the family is covered by Medicare (YES in FB1), CAPI will ask about each SP separately before asking the next question.

NOTE: When asking these questions, pronounce "Medicare" carefully in order to distinguish it from "Medicaid". Some older or hearing-impaired respondents may not hear the difference unless you pronounce it carefully. Also note that respondents/SPs may have commercial insurance policies for older persons that they might confuse with Medicare. Examples are: "Blue Cross/Blue Shield 65", "Senior Plan", and "Medigap". DO NOT COUNT POLICIES OF THIS KIND AS MEDICARE .

**FB3** **FB3** will be asked for all persons covered by Medicare as indicated in **FB2**. It is important that you see the Medicare card for each respondent if possible.

30.02031 FB3A

ID: 002-1000002 Family Section: B

MAY I PLEASE SEE THE MEDICARE CARD FOR RICHARD TO  
RECORD THE CLAIM NUMBER AND TYPE OF COVERAGE?

ENTER THE INFORMATION FROM THE CARD OR ENTER 0 IF CARD NOT AVAILABL  
RE-ENTER 0 IF SP DOES NOT KNOW CLAIM NUMBER

( 0 )-( ) ( )-( )

( )

1. hospital only (Part A)
2. medical only (Part B)
3. both

30.0204 FB4

ID: 002-1000002 Family Section: B

During the last month was RICHARD  
covered by the part of Medicare that pays for hospital  
bills?

( 1 )

1. YES
2. NO

**FB3A** You will record the Medicare number and type of coverage on this screen for each SP covered before continuing on to the next set of questions.

- The type of coverage a person has will be indicated under "IS ENTITLED TO" and "EFFECTIVE DATE" on his/her card. The following chart shows how to determine type of coverage:

If You See.... Coverage Type Is....

| IS ENTITLED TO                             | EFFECTIVE DATE   |  |
|--|------------------|--|
| 1. Hospital Insurance<br>Medical Insurance | 1/1/86<br>3/1/86 | <b>Both</b> hospital and medical; that is, Types A and B |
| 2. Hospital Ins. ONLY                      | 2/1/87           | Hospital Only (Type A)                                   |
| 3. Medical Ins. ONLY                       | 6/1/87           | Medical Only (Type B)                                    |

Note that when a person has both types of coverage, the effective dates can be the same or different. If the person has only one type of coverage, it will be followed by the word "ONLY". Remember, if the person is covered, there will always be a coverage type and an effective date shown. One cannot be there without the other - if it is, explain the details in comments (CTRL/K) and enter a SHIFT/8 (DK). If nothing is shown under "IS ENTITLED TO" or "EFFECTIVE DATE", the person is not covered.

- If the card is available, enter the claim number from the card and enter the code that indicates the coverage information: "hospital only", "medical only" or "both".
- If you are shown a card other than a Medicare card, use COMMENTS (Ctrl/K) to note the type of card and enter "0".
- If the card is not available, enter "0" CAPI will then provide an automatic probe on the screen designed to find out if the respondent knows the Medicare number. If not, you are required to reenter the "0" code before continuing.

**FB4** If you entered "0" (CARD NOT AVAILABLE) for any person in **FB3**, you will ask **FB4** and **FB5** for those persons to determine the type of coverage.

For each SP whose Medicare card is not available ("0" CARD NOT AVAILABLE in B3), you will ask FB4 and FB5 to determine the type of coverage. FB4 is designed to find out whether the SP has "Hospital" coverage (Type A coverage).

Medicare has an optional feature that costs extra and helps pay for doctor bills. During the last month was RICHARD covered by the part of Medicare that pays for doctor's bills?

( 1 )

- 1. YES
- 2. NO

There is a national program called Medicaid which pays for health care for persons in need. In this State it is also called Medical Assistance.

During the last month were

RICHARD, SUSAN, HENRY,  
WHITNEY, JESSICA, RICHARD  
covered by Medicaid or Medical Assistance?

( 1 )

- 1. Yes, one or more SPs covered
- 2. No, no SPs covered

During the last month was RICHARD covered by Medicaid?

( 1 )

- 1. covered
- 2. not covered

**FB5** FB5 is designed to find out if the SP has "Medical/Doctor's coverage (Type B coverage). If the respondent doesn't know the type of coverage but knows that a certain amount is paid each month for Medicare, this indicates that s/he at least has "Medical/Doctor's" coverage. Enter SHIFT/8 (DK) in **FB4** and code 1 (YES) in **FB5**.

**FB6** **FB6-FB7** both pertain to Medicaid -- B6 asks about all SPs and B7 asks about individual SPs. In some states Medicaid is known by a different name (California - Medi-Cal, Arizona - Access), CAPI will display the appropriate name of the program when in those States.

**FB7** If Code 1 (YES) to **FB6** (at least one SP covered by Medicaid), you will ask **FB7** for every family SP. If no SPs are covered by Medicaid (Code 2 (NO) in B6), CAPI will skip to the next set of insurance questions.

NOTE: When asking the question, pronounce "Medicaid" (or "Medi-Cal", etc.) carefully in order to distinguish it from Medicare.

30.0208 FB8

ID: 002-1000002 Family Section: B

During the last month were

RICHARD, SUSAN, HENRY,  
WHITNEY, JESSICA, RICHARD  
covered by CHAMPUS, CHAMPVA, the VA, or military health  
care?

(These programs cover active duty and retired career military  
personnel and their dependents and survivors and also disabled  
veterans and their dependents and survivors.)

( 1 )

1. Yes, one or more SPs covered
2. No, no SPs covered

30.0209 FB9

ID: 002-1000002 Family Section: B

During the last month was RICHARD covered  
by CHAMPUS, CHAMPVA, the VA or military health care?

( 1 )

1. covered
2. not covered

**FB8-FB9** are intended to identify SPs who are covered by military programs that provide health care for active and retired military personnel and their dependents.

**FB8** CHAMPUS (Civilian Health and Medical Program for the Uniformed Services) is a military program that provides health care for military dependents or survivors. CHAMPVA (Civilian Health and Medical Program of the Veterans Administration) provides medical care for the spouse, dependents or survivors of a veteran who had a service connected disability.

**FB9** The format of **FB8** and **FB9** is the same as in previous questions. If the answer to **FB8** is "yes" (at least one SP in the family covered), you will ask **FB9** about each SP.

We are interested in all kinds of health insurance plans except those that pay only for accidents.

Not counting Medicare, Medicaid, or Veteran's Payments, during the last months were

RICHARD, SUSAN, HENRY,  
WHITNEY, JESSICA, RICHARD

covered by a health insurance plan obtained privately or through a current or former employer or union that pays any part of a hospital stay or routine doctor's care? Include membership in a health maintenance organization.

( 1 )

1. Yes, one or more SPs covered
2. No, no SPs covered

Questions **FB10-FB11d** concern private health insurance.

**FB10** The phrase "Not counting Medicare, Medicaid or Veteran's Payments" will be inserted if any SPs are covered by these programs, as indicated in previous questions.

We will define a health insurance plan as one specifically designed to pay all or part of the hospital, doctor, surgeon, or other medical expenses of the insured individual. The plan, in order to be considered as private health insurance, must be a formal one with defined membership and benefits. For the purpose of this survey, private health insurance excludes the following:

- Plans limited to "dread diseases" only, such as polio or cancer.
- 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.
- Public welfare/Medicaid, Social Security/Medicare and Military programs such as CHAMPUS, CHAMPVA.
- "Income Maintenance" Insurance or Extra Cash Policies that pay a specified amount of cash for each day or week that a person is hospitalized. The cash payment is not related in any way to the person's hospital or medical expenses. For example, the extra cash can be used to pay for child care during a parent's illness or to replace lost wages from work.

30.0211 FB11

ID: 002-1000002 Family Section: B

During the last month was RICHARD covered by one or more health insurance plans obtained privately or through an employer or union?

( 1 )

1. covered
2. not covered

30.02111 FB11A

ID: 002-1000002 Family Section: B

Did any of these plans cover any part of hospital expenses?

( 1 )

1. YES
2. NO

30.02112 FB11B

ID: 002-1000002 Family Section: B

Did any of these plans cover any part of the costs of routine doctor's care?

( 1 )

1. YES
2. NO

30.02113 FB11C

ID: 002-1000002 Family Section: B

Did any of these plans cover any part of dental care?

( 2 )

1. YES
2. NO

30.02114 FB11D

ID: 002-1000002 Family Section: B

Are any of these plans from someone's current or former employer or union?

( 1 )

1. YES

- FB11**  
**FB11A** If Code 1 (YES) in FB10 (at least one family SP covered by private health insurance),  
**FB11B** you will ask this series of questions about each SP before continuing on to the next set of  
**FB11C** questions.  
**FB11D**
- FB11A** Enter Code 1 (YES) **FB11A** enter "YES" for those family SPs who are covered by 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 stay itself, the cost of room and meals, and the costs of other hospital services, such as operating room, laboratory tests, X-rays, and medicine. Excluded are charges for the doctor's or surgeon's services, as well as for special nurses.
- FB11B** Enter Code 1 (YES) for those family SPs who are covered by any insurance which pays all or part of the doctor's or surgeon's bill. Routine care is defined as any care given by a doctor in any setting other than hospitalization which may occur on a recurrent basis. This would include checkups as well as treatments for specific medical problems. Coverage for routine care frequently occurs after a deductible has been met. It does not encompass hospitalizations.
- FB11C** Enter Code 1 (YES) for those family SPs who are covered by any insurance which pays all or part of dental care whether it is routine care or dental surgery.
- FB11D** Enter Code 1 (YES) if the private insurance plan was obtained through the SPs employer or union or if the SP is covered under another family member's employee or union insurance.

Has RICHARD ever been refused health insurance or limited in the kind of insurance coverage he could obtain because of poor health?

( 2 )

1. YES
2. NO

**FB12** **FB12** is asked about all SPs in the family regardless of their current health insurance coverage. Enter Code 1 (YES) if the SP has ever been denied or limited in the kind of health insurance s/he is eligible to receive because of his or her medical condition.

At this point in the interview, the CAPI program will check your previous entries. If all family SPs were covered by some type of health insurance (Medicare, Medicaid, military health care, private health insurance) CAPI will skip to the next section.

Many people do not carry health insurance for various reasons.

## HAND CARD F-4

Which of these statements describes why JESSICA is currently not covered by any health insurance?

( 3 ) ( 9 ) ( ) ( ) ( ) ( ) ( ) ( )

2. REFUSED INSURANCE FOR HEALTH REASONS
3. NOT EMPLOYED -- CAN'T AFFORD INSURANCE PREMIUMS
4. NOT EMPLOYED -- LOST JOB, DID NOT CONTINUE INSURANCE
5. EMPLOYED BUT EMPLOYER DOES NOT OFFER INSURANCE
6. EMPLOYED AND EMPLOYER OFFERS INSURANCE, BUT JESSICA IS NOT ELIGIBLE FOR INSURANCE (FOR EXAMPLE, BECAUSE OF WORKING ONLY PART-TIME)
7. EMPLOYED, EMPLOYER OFFERS INSURANCE, AND JESSICA IS ELIGIBLE, BUT CAN'T AFFORD EMPLOYEE PART OF PREMIUM
9. DON'T BELIEVE IN, DON'T THINK CAN GET, OR HAVEN'T NEEDED HEALTH INSURANCE
10. SOME OTHER REASON

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN

What is the main reason JESSICA's currently not covered by any health insurance?

( 3 )

3. Not employed--can't afford insurance premiums
9. Don't believe in, don't think can get, or haven't needed health insurance

FB14-FB16 are designed to determine reasons for not being covered by Medicare, Medicaid, military or private health insurance programs. As previously mentioned, CAPI will display these questions ONLY FOR THOSE SPs NOT COVERED, AS INDICATED BY YOUR ENTRIES IN PREVIOUS QUESTIONS.

**FB14** Show card F-4 and allow the respondent time to read the list of reasons. Enter all codes corresponding to the reasons indicated by the respondent. Note, the respondent may read the reason(s) or simply give you the entry code corresponding to the reason(s). Notice that there are several important distinctions between categories you will not be able to code a response such as "I can't afford it" without obtaining further information from the respondent. If the respondent mentions a reason other than those listed, enter Code 10 and specify on the line provide.

**FB16** If more than one reason is entered in the previous question, CAPI will display each reason given. Enter the one code which corresponds to the main reason the SP is not covered by health insurance.

30.0302 FC2

ID: 002-1000002 Family Section: C

Now I have some questions about RICHARD's biological parents.

How much does RICHARD's mother weigh?

IF PREGNANT, RECORD WEIGHT BEFORE PREGNANCY.

(140 ) pounds

OR

( ) kilograms

30.0303 FC3

ID: 002-1000002 Family Section: C

How tall is RICHARD's mother?

(5 ) feet / (6 ) inches

OR

( ) centimeters

#### 4. SECTION C: FAMILY BACKGROUND

This section is asked only about family SPs under 17 years old. This section contains questions about the SP's biological parents, their health, and the SP's residential history. If there is more than one SP in the family under 17 years old, CAPI will cycle through the entire set of questions in this section for the first SP before asking about the next SP.

**FC2-FC6** Read the introductory sentence. **FC2-FC6** are asked only about the SP's biological parents. Remember that the biological mother gave birth to the child and the biological father impregnated the biological mother. Be sure that the respondent understands that these questions are about the biological parents, not about step-parents, foster parents, or guardians.

**FC2** At **FC2** enter the weight of the biological mother in pounds or kilograms as reported by the respondent. If respondent answers in half or quarter pounds, USE THE ROUNDING RULE (see the General Interviewing Techniques Manual) and drop any fractions.

**FC3** There are several recording rules to remember in this question:

- If the respondent answers in feet only, probe for feet and inches.
- If the respondent still states height in feet (e.g., 5 feet exactly) record the answer as 5 feet 0 inches.
- If the height is stated in terms of feet only (e.g., 5 and ½ feet) record in feet and inches (5 feet 6 inches).
- If inches are given as a fractional measurement, use the rounding rule (Section 6.2, General Interviewing Techniques Manual) and drop any fraction.
- A best estimate is sufficient.
- If the respondent still doesn't know, enter SHIFT/8 (DK) in the "feet" field.
- If the answer is given in centimeters, press the ENTER key to move the cursor to the "centimeters" field.

30.0304 FC4

ID: 002-1000002 Family Section: C

How much does RICHARD's father weigh?

(168 ) pounds

OR

( ) kilograms

30.0305 FC5

ID: 002-1000002 Family Section: C

How tall is RICHARD's father?

(6 ) feet / (2 ) inches

OR

( ) centimeters

FC4-FC5 See specification for question FC2 and FC3. Here  
the questions are about the SP's biological father.

FC6 and

30.03064 FC60V4

ID: 002-1000002

Family

Section: C

Has either of RICHARD's biological parents ever been told by a doctor that he or she had ...

Which parent

1 = YES,  
2 = NO

1 = father,  
2 = mother,  
3 = both

- a. High blood pressure or stroke before the age of 50? (2 )
- b. Heart attack or angina before the age of 50? (2 )
- c. High blood cholesterol at any age? (1 ) (1 )
- d. Asthma or hay fever at any age? (1 ) (3 )
- e. Diabetes at any age? (2 )

30.0307 FC7

ID: 002-1000002

Family

Section: C

How long has RICHARD lived at this address?

ENTER 00 IF WHOLE LIFE.

(2 )  
number

(3 ) 1. weeks  
2. months  
3. years

FC6

This question is designed to determine if either or both of the SP's biological parents have been diagnosed by a doctor as having certain medical conditions.

Starting with item "a", ask **FC6**, which asks if either (or both) of the SP's biological parents have been diagnosed by a doctor as having the listed condition. If "YES", enter the appropriate code that corresponds to which biological parent(s) had the condition. (The CAPI screen will change to FC6OV1-5 when asking this question) Then go to the next item and repeat the procedure.

If for any item, the answer to **FC6** is "NO", CAPI will skip to the next item

NOTE that items "a" and "b" ask if the biological parent(s) had the condition BEFORE THE AGE OF 50. The other items pertain to any age.

**FC7-FC9**

These questions obtain a residential history of family SP's under 17 years old.

NOTE: Because of new immigration laws, some respondents who have emigrated to the United States in recent years may be sensitive to questions about their length of residence and country of birth in the section, especially since you may be viewed as a "government representative." If respondents are reluctant to answer such questions, encourage (but don't push!) them to do so by assuring them that the results of the survey are confidential and that the information they give you is compiled and reported together with all other respondents, so that no individuals are identified.

**FC7**

Enter a number and a code to correspond with the unit of time (weeks, months, years). Enter "00" if child SP has lived at this address his or her whole life.

30.03071 FC7VER

PREVIOUSLY COLLECTED INFORMATION INDICATES (SUBJECT )  
IS (# MONTHS) OLD. HOWEVER, THE RESPONDENT JUST STATED  
THAT (SUBJECT ) HAS LIVED AT THIS ADDRESS FOR  
(# YEARS ). THIS IS INCONSISTENT. PLEASE VERIFY THE LENGTH  
OF TIME THAT (SUBJECT ) HAS LIVED AT THIS ADDRESS.

PRESS ENTER TO CONTINUE

30.0308 FC8

ID: 002-1000002 Family Section: C

How long has RICHARD lived in this  
(city/town/area)?

ENTER 00 IF WHOLE LIFE.

(5 )  
number

(3 ) 1. weeks  
2. months  
3. years

90.0309 FC9

ID: 002-1000002 Family Section: C

How many times has RICHARD moved?

(2 ) times  
number

If the respondent doesn't know about one or the other biological parent (i.e., "I don't know about Jimmy's father's health -- we've been divorced for a long time.") Enter this comment once (CTRL/K) and continue asking the questions about the other biological parent.

**FC60VI** Each time a Code 1 is entered for a condition, another question will appear. Enter the appropriate code to indicate which biological parent was diagnosed with the condition (father, mother, both).

FC7VER        If the answer given to FC7 seems inconsistent with the age of the child, a verification screen will appear and you will be given a chance to reconcile information by reasking the previous question.

**FC8**        At **FC8** enter 00 if "whole life" or a number and a code to correspond with the unit of time (weeks, months, years) the SP has lived in this "city/town/area". Under most circumstances you should use city or town when reading **FC8**. Only in a situation where you are unsure of the type of place you are in should you use "area".

**FC9**        At **FC9** obtain the total number of times the SP has moved from one address to another (not just from one city or town to another).

30.0310 FC10

In what country was {SUBJECT'S }'s mother born?

( )

1. 50 U.S. states
2. Mexico
3. other

30.0311 FC11

In what country was {SUBJECT'S } 's father born?

( )

1. 50 U.S. states
2. Mexico
3. other

FC10-FC11

We are interested in country of birth of SP's biological parents. "50 U.S. states" means the United States, including Alaska and Hawaii. If Code 3 (OTHER) is entered, type the complete name of the country on the line provided.

## 5. SECTION D: OCCUPATION OF FAMILY HEAD

This section is only asked about the family head, and only if the family head is not an SP. If the family head is not an SP but is on active military duty and living at home, CAPI will skip you to FD10

### FD2FD12 Occupational/Work Status Questions

Questions FD2 through FD12 help to identify persons who are in the labor force. Work status is important in analyzing health data. People who have jobs can be compared with those who don't on variables such as utilization of health services, specific diseases, etc.

#### Definitions:

1. Work

■ Include the following as "work":

- (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 an employee of the National Guard or Department of Defense.
- (5) Serving on paid jury duty.
- (6) Participating in "exchange work" or "share work" on a farm.

■ Do not include as "work":

- (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.

- 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 s/he 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.
- Consider seasonal employment as a job only during the season and not during the off-season. For example, a ski instructor would not be considered as having a "job" during the off-season.
- Consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work in the fall as having a "job" even though they may be on summer vacation.
- Consider persons who have definite arrangements to receive pay while on leave of absence from their regular jobs to attend school, travel, etc., as having a "job." This may be referred to as "sabbatical leave." Probe to determine if the person is receiving pay if this is not volunteered.
  - Do not consider 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."
- 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 lawn-mowers, hand shears, and the like would not meet the "substantial value" criteria.
- An office, store, or other place of business is maintained.
- There is some advertisement of the business or profession by listing it in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or otherwise publicizing that a particular kind of work or service is being offered to the general public.

Consider the selling of newspapers, cosmetics, and the like as a business if the person buys the newspapers, 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 a "job."

Do not consider casual work such as that performed by a craft worker or odd-job carpenter or plumber as a business.

Consider questionable or borderline cases to be work at a job rather than own business.

4. 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 business as being on layoff.

5. Looking for Work -- Any effort to get a job or to establish a business or profession. A person was looking for work if s/he 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.
- Writing letters of application
- Visiting locations where prospective employers pick up temporary help.

Also, consider persons "on call" at a personnel office, union hiring hall, professional register, etc., as looking for work. Include as looking for work, persons who have made an effort to start a professional practice or explored the possibilities for opening a new business during the past 2 weeks, even though these efforts may not have been successful.

During the past 2 weeks, did RONALD work at any time at a job or business, not counting work around the house?

INCLUDE UNPAID WORK IN THE FAMILY FARM OR BUSINESS.

( 2 )

1. YES
2. NO

Even though RONALD did not work during those 2 weeks, did he have a job or business?

( 2 )

1. YES
2. NO

FD2 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 FD2.

If a respondent is in doubt and states the nature of the person's work during the past 2 weeks, refer to the definition of "work" and "job" given earlier.

As the note instructs, ask specifically about unpaid 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.

FD3 In question FD3, 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, layoff, illness, maternity leave, or other personal reasons;

AND

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

If volunteered, do not consider a person to have a job if the person is waiting to begin a new job. 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 go back to FD2 (Ctrl/B) and enter "Yes". If not, mark "No" in FD3.

If a person is said to be temporarily absent from a job on paternity or maternity leave, determine the total length of time the person expects to be away from the job. If the person has been, or expects to be, on paternity/maternity leave for a total of more than 90 days, enter "No" in question FD3, even if the job is being held for the person.

Example: A woman says that she has been on maternity leave for 4 months, but will return to her old job in 2 weeks --- enter "No" in FD3 since the total time away from her job exceeds 90 days. (NOTE: In this example, you would still mark "No" in FD3 even if the woman had returned to work during interview week.)

If the person intends to return to the job within 90 days of the date the maternity/paternity leave started, enter "Yes" in FD3.

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 employment questions in this series 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. (NOTE: The list of programs is not all-inclusive. Use the "General" guidelines for programs not specifically covered.)

a. General

- Consider the person as working if s/he receives any pay for the work or on-the-job training.
- Do not consider the person as working or with a job if s/he 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 2public service employment, and funds programs for education and skill training, on-the-job training, special programs and 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 s/he receives on-the-job training.
- Do not consider the participant as working or with a job if s/he receives training in a school or other institutional setting.
- Consider the participant as working if s/he receives both on-the-job and institutional training. (NOTE: Count only the time spent on the job as working, however.)

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 s/he worked full- or part-time in addition to any training received. (NOTE: 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 s/he 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 one 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 is the activity at the time of interview. Do not consider them as working or with a job if they are going to school at the time of interview.
- 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 poverty families. Consider persons in either program as working.
- k. Veterans Apprenticeship and On-the-Job Training Programs -- 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."

NOTE: 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 the period, such persons did not work because of illness, vacation, etc., mark "No" in question FD2 and "Yes" in question FD3.

30.0404 FD4

ID: 002-1000020 Family Section: D

Was RONALD looking for work or on layoff  
from a job?

( 1 )

1. YES
2. NO

30.0405 FD5

ID: 002-1000020 Family Section: D

Which, looking for work or on layoff from a job?

( 2 )

1. looking
2. layoff
3. both

FD4 This question is asked only about persons who have not worked during the past 2 weeks. However, often you will be given the reason a person was not at work during the past 2 weeks when you ask question FD3. In such cases you may verify it with the respondent and enter the appropriate code in question FD4 without asking the question. However, if you have any doubt about the reason for "not working," ask question FD4 as worded.

FD5 Enter "1", "Looking", if the person made any effort in the preceding 2 weeks (that is, through the Sunday before interview week) to secure a job or establish a business.

Enter "2", "Layoff", if the person was on layoff during the preceding 2 weeks.

Enter "3", "Both", if the person was looking for work and on layoff during the preceding 2 weeks.

#### Special Situations for Questions FD4 and FD5

- a. 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.

- b. 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 until the summer. For such persons, mark "No" in FD4 unless the person was laid off from a summer job or was looking for work.

- c. 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 s/he 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, enter "Yes" in FD4 -- 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.

d. If it is volunteered that a person is waiting to begin a new job within 30 days of the interview, and was not on layoff during the past 2 weeks, enter "Yes" in FD4, "Looking" in FD5, and describe the person's last full-time civilian job or business lasting 2 consecutive weeks or longer in FD8 to FD12. Enter a comment (Ctrl/K) at FD4, "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, enter "Yes" in FD4, "Both" in FD5, and describe the job from which the person was laid off in item FD8 to FD12.

e. 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 FD4 without probing to determine whether the person was temporarily absent or on layoff from a job during the past 2 weeks or was actively looking for work 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, re-ask question FD4 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 s/he looking for work, mark "No" in **FD4**.

f. 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. Go back to FD2 (Ctrl/B) and enter "Yes". CAPI will then skip you to FD8. Complete items FD8 to FD12 for the new business, professional practice, or farm.

- If no time was spent making arrangements during the past 2 weeks, ask question FD4 following FD3 specifications and record the answer.

g. 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, do not consider this as a layoff. In such cases, determine whether s/he was looking for a job and, if so, mark "Yes" and continue. If not, go back to FD2 (Ctrl/B) and enter "No".

## FD7-FD12 Job and Business Description Questions

FD7 through FD12 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 remainder of the survey to compare the relationships between jobs and health, exposure to hazards, time lost from work and other variables.

### Definitions:

1. Work -- see page 17-32 (definitions for work status series).
2. Kind of business or industry -- The major activity of the establishment or business in which the person worked.
3. Employee of a PRIVATE company, 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.
4. 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 business.
5. 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.
6. 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.

7. 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.
8. Working WITHOUT PAY in a Family Business or Farm -- Working on a farm or in a business operated by a related member of the household, without receiving wages or salary for work performed. Room and board and a cash allowance are not considered as pay for these family workers.

#### General Instructions

1. **FD7** through **FD12** provide a full description of a person's civilian job or business. Each question must be completed as follows:

FD7, FD8 -- Employer: The name of the company, business, organization, government agency, or other employer.

FD9 -- Kind of Business: The type of business or industry at the location where the person was working.

FD10 -- Kind of Work: The type of work the person was doing. Often stated as a job title.

FD11 -- Occupation: The most important activities or duties associated with the type of work the person was doing.

FD12 -- Class of Worker: Whether the industry and occupation described in **FD7-FD11** identifies the person as working for:

- A PRIVATE employer (1)
- The FEDERAL Government (2)
- A STATE government (3)
- A LOCAL Government (4)

- Self employed in OWN business, professional practice, or farm (5)
  - INCORPORATED
  - UNINCORPORATED or FARM
  - WITHOUT PAY in a family business or farm (7)
  - NEVER WORKED or never worked at a full-time civilian job lasting 2 weeks or more (0)
2. Ask questions **FD7** through **FD12** 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 this series must refer to the same job or business and must present a consistent picture since you are describing only one job, business, or profession. When you get an inconsistency, probe to obtain adequate and consistent entries.

Example: A respondent reports

FD7/8. Joe's Barber Shop  
FD9. retail jewelry store  
FD10. barber  
FD11. selling jewelry  
FD12. 1

This is obviously inconsistent. Correct entries might be:

|        |                   |        |                      |
|--------|-------------------|--------|----------------------|
| FD7/8. | Joe's Barber Shop | FD7/8. | Smith's Jewelry Co.  |
| FD9.   | barber shop       | FD9.   | retail jewelry store |
| FD10.  | barber salesman   | OR     | FD10. jewelry        |
| FD11.  | cutting hair      | FD11.  | selling jewelry      |
| FD12.  | 1                 | FD12.  | 1                    |

4. For persons who worked during the past 2 weeks, describe the job at which they worked.
  - a. If a person worked at more than one job during the past 2 weeks, or operated a farm or business and also worked for someone else, describe the one job at which s/he worked the most hours. If the person worked the same number of hours at all jobs, enter the one job at which s/he has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the main job.
  - b. If a person was absent from his/her regular job all of the past 2 weeks, but worked temporarily at another job, describe the job at which the person actually worked, not the job from which s/he was absent.
5. If a person had a job but did not work at all during the past 2 weeks, describe the job s/he 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 s/he usually works the most hours. If the person usually works the same number of hours at all jobs, enter the job at which s/he 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 s/he 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 civilian job which lasted 2 consecutive weeks or more. This may have been for wages or salary, in his/her own business, or without pay on a family farm or in a family business. If the person never worked or never worked at a full-time civilian job lasting 2 weeks or more, enter "Never" in **FD7/FD8/FD9/FD10/FD11** and enter "0", "never worked..." in **FD12**.

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 questions **FD2** through **FD12** 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 Services" as a typist for an insurance firm, the **FD7** through **FD12** questions entries would be:

FD7/FD8. Kelly Services  
FD9. Temporary help employment contractor  
FD10. Typist  
FD11. Typing  
FD12. 1

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 **FD12**, Class of Worker, entries are the specific entries to be made for the examples.

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 "pay check" rule of thumb -- ask who pays the person and consider them as the employer.

Example: A person may say that s/he works for Local #212 of the plumbers' union. However, during the past 2 weeks s/he was working on a new construction project and was paid by Acme Contractors. Therefore, "Acme Contractors" would be the employer, not the union.

30.0407 FD7

ID: 002-1000020 Family Section: D

For whom did RONALD work?

ENTER NAME OF COMPANY, BUSINESS, ORGANIZATION, OR  
OTHER EMPLOYER.

EMPLOYER: FORD MOTOR COMPANY

30.0408 FD8

ID: 002-1000021 Family Section: D

For whom did JASON work at his  
last full-time civilian job or business lasting  
2 consecutive weeks or more?

ENTER NAME OF COMPANY, BUSINESS, ORGANIZATION, OR  
OTHER EMPLOYER.

EMPLOYER: GENERAL MOTORS INCORPORATED

FD7-FD8

You will ask questions **FD7** or **FD8** depending on the family head's previously determined work status in **FD2**, **FD5**, or **FD6**. If the person has a job or is on layoff, as indicated in **FD2-FD6**, CAPI will skip to **FD7**. If the person does not have a job, even if s/he is looking for one, as indicated in **FD2-FD6**, CAPI will skip to **FD8**.

Employer

- a. 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, babysitters, etc., enter "various persons" in **FD7/FD8**.
- b. 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.
- c. 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 FD7/FD8. If there is no business name, enter "self-employed," "own business," "family farm," etc.
- d. If the person never worked or never worked full-time 2 weeks or more, enter "Never" in FD7/FD8 and "0", "never worked..." in FD12.

What kind of business or industry is this?

(For example, TV and radio, manufacturing,  
retail shoe store, State Labor Department,  
farm.)

INDUSTRY: AUTOMOBILE MANUFACTURER

FD9 Kind of Business or Industry

- a. In order to give a clear and exact description of the industry, the entry must indicate both a general and 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 the family head 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 wholesales," 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 may carry 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 customers 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 FD9. However, sometimes the names of government agencies are not fully descriptive of their business or activity. A correct entry in FD9 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 FD7/FD8 and the employer's business or industry in FD9. Among those who normally work at different locations at different times are Census interviewers, building painters, and refrigeration mechanics. Their industry entries might be the 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 **FD7** through **FD12** for the one who pays.

k. Examples of adequate entries for question **FD9**: The following are examples of inadequate and adequate entries for kind of business or industry (question **FD9**). Study them carefully and refer to them periodically to familiarize yourself with the types of entries that are proper and adequate.

| <u>Inadequate</u>  | Adequate   |
|--|--|
| Agency   | Collection agency, advertising agency, real estate agency, employment agency, travel agency, insurance agency.   |
| Aircraft components<br>propeller                             | Airplane engine parts factory,   |
| Aircraft parts   | manufacturing, electronic instruments<br>factory, wholesale aircraft parts, etc.   |
| Auto or automobile<br>components;Auto or<br>automobile parts | Auto clutch manufacturing, wholesale<br>auto accessories, automobile tire manu-<br>facturing, retail sales and installation<br>of mufflers, battery factory, etc.  |
| Bakerry  | Bakery plant (makes and sells to whole-<br>salers, retail stores, restaurants, or home<br>delivery), wholesale bakery (buys from<br>manufacturer or sells to grocers, restaurants,<br>hotels, etc.), retail bakery (sells only on<br>premises to private individuals but may bake its<br>own goods on premises). |
| Box factory  | Paper box factory, wooden box factory,<br>metal box factory.   |
| City or city<br>government                                   | City street repair department, City<br>Board of Health, City Board of Education.   |
| Private club   | Golf club, fraternal club, night club,<br>residence club.  |
| Coal company   | Coal mine, retail coal yard, wholesale<br>coal yard.   |

|  |  |
|--|--|
| Credit company                         | Credit rating service, loan service,<br>retail clothing store (sometimes called<br>a credit company).  |
| Dairy                                  | Dairy farm, dairy depot, dairy bar,<br><u>wholesale</u> dairy products, <u>retail</u> dairy products,<br>dairy products <u>manufacturing</u> . |
| Discount house;<br>Discount store      | Retail drug store, retail electrical<br>appliances, retail general merchandise,<br>retail clothing store, etc.                                 |
| Electrical components<br>manufacturer; | Electronic tube factory, memory core<br>manufacturing, transistor factory,   |
| Electrical parts<br>manufacturer       | manufacturer of tape readers, etc.   |

Inadequate

Adequate

Engineering company

Engineering consulting firm, general contracting, wholesale heating equipment, construction machinery factory.

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             | <u>Adequate</u>  |
|------------------------|--|
| Nylon or rayon factory | Nylon or rayon chemical factory (where chemicals are made into fibers); nylon or rayon textile mill (where fibers are made into yarn or woven into cloth); women's nylon hosiery factory (where yarn is made into hosiery); rayon dress manufacturing (where cloth is made into garments). |
| Office                 | Dentist's office, physician's office, public stenographer's office.  |
| Oil company; Oil       | Oil drilling, petroleum refinery, retail industry; Oil plant 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 for its own use), 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 under contract to another company).

(3) National Geographic, Cancer Association, Brooking Institution (name of the nonprofit 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), customer 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.

Water company

Water supply irrigation system, water filtration plant.

Well

Oil drilling, oil well, salt well, water well.

30.0410 FD10

ID: 002-1000020 Family Section: D

What kind of work was RONALD doing?  
(For example, electrical engineer, stock clerk, typist,  
farmer.)

OCCUPATION: INSTALLED/FITTED ENGINES

30.0411 FD11

ID: 002-1000020 Family Section: D

What were RONALD's most important activities  
or duties at that job? (For example, types, keeps account books,  
files, sells cars, operates printing press, finishes concrete.)

DUTIES: HOOKS UP MAIN COMPONENTS

FD10-FD11

The answer in question FD10 should describe clearly and specifically the kind of work or nature of duties performed by the person. The answer in question FD11 should tell you the person's most important activities or duties. Often, the response to question FD11, together with the response to question FD10, will give the information needed to make the person's occupation description complete, and thus, adequate.

- a. How to ask: Ask question FD10, record the respondent's answer, and then ask question FD11. When the combination of entries in both questions FD10 and FD11 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 is provided to help clarify the use of the combined information in FD10 and FD11.

| Inadequate      | Adequate              | <u>Adequate</u>  |
|-----------------|-----------------------|--|
| FD10 - Mechanic | FD10 - Mechanic       | FD10- Mechanic,<br>auto body repair  |
| FD11 - Repairs  | FD11 - Fixes,<br>cars | FD11 - Repairs<br>dents replaces car<br>fenders and other<br>repairs to auto<br>bodies |

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

- c. Examples of adequate entries for question FD10: The following are examples of inadequate and adequate occupation entries. If the combined entries for questions FD10 and FD11 provide the kind of information shown in the listing of adequate example, accept them as being adequate.

| <u>Inadequate</u>  | <u>Adequate</u>  |
|--|--|
| Accounting; Accounting work                              | Certified public accountant, accountant, accounting machine operator, tax auditor, accounts-payable clerk, etc.  |
| Adjuster   | Brake adjuster, machine adjuster, merchandise complaint adjuster, insurance adjuster.  |
| Agent  | Freight agent, insurance agent, sales agent, advertising agent, purchasing agent.  |
| Analyst; Analyzer  | Cement analyst, food analyst, budget analyst, computer-systems analyst, etc.   |
| Caretaker; Custodian                                     | Janitor, guard, building superintendent, gardener, groundskeeper, sexton, property clerk, locker attendant.  |
| Claim examiner;<br>Claim investigator;                   | Unemployment benefits claim taker, insurance adjuster, right-of-way claims agent, merchandise complaint adjuster, etc.   |
| Claims adjuster;<br>Claims analyst;<br>Claims authorizer |  |
| 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, key-punch operator, computer operator, coding clerk, card tape converter operator.   |
| Doctor   | Physician, dentist, veterinarian, osteopath, chiropractor.   |
| Engineer   | Civil engineer, locomotive engineer, mechanical engineer, aeronautical engineer.   |

| <u>Inadequate</u>  | <u>Adequate</u>   |
|--------------------|---|
| Entertainer        | Singer, dancer, acrobat, musician.  |
| Equipment operator | Road grade operator, bulldozer operator, trench operator.   |
| Factory worker     | Electric motor assembler, forge heater, turret lathe operator, weaver, loom fixer, knitter, stitcher, punch-press operator, spray painter, riveter.   |
| Farmworker         | <p><u>Farmer</u>: for the owner, operator, tenant or sharecropper who is self-employed.</p> <p><u>Farm manager</u>: for the person hired to manage a farm for someone else. <u>Farm foreman/forewoman</u>: for the person who supervises a group of farm hands or helpers.</p> <p><u>Farmhand or farm helper</u>: for those who do general farmwork for wages. Fruit picker or cotton chopper are examples of persons who do a particular kind of farmwork.</p> <p>When the place of work is a ranch, indicate specifically rancher, ranch manager, ranch foreman/forewoman, and ranch hand or helper, as shown in the case for similar types of farmworkers.</p> |
| Firefighter        | Locomotive fire stoker, city fire-fighter, (city fire department), stationary fire engineer, fire boss.   |
| Foreman/forewoman  | Specify the craft or activity involved: foreman/forewoman carpenter, foreman/forewoman truck driver.  |
| Graphic arts       | Illustrator, commercial artist, poster artist, art layout specialist, etc.  |
| Group leader       | Group leader on assembly line, harvest crew boss, clerical group leader, labor gang leader, recreation group leader, etc.   |

| <u>Inadequate</u>                                   | <u>Adequate</u>   |
|---|---|
| Heavy equipment operator                            | Specify the type of equipment, such as: Clam-shovel operator, derrick operator, monorail crane operator, dragline operator, Euclid operator.  |
| Helper  | Baker's helper, carpenter's helper, janitor's helper.   |
| IBM clerk;<br>IBM machine operator;<br>IBM operator | IBM card puncher, IBM tabulator, sorting machine operator, proof machine operator, etc.   |
| Interior decorator                                  | Be sure that entries in questions FD10/FD11 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.   |
| Nurse; Nursing                                      | Registered nurse, nursemaid, practical nurse, nurse's aide, student nurse, professional nurse.  |

| <u>Inadequate</u>  | <u>Adequate</u>  |
|--|--|
| Office clerk;<br>Office work;<br>Office worker                     | Typist, secretary, receptionist,<br>comptometer operator, file clerk, book-<br>keeper, physician's attendant.  |
| Program analyst  | Computer-systems analyst, procedure<br>analyst, vocational director, manufacturing<br>liaison planner, etc.  |
| Program specialist   | Program scheduler, data processing-<br>systems supervisor, metal-flow coordinator,<br>etc.   |
| Programer  | Computer programmer, electronics data<br>programmer, radio or TV program director,<br>senior computer programmer, production<br>planner, etc.  |
| Research;<br>Research and<br>development;<br>Research and testing; | Specify field of research, as research<br>chemist, research mathematician,<br>research biologist, etc. Also, if<br>associate or<br>assistant, research associate   |
| Reserach assistant<br>Research specialist;                         | chemist, assistant research<br>physicist, research<br>associate geologist.   |
| Research work  |  |
| Salesperson  | Advertising sales, insurance sales, bond<br>sales, canvasser, driver-sales (route-<br>person), fruit peddler, newspaper sales.   |
| Scientist  | Specify field, for example, political<br>scientist, physicist, sociologist, home<br>economist, oceanographer, soil scientist,<br>etc.  |
| Specialist   | If the word specialist is reported as<br>part of a job title, be sure to include a<br>brief description of the actual duties in<br>question FD11. For example, for a<br>"transportation specialist" the actual duties<br>might be any one of the following: "gives<br>cost estimates of trips," "plans trips or<br>tours," "conducts tours," "schedules trains,"<br>or "does economic analyses of transportation<br>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

Teacher                    Teachers should report the level of school they teach and the subject. Those below high school who teach many subjects may just report level. College teachers should report title. Following are some illustrations:

| <u>Level</u> | <u>Subject</u>     |
|--------------|--------------------|
| Preschool    | -                  |
| Kindergarten | -                  |
| Elementary   | -                  |
| Elementary   | Music              |
| Junior High  | English            |
| High School  | Physical Education |
| 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."

- d. 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.
- e. 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).
- f. 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.
- g. Some special situations are:
- (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) Babysitter versus boarding children -- A babysitter 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 s/he hires others to work for him/her.
  - (4) Paid housekeeper versus housemaid -- A paid housekeeper employed in a private home for wages has the full responsibility for the management of the household. A housemaid (general housework), hired helper, or kitchen help does not.
  - (5) Interior decorator versus painter or paperhanger -- An interior decorator designs the decoration plans for an interior of homes, hotels, offices, etc., and supervises the placement of the furniture and other decorations. A house painter or paperhanger only does painting or hangs paper.

(6) Machinist versus mechanic versus machine operator -- A machinist is a skilled craftsman who constructs metal parts, tools, and machines through the use of blueprints, machine and hand tools, and precise measuring instruments. A mechanic inspects, services, repairs, or overhauls machinery. A machine operator operates a factory machine (drill press operator, winder, etc.).

(7) Secretary versus official secretary -- Use the title "secretary" for secretarial work in an office; report a secretary who is an elected or appointed officer of a business, lodge, or other organization as an "official secretary."

(8) Names of departments or places of work -- Occupation entries which give only the name of the department or a place of work are unsatisfactory. Examples of such unsatisfactory entries are "works in warehouse," "works in shipping department," "works in cost control." The occupation entry must tell what the worker does, not what the department does.

h. Importance of question **FD11** -- The responses to the activity question (**FD11**) 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 **FD11**:

|                                    |  |
|------------------------------------|--|
| FD10 - Telephone Co.<br>serviceman | FD10 - Telephone Co.<br>serviceman             |
| FD11 - Installs phones<br>in homes | FD11 - Repairs telephone<br>transmission lines |

Each of these examples is an adequate combination of responses. The additional information obtained from question **FD11** identifies different occupations even though in each sample the responses to question **FD10** are the same. These two telephone company servicemen will be assigned different occupation codes.

|   |  |
|---|--|
| FD10 - Bookkeeper                       | FD10 - Bookkeeper                          |
| FD11 - Keeping and<br>balancing ledgers | FD11 - Operates a book-<br>keeping machine |

Again, adequate responses are obtained in each example. On the basis of the detail provided by question **FD11**, these occupations will be coded in different categories.

These two examples illustrate the importance of the activity question (**FD11**) in obtaining adequate responses even though the question may seem repetitive.

EMPLOYER: FORD MOTOR COMPANY  
OCCUPATION: INSTALLED/FITTED ENGINES  
INDUSTRY: AUTOMOBILE MANUFACTURER  
DUTIES: HOOKS UP MAIN COMPONENTS

COMPLETE FROM ENTRIES ABOVE. IF NOT CLEAR, ASK  
Was RONALD an employee of ...

( 1 )

1. a private company, business or individual for wages, salary or commission?
2. a Federal government employee?
3. a State government employee?
4. a local government employee?
5. self employed in own business, professional practice, or farm?
7. working without pay in business or farm?
0. never worked or never worked at a full-time civilian job lasting 2 weeks or more?

## FD12 Class of Worker

NOTE: Complete this question without asking the respondent if you feel that you can properly categorize the family head's industry/occupation. If not, review your categorizations with the respondent.

The information given in answer to question FD9 will usually be sufficient for identifying "class of worker." If the information previously supplies 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 --'s salary check?"

- a. If a person has more than one job or business, be sure you mark the box in **FD12** which applies to the one job or business entered in questions **FD7** through **FD11**.
- 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, enter "5", "self-employed" and "1", "incorporated in FD12OV."
  - (2) Domestic work in other persons' homes -- report house-cleaner, launderer, cook, or cleaning person working in another person's home as working for a private employer.
  - (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 babysitter employed in other peoples' households as self-employed.

(7) Clergymen and nuns -- Mark "1", +private", for preachers, ministers, priests, rabbis, and other clergymen except in the following two cases:

Record clergy working in a civilian government job, such as a prison chaplain, as a government employee -- "2" (Federal), "3" (State) or "4" (local) in question FD12.

Record clergy not attached to a particular congregation or church organization, who conduct religious services in various places on a fee basis, as self-employed in their own professional practice -- "5" in question A21.

Mark "1", "private" 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 "5", "self-employed".

(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 "1." Such nonprofit organizations are controlled by private individuals elected by some form of membership.

Record persons working at a post exchange as "P." This nonprofit organization is controlled by government officials acting in their official capacity.

(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 are furnishing the shelter and meals for certain time periods and are to be considered as operating their own business; mark "5".

(11) Boarding housekeepers -- Record boarding housekeepers who consider themselves as working and who perform this work in their own homes as "Own home" for industry with "5" 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 "1" 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 "5" for class of worker. Report persons who do sales work for someone else (such as an Avon or Tupperware representative) as "1" for class of worker. Also for such people, indicate whether they sell door-to-door or use the party plan method.
- (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 "2", federal.
- (14) Comsat, Amtrak, and Conrail -- Comsat, Amtrak, and Conrail are private companies and you should report the employees of these companies as "P."
- (15) For persons who have never worked at all or who have never worked at a full-time civilian job or business lasting 2 consecutive weeks or longer, enter "0" "never worked..." in FD12.

If necessary, refer to definition of terms in the introduction to questions in this series (**FD7** through **FD11**).

When was this (house/structure) originally built?  
(Was it ...)

( 3 )

1. before 1946,
2. 1946-1973, or
3. 1974 to present?

## 6. SECTION E: Housing Characteristics

The housing information to be collected in this section will provide additional social and economic variables to aid in the analysis of the health data. Unlike previous sections, in Section FE you will be recording responses for the family as a whole, not for each sample person.

**FE1** At **FE1** concentrate on the year the structure was completed rather than when construction began or the structure was first occupied. When necessary, READ THE ANSWER CATEGORIES to the respondent.

30.0502 FE2

ID: 002-1000012 Family Section: E

How many rooms are in this home? Count the kitchen but not the bathroom.

(6 ) rooms  
number

30.0503 FE3

ID: 002-1000012 Family Section: E

How long has your family lived at this address?

ENTER 00 IF LESS THAN 1 MONTH.

number: (15 ) (2 )

1. months  
2. years

FE2 If there are several housing units in a structure, make sure that the rooms being counted are only in the housing unit where you are interviewing.

Room -- Includes only whole rooms suitable or used for living purposes; such as living rooms, dining rooms, kitchen, finished basement or attic rooms, recreation room, permanently enclosed porches, bedrooms. Count as a separate room a dinette, kitchenette, or "half-room" which is partitioned off from floor to ceiling; but count as only one room a kitchenette or dinette separated only by shelves or cabinets. Rooms equipped with moveable partitions from floor to ceiling are separate rooms.

Do not count bathrooms, strip or pullman kitchens, halls or foyers, alcoves, pantries, laundries, closets or storage space, unused basement or attic rooms not suitable for living quarters, or porches (unless they have been permanently enclosed and are suitable for year-round use).

**FE3** Enter number in the first space and enter the code that indicates the unit of measure (i.e., months, years) in the second space. Fill in the number of years in the blank space. For partial months, use ROUNDING RULE (see the General Interviewing Techniques Manual).

30.0504 FE4

ID: 002-1000012 Family Section: E

Is your home drinking water bottled or from the tap (faucet)?

(2 )

1. bottled
2. tap

30.0505 FE5

ID: 002-1000012 Family Section: E

What is the source of your home tap water?

(2 )

1. private or public water company,
2. private or public well, or
3. spring?

FE4 **FE4** asks about home drinking water (i.e., not drinking fountains, etc.).

"From the tap (faucet)" is self-explanatory.

Bottled water includes purified or spring water delivered to the home and used with a dispenser (e.g., Sparkletts), as well as bottled water from the store. It also includes unflavored "sparkling water" such as Perrier. It DOES NOT include flavored "sparkling water", spritzers, club soda, etc.

**FE5** Note the following definitions:

A private or public water company may draw water from many sources, but provides it to the public as a service.

Spring is a natural, moving body of water (underground or above ground).

Well is a hole in the ground.

30.0506 FE6

ID: 002-1000012 Family Section: E

Does your home drinking water have a water softening or conditioning system? This includes both systems at the (tap/faucet) and systems for the entire home.

(1 )

1. YES
2. NO

30.0507 FE7

ID: 002-1000012 Family Section: E

Do any pets live in this home?

(1 )

1. YES
2. NO

FE6 Homes with soft-water systems usually have one or more large metal bottles or canisters which are connected to the water system outside the house or inside the house (usually in basement), and regularly changed by a service company (such as Culligan). Also include any soft-water or filtering system attached directly to a faucet, which is used for drinking water. Many people soften hot water but this counts as well, as it could also be used for drinking and cooking.

**FE7** Self-evident.

30.0508 FE8

What kind of pet lives here ...

1=YES, 2=NO

- a. a dog? ( )
- b. a cat? ( )
- c. a bird? ( )
- d. any other pet(s)? ( )

30.0508 FE00V1

Is it a fish?

( )

- 1. YES
- 2. NO

30.05082 FE00V2

What is it?

---

specify

30.05083 FE00V3

ID: 002-1000012 Family Section: E

What kind of pet lives here ...

1=YES, 2=NO

- a. a dog? (2 )
- b. a cat? (2 )
- c. a bird? (1 )
- d. any other pet(s)? (1 )

Any other pets?

(2 )

- 1. YES
- 2. NO

What is it?

HAMSTER

specify

30.0509 FE9

ID: 002-1000012 Family Section: E

During the past 12 months was a furnace that forces out hot air used to heat this place?

(1 )

- 1. YES
- 2. NO

FE8, RE8OV1, FE8OV2, FE80VE

Record all pets in the home. Note that a "YES" to item "d" will provide an additional question in which the "other" pet(s) may be specified.

**FE9** A forced air heating system usually has vents or grates throughout the home where hot air comes out to heat the home. It DOES NOT include radiator or other home heating systems. NOTE that FE9 asks about the system used to heat the home, not to heat the tap or bath/shower water.

**FE9** asks if a hot air furnace was USED to heat the home in the past 12 months: so, even if the home has such a system, but it was not used in the past 12 months, enter "2", "NO". Enter "YES" only if it was used during that time frame.

30.0510 FE10

ID: 002-1000012 Family Section: E

Was the hot-air furnace fueled by ...

( 1 )

1. oil,
2. gas,
3. electricity, or
4. something else?

30.0511 FE11

ID: 002-1000012 Family Section: E

During the past 12 months was one or more space heaters used to heat this place? We are interested only in heaters that are not vented to the outside.

( 1 )

1. YES
2. NO

FE10 At **FE10**, enter the appropriate code to indicate the source of fuel or power for the home heating system. If it is something other than oil, gas, or electricity, enter "4" and specify the source.

**FE11** Space heaters are portable units used to heat a room or particular space. They are usually electric or run by a light fuel such as kerosene or propane. Enter "YES" only if a space heater was used to heat the family's home in the past 12 months and was not vented to the outside.

30.0512 FE12

ID: 002-1000012 Family Section: E

Was the room or space heater fueled by ...

( 1 )

1. electricity,
2. kerosene,
3. propane,
4. GAS
5. or something else?

30.0513 FE13

ID: 002-1000012 Family Section: E

During the past 12 months was one or more wood stoves used here?

( 2 )

1. YES
2. NO

**FE12** Same instructions as **FE10**, except the response categories are different (fuels are electricity, kerosene, propane, gas or something else).

**FE13** Same pattern as **FE9** and **FE11**. Enter "YES" only if a wood-burning stove was used in the home during the past 12 months.

30.0514 FE14

ID: 002-1000012 Family Section: E

During the past 12 months was one or more fireplaces used here

( 1 )

1. YES
2. NO

30.0515 FE15

ID: 002-1000012 Family Section: E

Is a gas stove or oven used for cooking at this place?

( 1 )

1. YES
2. NO

FE14 Same pattern, but for fireplaces. Time frame is the past 12 months.

**FE15** FE15 specifies a gas stove or oven, and only if used for cooking. DO NOT count an electric stove/oven. DO NOT enter "YES" if the stove/oven is not used for cooking. Time frame is the present.

30.0516 FE16

ID: 002-1000012 Family Section: E

Is there an exhaust fan near this stove that sends fumes outside the house?

( 1 )

1. YES
2. NO

30.0517 FE17

ID: 002-1000012 Family Section: E

When the stove or oven is being used, how often is this exhaust fan used? Would you say it is used ...

( 2 )

1. always,
2. sometimes,
3. rarely, or
4. never?

u

FE16 Self-evident.

**FE17** If the respondent answers with something other than the response categories given, PROBE with "Would you say that is (read response categories again)?"

30.0518 FE18

ID: 002-1000012 Family Section: E

During the past 12 months was the stove or oven ever used to heat this place?

( 1 )

1. YES
2. NO

FE18 Enter "YES" if the stove or oven was used, even once, to heat the home in the past 12 months.

Does anyone who lives here smoke cigarettes in the home?

( 1 )

1. YES
2. NO

## 7. SECTION F: FAMILY CHARACTERISTICS

This section collects information on smoking in the home, food preparation and consumption, family finances, income and benefits, and contact persons. The first part of the section pertains to the family situation in general. However, in later questions, it will be necessary to refer to the Household Composition table in the Screener. In these questions, the family head is asked about the income of family members, SPs and non-SPs. Many questions will mention a specific type of income and inquire which family members receive it.

**FF1** Asks for any household members currently smoking in the home (i.e., do not include someone who smokes, but who never does so at home). This should include any person listed on the Screener in addition to anyone else who may live in the house (i.e., members of other families with or without SPs who live in the household and who smoke while at home).

ANSWER SMOKING STATUS FOR EACH HOUSEHOLD MEMBER  
USE ESC ESC KEY TO EXIT ROSTER

| HOUSEHOLD MEMBER | LINE NO. | FAMILY NO. | Who smokes? |        | NO. CIGARETTES? |
|------------------|----------|------------|-------------|--------|-----------------|
|                  |          |            | 1 = YES     | 2 = NO |                 |
| xRONALD          | 1        | 01         | 1           |        | 15 x            |
| xMARY            | 2        | 01         | 2           |        | x               |
| xDAVID           | 3        | 01         | 2           |        | x               |
| x                |          |            |             |        | x               |
| x                |          |            |             |        | x               |
| x                |          |            |             |        | x               |

CTRL/A=Add line CTRL/D=Delete line CTRL/B=Back up

Which one of the following statements best describes the food eaten by you?

Do you have ...

( 2 )

1. enough food to eat,
2. sometimes not enough to eat, or

**FF2\_3**

If the answer to F1 is "yes" - a matrix screen will appear. The matrix will contain the name, line number and family number of each person listed in the CAPI Screener. It is designed to make it easier to record persons who smoke in the household and the number of cigarettes smoked in the home on a usual day. This information will allow us to determine the relationships among smokers and the SPs in the household as well as to estimate the level of exposure all household members may have to cigarette smoke in the home.

First ask, "Who smokes?" Using the arrow keys, move the cursor down and across to the "Who Smokes?" column corresponding to the person who smokes. Change the code 2 (NO) to code 1 (YES) and strike the enter key. The cursor will automatically move to the "NO CIGARETTES" column. Ask the question that appears above this column and record the number of cigarettes per day the person usually smokes in the home. Stress "per day" and "in the home" when asking this question. If the respondent doesn't know an exact number, ask for his/her best guess. Repeat these instructions for each person who smokes in the home.

NOTE: This question applies to all people who live in the household even if they are not related to a family containing SPs and therefore have not been entered into the CAPI Screener (for example a roommate who is not an SP) for this reason you are given the option of adding a person to this matrix by using CTRL/A (see instructions at bottom of screen). When adding a person to the matrix you will not record a Line Number or a Family Number. After recording the person's name, pass through these two fields by striking the ENTER key. Enter a CODE 1 in the "Who Smokes" column and a number in the "NO CIGARETTES" column.

**FF4**

Read answer categories "1", "2", and "3". You may enter only one answer. PROBE AS NECESSARY BY REREADING ANSWER CATEGORIES. This question refers to the quantity of food available to the family.

30.0605 FF5

ID: 002-1000012 Family Section: F

Thinking about the past month, how many days did you have no food or money to buy food?

ENTER 00 IF NONE.

(1 ) number of days

30.0606 FF6

ID: 002-1000012 Family Section: F

Which of the following reasons explains why you have had this problem?

1=YES

- a. because of transportation problems? (2)
- b. because you did not have working appliances for storing or preparing foods (such as a stove or refrigerator)? (2)
- c. because you did not have enough money, food stamps, or WIC vouchers to buy food or beverages? (1)
- d. any other reason? (2)

**FF5** FF5 is asked if the respondent has answered Code 2 or Code 3 in the previous question. Note reference period -- "past month." **FF5** refers to how many days in the past month food was unavailable or lacking for the specified reasons.

**FF6** This question is asked of those respondents who gave a number greater than 0 in FF5. Read each reason and enter a code 1 (YES) or code 2 (NO) for each item (a-d). If code 1 (YES) to item "I" ("Any other reason"), specify on the line provided. Enter a "YES" or "NO" answer for each item (a-d). If "YES" to "d" ("Any other reason"), specify in space provided.

30.0607 FF7

ID: 002-1000012 Family Section: F

Thinking about the past month, did you ever cut the size of your meals because there was not enough money for food?

( 1 )

1. YES
2. NO

30.0608 FF8

ID: 002-1000020 Family Section: F

Thinking about the past month, did you cut the size of your children's meals or did they skip meals because there was not enough money for food?

( 1 )

1. YES
2. NO

FF7 & FF8

These questions address food availability or food sufficiency in the household (or family). Since the issue here is quantity, lack of money can affect the amount and type of food available to the individuals in a family or household. Insufficient food due to lack of money can have variable effects on individuals, adults, or children (e.g., adults may reduce their food intake so that there is enough for children). Question **FF7** asks about any adult ages 17+ (respondent or other adult) in the family. Question **FF8** concerns itself only with the children in the family.

**FF7** The time period is "past month". Note that in this question we are not interested in times when the size of a meal was reduced because the respondent was dieting or because money was available but the respondent was simply making an effort to economize. This question only addresses those times when the respondent was forced to reduce the size of meals because there **was not enough money** for food. If the respondent says that he or she missed meals completely because there was not enough money for food, record this as a code 1 (YES).

**FF8** This question is only asked of families who have children less than 17 years of age. As in question **FF7** it is designed to gather information only about times when a child missed meals or the size of his or her meals were reduced because there was not sufficient money for food.

30.0609 FF9

ID: 002-1000012 Family Section: F

Did you receive benefits from the  
WIC program, that is, the Women, Infants, and Children  
program in September?

( 1 )

1. YES
2. NO

30.0610 FF10

ID: 002-1000012 Family Section: F

Did you receive food stamps in any  
of the last 12 months?

( 1 )

1. YES
2. NO

**FF9** CAPI will insert the month prior to the current one (in which you are interviewing) in the question. The WIC (Women, Infants and Children) program is a Federal food supplementation program for pregnant women, as well as children 5 years of age and younger.

**FF10** Question FF10 deal with the Federal food stamp program where eligible persons may purchase coupons, called food stamps, which are used instead of cash to purchase food in regular grocery stores or supermarkets. Eligible households pay less for the food stamps than their face value, thereby getting some extra spending power at the store. If this question asks whether any member of the family got any food stamps during any of the 12 months prior to the interview. In questions **FF9** and **FF10**, "this family" refers only to persons in the family for which you are completing the interview.

Are you receiving food stamps at the present time?

( 1 )

1. YES
2. NO

The following questions are about different types of family income  
We ask them to see if there is a relationship between family income  
and health.

During the last month, did anyone in the family receive income  
from working for an employer or from self-employment?

( 1 )

1. YES
2. NO

**FF11** **FF11** asks whether the family is getting food stamps in the month during which the interview is conducted. If the household has not yet purchased or received food stamps this month, ask if they plan to. If they plan to purchase food stamps within the month enter code 1 (YES).

**FF12A** The next series of questions are about family income. You will ask these questions about the family head and all family members including SPs and non-SPs. The next page of this manual is designed to give you a clearer understanding of how income is defined in this series of questions.

Income from work includes money earned by a person working at a job as well as income from ones own business, partnership, professional practice or farm. Self employment may vary from owning a large company to baby sitting.

Definition of Family Income -- The money income before deducting the taxes, retirement, insurance, union dues, etc.

1. Income includes:
  - a. Veteran's payments.
  - b. Unemployment or workmen's compensation.
  - c. Alimony and child support.
  - d. Money regularly received from friends or relatives not living in the household.
  - e. 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. Withdrawal of savings from banks, retirement funds, or loans.
- f. Tax refunds or any other refund or rebate.
- g. Money received from other non-family (not related) household members.

In **FF12a** the definition of family membership is the same definition used for determining family membership on the Household Screener. That is anyone who is related to the respondent by blood, marriage or adoption. Anyone included in the respondent's answer should have been listed on the Screener Household Composition Table and in the CAPI Screener Matrix.

30.06122 FF12B

ID: 002-1000020 Family Section: F

INCOME FROM WORKING FOR AN EMPLOYER OR FROM SELF-EMPLOYMENT

Who was that?

PROBE: Anyone else?

(2 ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

ENTER LINE NUMBERS FOR ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

|        | LINE # | LINE # |
|--------|--------|--------|
| RONALD | 1      |        |
| MARY   | 2      |        |
| DAVID  | 3      |        |

30.06131 FF13A

ID: 002-1000012 Family Section: F

During the last month, did anyone in the family receive Social Security or Railroad Retirement payments?

(1 )

- 1. YES
- 2. NO

**FF12B**        **FF12B** requires the respondent to specify who received income from working. You do **not** record names in this question. As the instructions indicate, as the respondent mentions the names of those persons who received income enter the line # that corresponds to that name. The name and line number of all household members will appear below the matrix. If the person mentioned is **not** listed as a family member clarify the situation with the respondent and make the necessary corrections either to the Screener Household Composition Table or to the answer in **FF12B**.

The matrix includes enough space to record up to 15 line numbers.

Continue asking the PROBE "Anyone else" until the respondent tells you there is no one else who received income in the last month. "CTRL/L" to leave the screen.

**FF13A**        Ask **FF13A** in the same way **FF12A** was asked. Social Security is money paid by the U.S. Government to persons who are retired, severely disabled, or are dependents or survivors of workers.

30.06132 FF13B

ID: 002-1000020 Family Section: F

SOCIAL SECURITY OR RAILROAD RETIREMENT PAYMENTS

Who was that?

PROBE: Anyone else?

(1 ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

ENTER LINE NUMBERS FOR ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

|        | LINE # | LINE # |
|--------|--------|--------|
| RONALD | 1      |        |
| MARY   | 2      |        |
| DAVID  | 3      |        |

30.06134 FF13D

ID: 002-1000012 Family Section: F

What is the reason RICHARD is getting  
Social Security or Railroad Retirement? Is it because  
RICHARD is retired, disabled, widowed,  
a surviving child, a spouse or a dependent child?

(1 )

- 1. retired
- 2. disabled
- 3. widowed
- 4. surviving child
- 5. spouse
- 6. dependent child

**FF13B** Enter the line # of each person who has received Social Security or Railroad Retirement benefits in the past month.

Continue with the probe, "Anyone else?" using the instructions given in **FF12B**.

For further instruction see specifications for question **FF12A**.

**FF13D** Persons less than 65 years old may receive Social Security for reasons other than retirement. Question **FF13D** asks about other reasons family members receiving such benefits might be eligible for such payments. This question will automatically appear for each person under 65, receiving Social Security (as identified in **FF13C**).

30.06141 FF14A

ID: 002-1000012 Family Section: F

During the last month, did anyone in the family receive any SSI (Supplemental Security Income) payments from the Federal Government?

( 1 )

- 1. YES
- 2. NO

30.06142 FF14B

ID: 002-1000020 Family Section: F

SSI (SUPPLEMENTAL SECURITY INCOME) PAYMENTS FROM THE FEDERAL GOVERNMENT

Who was that?

PROBE: Anyone else?

( 2 ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

ENTER LINE NUMBERS FOR ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

|        | LINE # | LINE # |
|--------|--------|--------|
| RONALD | 1      |        |
| MARY   | 2      |        |
| DAVID  | 3      |        |

**FF14A-FF14B**

Supplemental Security Income or SSI is a program administered by the Social Security Administration that makes assistance payments to low income, aged, blind, and disabled persons.

In most states, one cannot receive SSI payments from the State or local welfare office without first receiving payments from the Federal Government. However, in a few states, it is possible to receive SSI directly from the state without receiving federal payments. The way the questionnaire is currently designed, there is no place to enter information when an SP mentions that s/he has received a state SSI payment without a federal payment. When this happens, enter a note in the comments field (CTRL/K) and enter 2 (NO) to **FF14A**.

For further recording instructions see specifications for questions **FF12A** and **FF12B**.

30.06151 FF15A

ID: 002-1000012 Family Section: F

During the last month, did anyone in the family receive any pension or disability payment other than Social Security or Railroad Retirement?

( 1 )

- 1. YES
- 2. NO

30.06152 FF15B

ID: 002-1000020 Family Section: F

PENSION OR DISABILITY PAYMENTS OTHER THAN SOCIAL SECURITY OR RAILROAD RETIREMENT

Who was that?

PROBE: Anyone else?

( 2 ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

ENTER LINE NUMBERS FOR ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

|        | LINE # | LINE # |
|--------|--------|--------|
| RONALD | 1      |        |
| MARY   | 2      |        |
| DAVID  | 3      |        |

**FF15A-FF15B**

There are a variety of disability programs. The following are some of the most common: Company or union disability, Federal Government (Civil Service) disability, State or local government employee disability, accident or disability insurance annuities, and Black Lung miner's disability.

The most common kinds of pensions besides disability pensions, Social Security and Railroad Retirement are regular income from annuities or paid-up life insurance policies as well as IRA or Keough accounts.

For further recording instructions refer to specifications for **FF12A** and **FF12B**.

30.06161 FF16A

ID: 002-1000012 Family Section: F

During the last month, did anyone in the family receive Public assistance or welfare payments from the State or Local welfare office? Do not include SSI.

( 1 )

- 1. YES
- 2. NO

30.06162 FF16B

ID: 002-1000020 Family Section: F

PUBLIC ASSISTANCE OR WELFARE PAYMENTS FROM THE STATE OR LOCAL WELFARE OFFICE

Who was that?  
PROBE: Anyone else?

( 1 ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
( ) ( ) ( ) ( ) ( ) ( ) ( )

ENTER LINE NUMBERS FOR ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

|        | LINE # | LINE # |
|--------|--------|--------|
| RONALD | 1      |        |
| MARY   | 2      |        |
| DAVID  | 3      |        |

**FF16A-FF16B**

Public Assistance or Welfare is money received from the State or Local welfare agency under the Aid to Families with Dependent Children Program (AFDC, ADC) or other assistance programs such as general assistance, emergency assistance refugee assistance or Indian Assistance (on reservations or Indian lands).

For further recording instructions refer to specifications for **FF12A** and **FF12B**.

30.06164 FF16D

ID: 002-1000012 Family Section: F

During the last month, did anyone in the family receive "Aid to Families with Dependent Children," sometimes called AFDC or ADC?

( 1 )

- 1. YES
- 2. NO

30.06165 FF16E

ID: 002-1000020 Family Section: F

"AID TO FAMILIES WITH DEPENDENT CHILDREN," SOMETIMES CALLED AFDC OR ADC

Who was that?  
PROBE: Anyone else?

( 1 ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

ENTER LINE NUMBERS FOR ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

|        | LINE # | LINE # |
|--------|--------|--------|
| RONALD | 1      |        |
| MARY   | 2      |        |
| DAVID  | 3      |        |

**FF16D-FF16E**

Aid to Families with Dependent Children (AFDC or ADC) is a public Assistance/welfare program. Question FF16D is designed to identify those persons mentioned in FF16B (receiving Public Assistance welfare) who are receiving AFDC or ADC. Therefore any person mentioned in FF16E should also be mentioned in FF16B.

For further recording instructions refer to specifications for **FF12A** and **FF12B**.

30.06171 FF17A

ID: 002-1000012 Family Section: F

During the last month, did anyone in the family receive income from any other source such as veteran's payments, workman's compensation, rental income, interest and dividend income, or child support and alimony?

( 1 )

- 1. YES
- 2. NO

30.06172 FF17B

ID: 002-1000020 Family Section: F

INCOME FROM ANY OTHER SOURCE SUCH AS VETERAN'S PAYMENTS, WORKMAN'S COMPENSATION RENTAL INCOME, INTEREST AND DIVIDEND INCOME, OR CHILD SUPPORT AND ALIMONY

Who was that?  
PROBE: Anyone else?

( 2 ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
( ) ( ) ( ) ( ) ( ) ( ) ( )

ENTER LINE NUMBERS FOR ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.  
LINE # LINE #

|        |   |
|--------|---|
| RONALD | 1 |
| MARY   | 2 |
| DAVID  | 3 |

**FF17A-FF17B**

**FF17A** is designed to capture any other source of family member income not mentioned in previous questions. If you have questions about the types of income to be included in this question, refer to the definition of income at the beginning of the specifications for this section (Section F).

Including wages, salaries, self-employment, and any other source of income we just talked about, was the total combined family income during the last 12 months - that is,

RICHARD's more or less than \$20,000?

30.0619 FF19CRD5 ID: 002-1000012 Family Section; F

Of those income groups, which letter best represents the total combined family income during the last 12 months that is, RICHARD's? Include all sources of income we just talked about.

(14 )

CARD F5

- |  |                         |                         |
|--|-------------------------|-------------------------|
| 1. A - Less than \$1,000<br>(including loss) | 7. G - \$6,000-6,999    | 14. N - \$13,000-13,999 |
| 2. B - \$1,000-1,999                         | 8. H - \$7,000-7,999    | 15. O - \$14,000-14,999 |
| 3. C - \$2,000-2,999                         | 9. I - \$8,000-8,999    | 16. P - \$15,000-15,999 |
| 4. D - \$3,000-3,999                         | 10. J - \$9,000-9,999   | 17. Q - \$16,000-16,999 |
| 5. E - \$4,000-4,999                         | 11. K - \$10,000-10,999 | 18. R - \$17,000-17,999 |
| 6. F - \$5,000-5,999                         | 12. L - \$11,000-11,999 | 19. S - \$18,000-18,999 |
|  | 13. M - \$12,000-12,999 | 20. T - \$19,000-19,999 |

30.0619 FF19CRD6

Of those income groups, which letter best represents the total combined family income during the last 12 months that is,

|          |   |          |   |          |   |
|----------|---|----------|---|----------|---|
| <SUBJECT | > | <SUBJECT | > | <SUBJECT | > |
| <SUBJECT | > | <SUBJECT | > | <SUBJECT | > |
| <SUBJECT | > | <SUBJECT | > | <SUBJECT | > |
| <SUBJECT | > | <SUBJECT | > | <SUBJECT | > |
| <SUBJECT | > | <SUBJECT | > | <SUBJECT | > |
| <SUBJECT | > | <SUBJECT | > | <SUBJECT | > |
| <SUBJECT | > | <SUBJECT | > | <SUBJECT | > |
| <SUBJECT | > | <SUBJECT | > | <SUBJECT | > |

(XXX)

CARD F6

- |                         |                            |
|-------------------------|----------------------------|
| 21. U - \$20,000-24,999 | 26. Z - \$45,000-49,999    |
| 22. V - \$25,000-29,999 | 27. ZZ - \$50,000-59,999   |
| 23. W - \$30,000-34,999 | 28. AA - \$60,000-69,999   |
| 24. X - \$35,000-39,999 | 29. BB - \$70,000-79,999   |
| 25. Y - \$40,000-44,999 | 30. CC - \$80,000 and over |

FF18

Questions **FF18** - **FF20** are 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. These questions will also enable analysts to determine the relationship between family income and family size in order to identify poverty levels and relate this to other health variables, the utilization of health services, etc.

Time frame for **FF18** and **FF19** is the last 12 months (preceding the date of the interview).

**FF19CRD5**

**-FF19CRD6**

Either **FF19CRD5** or **FF19CRD6** will appear depending on the answer to **FF18**. Hand the respondent the appropriate hand card and ask which letter represents the total combined family income during the last 12 months. (The names of all family members will appear in the text of the question.)

Enter the code number next to the letter given by the respondent in the fields provided.

Now, please think about your family income during September. Which letter best represents the total combined family income during September that is,

RICHARD's? Again, include all sources of income we just talked about.

(14 )

HAND CARD F-7

- |                        |                       |                            |
|------------------------|-----------------------|----------------------------|
| 1. A - Less than \$100 | 10. J - \$900-999     | 19. S - \$3,000-3,999      |
| 2. B - \$100-199       | 11. K - \$1,000-1,099 | 20. T - \$4,000-4,999      |
| 3. C - \$200-299       | 12. L - \$1,100-1,199 | 21. U - \$5,000-5,999      |
| 4. D - \$300-399       | 13. M - \$1,200-1,299 | 22. V - \$6,000-6,999      |
| 5. E - \$400-499       | 14. N - \$1,300-1,399 | 23. W - \$7,000 and over   |
| 6. F - \$500-599       | 15. O - \$1,400-1,499 | 24. Resp. indicates annual |
| 7. G - \$600-699       | 16. P - \$1,500-1,799 | income as reported in      |
| 8. H - \$700-799       | 17. Q - \$1,800-2,199 | F19 divided by 12.         |
| 9. I - \$800-899       | 18. R - \$2,200-2,999 |                            |

**FF20** Time frame is the past month (i.e., the month preceding the interview. CAPI will insert the correct month. Enter the code number which corresponds to the letter given.

For further recording instructions see specifications for question **FF19CRD5**.

30.0621 FF21A\_C

ID: 002-1000012 Family Section: F

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 two relatives or friends who would know where you could be reached in case we have trouble reaching you. Please give me the name of persons who are not currently living in the household.

FIRST CONTACT PERSON

PRITCHETT  
LAST NAME

GREGORY  
FIRST NAME

ENTER 'NMN' IF NO MIDDLE NAME  
NMN  
MIDDLE NAME

321 WEST MONTGOMERY AVE  
ADDRESS (NUMBER AND STREET)

GAITHERSBURG MD 20849  
CITY STATE ZIP CODE  
USE F1 FOR COMPLETE LIST OF STATE ABBREVIATIONS

20.06226 FF21DOV2

ID: 002-1000012 Family Section: F

What is GREGORY's telephone number?

ENTER 0 FOR AREA CODE IF NO PHONE

(301 ) - (443 ) - (3432 )  
AREA EXCH LOCAL

ENTER NAME PHONE NUMBER LISTED UNDER.  
ENTER 1 IF UNLISTED ENTER 2 IF UNPUBLISHED.

PRESS ENTER IF ALREADY CORRECT. ENTER CORRECTIONS IN FIELDS.  
USE 'NMN' FOR NO MIDDLE NAME

FIRST: GREGORY

MIDDLE: NMN

LAST: PRITCHETT

30.06215 FF21E

ID: 002-1000012 Family Section: F

What is GREGORY's relationship to you?

FRIEND  
RELATIONSHIP

FF21A\_C-FF22E

These questions are intended to obtain the names, addresses, and telephone numbers of persons we could contact who would know of the whereabouts of the SPs in the family if one or more were no longer at this DU address.

NHANES III has been designed as a longitudinal study of the U.S. population. Westat has been tracking all identified SPs through the Post Office since 1989. Overall this effort has been successful. However, subjects have been lost due to insufficient address information. Make every effort to minimize missing zip codes, missing/incorrect "street" signifiers such as Drive versus Street and incorrect "city" information such as "Baileys Crossing, VA" instead of "Baileys Crossroads, VA." If only partial information is known, the health representative should use local phone books to complete this section (i.e. street address).

30.0622 FF22A\_C

ID: 002-1000012 Family Section: F

SECOND CONTACT PERSON

ENTER 0 FOR LAST NAME IF THERE IS NO  
SECOND CONTACT PERSON.

HARRIS  
LAST NAME

LUKE  
FIRST NAME

ENTER 'NMN' IF NO MIDDLE NAME  
NMN  
MIDDLE NAME

4500 WASHINGTON STREET  
NUMBER AND ADDRESS

FREDERICK MD 21789  
CITY STATE ZIP CODE

USE F1 FOR COMPLETE LIST OF STATE ABBREVIATIONS

20.06228 FF22DOV2

ID: 002-1000012 Family Section: F

What is LUKE's telephone number?

ENTER 0 FOR AREA CODE IF NO PHONE

(301 ) - (892 ) - (3327 )  
AREA EXCH LOCAL

ENTER NAME PHONE NUMBER LISTED UNDER.  
ENTER 1 IF UNLISTED ENTER 2 IF UNPUBLISHED.

PRESS ENTER IF ALREADY CORRECT. ENTER CORRECTIONS IN FIELDS.  
USE 'NMN' FOR NO MIDDLE NAME

FIRST: LUKE

MIDDLE: NMN

LAST: HARRIS

30.06225 FF22E

ID: 002-1000012 Family Section: F

What is LUKE's relationship to you?

BROTHER-IN-LAW  
RELATIONSHIP

NATIONAL HEALTH AND NUTRITION

EXAMINATION SURVEY III

CAPI CONVERSION

HOUSEHOLD YOUTH QUESTIONNAIRE

(AGES 2 MONTHS TO 16 YEARS)

QUESTION-BY-QUESTION

SPECIFICATIONS

February 1993

HOUSEHOLD YOUTH QUESTIONNAIRE  
TABLE OF CONTENTS

| <u>Chapter</u> | <u>Page</u> |   |      |
|----------------|-------------|---|------|
| 1.             |             | INTRODUCTION TO THE HOUSEHOLD YOUTH QUESTIONNAIRE .....         | 1-1  |
| 2.             |             | SECTION A -- Birth .....  | 2-1  |
| 3.             |             | SECTION B -- INFANT FEEDING PRACITCES/DIET .....                | 3-1  |
| 4.             |             | SECTION C -- MOTOR AND SOCIAL DEVELOPMENT .....                 | 4-1  |
| 5.             |             | SECTION D -- HEALTH SERVICES AND FUNCTIONAL IMPAIRMENT .....    | 5-1  |
| 6.             |             | SECTION E -- SELECTED CONDITIONS .....                          | 6-1  |
| 7.             |             | SECTION F -- DENTAL CARE AND STATUS .....                       | 7-1  |
| 8.             |             | SECTION G -- RESPIRATIOY AND ALLERGY .....                      | 8-1  |
| 9.             |             | SECTION H -- VISION AND HEARING .....                           | 9-1  |
| 10.            |             | SECTION J -- SCHOOL ATTENDANCE AND LANGRAGE USE .....           | 10-1 |
| 11.            |             | SECTION N -- HOUSEHOLD YOUTH QUESIONNAIRE DIABETES REVIEW ..... | 11-1 |
| 12.            |             | SECTION K -- VITAMIN,MINERAL, AND MEDICINE USAGE .....          | 12-1 |
| 13.            |             | SECTION L -- NAME/SSN .....                                     | 13-1 |
| 14.            |             | SECTION M -- RESPONDENT .....                                   | 14-1 |

**1. INTRODUCTION TO THE HOUSEHOLD YOUTH QUESTIONNAIRE  
(AGES 2 MONTHS-16 YEARS)**

You will use this questionnaire to interview proxies for Sample Persons who are ages 2 months to 16 years.

0.01 ACTVMENU

INTERVIEWER ACTIVITIES MENU

1. Work on a Household
2. Missed DU/Structure
3. Conference Report
4. Transfer Cases
5. Call the Field Office/  
Schedule SP Appointment

SELECT MENU OPTIONS: ( 1 )

[PRESS ENTER TO EXIT]

0.02 SELECTID

SELECT A HOUSEHOLD TO WORK

ENTER CASE ID: 002 - (1000013 )

[PRESS ENTER TO EXIT]

## **ACTVMENU**

When you log on to the computer follow the general procedures you learned in CAPI training and use the specific commands taught to you in NHANES training to access the Interviewers Activities Menu. In order to enter Screener information or conduct the HAQ, HYQ or FQ you should always choose option 1 (Work on a Household) and press the ENTER Key to advance to the next screen.

## **SELECTID**

Enter the 7 digit ID number that corresponds to the household ID on the cover of the Screener you are about to work. Note that although you are to enter a seven digit ID, there are eight spaces in the SELECTID field. This last space allows you to review the ID number you have typed before you advance to the next screen. Once you have reviewed the ID number press the ENTER Key to advance to the next screen.

0.03 . WORKCASE

ID: 002-1000013 Workcase

WORK A HOUSEHOLD MENU

1. Enter Eligible Screener or Conduct Interview
2. Enter Other Screener Disposition Codes
3. Enter Disposition Codes for Youth, Adult, or Family
4. Review Comments

SELECT MENU OPTION: ( 1 )

[PRESS ENTER TO EXIT]

ID: 1000013  
 ADDRESS: 112 MAIN ST.  
 ROCKVILLE MD 20850 - 0110

0.002 PICKQUEX

ID: 002-1000013 PickQuex

SELECT INTERVIEW TO ADMINISTER

ENTER X IN MARK COLUMN OR ENTER ESC ESC TO EXIT

| MARK | TYPE | STATUS | LAST SECTION | RESPONDENT   | FAMILY NO. | SP NO. |
|------|------|--------|--------------|--------------|------------|--------|
| x    | SCRN | 11     |              |              | 01         | x      |
| x    |      |        |              |              |            | x      |
| x    | ADLT | NW     |              | JAMES KELLY  | 01         | 1 x    |
| x    |      |        |              |              |            | x      |
| x    | ADLT | NW     |              | MARY KELLY   | 01         | 2 x    |
| x    |      |        |              |              |            | x      |
| x    | ADLT | NW     |              | TOM KELLY    | 01         | 3 x    |
| x    |      |        |              |              |            | x      |
| x X  | YUTH | NW     |              | LOUISE KELLY | 01         | 4 x    |
| x    |      |        |              |              |            | x      |
| x    | ADLT | NW     |              | KATHY KELLY  | 01         | 5 x    |

## **WORKCASE**

After entering the ID number, the WORK A HOUSEHOLD MENU will appear. The ID number you have typed and the address that corresponds with this ID will appear in the lower left-hand corner of the screen. This will be the same address that appears on the label of the hard copy Screener. Always select Code 1 (Enter Eligible Screener Data/Conduct Interview) to start the interview.

## **PICKQUEX**

If all the Screener information for the household has been entered into CAPI the PICKQUEX screen will appear. The definition of each column on this screen is as follows:

**TYPE --** Displays the kinds of interviews to be administered in the household (Screener, Adult, Youth, Family)

**STATUS --** Displays the status code of each interview. Most of these codes correspond to the codes on the back of the green Household Folder. "NW" indicates the interview has not been worked. "IP" signifies the interview is in progress, that is, it has been started but is not completed.

**LAST SECTION --** Indicates the last section worked in the interview.

**RESPONDENT --** Indicates the SP who is the subject of the Questionnaire or, in the case of the Family Questionnaire, the most appropriate respondent. Note that CAPI will always display the name of the person entered as head of household on the Screener as the most appropriate respondent for the Family Questionnaire.

**FAMILY NO.** Indicates the Family Number of the SP.

**SP NO** Indicates the sample number of the SP. A "00" will appear in this field if the respondent has not been selected as an SP (as is sometimes the case for respondents to the Family Questionnaire).

To select an interview to administer, you should use the arrow keys to move to the appropriate line. Once done, type an " X" to select the interview and hit the ENTER key. Note you may not add or delete household member on this screen.

WHAT LANGUAGE WILL BE USED IN INTERVIEW?

( 1 )

1. ENGLISH
2. SPANISH
3. OTHER

0.042 YPROXY

ARE YOU INTERVIEWING ...

( )

1. PROXY
2. ( )'S MOTHER

0.0421 BIOMOM

ID: 002-1000013 Youth

ARE YOU INTERVIEWING ...

( 2 )

1. PROXY
2. LOUISE'S MOTHER

IS SHE LOUISE'S BIOLOGICAL MOTHER?

( 1 )

1. YES
2. NO

## **LANGUAGE**

Specification of English or Spanish determines the language in which the CAPI screens will appear. If the interview is to be conducted in a language other than English or Spanish, CAPI will prompt you to specify the language. CAPI screens are only available in English and Spanish.

Keep in mind that NHANES III has English and Spanish speaking interviewers. If you are not authorized to conduct an interview in Spanish and you encounter a respondent who speaks only Spanish, notify your Supervisor and a Spanish speaking interviewer will be assigned the case. If, however you encounter an SP who speaks another language (i.e., French, German, Chinese, etc.) only, notify your Supervisor. **DO NOT USE A PROXY IN THIS SITUATION.**

## **YPROXY**

Neither this question nor its follow-up (**BIOMOM**) is asked of the respondent. Indicate whether the proxy respondent being interviewed is the SP's mother OR another proxy. For this interview, the proxy must be a family member at least 17 years old, preferably a parent or guardian. It is desirable that the proxy respondent be a family member living in the household although a family member not living in the household is an acceptable proxy respondent for this questionnaire.

## **BIOMOM**

If the proxy respondent is the SP's mother, you will be prompted to enter whether she is the SP's **biological** mother. The biological mother is the one who gave birth to the child. The answer to this question and the one which precedes it (**YPROXY**) will enable CAPI to determine the use of pronouns throughout the interview.

0.053 VERNAME

ID: 002-1000013 Youth

VERIFY SP'S FULL NAME [INCLUDING SPELLING]

FIRST: LOUISE

MIDDLE: M.

LAST: KELLY

( 1 )

1. ACCURATE AS IT APPEARS
2. NOT ACCURATE

0.051 VERSEX

ID: 002-1000013 Youth

VERIFY SP'S SEX

FEMALE

( 1 )

1. ACCURATE AS IT APPEARS
2. NOT ACCURATE

0.055 VERDOB

ID: 002-1000013 Youth

VERIFY DATE OF BIRTH

AUGUST  
8 22 1992

AGE: 1 MONTHS

( 1 )

1. ACCURATE AS IT APPEARS
2. NOT ACCURATE

**VERNAME**

This question will allow you to change any part of the respondent's name. Check the spelling of each part of the SP's name carefully. When you enter Code 2 (NOT ACCURATE) each part of the SP's full name (i.e., first, middle, last) will have a line directly below it. Make the necessary correction on the line below the appropriate portion of the name. If one of the names does not need a correction, just hit the ENTER key to pass through the entry field when the cursor is on the correction line. It is not necessary to re-enter a correct name.

**VERSEX**

CAPI presents the sex of the SP for verification. If the sex is obvious, code without asking the question. If the sex is not obvious, ask the respondent the question. When you enter a Code 2 (NOT ACCURATE) make the necessary correction on the line below.

**VERDOB** If any part of the SP's date of birth is not correct, enter Code 2 (NOT ACCURATE). CAPI then requires that you retype the SP's complete date of birth, month, day and year. Enter the full year, rather than the last two digits; e.g., 1988 not 88. Do not "zero-fill" for single-digit months or days.

CAPI automatically re-computes age based on corrections to date of birth.

30.0109 FA9

ID: 002-1000013 Youth

HAND CARD Y-1

Are any of those groups LOUISE's  
national origin or ancestry?

(Where did LOUISE's ancestors come from?)

( 2 )

1. YES
2. NO

30.0110 FA10

ID: 002-1000017 Youth

HAND CARD Y-1

Which of those groups best describes MARK's  
national origin or ancestry?  
Please give me the number of the group.

( 1 )

1. Mexican/Mexican American
2. other Latin American or other Spanish

ARGENTINEAN, BOLIVIAN, CENTRAL AMERICAN, CHILEAN, COLOMBIAN,  
CUBAN, DOMINICAN, ECUADORAN, GERMAN, GUATEMALAN, HONDURAN,  
NICARAGUAN, PANAMANIAN, PERUVIAN, PHILIPPINO, PORTUGUESE,  
PUERTO RICAN, SALVADOREAN, SPANISH, TRINIDADIAN, URUGUAYAN,  
VENEZUELAN.

**FA9** It is very important to accurately determine if the family head(s) and other SPs belong to one of the Hispanic groups listed on Hand Card Y1. Administer **FA9** by showing Hand Card Y1 to the respondent, and asking if any of the groups on the card represents the SP's national origin or ancestry. Note that FA9 is a Yes/No question. If Code 1 (YES) is entered, CAPI will go to FA10. Enter the code corresponding to the answer.

**FA10** Note the following definitions for Hand Card Y1.

1. **Mexican/Mexican-American** refers to anyone of Mexican birth or descent. It refers to anyone who may call themselves "Mexican, Mexican-American, Chicano or Tex-Mex." Code "1" for this group.

**SPECIAL NOTE -- HISPANOS**

**For ARIZONA, CALIFORNIA, NEW MEXICO OR TEXAS:**

When working in one of these four states and someone is identified as Hispano, Spanish, Spanish-American, Hispanic or some other **non-specific** category, PROBE for a country of origin. If the answer remains vague, such as "my family has been in this country for generations," code "1" and record verbatim.

2. **Other Latin American or Spanish** refers to anyone who says they were born in or had ancestors from Spain or one of the western hemisphere territories or countries (excluding Mexico) where Spanish is the primary language (e.g., Puerto Rico, Nicaragua, El Salvador, Dominican Republic, Colombia, Peru, Spain, etc.). Code "2" for this group and specify.

If a respondent has identified the child as Code 2 (**OTHER LATIN AMERICAN OR OTHER SPANISH**) you will be asked to enter a specific nationality to be sure the person should not in fact be classified as Mexican/Mexican American. The list of nationalities under the response category represents some of the common Latin American or Spanish nationalities that have been reported in the past. Enter the nationality on the line provided.

## **Mixed Ethnic Background**

In some cases you may encounter children of mixed ethnic background. The following guidelines should be adhered to when you encounter these situations.

When you find individuals of **mixed ethnic** background, if one of the ethnic backgrounds is Hispanic and the other is not, code the individual in the appropriate Hispanic group. For example:

**Example #1:** Joseph E. Lago is Mexican and Italian. Enter Code 1 (Mexican/Mexican American).

**Example #2:** Maria Elena Ramirez is Puerto Rican and Irish. Enter Code 2 (Other Latin American or Spanish).

**Example #3:** Diana Linda Gomez is Argentinian and German. Enter Code 2 (Other Latin American or Spanish).

If an individual is of **mixed Hispanic** background, give priority to the group with the lowest number. For example:

**Example #1:** Pedro Luis Morales is Mexican (Code 1) and Puerto Rican (Code 2). Enter Code 1.

**Example #2:** Antonio E. Mata is Mexican (Code 1) and Chilean (Code 2). Enter Code 1.

**Example #3:** Frances P. Lopez is Puerto Rican (Code 2) and Peruvian (Code 2). Enter Code 2.

Race is not an issue in FA10. If a respondent answers Hispanic and white, Hispanic and black, Mexican and white, etc., code the correct Hispanic group as described above.

HAND CARD Y-2

What is the number of the group that best represents  
LOUISE's race?

( 4 )

1. Aleut, Eskimo, or American Indian
2. Asian or Pacific Islander
3. Black
4. White
5. Another group not listed

**FA11** Show Card Y2 (identical to response categories in question) and ask the respondent to indicate the number of the group which **best** represents his/he **race**. Enter the code that represents the response category. If two or more answers, **PROBE** for **best one**. If you cannot obtain one answer, and one of the two groups mentioned is "Black", Code 3 (Black), because that is a study group for NHANES III. If neither of the two groups mentioned are "Black", enter the code corresponding to the **first** group mentioned by the respondent. For example: If the respondent continues to say "Asian and Eskimo," enter Code 2 (Asian). If you encounter any further difficulty or confusion, Code 5 (Another group not listed) -- specify," and explain the situation on the line provided.

Note the following definitions:

- 1) **Aleut, Eskimo, or American Indian** includes persons having origins in any of the peoples native to the Arctic coastal regions of North America (including the Aleutian Islands) as well as the original peoples of mainland North America.
- 2) **Asian/Pacific Islander** includes persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan.
- 3) **Black** includes persons having origins in any of the black racial groups of Africa.
- 4) **White** includes persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 5) **Another group not listed (SPECIFY)** is self-explanatory.

**NOTE:** Persons who are of Hispanic national origin or descent, as determined in FA9 and FA10, may be of various racial groups, so code accordingly.

10.0102 YA2

ID: 002-1000013 Youth Section: A REST/

How old were you  
when LOUISE was born?

(32 )  
age

10.0103 YA3

ID: 002-1000013 Youth Section: A

Did you smoke at any time  
while you were pregnant with LOUISE?

(2 )

1. YES
2. NO

## 2. SECTION A: BIRTH

(AGES 2 MONTHS-11 YEARS)

This section contains questions on certain activities of the SP's mother during pregnancy, and on the SP's birth. These questions will only be asked if the SP is between the ages of two months and 11 years.

**YA2** This question is concerned with the age of the biological mother when the child who is the subject of this interview was born. If you are interviewing the biological mother (as indicated in previous questions) the pronoun "you" will be inserted in the question. However, if you are not, the words "biological mother" will appear. The biological mother is the one who gave birth to the child. Make sure the respondent understands that this question is about the biological mother, not about stepmothers, foster mothers, or guardians.

Note that many mothers tend to think of the age they became pregnant -- we want age at delivery. (Obstetricians age a woman at time of birth for genetic purposes.)

**YA3** **Smoking** includes smoking all types of tobacco products -- cigarettes, cigars, pipes. Include marijuana smoking here as well.

Keep in mind that we are only interested in smoking during the time the biological mother was pregnant **with the SP**. This includes the time in early pregnancy before the mother may have known she was pregnant **and** women who stopped smoking **during** the pregnancy.

10.0104 YA4

ID: 002-1000014 Youth Section: A

At any time during the pregnancy did you  
quit or refrain from smoking for the rest of the pregnancy?

( 1 )

1. YES
2. NO

10.0105 YA5

ID: 002-1000014 Youth Section: A

About what month of the pregnancy did you  
stop smoking?

USE ROUNDING RULE IF NECESSARY.

( 1 )

- |                 |                  |
|-----------------|------------------|
| 1. FIRST MONTH  | 6. SIXTH MONTH   |
| 2. SECOND MONTH | 7. SEVENTH MONTH |
| 3. THIRD MONTH  | 8. EIGHTH MONTH  |
| 4. FOURTH MONTH | 9. NINTH MONTH   |
| 5. FIFTH MONTH  |                  |

**YA4** Ask if, at any point during her pregnancy with the SP, the biological mother quit or refrained from smoking for the remainder of her pregnancy. DO NOT enter Code 1 (YES) if the mother stopped smoking at some point in her pregnancy but then started up again while still pregnant with the SP and continued through her term. DO NOT enter Code 1 (YES) for any intermittent starting and stopping if the mother was still smoking at time of SP's birth. DO enter Code 1 (YES), however, even if the mother stopped and started smoking one or more times during her pregnancy with the SP BUT at some point stopped and did not continue for the remainder of the pregnancy. Always enter Code 2 (NO) if the mother was smoking at the time of SP's birth.

**YA5** If the mother stopped and started more than once, this question refers to the last time she quit which lasted through the remainder of the pregnancy.

Enter the code corresponding to the month of pregnancy (NOT calendar month). If the mother quit part way through one of these months, use the ROUNDING RULE (see Chapter 6 of the General Interviewing Techniques Manual).

10.0106 YA6

ID: 002-1000013 Youth Section: A

Did LOUISE receive any newborn care in an intensive care unit, premature nursery, or any other type of special care facility?

( 2 )

1. YES
2. NO

10.01061 YA60V

ID: 002-1000018 Youth Section: A

Did MILICENT receive any newborn care in an intensive care unit, premature nursery, or any other type of special care facility?

( 1 )

1. YES
2. NO

How many days? ( 2 ) days  
number

10.0107 YA7

ID: 002-1000013 Youth Section: A

How much did LOUISE weigh at birth?

ENTER RESPONSE IN LBS AND OUNCES OR IN GRAMS.

( 7 ) lbs / ( 5 ) oz.  
number number

PROBE FOR OUNCES  
IF NOT REPORTED

OR

( ) grams  
number

**YA6** A special care facility is different than an ordinary, routine nursery -- it must be in a hospital (i.e. special means extra medical care; intervention after birth because of some suspected or certain medical condition).

**YA6OV**

If "Yes" to **YA6**, CAPI prompts you to ask "How many days?" Record the response as reported.

**YA7** There are several data entry rules to remember when entering a response to this question.

- If the response is reported in whole pounds only (for example, "6 pounds"), probe for ounces.
- If the response is "exactly 6 pounds," enter "6" on the lbs. line and a "0" on the oz. line.
- If the response is "about 6 pounds," and the exact number of ounces is not known, enter "6" on the lbs. line and SHIFT/8 (DK), on the oz. line.
- A response in number of grams is acceptable. Press the ENTER key to move the cursor to the "grams" field.
- If the respondent gives the birth weight in a type of unit other than pounds and ounces or grams (such as kilograms) enter the response in COMMENTS (CTRL/K) and enter a SHIFT/8 (DK) in the "lbs" field.
- If the respondent simply does not know the answer to this question, enter a SHIFT/8 (DK) in the "lbs" field.

Did MILICENT weigh ...

( 1 )

1. more than 5-1/2 lbs. (2500 g), or
2. less than 5-1/2 lbs. (2500 g)?

Did MILICENT weigh ...

( 2 )

1. more than 9 lbs. (4100 g), or
2. less than 9 lbs. (4100 g)?

**YA8** If the respondent did not know the SP's birth weight (**YA7**), CAPI will prompt you to ask this question. Read the response options to the respondent. Read the parenthetical "2500 grams" only if the respondent has indicated that s/he may be better able to estimate the weight in grams than in pounds.

If the response to **YA8** is "exactly 5-1/2 pounds" or "exactly 2500 grams," return to the previous screen (CTRL/B) and enter this information at **YA7**.

Note that if the respondent answered **YA7** in a type of unit other than pounds and ounces or grams, such as kilograms, you will have to enter a SHIFT/8 (DK) at **YA7** in order to enter the response in comments and consequently will be prompted to ask **YA8**. Enter "\*" at **YA8** to proceed.

**YA9** If the respondent answers Code 1 (more than 5½ lbs) in the previous question (YA8) this screen will appear. As in **YA8**, omit the phrase "4100 grams" unless indicated, and correct the entry for question **YA7** if the response is exactly 9 lbs. or exactly 4100 grams.

10.0200 YBINTRO

ID: 002-1000013 Youth Section: B RESTART

Now I'm going to ask you some general questions about  
LOUISE's eating habits.

PRESS ENTER TO CONTINUE

10.0202 YB2

ID: 002-1000013 Youth Section: B

Was LOUISE ever  
breastfed or fed breastmilk?

( 1 )

1. YES
2. NO

### 3. SECTION B: INFANT FEEDING PRACTICES/DIET

(AGES 2 MONTHS-11 YEARS)

This section contains questions on infant feeding habits, the ages at which they changed, kinds of food eaten, and body weight/height. The first questions in this section will only be asked if the SP is less than 6 years old.

#### YBINTRO

Read the introductory statement to the respondent, then begin this section of the interview.

**YB2** Enter Code 1 (YES) if the child is/was breast-fed by the biological mother or is/was breast-fed by a wet nurse (see below) or if mother's milk is/was given to the child through a bottle. Be sure to record details in COMMENTS (Ctrl/K).

A wet nurse is someone other than the biological mother who breast-feeds the child or provides breastmilk that is fed to the child through a bottle, medicine dispenser, cup, glass, etc.

10.0203 YB3

ID: 002-1000013 Youth Section: B

How old was LOUISE when she was first fed something other than breastmilk or water?

INCLUDE FORMULA, JUICE, SOLID FOODS.

ENTER 00 IF NEVER.

(2 )  
number

(2 ) 1. days  
2. weeks  
3. months

10.0204 YB4

ID: 002-1000013 Youth Section: B

How old was LOUISE when she was first fed formula on a daily basis?

INCLUDE CHILDREN RECEIVING ONLY FORMULA AND THOSE RECEIVING FORMULA AND BREASTMILK AT THE SAME TIME.

ENTER 00 IF NEVER.

(3 )  
number

(2 ) 1. days  
2. weeks  
3. months

**YB3 - YB12**

The next series of questions asks at what age specific infant feeding habits began and ended. The respondent may reply to these questions in terms of years. Years is not included in the answer categories but is an acceptable response. Record the number, type "years" in COMMENTS (CTRL/K), and enter "\*" (DK) in the space to be used to record the unit of measurement.

**YB3**

Enter the child's age, numerically. Use the second column to indicate the unit of measurement to which the number refers (i.e., days, weeks or months). Record the age at which the child was first given something other than breastmilk or water even if s/he was not given it on a daily basis and was still breast-fed most of the time.

**YB4**

This question asks about when the child was first fed formula on a daily basis. Record the number and appropriate time period if at least one feeding of milk is/was usually given each day, even if the child is/was still breast-fed most of the time. This idea is noted on the screen.. The words "AT THE SAME TIME" means daily or on a regular daily basis. They do not mean formula and breastmilk are mixed together in the bottle.

Formula is a milk mixture or milk substitute which is fed to babies.

Enter 00 if "never on a daily basis" is appropriate.

10.0204 YB4VER

ID: 002-1000013 Youth Section: B

THE RESPONDENT JUST REPORTED THAT LOUISE WAS  
3 WEEKS OLD WHEN SHE WAS FIRST FED FORMULA ON A DAILY  
BASIS. HOWEVER, THE RESPONDENT PREVIOUSLY REPORTED THAT  
LOUISE WAS 2 WEEKS OLD WHEN SHE WAS  
FIRST FED SOMETHING OTHER THAN BREASTMILK OR WATER. THIS MAY BE  
INCONSISTENT. PLEASE VERIFY LOUISE'S AGE WHEN SHE  
WAS FIRST FED FORMULA ON A DAILY BASIS.

PRESS ENTER TO CONTINUE

10.0205 YB5

ID: 002-1000013 Youth Section: B

How old was LOUISE when she  
completely stopped breastfeeding or being fed breastmilk?

ENTER 000 IF STILL BREASTFEEDING.

(000 )  
number

( ) 1. days  
2. weeks  
3. months

**YB4VER** If the SP's age at the time when s/he was first fed formula on a daily basis (**YB3**) seems to be inconsistent with the age when s/he was first fed formula on a daily basis (**YB4**), CAPI provides a message asking you to verify the age when s/he was first fed formula on a daily basis. Upon striking ENTER, CAPI will return you to **YB4** to re-enter the age of the child at the time when s/he was first fed formula on a daily basis.

**YB5** Enter the child's age -- both the number and unit of time -- when all breast-feeding stopped. If the respondent answers in years, record the response verbatim in COMMENTS (for example, record "1-1/2 years" in comments and enter SHIFT/8 (DK) for **YB5**).

Enter "000" for "still breast-feeding" if appropriate.

10.0209 YB5VER

THE RESPONDENT JUST REPORTED THAT (SUBJECT ) WAS  
(### MONTHS) OLD WHEN (HESHE) COMPLETELY STOPPED BREASTFEEDING OR  
BEING FED BREASTMILK. HOWEVER, THE RESPONDENT PREVIOUSLY REPORTED THAT  
(SUBJECT ) WAS (### MONTHS) OLD WHEN (HESHE) WAS  
FIRST FED SOMETHING OTHER THAN BREASTMILK OR WATER. THIS MAY BE  
INCONSISTENT. PLEASE VERIFY (SUBJECT'S ) AGE WHEN (HESHE)  
COMPLETELY STOPPED BREASTFEEDING OR BEING FED BREASTMILK.

PRESS ENTER TO CONTINUE

10.0206 YB6

ID: 002-1000015 Youth Section: B

How old was LISA when she was first fed  
formula on a daily basis?

INCLUDE CHILDREN RECEIVING ONLY FORMULA AND THOSE RECEIVING  
FORMULA AND BREASTMILK AT THE SAME TIME.

ENTER 00 IF NEVER ON A DAILY BASIS.

(3 ) (1 ) 1. days  
number 2. weeks  
3. months

10.0207 YB7

ID: 002-1000013 Youth Section: B

How old was LOUISE when she  
completely stopped drinking formula?

ENTER 00 IF STILL DRINKING FORMULA.

(00 ) ( ) 1. days  
number 2. weeks  
3. months

10.0207 YB7VER

THE RESPONDENT JUST REPORTED THAT (SUBJECT ) WAS  
(### MONTHS) OLD WHEN (HESHE) COMPLETELY STOPPED DRINKING  
FORMULA. HOWEVER, THE RESPONDENT PREVIOUSLY REPORTED THAT  
(SUBJECT ) WAS (### MONTHS) OLD WHEN (HESHE) WAS  
FIRST FED FORMULA ON A DAILY BASIS. THIS MAY BE  
INCONSISTENT. PLEASE VERIFY (SUBJECT'S ) AGE WHEN (HESHE)  
COMPLETELY STOPPED DRINKING FORMULA.

PRESS ENTER TO CONTINUE

**YB5VER** If the SP's age at the time when s/he completely stopped breast-feeding (**YB5**) seems to be inconsistent with the age when s/he was first fed something other than breastmilk or water (**YB3**), CAPI will provide a message asking you to verify the age when s/he had completely stopped breast-feeding. After pressing the ENTER key, CAPI will return you to **YB5** to re-enter the age of the child at the time when s/he stopped breast-feeding.

**YB6** See specifications for **YB4**.

**YB7** Note that if the SP's child was never fed formula on a daily basis (as was indicated in **YB4**) CAPI will skip this question.

Follow the recording rules for YB5.

**YB7VER** If the SP's age at the time when s/he completely stopped drinking formula (**YB7**) seems to be inconsistent with the age when s/he was first fed formula on a daily basis (**YB6**), CAPI will provide a message asking you to verify the age at which s/he had completely stopped drinking formula. CAPI will return you to **YB7** to re-enter the age of the child at the time when s/he stopped drinking formula.

10.0208 YB8

ID: 002-1000013 Youth Section

How old was LOUISE when she was  
first fed milk on a daily basis?

DO NOT INCLUDE BREASTMILK OR FORMULA.

ENTER 00 IF NEVER ON A DAILY BASIS.

(00 )  
number

( ) 1. days  
2. weeks  
3. months

10.02081 YB80V

RESPONSE SEEMS INCONSISTENT WITH PREVIOUS FORMULA QUESTIONS.  
PLEASE VERIFY ANSWER AND REENTER RESPONSE.

PRESS ENTER TO CONTINUE

**YB8** Follow instructions for **YB4**, but for milk in this question. DO NOT INCLUDE BREASTMILK OR FORMULA.

Regular milk is any kind of milk other than mother's or wet nurse's milk, or infant formula (e.g., soy or milk-based formula). This may include cow's milk, goat's milk, powdered milk, etc., but not formula.

**YB8OV** If the SP's age at the time when s/he was first fed milk on a daily basis (**YB8**) seems to be inconsistent with the previous formula questions, CAPI will provide a message asking you to verify the age and reenter the information in **YB8**.

What type of milk was DEIDRE first  
fed on a daily basis?

( 1 )

1. regular whole milk
2. lowfat milk (1% or 2%)
3. skim milk (1/2% or nonfat)
4. nonfat dry milk (reconstituted)
5. evaporated milk
6. goat's milk
7. other

How old was LOUISE when she  
started eating solid foods (such as strained foods or  
any other non-liquid foods) on a daily basis?

ENTER 00 IF NEVER ON A DAILY BASIS.

(00 )  
number

( ) 1. days  
2. weeks  
3. months

**YB9** Read **YB9** and stress "first." If the respondent does not understand the question or answers "DK," re-ask **YB9**, reading the answer categories to the respondent. **PROBE FOR ONE TYPE ONLY**. If something other than the listed categories is mentioned, enter Code 7 (OTHER) and record the respondent's answer verbatim on the line labeled "specify".

**YB10** Record the number and appropriate time unit if at least one feeding of solid foods is/was given each day.

Solid foods include commercially prepared strained and junior foods, "table foods", home-made baby foods, or any other non-liquid foods.

Enter "00" (NEVER ON A DAILY BASIS), if appropriate.

10.0211 YB11

ID: 002-1000013 Youth Section: B

Has LOUISE ever  
used a baby bottle?

(2 )

1. YES
2. NO

10.0212 YB12

ID: 002-1000014 Youth Section: B

How old was DEIDRE when  
she stopped using a baby bottle?

ENTER 00 IF STILL USING BABY BOTTLE.

(3 )  
number

(1 ) 1. months  
2. years

YB11 Note time frame is ever.

A baby bottle can contain anything, including water, formula, milk, juice, and diluted cereal.

**YB12** Follow directions for **YB5** except that in **YB12** we are interested in the age at which the SP stopped using a bottle. If SP is still using a bottle, enter 00.

How often does DEIDRE eat breakfast ...

( 1 )

1. every day,
2. on some days,
3. rarely,
4. never, or
5. on weekends only?

During the past 12 months, has DEIDRE  
changed her eating habits to try to lose weight?

( 2 )

1. YES
2. NO

YB14

YB14 and YB15 are only asked about children between the ages of 1 and 11.

Read the response options to the respondent. The response needs to match exactly to those categories listed. If the respondent states "once a week," repeat the responses saying "...and would you say on the average that means every day, on some days, etc."

"Breakfast" should be defined by the respondent. For some people, breakfast may only mean a cup of juice; for others it may mean eggs benedict at 10:00 a.m.

YB15

Emphasize the time frame, the "past 12 months."

Since toddlers or young children cannot make a conscious effort to lose weight, this would refer to the guardian reducing the quantity of food/formula so the infant would lose weight.

During the past 12 months, has LOUISE changed what she eats for any medical reason or health condition?

( 2 )

- 1. YES
- 2. NO

What was the medical reason or health condition that caused DEIDRE to change what she eats?

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 4 ) ( ) ( ) ( ) ( ) ( )

- 1. OVERWEIGHT/OBESITY
- 2. HIGH BLOOD PRESSURE/  
HYPERTENSION
- 3. HIGH BLOOD CHOLESTEROL
- 4. ALLERGY
- 5. DIABETES
- 6. OTHER

YB16 Time frame is the "past 12 months." For infants less than 1 year, the time frame referred to will be "since birth."

The change does not have to be prescribed by a health professional. Let the respondent define medical or health condition.

Emphasis here is on the SP (him/or herself), or SP's parent or guardian, making a conscious dietary change for his/her (the SP's) own health condition. It would not include a situation where a child's way of eating changes because his/her parents have had to make a dietary change.

YB17 Note that this question is a CODE ALL THAT APPLY. Probe by asking "anything else?"

The condition does not have to be diagnosed by a health professional.

**DO NOT READ ANSWER CATEGORIES TO RESPONDENTS.**

10.0218 YB18

ID: 002-1000013 Youth Section: B

How long is LOUISE  
without shoes?

( 2 ) feet / ( 0 ) inches

or

( ) centimeters

PROBE FOR INCHES  
IF NOT REPORTED.

10.0219 YB19

ID: 002-1000013 Youth Section: B

How much does LOUISE  
weigh without clothes or shoes?

( 13 ) pounds

or

( ) kilograms

YB18

There are several recording rules to remember in this question:

- If the respondent answers in feet only, probe for feet and inches.
- If the respondent still states height in feet (e.g., 3 feet exactly) record the answer as 3 feet 0 inches.
- If the height is stated in terms of feet only (e.g., 3 and ½ feet) record in feet and inches (3 feet 6 inches).
- If inches are given as a fractional measurement, use the rounding rule (Section 6.2, General Interviewing Techniques Manual) and drop any fraction.
- Probe by saying...the last time the child was measured, how tall was s/he? A best estimate is sufficient.
- If the respondent still doesn't know, enter SHIFT/8 (DK) in the "feet" field.
- If the answer is given in centimeters, press the ENTER key to move the cursor to the "centimeters" field.

YB19

Do not enter fractions; use rounding rule (see Chapter 6 of the General Interviewing Techniques Manual) and record whole numbers only. Some people will say that they don't know the child's weight. Probe by asking the respondent if s/he remembers the most recent time the child was weighed, maybe at the doctor's office or at school. Do not have the child (if available) weigh himself/herself. Probe for a guess or best estimate. Since some people are sensitive about weight, be careful not to alienate the respondent.

If the doctor's visit referenced occurred several years ago, the SP's weight could have changed dramatically; therefore, in this case, enter SHIFT/8 (DK) in the "pounds" field. If the answer is given in kilograms, use the ENTER key to move the cursor to the "kilograms" field.

Do you consider LOUISE to be ...

( 3 )

1. overweight,
2. underweight, or
3. about the right weight?

YB20

Read all response options to the respondent. This is the respondent's opinion. If s/he says that the doctor says the child is overweight, ask the question again, emphasizing "What do you consider Louise to be?".

#### 4. SECTION C: MOTOR AND SOCIAL DEVELOPMENT

(AGES 2 MONTHS-3 YEARS)

This section is concerned with the motor and social development of young children and will only be asked about SPs under age 4. Furthermore, the section will subcategorize these young SPs into smaller age groups and ask a series of 15 questions about SPs in each age group. CAPI will automatically display the appropriate questions based on the age of the SP.

##### **YCINTRO**

Read the introductory statement to the respondent before beginning this section.

##### **YC3 - YC50**

Do not define **or** explain terms or words in any of the questions in this section to the respondent. However, since some of the questions contain detailed descriptions, be sensitive to respondents who may not have heard or understood the descriptions and be prepared to re-read the questions slowly.

10.0300 YCINTRO

ID: 002-1000013 Youth Section: C RI

Now I would like to ask a few questions about various things children do at different ages.

PRESS ENTER TO CONTINUE

When lying on her stomach, did LOUISE  
ever lift her head off the surface for a moment?

( 1 )

1. YES
2. NO

When lying on her stomach, has LOUISE  
ever turned her head from side to side?

(1 )

1. YES
2. NO

Have LOUISE's eyes ever followed a moving object?

(1 )

1. YES
2. NO

Have LOUISE's eyes ever followed a moving  
object all the way from one side to the other?

( 1 )

1. YES
2. NO

When lying on her stomach, has LOUISE  
ever raised her head and chest from the surface while resting  
her weight on her lower arms or hands?

( 1 )

1. YES
2. NO

Has LOUISE ever turned  
her head around to look at something?

( 1 )

1. YES
2. NO

While lying on her back and being pulled up to a sitting position, did LOUISE ever hold her head stiffly so that it did not bend back as she was pulled up?

( 1 )

1. YES
2. NO

Has LOUISE ever laughed  
out loud without being tickled or touched?

( 1 )

1. YES
2. NO

Has LOUISE ever held in one hand a moderate size object such as a block or a rattle?

(1 )

1. YES
2. NO

Has LOUISE ever rolled over on  
her own on purpose?

( 1 )

1. YES
2. NO

Has LOUISE ever looked around with her  
eyes for a toy which was lost or not nearby?

( 1 )

1. YES
2. NO

Has LOUISE ever smiled at someone when  
that person talked to or smiled at but did not touch her?

( 1 )

1. YES
2. NO

Has LOUISE ever seemed to enjoy looking  
in the mirror at herself?

( 1 )

1. YES
2. NO

Has LOUISE ever picked up small objects  
such as raisins or cookie crumbs, using only her thumb  
and first finger?

( 1 )

1. YES
2. NO

Has LOUISE ever sat alone with no help  
except for leaning forward on her hands or with just a  
little help from someone else?

( 1 )

1. YES
2. NO

Has MAGGIE ever said any recognizable words such as "mama" or "dada"?

( 1 )

1. YES
2. NO

Has MAGGIE ever shown by her behavior  
that she knows the names of common objects when somebody  
else names them out loud?

(1 )

1. YES
2. NO

Has TEDDY ever walked at least 2 steps  
with one hand held or holding on to something?

( 1 )

1. YES
2. NO

Has TEDDY ever sat for 10 minutes  
without any support at all?

( 1 )

1. YES
2. NO

Has TEDDY ever crawled when left  
lying on his stomach?

( 1 )

1. YES
2. NO

Has TEDDY ever been pulled from a sitting position to a standing position and supported his own weight with legs stretched out?

( 1 )

1. YES
2. NO

Has DEIDRE ever waved  
good-bye without help from another person? .

( 1 )

1. YES
2. NO

Has DEIDRE ever pulled herself to a standing position without help from another person?

( 1 )

1. YES
2. NO

Has DEIDRE ever stood alone on her feet for 10 seconds or more without holding on to anything or another person?

( 1 )

1. YES
2. NO

Has DEIDRE ever walked at least 2 steps  
without holding on to anything or another person?

( 1 )

1. YES
2. NO

Has DEIDRE ever shown that she wanted something by pointing, pulling, or making pleasant sounds rather than crying or whining?

( 1 )

1. YES
2. NO

Has DEIDRE ever said the name of a  
familiar object, such as ball?

(1 )

1. YES
2. NO

10.0330 YC30

ID: 002-1000014 Youth Section: C

Has DEIDRE ever crawled up at least 2 steps?

( 1 )

1. YES
2. NO

Has DEIDRE said 2 recognizable words  
besides "mama" or "dada"?

( 1 )

1. YES
2. NO

Has DEIDRE ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered her?

( 1 )

1. YES
2. NO

Did DEIDRE ever walk up at least 2 steps  
with one hand held or holding the rail?

(1 )

1. YES
2. NO

10.0334 YC34

ID: 002-1000014 Youth Section: C

Has DEIDRE ever run?

( 1 )

1. YES
2. NO

Has DEIDRE ever made  
a line with a crayon or pencil?

( 1 )

1. YES
2. NO

Has DEIDRE ever fed herself with a  
spoon or fork without spilling much?

( 1 )

1. YES
2. NO

Has DEIDRE ever spoken a partial  
sentence of 3 words or more?

( 1 )

1. YES
2. NO

Has DEIDRE ever said her first and last  
name together without someone's help?

NICKNAME MAY BE USED FOR FIRST NAME.

( 1 )

1. YES
2. NO

Has DEBORAH ever walked up stairs by herself without holding on to a rail?

( 1 )

1. YES
2. NO

Has DEBORAH ever counted 3 objects  
correctly?

( 1 )

1. YES
2. NO

Has DEBORAH ever walked  
up stairs by herself with no help, stepping  
on each step with only one foot?

( 1 )

1. YES
2. NO

Does DEBORAH know her own age and sex?

( 1 )

1. YES
2. NO

10.0343 YC43

ID: 002-1000014 Youth Section: C

Has DEBORAH ever said the names  
of at least 4 colors?

( 1 )

1. YES
2. NO

Has DEBORAH ever pedaled a tricycle  
at least 40 feet?

( 1 )

1. YES
2. NO

Has DEBORAH ever done a somersault  
without help from anybody?

( 1 )

1. YES
2. NO

Has DEBORAH ever washed  
and dried her hands without any help except  
for turning the water on and off?

( 1 )

1. YES
2. NO

Has DEBORAH ever dressed herself without any  
help except for tying shoes and buttoning the backs of dresses?

( 1 )

1. YES
2. NO

Has DEBORAH ever gone to the toilet  
alone?

(1 )

1. YES
2. NO

Has DEBORAH ever counted out loud up to 10?

(1 )

1. YES
2. NO

Has DEBORAH ever drawn a picture of a man or woman with at least 2 parts of the body besides a head?

( 1 )

1. YES
2. NO

10.0401 YD1

ID: 002-1000013 Youth Section: D RE

Would you say LOUISE's health in  
general is ...

( 3 )

1. excellent,
2. very good,
3. good,
4. fair, or
5. poor?

10.0402 YD2

ID: 002-1000013 Youth Section: D

Is there a particular clinic, health center, doctor's office,  
or other place that LOUISE usually  
goes to if she is sick, needs advice about health or for  
routine care?

( 1 )

1. YES
2. NO

## 5. SECTION D: HEALTH SERVICES AND FUNCTIONAL IMPAIRMENT

### (AGES 2 MONTHS-16 YEARS)

This section contains some general questions about the child's health, health-related activities, usual sources of health care services, and limitations on activity due to impairment or health problems and conditions. "Functional impairment" is used because the terms "disability" and "disabled" have many meanings in common usage.

**YD1** If the respondent gives an answer other than one of the five categories listed, such as "pretty good," re-ask the question, by saying "Yes, but would you say...?" and clearly emphasize each answer category.

If the respondent says s/he doesn't know, probe by saying "In comparison with other people (CHILD's) age..." In the unusual situation in which the respondent still is unable to give a response that is one of the five categories, record the response verbatim in comments (CTRL/K) and enter SHIFT/8 (DK) in the response field.

**YD2** Question **YD2** determines whether or not there is a particular place the child **usually** goes for **routine** health care or advice. The distinction between **routine** care and **special** care is important here, because we want to count as a Code 1 (YES) children who go to a particular place (e.g. a clinic, doctor, etc.) for routine care regardless of whether they go to another place (e.g. specialist) for certain problems. A Code 2 (NO) answer means the child has **no regular** place even for routine care. Look at the following examples:

"We just take Billy to the nearest emergency room or doctor if there's a problem." Enter 2 (NO).

"Most of the time, Carlos goes to Dr. Valdez, but for his allergies, we take him to an allergy clinic." Enter 1 (YES).

So, if the respondent doesn't answer "yes" or "no", but says there is more than one place depending on the health problem, emphasize **for routine care**. If the response is still "more than one place", even for routine care, enter as Code 2 (NO).

If the child is bedridden but has a particular doctor come to the home to give medical care or advice, consider this a "yes" response.

Remember to read the question exactly as worded, i.e., do not lead the respondent by referring to a "family" or "regular" doctor. For the definition of doctor, see General Definitions in the Interviewer's Manual. Remember that these definitions are for your information only and are not to be read to the respondent.

10.0403 YD3

ID: 002-1000013 Youth Section: D

Is there one particular doctor or health professional that LOUISE usually sees?

( 1 )

1. YES
2. NO

10.0404 YD4

ID: 002-1000013 Youth Section: D

About how long has it been since anyone last saw or talked to a medical doctor or other health professional about LOUISE? Include doctors seen while a patient in a hospital.

( 1 )

1. less than 1 year
2. 1 year, less than 2 years
3. 2 years, less than 5 years
4. 5 years or more
5. NEVER

**YD3** In question **YD3** we want to find out whether the child generally goes to **one** particular **person** at the health care facility identified in **YD2**. Only **health professionals** (that is, health care providers) should be considered in this question, not, for example, the receptionist. Health professionals are defined in the General Definitions section of the Interviewer's Manual.

When asking **YD3**, reference the place mentioned in **YD2** so that the respondent knows that the next group of questions refers to **that usual place** and not to any other place where care may have been received. EXAMPLE: "Is there **one** particular doctor John usually sees at the hospital outpatient clinic?"

**YD4** Ask **YD4** to find out how long it has been since the **child or** "anyone" last saw or talked (even by telephone) to any health professional about the child's health. Include **any** health care -- inpatient as well as outpatient care.

See General Definitions in the Interviewer's Manual for definitions of medical doctor and other health professional.

You should respond to a "Don't know" answer by reading the response categories, pausing after each, until the respondent indicates that you have mentioned an appropriate category. Enter the number next to the appropriate category and press ENTER to proceed to the next question.

10.0405 YD5

ID: 002-1000013 Youth Section: D

Since LOUISE was born, how many different times has she stayed in the hospital overnight or longer? Do not include the hospitalization when she was born.

ENTER 00 IF NONE.

(0 ) times  
number

10.0407 YD7

ID: 002-1000013 Youth Section: D

Is LOUISE able to take part at all in any of the usual kinds of activities done by most babies her age?

(1 )

1. YES
2. NO

**YD5** **Times stayed in the hospital** refers to **separate** stays of one or more nights in a hospital as a patient, **not** the **number of** nights in the hospital. If a person was moved (transferred) from one hospital to another (for example, from a children's hospital to a general hospital), still count it as **one** stay, because it is still the same period of hospitalization. Hospitalization ends when a person is discharged home or to a non-hospital setting, **not** when the person is transferred.

Remember **not to include** the hospitalization when the child was born. **However**, if the child was born on the way to the hospital or was otherwise admitted shortly after birth, count this hospitalization if it lasted one or more nights.

Enter "00" if the child has never had a period of hospitalization.

**YD7** This question is only asked about SPs under 5 years old. For those children, the major activity is considered development and play. Enter Code 2 (NO) only if the child cannot participate in **any** play activities that are usual for children in their age group.

Is LOUISE limited in the  
kind or amount of activities she can do because  
of an impairment or health problem?

( 2 )

1. YES
2. NO

**YD8** Key definitions to consider in the question are as follows:

- **Impairment or Health Problems** -- Any long-term condition, physical or mental, which causes limitation in activity (see "Condition" below). Do not define limitation. 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 that a wide range of health-related causes should be considered.
  
- **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, 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, depression, anxiety, etc. In general, consider as a condition any response describing a health problem of any kind.

Examples of limitations in the "kind of activities" are: unable to run, jump, climb, or play strenuous games appropriate for that age. Examples of limitations in "amount of activities" are: need for special rest periods or playing only for short periods of time.

10.0409 YD9

ID: 002-1000017 Youth Section: D

Does any impairment or health problem now keep  
MARK from attending school?

( 1 )

1. YES
2. NO

10.0410 YD10

ID: 002-1000017 Youth Section: D

Does MARK attend a special school  
or special classes because of any impairment or  
health problem?

( 2 )

1. YES
2. NO

**YD9** "NOW" is an important word in this question. Now means within the last two weeks or so. For students on school vacation, "NOW" means the last time school was in session.

See the definition of "going to school" in the General Definitions section of the Interviewer's Manual.

Do not count people who may miss time from school only now and then because of an impairment or health problem.

**YD10** "**Special school**" is one which students attend because of some unique physical or mental characteristic that distinguishes 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.

"**Special classes**" are 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.

10.0411 YD11

ID: 002-1000017 Youth Section: D

Does MARK need to attend a special school  
or special classes because of any impairment or health problem?

( 1 )

1. YES
2. NO

10.0412 YD12

ID: 002-1000017 Youth Section: D

How long ago was the impairment or health problem  
first noticed?

NUMBER: ( 4 )

UNIT: ( 1 )

1. months
2. years

**YD11** This question is meant to identify students who do not receive special education but could benefit from it because of an impairment or health problem. Definitions of "special school" and "special classes" are included for question **YD10**.

**YD12** YD12 asks how long ago the SP's impairment or health problem was **first** noticed. Enter a number and the unit of time associated with that number.

Did a doctor ever say that LOUISE had...  
rheumatic fever/rheumatic heart disease?

( 2 )

- 1. YES
- 2. NO

How old was MARK when he first had Rheumatic  
fever/rheumatic heart disease?

ENTER 00 IF LESS THAN ONE MONTH

- ( 1 )                    ( 2 ) 1. months
- number                    2. years

Does he still have Rheumatic fever/rheumatic heart  
disease?

1=YES/2=NO

( 1 )

Has he ever been treated by a doctor for Rheumatic  
fever/rheumatic heart disease?

( 2 )

6. SECTION E: SELECTED CONDITIONS  
(AGES 2 MONTHS-16 YEARS)

This section is concerned with selected medical conditions, immunizations, and other topics.

**YE1A - YE1I**

Enter Code 1 (YES) or Code 2 (NO) for each condition appearing in this series of questions. During a series of NO responses, you do not have to re-read the stem of the question (i.e., "Did a doctor ever say that \_\_\_\_\_ had..."). It is, however, printed in parenthesis at the top of each screen and you should occasionally repeat it while reading through the items.

If the respondent says YES to a condition but qualifies the response, ask the question again about that condition. For example, the respondent says YES to "asthma" but then says "it hardly ever happens anymore," re-ask the question about the same condition. Stress that the interest is in whether a doctor diagnosed it. If this results in no better information, enter all pertinent information verbatim in COMMENTS (CTRL/K) and enter the response as a Code 1 (YES).

DO NOT DEFINE ANY CONDITIONS LISTED.

**YE1OVA - YE1OVI**

If the respondent says YES to a condition (with the exception of **YE1OVC** - Cerebral Palsy and **YE1OVD** - Mental Retardation), up to three additional questions will appear, as appropriate.

You will be required to ask these three questions before asking about the next condition.

The first in this series of questions will ask at what age the child **first** had the condition. Enter a number and the code for the period of time associated with the number (months/years). The cursor will automatically move to the next questions which are designed to find out if the condition is still present and if the SP has ever been treated by a doctor for the condition. The definition of "doctor" is in the section entitled General Definitions in the Interviewer's Manual.

MARK HAS BEEN REPORTED AS BEING  
12 YEARS OLD. HOWEVER, THE RESPONDENT JUST STATED  
THAT MARK WAS 15 YEARS OLD WHEN HE  
FIRST HAD MUSCLE WEAKNESS OR PARALYSIS OF THE LEGS.  
PLEASE VERIFY THE AMOUNT OF TIME THAT HAS ELAPSED SINCE  
MARK FIRST HAD THIS CONDITION.

PRESS ENTER TO CONTINUE

**YE2VER**

"Logic checks" are written into the CAPI version of the instrument so that answers are logically consistent across various questions. For example, this screen appears, asking you to verify the information just entered, because there is a lack of consistency between the SP's actual age (2 years old) and the age at which she first had muscle weakness (3 years old). When this logic check screen appears, press ENTER to return to the previous screen and reconcile the respondent's answer.

(Did a doctor ever say that LOUISE had...)

epilepsy/fit/convulsion?

( 2 )

1. YES
2. NO

(Did a doctor ever say that LOUISE had...)

cerebral palsy?

( 2 )

1. YES
2. NO

(Did a doctor ever say that LOUISE had...)  
mental retardation?

( 2 )

1. YES
2. NO

(Did a doctor ever say that LOUISE had...)

muscle weakness or paralysis of the arms?

( 2 )

1. YES
2. NO

(Did a doctor ever say that LOUISE had...)

muscle weakness or paralysis of the legs?

( 2 )

1. YES
2. NO

(Did a doctor ever say that LOUISE had...)

asthma?

( 2 )

1. YES
2. NO

(Did a doctor ever say that LOUISE had...)

chronic bronchitis?

( 2 )

1. YES
2. NO

(Did a doctor ever say that LOUISE had...)

hayfever?

( 1 )

1. YES
2. NO

10.0506 YE6A

ID: 002-1000017 Youth Section: E

Did a doctor ever say that MARK had  
Hypertension or high blood pressure?

( 1 )

1. YES
2. NO

10.05022 YE60VA

ID: 002-1000017 Youth Section: E

How old was MARK when he first had  
hypertension or high blood pressure?

( 3 )  
number

( 2 ) 1. months  
2. years

Does he still have hypertension or high blood  
pressure?

1=YES/2=NO

( 1 )

Has he ever been treated by a doctor for  
hypertension or high blood pressure?

( 2 )

10.0506 YE6B

ID: 002-1000017 Youth Section: E

Did a doctor ever say that MARK had  
high blood cholesterol?

( 1 )

1. YES
2. NO

10.05022 YE60VB

ID: 002-1000017 Youth Section: E

How old was MARK when he first had  
high blood cholesterol?

( 2 )  
number

( 2 ) 1. months  
2. years

Does he still have high blood cholesterol?

1=YES/2=NO

( 1 )

Has he ever been treated by a doctor for

**YE6A - YE14**

Note that CAPI will only ask these questions if the SP is ages 4 through 16. For those under age 4, CAPI will skip to **YE15**.

**YE6A/YE6OVA - YE6B/YE6OVB**

Follow same instructions as for **YE1A/YE1OVA**.

10.0510 YE10

ID: 002-1000017 Youth Section: E

Has MARK ever seen a psychiatrist,  
psychologist, or psychoanalyst about any emotional,  
mental, or behavioral problems?

( 1 )

1. YES
2. NO

10.0511 YE11

ID: 002-1000017 Youth Section: E

During the past 12 months, has MARK  
taken any prescribed medicines or drugs to help control  
activity or behavior?

( 1 )

1. YES
2. NO

**YE10** Note that the time frame is **ever**.

**YE11** The time frame is the **past 12 months**. At **YE11** we are interested only in **prescribed medicines** or drugs. These are medicines that can **only** be obtained with a doctor's prescription.

10.0512 YE12

ID: 002-1000017 Youth Section: E

During the past 12 months, how often did MARK  
complain of headaches? Would you say ...

( 2 )

1. never,
2. rarely,
3. sometimes,
4. frequently, or
5. always?

10.0513 YE13

ID: 002-1000017 Youth Section: E

During the past 12 months, how often did MARK  
complain of stomach aches? Would you say ...

( 2 )

1. never,
2. rarely,
3. sometimes,
4. frequently, or
5. always?

**YE12** Read the response categories to the respondent. Time frame is the **past 12 months**. If respondent doesn't use one of the answer categories, PROBE with "Would you say that is (READ ANSWER CATEGORIES)...?"

**YE13** Time frame is the **past 12 months**. Do not count menstrual cramps. Same instructions as **YE12** but refers to stomach aches.

10.0514 YE14

ID: 002-1000017 Youth Section: E

Does MARK have any speech defect, such as stuttering, stammering, or lispng?

( 1 )

1. YES
2. NO

10.0515 YE15

ID: 002-1000017 Youth Section: E

Has MARK ever had anemia, sometimes called "tired blood" or "low blood?"

( 1 )

1. YES
2. NO

**YE14**

Self-evident.

**YE15**

**Anemia** is a blood disorder. It may be a temporary condition or it may require continuous treatment to keep it under control.

Note that time frame is **ever**. Stress **ever** when asking this question to be sure respondent focuses on the past as well as the present.

10.0516 YE16

ID: 002-1000017 Youth Section: E

Has MARK ever been tested  
for lead poisoning?

( 1 )

1. YES
2. NO

10.0517 YE17

ID: 002-1000017 Youth Section: E

How long ago was MARK tested?

ENTER 00 IF LESS THAN ONE MONTH.

( 5 )  
number

( 2 ) 1. months  
2. years

**YE16** Time frame is **ever**. Note that lead poisoning is tested through a blood test.

**YE17-YE20** This series of questions will appear if respondent reported that the SP had been tested for lead poisoning in question YE16.

**YE17** Enter a number and the code associated with the unit of time (months/years).

10.0518 YE18

ID: 002-1000017

Youth

Section: E

Did the results indicate that MARK  
had high lead or lead poisoning?

( 1 )

1. YES
2. NO

10.0519 YE19

ID: 002-1000017

Youth

Section: E

Has MARK ever been treated in a  
hospital for lead poisoning?

( 1 )

1. YES
2. NO

**YE18** The answer in **YE18** should indicate the results associated with "the last test for lead poisoning" recorded in **YE17**. However, you should also record (if volunteered by SPs) information about previous lead poisoning tests which they may have had which demonstrated elevated blood lead. This latter information should be noted in COMMENTS (CTRL/K).

**YE19** "Treated" includes any situation in which a specific treatment, prescribed or recommended actions (e.g., respondent told that s/he must eliminate the lead-based paint source), were given. It also includes any medicines, either over-the-counter or prescription, that were given. The time frame is **ever**.

10.0520 YE20

ID: 002-1000017 Youth Section: E

How long ago was MARK treated?

ENTER 00 IF LESS THAN ONE MONTH.

( 2 )  
number

( 2 ) 1. months  
2. years

10.0521 YE21

ID: 002-1000017 Youth Section: E

Now I will ask about some immunizations that  
MARK may have received.

It may be easier to recall this information if  
you have a record of MARK's  
shots.

Do you have a shot record for him that I can see?

( 1 )

1. SHOT RECORD AVAILABLE
2. SHOT RECORD NOT AVAILABLE

**YE20**

Enter a number.

**YE21**

A **shot record** is a chart or list kept by the pediatrician, and sometimes by parents, that shows what shots a child has had and the dates.

Enter the appropriate response and if a shot record is available, ask the respondent to let you look at it while you ask **YE22** and **YE23**.

10.0522 YE22

ID: 002-1000017

Youth

Section: E

Has MARK ever received  
a DPT or tetanus shot?

A DPT shot is to prevent diphtheria, tetanus,  
and pertussis or whooping cough.

VERIFY ANSWER WITH SHOT RECORD

( 1 )

1. YES
2. NO

10.0523 YE23

ID: 002-1000017

Youth

Section: E

How long ago was MARK's last DPT  
or tetanus shot?

VERIFY ANSWER WITH SHOT RECORD

( 3 )  
number

( 2 ) 1. months  
2. years

**YE22**

The DPT injection formerly was called DTP. They are the same type of shot. If a child received DPT, DTP, or a tetanus shot, enter Code 1 (YES). Time frame in this question is **ever**.

Enter Code 1 (YES) for children who received **in a** single injection a combination of the diphtheria, tetanus, and pertussis (i.e. DTP) vaccines, **or** just a tetanus vaccine by itself. Pertussis is commonly known as whooping cough and tetanus is sometimes referred to as lockjaw. Also, enter Code 1 (YES) if the single injection contained the DTP combination of vaccines **plus** other vaccines.

If you are told in **YE22** that the child received only diphtheria or pertussis but **not** tetanus, **do not** count this as a DPT shot.

Re-ask the question, including the explanation if necessary. Also, record in COMMENTS (CTRL/K) the respondent's answer, explaining the type of shot received.

If you have indicated that a shot record was available, CAPI will ask you to **VERIFY THE ANSWER WITH THE SHOT RECORD**. If the answer is YES, look at the shot record and see if there is any indication of a DPT, DTP, or tetanus shot. If not, **PROBE**: "That shot doesn't seem to be listed here." If the respondent continues to say that the SP received one of those shots, enter Code 1 (YES) and note in COMMENTS (CTRL/K) that it is not shown on the record. Or, if the respondent says the SP has not had a DPT or tetanus shot, but there is one listed on the record, **PROBE** with "Is this correct?", showing the respondent the notation on the record.

**YE23**

Ask for **last** shot.

Again, **VERIFY** with the shot record, if available, only this time you are looking for the **last** DPT or tetanus shot. If there is any discrepancy between the respondent's answer and the last date for a DPT or tetanus shot shown on the record, **PROBE** in a manner similar to that explained in **YE22**.

**YE 24 AND**

10.05241 YE24QV

ID: 002-1000017 Youth Section: E

During the past 12 months, did MARK  
have an accident, injury or poisoning, excluding lead  
poisoning, that required medical attention?

( 1 )

1. YES
2. NO

How many times?

( 2 ) times  
number

**YE24** Medical attention can be provided by any type of health professional.

Note the time frame is the past 12 months.

**YE24OV** If the respondent answers YES to **YE24**, you will ask how many times the SP had an accident, injury or poisoning that required medical attention and enter the number of times.

-

How would you describe the condition of  
MARK's natural teeth ...

( 2 )

1. excellent,
2. very good,
3. good,
4. fair, or
5. poor?
6. HAS NO NATURAL TEETH

## **7. SECTION F: DENTAL CARE AND STATUS**

**(AGES 2-16 YEARS)**

Section F is concerned with dental care habits, dental problems and treatment, and other mouth problems.

**AQ1YF2** If respondent does not answer using one of the response categories, PROBE with "So, would you say that SP's teeth are (REPEAT ANSWER CATEGORIES)?"

Categories are respondent-defined.

10.0603 AQ2YF3 ID: 002-1000017 Youth Section: F  
What type of dental care does MARK need now?

HAND CARD HYQ-1.

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 9 ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

- |  |  |
|--|--|
| 1. teeth filled or replaced<br>(fillings, crowns, bridges) | 6. work to improve appearance<br>(braces or bonding) |
| 2. teeth pulled  | 7. other   |
| 3. gum treatment   | 9. NOTHING   |
| 4. denture work  | 10. CLEANING   |
| 5. relief of pain  | 11. CHECK-UP   |

10.0603 AQ2YF302

Do you have (SUBJECT'S ) teeth cleaned at the check-up?

( )

1=YES, 2=NO

10.0603 AQ2YF304

INTERVIEWER: BECAUSE TEETH WERE CLEANED, PLEASE  
ENTER CODE NUMBER 10 - CLEANING.

PRESS ENTER TO CONTINUE

10.0604 AQ3YF4

ID: 002-1000017 Youth Section: F

How long ago was MARK's  
last visit to a dentist or dental hygienist?

ENTER 00 IF NEVER VISITED A DENTIST OR DENTAL HYGIENIST.

( 2 )  
number

( 3 ) 1. days  
2. weeks  
3. months  
4. years

- AQ2YF3** Show respondent Hand Card HYQ-1 (identical to response categories in question). After respondent answers, enter **all** types of care mentioned. If the respondent mentions something other than those items on the list, enter Code 7 (OTHER) and record the response on the line provided. Note that "NOTHING", "CLEANING" and "CHECK-UP" do not appear on the card. Do not read these words to the respondent. Enter the appropriate code if the respondent mentions this either type of care. If the respondent says the SP does not need any type of dental care, enter Code 9 (NOTHING) and hit the ENTER key. CAPI will automatically advance to the next screen.
- AQ2YF302** Sometimes respondents forget to mention "cleaning" as part of the care the SP has received during a dental checkup. If the respondent mentions "Checkup" (Code 11) and has not mentioned "cleaning" (10) another question will appear to determine if cleaning was part of the checkup.
- AQ2YF304** If cleaning was a part of the checkup, CAPI will instruct you to enter Code 10 (CLEANING). Press the ENTER key to return to the next available field and enter the appropriate code.
- AQ3YF4** Enter a number in the field provided then enter the code that indicates whether the number refers to days, weeks, months, or years. If the SP has **never** been to a dentist/dental hygienist, enter Code 00.

10.0605 AQ4YF5

ID: 002-1000017 Youth Section: F

How often does MARK  
go to the dentist or dental hygienist?

( 1 )

MARK FIRST APPLICABLE RESPONSE.

1. at least once a year (or every six months)
2. every 2 years
3. less often than every 2 years
4. whenever needed - no regular schedule
5. other

10.0607 AQ8YF7

ID: 002-1000017 Youth Section: F

Has MARK ever received  
orthodontic treatment such as wearing braces,  
bands, or removable appliances to straighten  
his teeth?

( 1 )

1. YES
2. NO

**AQ4YF5** Enter the first applicable response. We are looking for how often the child **usually** goes to a dentist or dental hygienist. If Code 5 (OTHER) is entered, specify the response on the line provided.

**AQ8YF7** Time frame is **ever**.

10.0608 AQ9YF8

ID: 002-1000017 Youth Section: F

How old was MARK when he started  
his most recent orthodontic treatment?

( 9 )  
age

10.0609 AQ5YF9

ID: 002-1000017 Youth Section: F

Has MARK had  
"cold sores" or "fever blisters"  
on his lips in the past 12 months?

( 2 )

1. YES
2. NO

10.0610 AQ6YF10

ID: 002-1000017 Youth Section: F

Has MARK had  
"canker sores" or other ulcers or sores  
inside his mouth in the past 12 months?

( 1 )

1. YES
2. NO

**AQ9YF8** This question asks for age when the child **started** his or her **most recent** (or only) orthodontic treatment.

**AQ5YF9** Time frame is the **past 12 months**.

**AQ6YF10** Time frame is the **past 12 months**.

25.0001 AL1YG2

ID: 002-1000017 Youth Section: G RESTA

Does MARK usually cough on most days for  
3 consecutive months or more during the year?

( 1 )

1. YES
2. NO

25.0002 AL2YG3

ID: 002-1000017 Youth Section: G

FOR how many years has MARK had this cough?

ENTER 00 IF LESS THAN 1 YEAR.

( 3 ) years  
number

25.0003 AL3YG4

ID: 002-1000017 Youth Section: G

Does MARK bring up phlegm on most days for  
3 consecutive months or more during the year?

( 1 )

1. YES
2. NO

## 8. SECTION G: RESPIRATORY AND ALLERGY

(AGES 2 MONTHS-16 YEARS)

Section G contains questions about respiratory and allergy problems, symptoms experienced, causal factors, and treatment for these kinds of conditions.

Note that if the SP is less than 12 years old, CAPI will skip you to **ALYG6**.

**AL1YG2** Enter Code 1 (YES) if the SP usually gets a cough that remains a **regular** condition for at least **3 consecutive months** during the year.

**AL2YG3** Enter the number of years following the rounding rules (round down for all numbers with fractions). If less than one year, enter "00".

**AL3YG4** Enter Code 1 (YES) if the SP usually "brings up phlegm" (regular condition) for at least **3 consecutive months** during the year. Emphasis should be placed upon phlegm coming up from the chest (or the lungs). Some subjects admit to bringing up phlegm without admitting to a cough. This response should be accepted without changing the replies to any previous questions.

25.0004 AL4YG5

ID: 002-1000017 Youth Section

For how many years has MARK had trouble with phlegm?

ENTER 00 IF LESS THAN 1 YEAR.

( 2 ) years  
number

25.0005 ALYG6

Has (SUBJECT ) had problems with coughing in  
the past 12 months?  
\_\_\_\_\_

( )

1. YES
2. NO

25.0006 ALYG7

How many episodes of cough has (SUBJECT ) had  
in the past 12 months?  
\_\_\_\_\_

ENTER 000 IF CONTINUOUS.

( ) episodes  
number

25.0008 AL6YG8

ID: 002-1000017 Youth Section

Has MARK had wheezing or whistling in his  
chest at any time in the past 12 months?

( 1 )

1. YES
2. NO

**AL4YG5** Enter the number of years. If a fraction is mentioned round down to the nearest whole number.

**ALYG6** Enter Code 1 (YES) if the SP has had coughing problems, or unusual coughing in the past 12 months, not just a normal cough once in a while.

**ALYG7** An episode is a period -- with a recognizable beginning and end -- during which the symptoms (coughing) occurred. The time frame here is the past 12 months. If SP has had coughing problems continuously during this time frame, enter "000".

**AL6YG8** Enter Code 1 (YES) if the SP has had wheezing or whistling in his/her chest at any time, even once, during the past 12 months.

25.0009 AL7YG9

ID: 002-1000017 Youth Section: G

How many episodes of wheezing or whistling has MARK  
had in the past 12 months?

ENTER 000 IF CONTINUOUS.

( 2 ) episodes  
number

25.0010 ALYG10

ID: 002-1000017 Youth Section: G

How many times in the past 12 months was  
MARK hospitalized  
overnight or longer for these episodes of  
wheezing or whistling?

ENTER 000 IF NONE.

( 2 ) times  
number

**AL7YG9** An episode is a period - with a recognizable beginning and end - during which the symptoms (whistling and/or wheezing) occurred. The time frame here is the **past 12 months**. If SP has had problems continuously during this time frame, enter "000".

**ALYG10** Time frame is **past 12 months**. If child has never been hospitalized for whistling/wheezing, enter "000" (NONE).

25.0011 ALYG11

ID: 002-1000017 Youth Section: G

During the past 12 months, how many times  
has MARK gone to a hospital  
emergency room or doctor's office for one of  
these episodes of wheezing or whistling?

ENTER 000 IF NONE.

( 2 ) times  
number

25.0010 AL10YG12

ID: 002-1000017 Youth Section: G

Apart from when MARK has a cold, does his  
chest ever sound wheezy or whistling?

( 1 )

1. YES
2. NO

**ALYG11** Time frame is **past 12 months**.

**AL10YG12** Time frame is **ever**. Do **not** count wheezing/whistling symptoms **when the child** has a cold.

25.0011 AL11YG13

ID: 002-1000017 Youth

Section: G

During the past 12 months, has MARK had any episodes of ...

1=YES, 2=NO

a. stuffy, itchy, or runny nose? ( 1 )

b. watery, itchy eyes? ( 1 )

25.0012 AL12YG14

ID: 002-1000017 Youth

Section: G

During the past 12 months, how many episodes of stuffy, itchy, or runny nose, or watery, itchy eyes, has MARK had?

ENTER 666 IF CONSTANTLY/CONTINUOUSLY.

(666 ) episodes  
number

**AL11YG13**

Time frame is the **past 12 months**. Enter Code 1 (YES) if the SP has had any episodes of the listed conditions during that time frame. The conditions mentioned in the question should be respondent defined therefore no condition should be explained to the respondent.

**AL12YG14**

Enter the number of episodes over the **past 12 months**. If SP has experienced such symptoms on a continuous basis without significant break, enter "666".

Are any of the symptoms we have just talked about brought on by ...

IF NECESSARY STATE SYMPTOMS: "wheezing, whistling, stuffy, itchy, or runny nose, watery, itchy eyes."

1=YES,2=NO

- a. exercise or cold air? ( 1 )
- b. animals? ( 1 )
- c. house dust? ( 1 )
- d. pollen? ( 1 )

During which months of the year does pollen make MARK's symptoms worse?

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

|       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| ( 3 ) | ( 4 ) | ( 5 ) | ( 6 ) | ( 7 ) | ( 8 ) |
| ( )   | ( )   | ( )   | ( )   | ( )   | ( )   |

- |             |                |
|-------------|----------------|
| 1. JANUARY  | 8. AUGUST      |
| 2. FEBRUARY | 9. SEPTEMBER   |
| 3. MARCH    | 10. OCTOBER    |
| 4. APRIL    | 11. NOVEMBER   |
| 5. MAY      | 12. DECEMBER   |
| 6. JUNE     | 13. ALL MONTHS |
| 7. JULY     |                |

**ALYG16** This question asks which of these factors brought on frequent episodes of wheezing, whistling chest, stuffy, itchy, running nose, post-nasal drip, or watery, itchy eyes in the past 12 months. **DO NOT DEFINE ANY WORDS CONTAINED IN THE TEXT OF THE QUESTION FOR THE RESPONDENT.** Enter Code 1 (YES) or Code 2 (NO) for each item. Then press the return key. The cursor will automatically move to the next item.

**AL15YG17**

The symptoms this question refers to are the wheezing, whistling chest, stuffy, itchy, or runny nose, post-nasal drip, and watery, itchy eyes mentioned in previous questions. Enter all numeric codes which represent the months in which the respondent says pollen makes the SP's symptoms worse. If the respondent reports "all months", enter Code 13 (**ALL MONTHS**) in the first answer field. If a Code 13 is entered, CAPI will automatically display the next question.

Within an hour after eating something, has MARK ever had a severe reaction, such as itching all over, trouble breathing, flushing, hives, or swelling of the face or hands or feet?

( 1 )

1. YES
2. NO

Within an hour after receiving allergy shots or allergy tests, has MARK ever had a severe reaction, such as itching all over, trouble breathing, flushing, hives, or swelling of the face or hands or feet?

( 2 )

1. YES
2. NO
3. NEVER RECEIVED ALLERGY SHOTS OR TESTS

**AL16YG18**

If the child has **ever** experienced the "severe reaction" symptoms described in this question **WITHIN ONE HOUR** of eating something enter YES. Remember, the time frame is **ever**.

**AL17YG19**

Same instructions as for **AL16YG18**, but within an hour of receiving allergy shots or allergy tests. If SP has never received such shots or tests, enter the appropriate code. Do not count shots for poison ivy or drug reactions.

Has MARK ever given up or had to avoid a pet because of allergies?

( 2 )

- 1. YES
- 2. NO

25.0026 *ALY19YG21* ALYGCOV1 ID: 002-1000017 Youth Section: G

During the past 12 months, has MARK had any of the following conditions?

ENTER 00 IF CONTINUOUS.

|                                 | 1=YES,2=NO | How many episodes has MARK had in the past 12 months? |
|---------------------------------|------------|---|
| a. Colds or flu?                | ( 1 )      | ( 1 ) episodes number                                 |
| b. Sinusitis or sinus problems? | ( 1 )      | ( 1 ) episodes number                                 |
| c. Pneumonia?                   | ( 1 )      | ( 1 ) episodes number                                 |

**AL18YG20**

Time frame is **ever**.

**ALY19YG21**

In this series, ask the question for each item - a through c.

**ALYGCOV1**

This question will be displayed each time the SP answers "YES" to any condition. Enter the number of episodes experienced over the past 12 months. If the child has experienced the symptoms on a continuous basis during that time, enter "00".

10.0802 YH2

ID: 002-1000017 Youth Section: H RESTART

Does MARK have trouble seeing with one or both eyes even when wearing glasses or contact lenses?

( 1 )

1. YES
2. NO

10.0803 YH3

ID: 002-1000017 Youth Section: H

Does MARK use eyeglasses or contact lenses? Include eyeglasses that just magnify.

( 1 )

1. YES
2. NO

## 9. SECTION H: VISION AND HEARING

(AGES 2 MONTHS-16 YEARS)

This section is concerned with vision and hearing problems, corrective treatment, measurement of vision and hearing, and some questions about problems of the ear that may relate to hearing.

Note that if the SP is under 3 years old, CAPI will start this section by displaying question **YH5**.

- YH2** If the response indicates that the child may only have trouble when s/he does not use his/her glasses, stress the phrase, "even when wearing glasses." For example, if the response to **YH2** is "John has trouble reading without his glasses," ask "Does John have trouble seeing with one or both eyes **EVEN WHEN WEARING GLASSES?**" For responses such as "John doesn't have glasses," re-ask the question, deleting the phrase "even when wearing glasses." Likewise, if the problem exists only when the glasses are worn, for example, "John has trouble seeing distant things when he has his reading glasses on," re-ask the question, omitting the "even when..." phrase. If the response is still not clear, be sure to document this in **COMMENTS (CTRL/K)**.
- YH3** Ask **YH3** to determine if the child uses eyeglasses or contact lenses, including glasses that just magnify. If the respondent mentions that eyeglasses or contacts are **only used occasionally**, enter Code 1 (YES). For example, enter Code 1 for responses such as "John only wears them when he watches TV," "Only when he goes to the movies," or "Only uses them for reading." **However**, enter Code 2 (NO) in **YH3** if the respondent mentions that the child has eyeglasses but does not **USE** them.

Please record a comment if the respondent says that the SP wears contact lenses.

**Eyeglasses** -- Includes prescription eyeglasses as well as eyeglasses purchased at drug stores, variety stores, etc., that did not require a prescription. Do not include nonprescription sunglasses, safety glasses, or the like, which are worn for protection only.

10.0804 YH4

ID: 002-1000017 Youth Section: H

When was the last time MARK  
had his vision tested?

( 2 )

- 0. NEVER
- 1. 6 months ago or less
- 2. over 6 months to 12 months
- 3. over 12 months to 2 years
- 4. over 2 years to 5 years
- 5. more than 5 years

10.0805 YH5

ID: 002-1000013 Youth Section: H RESTART

Did LOUISE ever have  
an ear infection or an earache?

( 1 )

- 1. YES
- 2. NO

**YH4** A "**vision test**" is any test in which a person is asked to read numbers or letters from a chart or through a machine. It may or may not include a complete eye examination, and might be part of a general check-up. This includes a vision test for a driver's license. If unsure whether a response fits the definition of "vision test," record the verbatim response in COMMENTS (CTRL/K) and enter SHIFT/8 (DK).

If the respondent has trouble answering this question, read the response options to him/her.

**YH4** asks for the **last** time the SP had such a test.

**YH5** Time frame is **ever**.

10.0806 YH6

ID: 002-1000013 Youth Section: H

How many times has LOUISE  
had an ear infection or an earache?

( 1 )

1. once
2. twice
3. 3-5 times
4. 6 or more times

10.0807 YH7

ID: 002-1000013 Youth Section: H

How old was LOUISE when  
she had the first ear infection or earache?

( 1 )  
number

( 1 ) 1. months  
2. years

**YH6** Self-evident.

**YH7** Record the age at the time of the **first** problem and enter the appropriate code to indicate whether the number represents months or years.

10.0808 YH8

ID: 002-1000013 Youth Section: H

Was LOUISE ever treated by a doctor  
for her ear infection or earache?

( 1 )

1. YES
2. NO

10.0809 YH9

ID: 002-1000013 Youth Section: H

Did a doctor ever treat an ear infection or earache she  
had by placing tubes in LOUISE's ear?

( 2 )

1. YES
2. NO

**YH8** See definition of doctor in General Definitions in the Interviewer's Manual. This is not limited to ear doctors; instead it includes any doctor who treated the ear problem.

**YH9** We are interested in small tubes placed into the ears by a doctor to increase drainage from the inner ear and improve hearing.

10.0810 YH10

ID: 002-1000013 Youth Section: H

Has LOUISE ever had trouble hearing  
with one or both ears? Do not include any problems which  
lasted just a short period of time such as during a cold.

( 2 )

1. YES
2. NO

10.0811 YH11

ID: 002-1000017 Youth Section: H

Does MARK still  
have trouble hearing with one or both ears?

( 1 )

1. YES
2. NO

**YH10** **Include** any chronic hearing problem even if the problem comes and goes. Exclude any non-hearing problem even if it is related to the ear (e.g., ringing in the ear), and exclude short-duration hearing problems associated, for example, with a cold. Time frame is **ever**.

**YH11** Note the time frame shift to **now**.

10.0812 YH12

ID: 002-1000013 Youth Section: H

Does LOUISE use a hearing aid?

( 2 )

1. YES
2. NO

10.0813 YH13

ID: 002-1000016 Youth Section: H

How long ago did CHARLENE last have  
her hearing tested?

( 0 )

0. NEVER
1. 6 months ago or less
2. over 6 months to 12 months
3. over 12 months to 2 years
4. over 2 years to 5 years
5. more than 5 years ago

**YH12** A **hearing aid** is a device that a person **wears**. Exclude special telephones, programs, or other home or commercial equipment that helps the person hear but that are not personal devices.

Note the reference period is **now**.

**YH13** This testing could have been done by a physician, nurse, audiologist or some other type of **health professional** at a doctor's office, health fair, school, etc. See General Definitions in the Interviewer's Manual for definition of a "health professional". **YH13** asks for the most recent test (if SP has ever been tested). Enter "0" (NEVER) if SP has never had his/her hearing tested.

10.1001 YJ1

ID: 002-1000013 Youth Section: J RESTART

Did LOUISE  
ever attend a day care center or nursery school where  
there were 6 or more children?

( 2 )

1. YES
2. NO

10.1002 YJ2

ID: 002-1000017 Youth Section: J

Did MARK ever attend this kind  
of center or school for 10 or more hours per week?

( 1 )

1. YES
2. NO

**10.SECTION J: SCHOOL ATTENDANCE AND LANGUAGE USE**

**(AGES 2 MONTHS-16 YEARS)**

This section is concerned primarily with the SP's school history, special meal programs offered at school, language use, and socialization.

**YJ1** This question concerns the SP's attendance at a day care center or nursery school either currently or in the past. The emphasis is on schools or centers that have 6 or more children.

**YJ2** Note the time frame is **10 or more hours per week**.

10.1003 YJ3

ID: 002-1000017 Youth Section: J

Before the age of 4 for how many months or years did  
MARK attend this kind of center  
or school?

ENTER 00 IF LESS THAN 1 MONTH.

( 2 )  
number

( 2 ) 1. months  
2. years

10.1005 YJ5

ID: 002-1000017 Youth Section: J

Has MARK ever attended school?

( 2 )

1. YES  
2. NO

10.1006 YJ6

ID: 002-1000017 Youth Section: J

Why has MARK never attended school?

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN

( 3 ) ( ) ( ) ( )

1. TOO YOUNG - NO SCHOOLS AROUND FOR CHILDREN  
THAT AGE.
2. HEALTH PROBLEM
3. FAMILY NEEDS CHILD AT HOME
4. OTHER

**YJ3** Enter a number and be sure to indicate whether that number represents "months" or "years" by entering the appropriate code. Follow ROUNDING RULE (round down to nearest whole number).

Remember, both **YJ2** and **YJ3** refer to a day care center or school that has 6 or more children.

Note that if SP is under 5 years old, CAPI will skip to **YJ28** after this question.

**YJ5** This question is asked only if the child is at least five years old and is not in school. See General Definitions in the Interviewer's Manual for definition of school. Time frame is ever.

**YJ6** **YJ6** is asked only if, according to **YJ5**, the child has never attended school. Enter all codes, corresponding to reasons, that apply. If Code 4 (OTHER) is entered, specify on the line provided.

10.1007 YJ7

ID: 002-1000022 Youth Section: J

Is TESSIE now either ...

( 1 )

1. going to school, or
2. on vacation from school  
(between grades)?
3. NEITHER

10.1008 YJ8

ID: 002-1000022 Youth Section: J

What grade is TESSIE in now?

ENTER 00 FOR NURSERY SCHOOL. ENTER 66 FOR KINDERGARTEN.

( 2 ) grade  
number

**YJ7** Read all response options to the respondent. Time frame is now.

"On vacation" means only the vacation period between school years, not Easter or Christmas break, etc.

**YJ8** If **YJ7** indicated the SP is currently in school, then **YJ8** will ask what grade the SP is in. If the response in **YJ7** was "On vacation from school," then **YJ8** will ask what grade the SP will be in.

10.1009 YJ9

ID: 002-1000022 Youth Section: J

Does the school TESSIE  
attend serve a complete breakfast costing the  
same fixed price everyday?

( 1 )

1. YES
2. NO

10.1010 YJ10

ID: 002-1000022 Youth Section: J

About how many times a week does TESSIE  
usually eat a complete breakfast at school?

ENTER 0 IF NEVER.

( 5 ) times  
number

**YJ9** A complete school breakfast usually allows no substitutions and includes an entire meal with beverage. One standard price covers the entire meal or the meal is free.

A carton of milk is not a complete breakfast.

**YJ10** Record the number of times during a usual school week the child gets a complete school breakfast served by the school. If never, enter "0".

If the child is on vacation, this question refers to the last school year.

10.1011 YJ11

ID: 002-1000022 Youth Section: J

Does the school TESSIE attends serve school lunches? These are complete lunches costing the same fixed price every day.

( 1 )

1. YES
2. NO

10.1012 YJ12

ID: 002-1000022 Youth Section: J

About how many times a week does TESSIE usually eat a complete school lunch?

ENTER 0 IF NEVER.

( 3 ) times  
number

10.1013 YJ13

Why did {SUBJECT } stop going to school?

( )

1. HEALTH PROBLEM
2. FAMILY NEEDS CHILD AT HOME
3. DROPPED OUT
4. OTHER

**YJ11** Follow the specifications written for question **YJ9**. This question focuses on school lunches rather than breakfasts.

**YJ12** Follow the specification written for question **YJ10**. If the child is on vacation, **YJ12** refers to the last school year.

**YJ13** CAPI will only display this question for children who were neither on vacation nor in school according to **YJ7**.

Note that you may only enter one response.

10.1014 YJ14

ID: 002-1000022 Youth Section: J

During the past 12 months, about how many whole days was  
TESSIE absent from school because  
of illness, skipping or cutting, or for other reasons?

ENTER 000 IF NONE.

( 6 ) days

10.1015 YJ15

ID: 002-1000022 Youth Section: J

Has TESSIE ever skipped any grades  
for any reason?

( 1 )

1. YES
2. NO
3. CHILD ATTENDING  
KINDERGARTEN

**YJ14** If the child did not attend school for most of the past 12 months, count only those days missed because of illness, skipping or cutting, or for other reasons.

For example, if the child dropped out after one month and missed no days of school during that month due to illness, enter "000" (NONE). However, if the child had to stop attending school because of illness, count all days missed in the past 12 months. Try to get the respondent's best estimate or a range of the number of days missed.

Note that **YJ14** refers to whole days missed.

**YJ15** Time frame is ever.

If the child is attending kindergarten, CAPI will skip to **YJ23**.

10.1016 YJ16

ID: 002-1000022 Youth Section: J

Has TESSIE repeated any grades for any reason?

( 1 )

- 1. YES
- 2. NO

10.1017 YJ17

ID: 002-1000022 Youth Section: J

What grade did TESSIE repeat?

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 1 ) ( ) ( ) ( ) ( ) ( ) ( )

- |                 |                    |
|-----------------|--------------------|
| 0. KINDERGARTEN | 7. SEVENTH GRADE   |
| 1. FIRST GRADE  | 8. EIGHTH GRADE    |
| 2. SECOND GRADE | 9. NINTH GRADE     |
| 3. THIRD GRADE  | 10. TENTH GRADE    |
| 4. FOURTH GRADE | 11. ELEVENTH GRADE |
| 5. FIFTH GRADE  | 12. TWELFTH GRADE  |
| 6. SIXTH GRADE  |                    |

**YJ16** Repeating a grade means going through the entire academic year in the same grade more than once.

Do not consider special classes taken by the child during the summer or at other times to make up deficient work as "repeating a grade." For example, if promotion to the next higher grade was dependent upon successfully completing summer school, do not consider this as repeating the grade.

**YJ17** Be sure to PROBE for all grades repeated and code appropriately.

10.1018 YJ18

ID: 002-1000022 Youth Section: J

Why did TESSIE repeat  
FIRST GRADE?

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 1 ) ( ) ( ) ( ) ( ) ( )

- |                                |  |
|--------------------------------|--|
| 1. ACADEMIC FAILURE            | 4. MOVED INTO A MORE<br>DIFFICULT SCHOOL |
| 2. IMMATURE/ACTED TOO<br>YOUNG | 5. LANGUAGE PROBLEM                      |
| 3. FREQUENTLY ABSENT           | 6. OTHER                                 |

10.1019 YJ19

ID: 002-1000022 Youth Section: J

Has TESSIE ever been suspended,  
excluded or expelled from school?

( 1 )

1. YES
2. NO

**YJ18** CAPI will insert the grade or grades repeated. Do not read the answer categories to the respondent and be sure to CODE ALL THAT APPLY.

**YJ19** Note the ever time frame.

10.1020 YJ20

ID: 002-1000022 Youth Section: J

How many times has TESSIE  
been suspended, excluded or expelled from school?

(1 ) times  
number

10.1022 YJ22

ID: 002-1000017 Youth Section: J

On the average during the school year, how many hours per  
week does MARK work in a paid  
or unpaid job?

(0 )

0. NONE
1. 5 or fewer hours
2. 6-9 hours
3. 10-14 hours
4. 15-19 hours
5. 20-24 hours
6. 25 or more hours

**YJ20** Be sure to record the total number of suspensions, exclusions, and expulsions.

**YJ22** Ask **YJ22** for paid and/or unpaid jobs. CAPI will only ask this question if the SP is twelve or older. If the respondent has difficulty answering the question, read the response options.

About how many hours did MARK  
watch TV yesterday?

( 3 )

- 0. NONE
- 1. half hour or less
- 2. about 1 hour
- 3. about 2 hours
- 4. about 3 hours
- 5. about 4 hours
- 6. 5 hours or more

**YJ23** Note the time frame is YESTERDAY. If the respondent has difficulty answering the question, read the response options.

10.1024 YJ24

ID: 002-1000017 Youth Section: J

Now I will ask about MARK's friends.  
About how many good friends does he have?

( 3 )

- 0. NONE
- 1. 1-2
- 2. 3-5
- 3. 6+

10.1025 YJ25

ID: 002-1000017 Youth Section: J

How many of MARK's close friends  
do you know by sight and by first and last name?  
Would you say ...

( 3 )

- 0. NONE
- 1. all,
- 2. most, or
- 3. only a few?

10.1026 YJ26

ID: 002-1000017 Youth Section: J

When it comes to meeting new teenagers and making friends,  
is MARK somewhat shy and slow to make  
a new friend, or does he have about average willingness, or  
is he very outgoing, making new friends quickly?

( 3 )

- 1. Shy
- 2. Average
- 3. Outgoing

10.1027 YJ27

ID: 002-1000017 Youth Section: J

How well would you say MARK  
gets along with other teenagers? Does he  
have no difficulty getting along, have some difficulty,  
but not much, getting along, or does he have a lot of  
difficulty getting along with other teenagers?

( 2 )

- 1. no difficulty
- 2. some difficulty
- 3. a lot of difficulty

**YJ24 - YJ27** These questions ask about the child's friends and playmates. Remember to PROBE as necessary using the answer categories provided.

What language does LOUISE  
mainly speak at home now?

( 1 )

1. DOESN'T TALK YET
2. English
3. Spanish
4. both English and  
Spanish equally
5. other

**YJ28** If the respondent answers in a way that cannot be categorized such as "Sometimes English, sometimes Spanish," re-ask the question saying "Which would you say s/he mainly speaks at home -- Spanish, English, or both equally?"

Record the language most often spoken by the SP at home, with family members. Emphasize "at home," because bilingual speakers often speak one language as a "home" language and one as an "outside" language. If not English or Spanish, enter Code 5 and specify on the line provided.

If SP does not yet talk, enter Code 1.

10.1029 YJ29

ID: 002-1000015 Youth Section: J

What language does LISA  
mainly speak at school in her classes?

( 1 )

1. DOES NOT ATTEND SCHOOL
2. English
3. Spanish
4. both English and  
Spanish equally
5. depends on subject matter
6. other

10.1030 YJ30

ID: 002-1000013 Youth Section: J

What language do you mainly  
speak at home now?

( 1 )

1. English
2. Spanish
3. both English and  
Spanish equally
4. other

**YJ29** Follow the instructions written for **YJ28**. This question refers to the language SP mainly speaks at school.

**YJ30** If the mother and father are both present (living) in the home, CAPI will ask about both parents. If you encounter the unusual situation where the mother's and father's main language at home is different, e.g., where the father usually speaks Spanish and the mother usually speaks English, enter Code 5 (OTHER) and explain on the line provided.

10.1401 YN1

ID: 002-1000013 Youth Section: J

Has LOUISE ever  
been told by a doctor that she has diabetes  
or sugar diabetes?

( 2 )

1. YES
2. NO

10.1402 YN2

ID: 002-1000017 Youth Section: J

Is MARK now taking ...

1=YES, 2=NO

- a. insulin? ( 2 )
- b. diabetes pills, sometimes called oral  
agents or oral hypoglycemic agents? ( 2 )

## 11. SECTION N: HOUSEHOLD YOUTH QUESTIONNAIRE DIABETES REVIEW

This section contains two questions about diabetes diagnosis and alternative treatments. It is also used to determine the appropriate fasting instructions to be given the SP.

**YN1** If a condition is reported other than "diabetes" or "sugar diabetes" that includes the words "diabetes" (for example, "brittle diabetes"), enter Code 1 (YES) and record the reported condition verbatim in COMMENTS (CTRL/K). If the respondent reports a condition that does not include the word "diabetes", re-ask the question.

When reading **YN1** emphasize the word "doctor". If a respondent mentions that another "health professional" told her that her child had diabetes probe for "doctor". The definition of doctor is in the General Definition Section of the Interviewer's Manual. If the respondent still says that another health professional told her, then enter Code 2 (NO).

**YN2** Enter Code 1 (YES) in **YN2a** whether the SP administers his/her own injections **a & b** or someone else gives the injections. In **YN2b** do not try to explain the medical terms in any way to the respondent.

The following questions concern LOUISE's use of vitamins, minerals, and medicines in the past month.

Has LOUISE taken any vitamins or minerals in the past month? Please include those that are prescribed by a doctor or dentist and those that are not prescribed.

DO NOT INCLUDE TOPICAL VITAMINS.

(1 )

1. YES
2. NO

## 12. SECTION K: VITAMIN, MINERAL, AND MEDICINE USAGE

(AGES 2 MONTHS-16 YEARS)

This section is concerned with the use of medicines, vitamins, or minerals used by the child DURING THE PAST MONTH. It is very similar to Section X in the Household Adult Questionnaire except that it does not ask about antacids or non-prescription drugs.

**YK1A** The purpose of these first three screens is to inventory all vitamins, minerals, and  
**YK1B** medicines the SP has taken in the past month. It is very important to record numbers  
**YK20VA** accurately in this series of questions because for each number recorded, CAPI will  
create a series of followup questions which must be completed.

**YK1A** Code 1 (YES) if the SP took any vitamins or minerals in the past month, including those that were prescribed (either by a doctor or dentist). **INCLUDE ONLY** vitamins/minerals that are taken internally, not those that are applied topically, as, for example "Vitamin E Creme". Some common prescription vitamins and minerals:

Fluoride - Comes in tablets, drops -- examples:  
Florvite (Everett)

Triviflor - Given to infants

Any vitamins containing fluoride must be prescription, and fluoride tablets received from a physician or dentist are also considered prescription vitamins/minerals.

Has LOUISE taken or used any medicines for which a doctor's or dentist's prescription is needed, in the past month? This includes any products which cannot be obtained without a doctor's or dentist's prescription. Include those medicines you may have already mentioned.

DO NOT INCLUDE PRESCRIPTION VITAMINS WHICH SHOULD BE RECORDED AS VITAMINS.

PROBE SP: ARE ANY PRESCRIPTION MEDICATIONS TAKEN FOR THESE CONDITIONS?  
HAY FEVER

( 2 )

1. YES
2. NO

**YK1B** This question refers to any prescription medicines taken or used (in the past month). Medicines can come in many forms -- pills, liquids, shots (such as insulin or vitamin injections), drops, ointments, etc. But prescription medicines are those which cannot be obtained or purchased without a doctor's or dentist's prescription. Do not include prescription vitamins here; include them in question AK1A. Note that CAPI will print a list of certain medical conditions reported earlier in the interview. The conditions printed above the response field are those for which medication is sometimes prescribed. If necessary, you should use this list to probe for prescribed medications taken in the past month.

Include prescription medicines received from a physician (in person), a clinic, pharmacy, etc., for which a prescription is normally needed, even though the SP may not have had a prescription on paper. You may run across this situation where, for example, an SP has been given samples by a physician, without a prescription. But the containers for the samples will often have a printed warning on them such as "Federal law prohibits distribution of this product without a prescription." However, in some cases the warning might not be there, especially if the medicine was purchased in another country or shared with a relative who purchased it elsewhere -- a situation that you might find among Hispanic families living near the border and in Florida. If you have any doubt as to whether something is a prescription product or not, count it as a prescription medication for the purpose of this question and type a note in the comments field (CTRL/K) indicating any question you may have.

25.00521 YK20VA

ID: 002-1000013 Youth Section: K

May I see the containers for all of the vitamins and minerals  
LOUISE took in the  
past month?

ENTER NUMBER OF VITAMINS/MINERALS (1 )

25.00522 YK20VB

ID: 002-1000017 Youth Section: K

May I see the containers for all of the vitamins and minerals /  
prescription medicines MARK took in the  
past month?

ENTER NUMBER OF VITAMINS/MINERALS (1 )

ENTER NUMBER OF PRESCRIPTION MEDICINES (1 )

## **YK2OVA, YK2OVB**

If you have entered a Code 1 (YES) in either of the two general categories (Vitamins or Prescription Medication), CAPI will prompt you to ask to see a container for each item and record the number of items in the answer fields provided. Ask this question carefully and politely, as it could be viewed as intrusive.

When respondent has provided you with all the containers, count how many there are for each type of product and enter that number for each type. Make sure you count prescription vitamins as vitamins and not medicines. If a particular container is unclear, ask the respondent if it holds vitamins/minerals or medicines. The other product type should be comparatively easy to identify. If the SP has not taken any vitamins, minerals, or prescription medicines, in the past month, this screen will not appear. CAPI will skip to the next section in the interview.

It is very important that you record numbers accurately and in the proper category in this question. For each number recorded CAPI will display a series of follow up questions which must be completed in order to continue with the interview. Backing up to previous screens during this next series of questions will cause you to lose the information you have recorded.

When the respondent provides the containers, verify the type of product it contains. (For example if s/he has responded that the SP takes vitamins and prescription medication in previous questions, there should be at least one of each type of container. If this is not the case, verify information with the respondent. You may have to use CTRL/B to go back to previous screens and correct information.

It is common for the respondent to count a prescription vitamin as a prescription medicine. A prescription vitamin should be counted in the "Vitamins/Mineral category for the purpose of this interview.

If the respondent cannot provide you with containers ask him/her for the number the child took in each category.

**General Instructions for Vitamins/Minerals, Prescription Medicines, and Antacids (Questions AX4YK4-AX17):**

In the next set of questions, AX4YK4-AX17, you will be recording vitamin/mineral, and medication information given to you from the containers or by the respondent, and asking some questions about the respondent's use of the product(s).

Questions AX4YK3-AX8YK8 form a set to be used for vitamin and mineral products. CAPI will provide a set of questions that you will ask for each vitamin/mineral identified. If more than one vitamin has been reported, each set will be labeled "1st VITAMIN, 2nd VITAMIN, etc.". If the respondent does not give you (or have) containers, ask for the product name. Do not include products not used in the past month.

Questions AX10YK10-AX12YK12 form a similar set to be used for prescription medicines. As described above, ask or complete AX10YK10-AX12YK12 for each prescription medicine reported by the respondent. Follow other instructions as noted above.

25.0061 AX4YK4

ID: 002-1000013 Youth Section: K

VITAMIN

CHECK ITEM.

CONTAINER SEEN/NOT SEEN

( 1 )

1. CONTAINER SEEN
2. CONTAINER NOT SEEN.  
PRODUCT NAME FURNISHED  
BY RESPONDENT
3. PRODUCT NAME NOT ON  
CONTAINER

## VITAMINS/MINERALS

**AX4YK4** Enter the appropriate code to indicate whether the information recorded about vitamins/minerals was copied from the product label (i.e., you saw the container) or was furnished by the respondent (i.e., you did not see the container). The following questions for the vitamin will depend on whether the respondent has the vitamin container to show you.

25.0060 AX3YK3

ID: 002-1000013 Youth Section: K

VITAMIN

NAME OF VITAMIN/MINERAL FROM LABEL OR PROBE RESPONDENT.

VITAMIN

25.0063 AX5YK5

ID: 002-1000013 Youth Section: K

VITAMIN

ENTER MANUFACTURER'S OR DISTRIBUTOR'S NAME AND ADDRESS  
(CITY AND STATE).

name

city

state

USE F1 FOR COMPLETE LIST OF STATE ABBREVIATIONS

### AX3YK3

Either by copying from the product label, or from respondent's memory, enter the product name (i.e., One-A-Day, Centrum, etc.).

It is important to record from the label a product name that uniquely identifies the product. Labels are complicated and can have several parts. 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 "People's."
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," "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.

The key parts to record in AX3YK3 are 1) trademark and/or product title and 2) the qualifiers. These two parts must always be recorded in AX3YK3 whenever they appear on the label. Note that for "house-brand" products, the trademark name may be the same as the manufacturer/distributor name (e.g., for "Safeway Vitamin C + Iron", the trademark or product title is "Safeway Vitamin C" and the qualifier is "+ Iron". The distributor is also "Safeway").

If the vitamin/mineral is a PRESCRIPTION product, use the space in AX3YK3 to record the name from the label.

If there is no available label, PROBE for the type of vitamin, i.e., single vitamin such as Vitamin E, multiple vitamin such as a generic one-a-day, multiple vitamin with or without iron or extra minerals. The idea here is to obtain at least some information about the product type.

Please record prescribed vitamins and minerals only in the vitamin and mineral section of the questionnaire (items AX3YK3 - AX8YK8). DO NOT RECORD THEM in the section for prescribed medicines items (AX10YK10 - AX12YK12).

### AX5YK5

This question will only appear when you have marked "CONTAINER SEEN" in the previous question. From the label, record the complete name of the product's manufacturer, and the address if shown, both city and state. DO NOT abbreviate city or manufacturer/distributor name -- write in full. Use the standard abbreviations for State. If you do not know the specific state abbreviation, press the F1 key (in the upper left-hand corner of your key board). CAPI will provide the full list of state abbreviations. Note the abbreviation for the state you wish to enter, then hit the ENTER key to return to the "state" field.

## VITAMIN

How often did LOUISE take  
VITAMIN C in the past month?

|        |       |             |
|--------|-------|-------------|
|        | times |             |
| ( )    | per   | (1 ) 1. day |
| number |       | 2. week     |
|        |       | 3. month    |
|        |       | 4. other    |

## VITAMIN

How much VITAMIN C did LOUISE  
take each time she took it?

ENTER 666 IF TOOK VARIABLE AMOUNTS.

|        |     |                                    |
|--------|-----|------------------------------------|
| (666 ) | ( ) | 1. capsules,                       |
| number |     | tablets/pills                      |
|        |     | 2. teaspoons                       |
|        |     | 3. tablespoons                     |
|        |     | 4. fluid ounces/<br>ounces         |
|        |     | 5. drops/droppers                  |
|        |     | 6. packets/packs/<br>paks/packages |
|        |     | 7. ml/cc                           |
|        |     | 8. wafers                          |
|        |     | 9. shots/injections                |
|        |     | 10. other                          |

**AX6YK6**      his question asks how often the child took or used the product in the past month. In the field provided, record the number of times, and then enter the appropriate code to indicate category (day, week, etc.). If some other time interval is given, enter "Other" and specify on the line provided.

**AX7YK7**

This question asks for the child's actual dosage. The answer should be in the form of a number and a unit in which the product is administered, e.g., "2" (number) and "1" - "capsules, tablets/pills" unit, or "3" (number) and "3" - "tablespoons" unit. If the response is given in fractions (e.g., 1/2 capsule) the answer must be entered in the comments field (CTRL/K).

If product is administered in some other unit, enter "Other" and specify on the line provided.

If the respondent says that the SP takes different doses (for example, depending on the time of day, etc.) enter Code "666" for "VARIABLE AMOUNTS."

25.0066 AX8YK8

ID: 002-1000013

Youth

Section: K

VITAMIN

For how long has LOUISE been taking  
this type of product?

IF LESS THAN ONE MONTH, ENTER '0' FOR  
NUMBER AND '1' FOR THE UNIT OF TIME.

(1 )  
number

(2 ) 1. less than one month  
2. months  
3. years

25.0071 AX10YK10

ID: 002-1000017

Youth

Section: K

PRESCRIPTION MEDICINE

CHECK ITEM.

CONTAINER SEEN/NOT SEEN

( 1 )

1. CONTAINER SEEN
2. CONTAINER NOT SEEN.  
MEDICATION INFORMATION  
FURNISHED BY RESPONDENT

**AX8YK8**

Enter a number and the appropriate code to indicate the unit of time (months, years). As the instructions indicate, if the child has been taking the vitamin for less than one month, enter a "0" in the NUMBER field and a Code 1 (less than one month) as the unit of time.

If a respondent says "She's been taking Iron off and on for 10 years," code "10 years." DO NOT PROBE FOR EXACT NUMBER OF DAYS, WEEKS, OR MONTHS during those 10 years.

**PRESCRIPTION MEDICATION****AX10YK10**

This is the first screen in the series of questions about prescription medication. Enter the appropriate code to indicate whether the information recorded about the first prescription medicine was copied from the product label (i.e., you saw the container) or was furnished by the respondent (i.e., you did not see the container).

## PRESCRIPTION MEDICINE

( )

- |                    |                     |
|--------------------|---------------------|
| 1. ALBUTEROL       | 14. PEDIAZOLE       |
| 2. ALUPENT         | 15. PENICILLIN      |
| 3. AMOXICILLIN     | 16. POLYMOX         |
| 4. AMOXIL          | 17. PROMETHAZINE    |
| 5. AMPICILLIN      | 18. PROVENTPL       |
| 6. AUGMENTIN       | 19. RITALIN         |
| 7. CECLOR          | 20. RONDEC          |
| 8. DIMETANE        | 21. SELDANE         |
| 9. DIMETAPP        | 22. SEPTRA          |
| 10. ERYTHROMYCIN   | 23. VENTOLIN        |
| 11. LURIDE         | 24. WYMOX           |
| 12. METAPROTERENOL | 25. OTHER (SPECIFY) |
| 13. NALDECON       |                     |

What is the health problem MARK  
had for which he took or used the Ritalin?

PROBE FOR SYMPTOM OR CONDITION.

(6 )

- |                                  |                      |                                    |                         |
|----------------------------------|----------------------|------------------------------------|-------------------------|
| 1. ACNE                          | 12. COUGH            | 25. NASAL CONGESTION               | 36. TEETHING            |
| 2. ALLERGY                       | 13. DIABETES         | 26. PAIN                           | 37. THROAT<br>INFECTION |
| 3. AMDEBAS                       | 14. DIAPER RASH      | 27. PINK EYE                       | 38. THRUSH              |
| 4. ANEMIA                        | 15. EAR ACHE         | 28. PNEUMONIA                      | 39. TONSILITIS          |
| 5. ASTHMA                        | 16. EAR INFECTION    | 29. RASH                           | 40. TOOTHACHE           |
| 6. ATTENTION DEFICIT<br>DISORDER | 17. ECZEMA           | 30. RHEUMATOID<br>ARTHRITIS        | 41. WHEEZING            |
| 7. BIRTH CONTROL                 | 18. EPILEPSY         | 31. RING WORMS                     | 42. WHOOPING<br>COUGH   |
| 8. BLADDER<br>INFECTION          | 19. EYE INFECTION    | 32. SEIZURES                       | 43. YEAST<br>INFECTION  |
| 9. BRONCHITIS                    | 20. FEVER            | 33. SINUS INFECTION<br>(SINUSITIS) | 44. OTHER<br>SPECIFY    |
| 10. CHEST CONGESTION             | 21. FLU              | 34. SORE THROAT                    |                         |
| 11. COLD                         | 22. HAY FEVER        | 35. STREP THROAT                   |                         |
|                                  | 23. HYPERACTIVITY    |                                    |                         |
|                                  | 24. KIDNEY INFECTION |                                    |                         |

**YK9** A list of prescribed medication is displayed in alpha order. If the respondent mentions a medication listed, enter the code associated with that medication. However if the word is not shown on the list, enter Code 25 (OTHER SPECIFY) and record the respondent's verbatim answer. Do not convert any unlisted response into a listed medication even if you think you know what it is.

**YK11** A list of health problems is displayed in alpha order. Record the code associated with the listed condition. If the reason is other than those listed, enter Code 44 (OTHER SPECIFY). Probe for the symptom or condition and record the respondent's answer verbatim in the space provided. Do not convert any unlisted response into a listed health problem.

PRESCRIPTION MEDICINE

For how long has MARK been taking or using  
Ritalin?

(3 )  
number

(4 ) 1. days  
2. weeks  
3. months  
4. years

**AX12YK12**

See specifications for **AX8YK8**.

10.1202 YL2

ID: 002-1000017 Youth Section: L RESTART

What is MARK's  
father's last name?

VERIFY SPELLING. DO NOT ENTER "SAME".

MILLER  
father's last name

10.1202 YL2

ID: 002-1000017 Youth Section: L

What is MARK's  
father's last name?

VERIFY SPELLING. DO NOT ENTER "SAME".

FOR VERIFICATION RE-ENTER FATHER'S LAST NAME

MILLE  
father's last name

10.12021 YL2B

ID: 002-1000017 Youth Section: L

THE SPELLING OF THE NAMES YOU ENTERED DO NOT MATCH.  
PLEASE VERIFY SPELLING AND ENTER AGAIN

PRESS RETURN/ENTER TO CONTINUE

**13. SECTION L: NAME/SSN  
(AGES 2 MONTHS - 16 YEARS)**

Part of the NHANES survey plan is to conduct followup/longitudinal studies. The information in Section L will help NCHS find SPs five, ten, twenty years from now NHANES III is what is known as a baseline study; data gathered in this survey will be matched against similar data collected at a later time, from the same respondents, in order to study patterns of change. For example, a followup study was just recently completed of a group of respondents who were first interviewed/examined in 1971-75. The followup helps to examine the relationship between risk factors and disease by determining who has developed conditions such as diabetes, heart attacks, etc., since the initial study (as well as those who have not developed such conditions). That is why it is so important to obtain complete and accurate data in this section.

**YL2** Be sure to verify spelling. Do not write "same". Because the information is so important, CAPI will ask you to verify the information recorded by entering it again.

**YL2B** If the double entry of last names does not match, CAPI will give you a message to that effect and request that you verify spelling again and re-enter the father's last name.

10.1204 YL4

ID: 002-1000017 Youth Section: L

We would like to have MARK's Social Security Number. This will have no effect on MARK's benefits. This information is voluntary and is collected under the authority of the U.S. Public Health Service Act (42 U.S.C. 242K Section 306).

What is MARK's Social Security Number?

ENTER '2' IF SUBJECT DOES NOT HAVE A SOCIAL SECURITY NUMBER.

(843987136 )  
SOCIAL SECURITY NUMBER

10.12041 YL4B

ID: 002-1000017 Youth Section: L

I need to verify that I have entered MARK's Social Security Number correctly. Would you please repeat it?

(843987135 )  
Social Security Number

RE-ENTER SOCIAL SECURITY NUMBER FOR VERIFICATION

**YL4** Because of the new tax law, all children should now have a Social Security number. However, if the respondent indicates that the child has no Social Security number, enter Code 2. If s/he does, but the respondent does not wish to give the child's number, explain that the information is confidential and will only be used for statistical purposes. Repeat any portions of the explanation in **YL3** that may be helpful. If the respondent still refuses, enter SHIFT/7 (REFUSED).

**YL4B** Because this information is so important to the study, CAPI will ask you to verify the information recorded and enter the number a second time.

10.12042 YL4C

ID: 002-1000017 Youth Section: L

YOU HAVE ENTERED THE SOCIAL SECURITY NUMBERS DIFFERENTLY.

FIRST TIME: 843-98-7136  
SECOND TIME: 843-98-7135

WHICH IS CORRECT?

( 1 )

1. FIRST
2. SECOND
3. NEITHER

10.1403 YN3

ID: 002-1000017 Youth Section: N RESTART

GIVE SP CORRECT APPOINTMENT SLIP.

( 2 )

1. MORNING EXAM - ADOLESCENTS 12-19
2. AFTERNOON EXAM - PERSONS 12+
3. EVENING EXAM - PERSONS 12+
4. LESS THAN 12 YEARS

10.1404 YN4

GIVE SP CORRECT APPOINTMENT SLIP.

( )

1. SP ON INSULIN.  
(GIVE APPT. SLIP FOR DIABETICS ON INSULIN.)
2. SP ON DIABETES PILLS.  
(GIVE APPT. SLIP FOR DIABETES PILLS OR ORAL AGENTS.)

**YL4C** If the double entry of social security numbers does not match, CAPI will give you a message to that effect and request that you verify which number is correct, the first entry or the second.

Enter the appropriate code.

**YN3** Note that this screen will appear for SPs not taking insulin or diabetes pills. Enter the appropriate code for the appointment time and give the appointment slip to the respondent after the exam appointment is made.

**YN4** This screen will appear for SPs who are taking insulin or diabetes pills. Directions are the same as for **YN3**.

10.1305 YMCONT

ID: 002-1000013 Youth Section: M RESTART

DO YOU WANT TO CONTINUE WITH THE INTERVIEWER CLOSING  
SECTION FOR THE YOUTH QUESTIONNAIRE?

( 1 )

1. YES
2. NO

10.1301 YM1

ID: 002-1000013 Youth Section: M

INDICATE MAIN RESPONDENT'S RELATIONSHIP TO SP.

( 1 )

1. MOTHER
2. FATHER
3. SISTER OR BROTHER
4. GRANDPARENT
5. OTHER

## 14.SECTION M: RESPONDENT

(AGES 2 MONTHS - 16 YEARS)

Section M is for you to complete regarding the nature and quality of the interview.

**YMCONT** The last four questions in the Youth Interview are not to be read to the respondent. They may be completed at the end of the interview or, if you feel that it is more appropriate, you may complete these questions as part of your case(s) edit process when you return to the office. If you wish to complete these questions when you return to the office, leave the CAPI interview by pressing CTRL/E. You will then return to the Interviewer's Menu. Press the ENTER key and follow the CAPI instruction printed on the screen for making a backup diskette. **CAPI will not count this interview as an S1 until questions YMI-COMMENTS are completed.**

To return to this section in the interview after you are in the field office, follow the instructions in Section 1 for selecting a household and selecting an interview from the PICKQUEX screen.

**YM1** The "main respondent" is the one who answered all or most of the questions in this questionnaire about the child.

10.1302 YM2

ID: 002-1000013 Youth Section: M

WAS SP PRESENT DURING ANY PART OF  
THE INTERVIEW?

( 2 )

1. YES
2. NO

10.1303 YM3

ID: 002-1000013 Youth Section: M

QUALITY OF INTERVIEW.

( 1 )

1. RELIABLE
2. UNRELIABLE

**YM2** Self-evident.

**YM3** Indicate whether you considered (in your judgement) the interview to be reliable or not.

10.1304 COMMENTS

ID: 002-1000016 Youth Section; M

DO YOU HAVE ANY SIGNIFICANT INFORMATION ABOUT  
THIS CASE THAT YOU WOULD LIKE TO RECORD?

( 2 )

1. YES
2. NO

## **COMMENTS**

At this point, if you realize that something was not recorded properly or there is something you need to add to more fully explain a situation, enter Code 1 (YES) in this field. When you answer "YES" the comments field will be displayed. Please remember that comments should be used to elaborate or explain answers or circumstances in the interview; it should not be used for contact information.

**NATIONAL HEALTH AND NUTRITION  
EXAMINATION SURVEY III  
CAPI CONVERSION  
HOUSEHOLD ADULT QUESTIONNAIRE  
QUESTION-BY-QUESTION  
SPECIFICATIONS**

**January 1993**

HOUSEHOLD ADULT QUESTIONNAIRE  
TABLE OF CONTENTS

Chapter

Page

|     |   |      |
|-----|---|------|
| I.  | OVERVIEW .....  | I-1  |
| II. | GENERAL SPECIFICATIONS .....                                | II-1 |
|     | 1. Section A -- Orientation .....                           | 1-1  |
|     | 2. Section B -- Health Services .....                       | 2-1  |
|     | 3. Section C -- Selected Conditions .....                   | 3-1  |
|     | 4. Section D -- Diabetes .....                              | 4-1  |
|     | 5. Section E -- High Blood Pressure/Cholesterol .....       | 5-1  |
|     | 6. Section F -- Cardiovascular Disease .....                | 6-1  |
|     | 7. Section G -- Musculoskeletal Conditions .....            | 7-1  |
|     | 8. Section H -- Physical Functioning .....                  | 8-1  |
|     | 9. Section J -- Gallbladder Diseases .....                  | 9-1  |
|     | 10. Section K -- Kidney Conditions .....                    | 10-1 |
|     | 11. Section L -- Respiratory and Allergy .....              | 11-1 |
|     | 12. Section M -- Diet .....                                 | 12-1 |
|     | 13. Section N -- Food Frequency .....                       | 13-1 |
|     | 14. Section P -- Vision and Hearing .....                   | 14-1 |
|     | 15. Section Q -- Dental Care and Status .....               | 15-1 |
|     | 16. Section R -- Tobacco .....                              | 16-1 |
|     | 17. Section S -- Occupation/Language Use .....              | 17-1 |
|     | 18. Section T -- Exercise .....                             | 18-1 |
|     | 19. Section V -- Social Support/Residence .....             | 19-1 |
|     | 20. Section X -- Vitamin, Mineral, and Medicine Usage ..... | 20-1 |
|     | 21 Section Y -- Name/SSN .....                              | 21-1 |
|     | 22 Section ZA -- Blood Pressure Measurement .....           | 22-1 |

## **I. OVERVIEW**

These Question by Question Specifications are designed to help you better understand the intent of each question in the questionnaire and to provide you with specific procedures to make the administration of each questionnaire as smooth as possible. There is one manual of specifications for each questionnaire (Adult, Youth and Family). A copy of each screen in the Adult Questionnaire is included in these specifications with specific and pertinent instructions facing the questionnaire pages and continuing on when necessary. Since the CAPI program will automatically "skip" you to the next question or series of questions, skip patterns will not appear.

When you have a question about the administration of the questionnaire, always look at the specifications first to try to resolve the problem. If the problem is not resolved discuss the situation with one of the field office staff members.

## II. GENERAL SPECIFICATIONS

Throughout the questionnaire there are certain types of questions and recording conventions that remain the same regardless of topic. Most of the conventions have been discussed in your CAPI training class, however, a few merit review. Some general specifications are provided in this section.

### Screen Order

Each screen in the CAPI questionnaire contains two capital letters and a number in the upper left-hand corner. The first letter indicates the type of questionnaire being administered (A=Adult, Y=Youth, F=Family). The second letter indicates the questionnaire section (A through Z) and the number indicates the order which the question appears within the section. For example, the question below appears in the Adult Questionnaire in Section B. It is the sixth question in that section. It is thus numbered question AB6. The series of numbers appearing to the left of the letters are for programming use only.

20.0206 AB6

ID: 002-1000012    Adult    Section: B

About how long has it been since you last saw or talked to a  
medical doctor or other health professional about your health?  
Include health professionals seen while a patient in a hospital.

ENTER 00 IF LESS THAN 1 MONTH.    ENTER 66 IF NEVER.

|        |      |           |
|--------|------|-----------|
| (2 )   | (1 ) | 1. months |
| number |      | 2. years  |

Sometimes the same question will appear in more than one questionnaire. When this occurs, the screen letters and numbers will indicate each type of questionnaire in which it appears and the order in which it appears in each questionnaire. For example, the screen below appears in both the Adult and Youth questionnaire. It is the first question in Section Q of the Adult Questionnaire and the second question in Section F of the Youth Questionnaire.

```
10.0602 AQ1YF2          ID: 002-1000026  Adult  Section: Q  RESTART
```

```
How would you describe the condition of  
your natural teeth ...
```

```
( 5 )
```

1. excellent,
2. very good.
3. good,
4. fair, or
5. poor?
6. HAS NO NATURAL TEETH

### Category and Question Overlays

Sometimes you will see additional response categories appear on the screen after you have recorded an answer. These categories are a result of the most common answers given to the question in previous NHANES questionnaire cycles. They are meant to gather accurate information about a respondent's answer and make recording procedures as easy as possible for you.

For example, in the question below, when code "2" is entered seven specific categories appear. You would enter the applicable code.

20.0106 AA6

ID: 002-1000026 Adult Section: A

What is your complete street address?

PROBE FOR CITY/TOWN, STATE OR ZIP CODE IF MISSING.  
IF MAILING ADDRESS IS GIVEN, CODE AS CORRECT.

STREET ADDRESS  
112 MAIN ST.  
ROCKVILLE MD 20850-0110

MAILING ADDRESS  
112 MAIN ST.  
ROCKVILLE MD 20850-0110

(1=CORRECT, 2=ERROR)

|                |       |
|----------------|-------|
| STREET ADDRESS | ( 1 ) |
| CITY/TOWN      | ( 1 ) |
| STATE          | ( 1 ) |
| ZIP CODE       | ( 1 ) |

## Recording Numeric Responses

When recording numeric responses in CAPI it is not necessary to "zero fill" within the response field. For example a response of "2" should be recorded as (2) rather than (02)

## Using SHIFT/7 and SHIFT/8

Since the edit program requires you to enter information into every field on a screen, you can enter a Refusal, SHIFT/7, or a Don't Know, SHIFT/8 if needed.

When you enter SHIFT/7 in a field, CAPI records "RF" in the field indicating the SP's refusal to answer the question.

When you enter SHIFT/8 in a field, CAPI records "DK" in the field indicating the SP does not know the answer to this question.

Since "DK" responses are generally discouraged, CAPI will require that you enter a SHIFT/8 twice to verify you have probed for another response.

## Transmitting Answers

Remember, the ENTER key enables you to transmit the answer which you have typed on your screen. If you type an answer and do not press the ENTER key, CAPI simply waits. You must "tell" the computer to accept the answer by pressing the ENTER key.

Sometimes, CAPI displays a screen containing instructions just for you to read. Typically, these screens prompt you to press ENTER when you are ready to continue. When you press the ENTER key, you send a message to the computer indicating that you are ready to advance to the next screen.

## Multiple Response Categories

Often you will see questions that allow multiple entries for the answer categories as illustrated below:

20.1315 AM15

ID: 002-1000012 Adult Section: M

What was the medical reason or health condition  
that caused you to change what you eat?

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 1 ) ( 2 ) ( 3 ) ( ) ( ) ( ) ( ) ( )

- |   |                           |            |
|---|---------------------------|------------|
| 1. OVERWEIGHT/OBESITY                   | 3. HIGH BLOOD CHOLESTEROL | 6. ALLERGY |
| 2. HIGH BLOOD PRESSURE<br>/HYPERTENSION | 4. DIABETES               | 7. ULCER   |
|   | 5. HEART DISEASE          | 8. OTHER   |

Because the answer categories are listed in upper case text, you will not read them aloud to the respondent. Type the code number that corresponds to each answer the respondent gives and press ENTER to move to the next field. When you have recorded all responses and are ready to leave the screen, press CTRL/L.

## Using Comments

It is extremely important to use comments (CTRL/K) when there is a need to clarify or correct a response. Comments are necessary when:

- The respondent corrects a previous response and it is too far back in the interview for you to back up through screens to correct the answer. Be sure to explain clearly the information that is being changed.
- The respondent provides a response that is "invalid" in a question with a hard range check. Using comments to enter the response is the only way to capture the information. Remember, comments are not made in soft range checks.
- You don't know how to record a response. Record the comment, explaining clearly the problem you encountered and sufficient detail to allow the editors to categorize the response.

Comments are not to be used to provide additional detail or volunteered information. At times, respondents give a response that falls into an "OTHER" category. For some questions, you are prompted to "SPECIFY" the "OTHER" response and are provided with a line to make the entry. If you do not receive a prompt to "SPECIFY" no comment should be made. The client is not interested in specifying this "OTHER" response.

0.01 ACTVMENU

INTERVIEWER ACTIVITIES MENU

1. Work on a Household
2. Missed DU/Structure
3. Conference Report
4. Transfer Cases
5. Call the Field Office/  
Schedule SP Appointment

SELECT MENU OPTIONS: ( 1 )

[PRESS ENTER TO EXIT]

0.02 SELECTID

SELECT A HOUSEHOLD TO WORK

ENTER CASE ID: 002 - (1000012 )

[PRESS ENTER TO EXIT]

**ACTVMENU**

When you log on to the computer follow the general procedures you learned in CAPI training and use the specific commands taught to you in NHANES training to access the Interviewers Activities Menu. In order to enter Screener information or conduct the HAQ, HYQ or FQ you should always choose option 1 (Work on a Household) and press the ENTER Key to advance to the next screen.

**SELECTID**

Enter the 7 digit ID number that corresponds to the household ID on the cover of the Screener you are about to work. Note that although you are to enter a seven digit ID, there are eight spaces in the SELECTID field. This last space allows you to review the ID number you have typed before you advance to the next screen. Once you have reviewed the ID number press the ENTER Key to advance to the next screen.

0.03 WORKCASE ID: 002-1000012 Workcase

WORK A HOUSEHOLD MENU

1. Enter Eligible Screener or Conduct Interview
2. Enter Other Screener Disposition Codes
3. Enter Disposition Codes for Youth, Adult, or Family
4. Review Comments

SELECT MENU OPTION: ( 1 )

[PRESS ENTER TO EXIT]

ID: 1000012  
 ADDRESS: 112 MAIN ST.  
 ROCKVILLE MD 20850 - 0110

0.002 PICKQUEX ID: 002-1000012 PickQuex

SELECT INTERVIEW TO ADMINISTER

ENTER X IN MARK COLUMN OR ENTER ESC ESC TO EXIT

| MARK | TYPE | STATUS | LAST SECTION | RESPONDENT       | FAMILY NO. | SP NO. |
|------|------|--------|--------------|------------------|------------|--------|
| x    | SCRN | 11     |              |                  | 01         |        |
| x X  | ADLT | NW     |              | RICHARD WILLIAMS | 01         | 1      |
| x    | FMLY | F1     | F            | RICHARD WILLIAMS | 01         | 1      |
| x    |      |        |              |                  |            |        |
| x    |      |        |              |                  |            |        |
| x    |      |        |              |                  |            |        |
| x    |      |        |              |                  |            |        |
| x    |      |        |              |                  |            |        |
| x    |      |        |              |                  |            |        |

**WORKCASE**

After entering the ID number, the WORK A HOUSEHOLD MENU will appear. The ID number you have typed and the address that corresponds with this ID will appear in the lower left-hand corner of the screen. This will be the same address that appears on the label of the hard copy Screener. Always select Code 1 (Enter Eligible Screener Data/Conduct Interview) to start the interview.

**PICKQUEX**

If all the Screener information for the household has been entered into CAPI the PICKQUEX screen will appear. The definition of each column is as follows:

|                |   |   |
|----------------|---|---|
| <b>TYPE --</b> | Displays the kinds of interviews to be administered in the household (Screener, Adult, Youth) | Y<br><br>o<br><br>u<br><br>t<br><br>h<br><br>,<br><br>F<br><br>a<br><br>m<br><br>i<br><br>l<br><br>y<br><br>) |
|----------------|---|---|

**STATUS --** Displays the status code of each interview. Most of these codes correspond to the codes on the back of the green Household Folder. "NW" indicates the interview has not been worked. "IP" signifies the interview is in progress, that is, it has been started but is not completed.

**LAST SECTION --**Indicates the last section worked in the interview.

**RESPONDENT --** Indicates the SP who is the subject of the Questionnaire or, in the case of the Family Questionnaire, the most appropriate respondent. Note that CAPI will always display the name of the person entered as head of household on the Screener as the most appropriate respondent for the Family Questionnaire.

**FAMILY NO.** Indicates the Family Number of the SP.

**SP NO** Indicates the sample number of the SP. A "00" will appear in this field if the respondent has not been selected as an SP (as is sometimes the case for respondents to the Family Questionnaire).

To select an interview to administer, you should use the arrow keys to move to the appropriate line. Once done, type an " X" to select the interview and hit the ENTER key. Note you may not add or delete household member on this screen.

0.0040 LANGUAGE

ID: 002-1000012 Adult

WHAT LANGUAGE WILL BE USED IN INTERVIEW?

( 1 )

1. ENGLISH
2. SPANISH
3. OTHER

0.041 APROXY

ID: 002-1000012 Adult

ARE YOU INTERVIEWING ...

( 2 )

1. PROXY
2. RESPONDENT:

NAME: RICHARD WILLIAMS  
FAMILY NO. 01  
LINE NO. 1  
SP NO. 1

**LANGUAGE** Specification of English or Spanish determines the language in which the CAPI screens will appear. If the interview is to be conducted in a language other than English or Spanish, CAPI will prompt you to specify the language. CAPI screens are only available in English and Spanish.

Keep in mind that NHANES III has English and Spanish speaking interviewers. If you are not authorized to conduct an interview in Spanish and you encounter a respondent who speaks only Spanish, notify your Supervisor and a Spanish speaking interviewer will be assigned the case. If, however you encounter an SP who speaks another language (i.e., French, German, Chinese, etc.) only, notify your Supervisor. **DO NOT USE A PROXY IN THIS SITUATION.**

**A PROXY** This question tells the CAPI program which names and pronouns should be inserted into the questions during the interview. For example, if you are interviewing a proxy respondent concerning a female SP, the question will either display the SP's name or the pronoun "she".

0.053 VERNAME

ID: 002-1000012 Adult

VERIFY SP'S FULL NAME [INCLUDING SPELLING]

FIRST: RICHARD

MIDDLE: NMN

LAST: WILLIAMS

( 1 )

1. ACCURATE AS IT APPEARS
2. NOT ACCURATE

.051 VERSEX

ID: 002-1000012 Adult

VERIFY SP'S SEX

MALE

( 1 )

1. ACCURATE AS IT APPEARS
2. NOT ACCURATE

The next several screens are designed to verify Screener information entered for the SP.

**VERNAME** This question will allow you to change any part of the respondent's name. Check the spelling of each part of the SP's name carefully. When you enter Code 2 (NOT ACCURATE) each part of the SP's full name (i.e., first, middle, last) will have a line directly below it. Make the necessary correction on the line below the appropriate portion of the name. If one of the names does not need a correction, just hit the ENTER key to pass through the entry field when the cursor is on the correction line. It is not necessary to re-enter a correct name.

**VERSEX** CAPI presents the sex of the SP for verification. If the sex is obvious, code without asking the question. If the sex is not obvious, ask the respondent the question. When you enter a Code 2 (NOT ACCURATE) make the necessary correction on the line below.

0.055 VERDOB

ID: 002-1000012 Adult

VERIFY DATE OF BIRTH

DECEMBER

12 3 1945

AGE: 46

( 1 )

1. ACCURATE AS IT APPEARS
2. NOT ACCURATE

20.0100 AAO

ID: 002-1000012 Adult Section: A RESTART

As part of this interview I will be measuring your pulse and blood pressure. Although I will be doing this procedure towards the end of our meeting, I would like to request that you do not smoke, eat, or drink coffee or alcohol now or during the interview because these factors can affect your pulse and blood pressure.

Now I would like to begin the interview.

PRESS ENTER

**VERDOB** If any part of the SP's date of birth is not correct, enter Code 2 (NOT ACCURATE). CAPI then requires that you retype the SP's complete date of birth, month, day and year. Enter the full year, rather than the last two digits; e.g., 1930 not 30. Do not "zero-fill" for single-digit months or days.

CAPI automatically re-computes age based on corrections to date of birth.

**AAO** Read the introduction to the respondent before beginning section A. Note that it

c  
o  
n  
t  
a  
i  
n  
s  
a  
r  
e  
q  
u  
e  
s  
t  
t  
h  
a  
t

h  
e  
S  
P  
r  
e  
f  
r  
a  
i  
n  
f  
r  
o  
m  
s  
m  
o  
k  
i  
n  
g  
,

a  
t  
i  
n  
g  
,  
o  
r  
d  
r  
i  
n  
k  
i  
n  
g  
o  
f  
c  
o  
f  
f  
e  
e  
o

r  
a  
l  
c  
o  
h  
o  
l  
a  
s  
y  
o  
u  
a  
r  
e  
t  
a  
l  
k  
i  
n  
g  
o

r  
d  
u  
r  
i  
n  
g  
t  
h  
e  
i  
n  
t  
e  
r  
v  
i  
e  
w  
.  
R  
e  
s  
p

o  
n  
d  
e  
n  
t  
s  
m  
a  
y  
o  
r  
m  
a  
y  
n  
o  
t  
w  
a  
n  
t  
t  
o  
c

o  
m  
p  
l  
y  
w  
i  
t  
h  
t  
h  
e  
r  
e  
q  
u  
e  
s  
t  
.  
T  
h  
e  
y

m  
a  
y  
s  
a  
y  
,  
"  
I  
c  
a  
n  
,  
t  
g  
o  
t  
h  
a  
t  
l  
o  
n  
g

w  
i  
t  
h  
o  
u  
t  
a  
c  
c  
i  
g  
a  
r  
e  
t  
t  
e  
.  
"  
,  
f  
o  
r  
e  
x

a  
m  
p  
l  
e  
o  
r  
t  
h  
e  
y  
m  
a  
y  
r  
e  
f  
u  
s  
e  
o  
u  
t  
r

i  
g  
h  
t  
.  
I  
f  
t  
h  
e  
y  
d  
o  
n  
,  
t  
w  
a  
n  
t  
t  
o  
c  
o

m  
p  
l  
y  
,  
D  
O  
N  
O  
T  
a  
t  
t  
e  
m  
p  
t  
t  
o  
p  
r  
e  
s  
s  
u

r  
e  
t  
h  
e  
m  
i  
n  
a  
n  
y  
w  
a  
y  
.  
J  
u  
s  
t  
p  
r  
o  
c  
e

e  
d  
w  
i  
t  
h  
t  
h  
e  
i  
n  
t  
e  
r  
v  
i  
e  
w  
.  
T  
h  
e  
r  
e

w  
i  
l  
l  
b  
e  
a  
n  
o  
p  
p  
o  
r  
t  
u  
n  
i  
t  
y  
l  
a  
t  
e  
r

t  
o  
r  
e  
c  
o  
r  
d  
w  
h  
e  
t  
h  
e  
r  
t  
h  
e  
S  
P  
c  
o  
m  
p  
l

i  
e  
d  
w  
i  
t  
h  
t  
h  
e  
r  
e  
q  
u  
e  
s  
t  
.

20.0101 AA1

ID: 002-1000012 Adult Section: A

Did you receive an introductory letter in the mail  
about our survey?

( 2 )

1. YES
2. NO

*AA 2 and*  
20.01021 AA20V

ID: 002-1000012 Adult Section: A

Did you hear about the survey in any other way?

( 1 )

1. YES
2. NO

OTHER SPECIFY

( 1 )

1. NEWSPAPER
2. TELEVISION
3. INTERVIEWER
4. ANOTHER FAMILY MEMBER
5. OTHER - NO SPECIFICATION NEEDED

**Section A      Orientation**

Section A questions are intended to verify selected information about the SP and to get an initial sense of the SP's readiness to begin responding to the questionnaire.

**AA1**            This question refers to the advance letter mailed by the home office one week prior  
t  
o  
t  
h  
e  
s  
t  
a  
r  
t  
-  
u  
p  
o  
f  
i  
n  
t  
e  
r  
v  
i  
e

w  
i  
n  
g  
a  
t  
a  
s  
t  
a  
n  
d  
.

**AA2 and AA20V** If Code 1 (YES) to AA2, an overlay screen (AA20V) will appear. Enter one code that corresponds to how the SP heard about the survey.

First, I need to verify some information.

What is today's date?

PROBE FOR MISSING DATE INFORMATION.

( 10 ) - ( 26 ) - ( 1992 )  
MONTH DAY YEAR

What is the day of the week?

( 2 )

- |              |             |
|--------------|-------------|
| 1. SUNDAY    | 5. THURSDAY |
| 2. MONDAY    | 6. FRIDAY   |
| 3. TUESDAY   | 7. SATURDAY |
| 4. WEDNESDAY |             |

CHECK ( 1 )

1. CORRECT
2. OFF BY ONE DAY
3. OFF BY MORE THAN ONE DAY

The next several questions are asked only of those SPs who are 60 years old or older.

**AA4** Record the answer verbatim. Note that there are fields presented for month, day, and year. If the SP leaves out one or more of these when giving the date (e.g., respondent answers "October 25," without stating the year), PROBE for the missing elements. Do not "zero fill" in fields when recording single digit months and years.

**AA5** First enter the number corresponding to respondent's answer. The cursor will then move to the "CHECK" field. Check the SP's answer and indicate whether SP has given the correct day, is one day off the correct day, or more than one day off by entering the appropriate code number.

What is your complete street address?

PROBE FOR CITY/TOWN, STATE OR ZIP CODE IF MISSING.  
IF MAILING ADDRESS IS GIVEN, CODE AS CORRECT.

STREET ADDRESS  
112 MAIN ST.  
ROCKVILLE MD 20850-0110

MAILING ADDRESS  
112 MAIN ST.  
ROCKVILLE MD 20850-0110

(1=CORRECT, 2=ERROR)

|                |       |
|----------------|-------|
| STREET ADDRESS | ( 1 ) |
| CITY/TOWN      | ( 1 ) |
| STATE          | ( 1 ) |
| ZIP CODE       | ( 1 ) |

**AA6**

The CAPI program will display the SP's home and mailing address if different from home address, as it was recorded on the Screener. The cursor will first appear in the answer field next to the "STREET ADDRESS" line. Check each portion of the SP's address as it is given. Enter Code 1 (CORRECT) if that part of the address is given accurately and Code 2 (ERROR) if it is inaccurate. There is no need to make a comment (CTRL/K) if the SP's answer is incorrect. If the respondent gives the street address, but only one or none of the other elements, PROBE for city/town, state, and/or ZIP code, depending on which is missing.

The SP's mailing address may be different from his/her street address. As indicated in the instructions below this question, if the SP provides you with a mailing address, for example a post office box instead of a street address, record it as a correct answer in each of the answer fields. There is no need to make a comment (CTRL/K) in this situation.

Would you say your health in general is ...

( 3 )

1. excellent,
2. very good,
3. good,
4. fair, or
5. poor?

**Section B      Health Services**

Section B contains general questions about the respondent's health as perceived by the respondent and about the respondent's activities that are health-related. Also included are questions about the respondent's usual source of health care services and the convenience of obtaining these, as well as questions about other sources of health care services.

AB1            Read the entire question including the five answer categories.

Here we are interested in the respondent's opinion about his or her health overall.

If the respondent gives an answer other than one of the five categories listed, such as "pretty good," re-ask the question, clearly emphasizing the categories, and saying "Yes, but would you say...?"

If the respondent says s/he doesn't know, probe by saying "In comparison with other people your age..."

If the respondent still is unable to respond, enter SHIFT/8 (DK) and continue.

20.0202 AB2

ID: 002-1000012 Adult Section: B

Is there a particular clinic, health center, doctor's office, or other place that you usually go to if you are sick, need advice about your health, or for routine care?

(1 )

1. YES
2. NO

20.0203 AB3

ID: 002-1000012 Adult Section: B

Is there one particular doctor or health professional you usually see?

(2 )

1. YES
2. NO

**AB2** Question AB2 determines whether or not there is a particular place the person usually goes for routine health care or advice. The distinction between routine care and special care is important here, because we want to count as a "YES" SP's who go to a particular place (e.g. a clinic, doctor, etc.) for routine care but to another place (e.g. specialist) for certain problems. A "NO" answer means the person has no regular place even for routine care. If the respondent says s/he does not receive routine care but only goes to the doctor when there are problems, the answer to this question should be "NO". Look at the following examples:

"I just go to the nearest emergency room or doctor if there's a problem" .... Enter Code 2 (NO).

"Most of the time, I go to Dr. Valdez, but for my allergies, I go to an allergy clinic" .... Enter Code 1 (YES).

So, if the respondent doesn't answer "YES" or "NO", but says there is more than one place depending on the health problem, emphasize for routine care. If the response is still "more than one place", even for routine care, enter Code 2 (NO). If the person is bedridden but has a particular doctor come to the home to give medical care or advice, consider this a "YES" response and enter Code 1.

Remember to read the question exactly as worded, i.e., do not lead the respondent by referring to a "family" or "regular" doctor. For the definition of doctor, see General Definitions (Section 14.2 in the Interviewer Manual). Remember that these definitions are for your information only and are not to be read to the respondent.

**AB3** In question AB3 we want to find out whether the respondent generally goes to one particular person at the health care facility identified in AB2. Only health professionals, that is, health care providers, should be considered in this question, not, for example, the receptionist. Health professionals are defined in the General Definitions (Section 14.2 of the Interviewers Manual).

20.0204 AB4

ID: 002-1000012 Adult Section: B

During the past 12 months, how many different times did you stay in the hospital overnight or longer?

ENTER 00 IF NONE.

(3 ) times  
number

20.0205 AB5

ID: 002-1000012 Adult Section: B

During the past 12 months, about how many times did you see or talk to a medical doctor or assistant? (Do not count doctors seen while an overnight patient in a hospital.)

ENTER 00 IF NONE.

(4 ) times  
number

**AB4** Times stayed in the hospital refers to separate stays of one or more nights in a hospital as a patient, 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), do not count each as a separate stay because it is still the same period of hospitalization. Count discharges from the hospital to home or a non-medical setting as the end of the hospitalization (not transfers during a period of hospitalization). The time frame is the past 12 months.

Enter "00" if the respondent's answer is "none".

**AB5** AB5 asks how many times the respondent has received any health care in the past 12 months -- in-patient or out-patient, in person or by telephone. If the respondent doesn't know an exact number, ask for his/her best guess. If "none", enter "00".

See General Definitions (Section 14.2 of the Interviewer Manual) for definitions of medical doctor and other health professional and apply these definitions to this question.

20.0206 AB6

ID: 002-1000012 Adult Section: B

About how long has it been since you last saw or talked to a medical doctor or other health professional about your health? Include health professionals seen while a patient in a hospital.

ENTER 00 IF LESS THAN 1 MONTH, ENTER 66 IF NEVER.

|        |      |           |
|--------|------|-----------|
| (2 )   | (1 ) | 1. months |
| number |      | 2. years  |

20.0207 AB7

ID: 002-1000026 Adult Section: B

During the past 12 months, about how many times have you been in a nursing or convalescent home?

ENTER 00 IF NONE.

(00 ) times  
number

**AB6** This question asks how long it has been since the SP last saw or talked to a medical doctor/health professional. Enter the number first, then enter the time category associated with the number (e.g., months, years). As the instructions below the question indicate, enter a "00" in the "number" field if the response is "less than a month". Enter a "66" in the "number" field if the SP indicates s/he has never seen a doctor/health professional. In either case ("00" or "66") after you hit the enter key, the CAPI program will advance to the next screen. If the number is a fraction, round down to the closest whole number, 1-1/2, for example, should be rounded down to 1. (Section 6.2, General Interviewing Techniques Manual)

**AB7** Count each admission as a separate time.

A nursing or convalescent home is a group living facility with a skilled nursing staff. The residents require nursing care and are supplied with a bed, meals, and assistance with personal services, if needed.

Enter "00" if "none".

**Section C      Selected Conditions**

Section C contains a series of questions about various health conditions and treatments the SP may have had, as well as a few family health history questions. In answering these questions, a respondent may mention medications used associated with these conditions. These medications should be recorded in a later section of the interview, the "Medicine/Vitamin Use" section.

To help you remember to do this, conditions mentioned in this section will appear in brackets for your review before you begin the Medicine/Vitamin Use section of the interview.

ACIA and  
20.03010 AC1A0V

ID: 002-1000012 Adult Section: C RESTART

Has a doctor ever told you that you had...  
arthritis?

(1 )

1. YES
2. NO

How old were you when you were first told you had arthritis?

(45 )  
age

20.03010 AC1B

ID: 002-1000012 Adult Section: C

Which type of arthritis was it? Was it rheumatoid arthritis,  
or osteoarthritis?

(1 )

1. Rheumatoid arthritis
2. Osteoarthritis

#### **AC1A - AC1N**

The first part of Section C is designed to gather information about fourteen specific medical conditions. In all cases a "YES" response to a condition will trigger a second question to appear on the screen about the SP's age at the time s/he was first told s/he had the condition. In addition, for some conditions (asthma, chronic bronchitis, hay fever, goiter and thyroid disease, a "YES" response to whether the SP had ever been told of the condition by a doctor will invoke a third question on the screen. This questions asks whether the respondent still has the condition. For a number of conditions, such as heart failure and stroke, this question is inappropriate and will not be asked.

If the respondent says "YES" to a condition but qualifies the response, re-ask the question. For example, the SP says "YES" to arthritis but then says "The doctor says that it might be a number of different things, including arthritis, but he needs to do some more tests." Re-ask the question stressing the word "had" in the sentence. If this results in no better information, code the answer a Code 1 (YES), and enter the respondents comments verbatim in the comments field. (CTRL/K)

#### **AC1A - AC1AOV**

Note that these questions are concerned with whether a doctor has ever told the SP that s/he has the particular condition referenced. If the SP mentions that another "health professional" told him/her that s/he had the condition, probe emphasizing the word "doctor" in the sentence. If the SP thinks s/he has the condition, but a doctor never diagnosed him or her as having the condition, enter Code 2 (NO).

#### **AC1B**

This question appears only if the respondent has answered "yes" to being told by a doctor that s/he has arthritis.

*ACIC and*  
20.03013 AC1COV

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)  
congestive heart failure?

(1 )

1. YES
2. NO

How old were you when you were first told you had congestive heart failure?

(44 )  
age

*ACID and*  
20.03015 AC1DOV

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)  
a stroke?

(1 )

1. YES
2. NO

How old were you when you were first told you had a stroke?

(50 )  
age

**AC1C and AC1COV**

See specifications on previous page covering questions AC1A-AC1N.

**AC1D and AC1DOV**

Stroke refers to a condition that is neurological in nature. Heat strokes should not be counted in this category.

20.03017 *ACIE and*  
AC1E0V

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)

asthma?

( 1 )

1. YES

2. NO

Do you still have asthma?

( 1 )

1. YES

2. NO

How old were you when you were first told you had asthma?

age ( 12 )

20.03017 *AFIF and*  
AC1FOV

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)

chronic bronchitis?

( 1 )

1. YES

2. NO

Do you still have chronic bronchitis?

( 1 )

1. YES

2. NO

How old were you when you were first told you had chronic  
bronchitis?

age ( 33 )

**AC1E and AC1EOV**

See specifications on page C-1 covering questions AC1A-AC1N.

**AC1F and AC1FOV**

See specifications on page C-1 covering questions AC1A-AC1N.

ACIG and  
20.03021 AC1GOV

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)

emphysema?

(1 )

1. YES
2. NO

How old were you when you were first told you had emphysema?

(43 )  
age

ACI Hand  
20.03017 AC1HOV

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)

hay fever?

(1 )

1. YES
- Do you still have hay fever?

(1 )

1. YES
2. NO

How old were you when you were first told you had hay fever?

(9 )  
age

**AC1G and AC1GOV**

See specifications on page C-1 covering questions AC1A-AC1N.

**AC1H and AC1HOV**

See specifications on page C-1 covering questions AC1A-AC1N.

ACI I and  
20.03026 ACIIOVT

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)

cataracts?

(1 )

1. YES
2. NO

How old were you when you were first told you had cataracts?

(42 )  
age

ACI J and  
20.03017 ACIJOV

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)

goiter?

(1 )

1. YES
2. NO

Do you still have goiter?

(1 )

1. YES
2. NO

How old were you when you were first told you had goiter?

(40 )  
age

**AC1I and AC1IOVT**

See specifications on page C-1 covering questions AC1A-AC1N.

**AC1J and AC1JOV**

See specifications on page C-1 covering questions AC1A-AC1N.

20.03017 *ACIK and*  
ACIKOV

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)  
any other thyroid disease?

( 1 )

1. YES
2. NO

Do you still have other thyroid disease?

( 1 )

1. YES
2. NO

How old were you when you were first told you had other  
thyroid disease?

age ( 34 )

20.03026 *ACIL and*  
ACILOV

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)

lupus?

( 1 )

1. YES
2. NO

How old were you when you were first told you had lupus?

( 32 )  
age

**AC1K and AC1KOV**

See specifications on page C-1 covering questions AC1A-AC1N.

**AC1L and AC1LOV**

See specifications on page C-1 covering questions AC1A-AC1N.

20.03026 *ACIM and*  
ACIMOV

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)

gout?

(1 )

1. YES
2. NO

How old were you when you were first told you had gout?

(45 )  
age

20.03026 *ACIN and*  
ACINOV

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)

skin cancer?

(1 )

1. YES
2. NO

How old were you when you were first told you had skin cancer?

(39 )  
age

**AC1M and AC1MOV**

See specifications on page C-1 covering questions AC1A-AC1N.

**AC1N and AC1NOV**

See specifications on page C-1 covering questions AC1A-AC1N.

AC10 and AC100V

20.03038 AC100VI

ID: 002-1000012 Adult Section: C

(Has a doctor ever told you that you had...)

other cancer?

( 1 )

1. YES

2. NO

How old were you when you were first told you had other cancer?

(41 )

age

HAND CARD HAQ-1.

Where was the cancer located when you were first told?

SPECIFY NUMBER (21 )

**AC10 and AC10OV**

See specifications on page C-1 covering questions AC1A-AC1N.

**AC10OV1**

If SP answers "YES" to the last condition referenced in this section, "Other Cancer," show Card HAQ-1 and ask the question "Where was the cancer located when you were first told?" Remind SP that we are looking for location when s/he was first told about his/her condition. Enter the number from Card HAQ-1 corresponding to the location given by the respondent in the brackets provided next to the words "SPECIFY NUMBER".

If the respondent's answer does not correspond to items 1 through 21, enter Code "22" and specify the location on the line provided. If the respondent answers with more than one number, (more than one location) record one number in the space provided and note the other location(s) in comments (CTRL/K).

*A c 4 A and*

20.0305 AC5A

ID: 002-1000012 Adult Section: C

Next, I'd like to ask you a few questions about your family's health. Including living and deceased, were any of your blood relatives (including grandparents, parents, brothers, sisters) ever told by a doctor that they had diabetes?

( 1 )

1. YES
2. NO

Which biological family members?  
CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 3 ) ( ) ( ) ( ) ( ) ( )  
( ) ( ) ( ) ( ) ( ) ( )

- |                |            |           |                          |
|----------------|------------|-----------|--------------------------|
| 1. grandmother | 4. father  | 7. aunt   | 10. son                  |
| 2. grandfather | 5. sister  | 8. uncle  | 11. daughter             |
| 3. mother      | 6. brother | 9. cousin | 12. other blood relative |

The next set of questions ask about the health of the SP's family

**AC4A** Emphasize the words "blood" relatives and "told by a doctor". Note that "blood relatives" does not include relatives by marriage. Example: half brothers/half sisters are included but not stepbrothers/stepsisters.

**AC5A** Using the number codes next to the response categories provided, enter all biological family members given. Record one code per answer field, then hit the ENTER key to move to the next field. When you are ready to leave the screen, press the CTRL and L keys simultaneously.

Note that in the CAPI interview there are three new categories listed: "son", "daughter" and "other blood relatives".

20.0305 AC4B AC54B

ID: 002-1000012 Adult Section: C

Including living and deceased, were any of your blood relatives (including grandparents, parents, brothers, sisters) ever told by a doctor that they had a heart attack before the age of 50?

( 1 )

- 1. YES
- 2. NO

Which biological family members?  
CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 2 ) ( ) ( ) ( ) ( ) ( )

( ) ( ) ( ) ( ) ( ) ( )

- |                |            |           |                          |
|----------------|------------|-----------|--------------------------|
| 1. grandmother | 4. father  | 7. aunt   | 10. son                  |
| 2. grandfather | 5. sister  | 8. uncle  | 11. daughter             |
| 3. mother      | 6. brother | 9. cousin | 12. other blood relative |

20.0306 AC6

ID: 002-1000012 Adult Section: C

Was your biological mother ever told by a doctor that she had osteoporosis, sometimes called thin or brittle bones?

( 1 )

- 1. YES
- 2. NO

**AC4B** This question asks about family members who have been diagnosed as having had a heart attack **BEFORE THE AGE OF 50**.

**AC54B** See specifications for AC5A.

**AC6** Note that the condition must be doctor diagnosed and that the time frame is ever. The question refers to the biological mother.

ACT and  
20.03071 AC70V

ID: 002-1000012 Adult Section: C

Did your biological mother ever fracture her hip?

( 1 )

1. YES
2. NO

How many times?

( 2 )  
number

20.0308 AC8

ID: 002-1000012 Adult Section: C

About how old was she when she fractured her hip the first time?

( 56 )  
age

20.03081 AC80V

OR

( )

000. under 50  
666. 50+

**AC7** Again, refers to biological mother. Time frame is ever. Note that a fracture is a break in the bone, not a bruise or other injury.

**AC7OV** If the answer is Code 1 (YES), CAPI prompts for the number of times.

**AC8** This question is asked only if AC7 has been answered Code 1 (YES). AC8 refers either to the first, or only, time SP's biological mother fractured her hip. Enter the age in the field provided. If SP cannot remember the exact age, ask for his/her best guess. If SP cannot make a "best guess," enter "don't know" (SHIFT/8). AC80V will appear designed to determine whether the fracture occurred before or after the age of 50.

20.0401 AD1

ID: 002-1000012 Adult Section: D RESTART

Have you ever been told by a doctor that you have diabetes or sugar diabetes?

IF "BORDERLINE" OR "PREDIABETIC", CODE 2

( 1 )

1. YES
2. NO

20.0403 AD3

ID: 002-1000026 Adult Section: D

Were you pregnant when you were told that you had diabetes?

( 1 )

1. YES
2. NO

20.0404 AD4

ID: 002-1000026 Adult Section: D

Other than during pregnancy, has a doctor ever told you that you have diabetes or sugar diabetes?

( 1 )

1. YES
2. NO

**Section D      Diabetes**

This section contains questions about diabetes including age at diagnosis, method of diagnosis, alternate treatments, and effects of the disease. The last 4 questions in this section concern vision issues relevant to diabetes.

AD1            At AD1 if a condition is reported other than "diabetes" or "sugar diabetes" that includes the words "diabetes," (for example, "brittle diabetes") enter the reported condition verbatim in the "comments" field (CTRL/K) then enter the response as Code 1 (YES). If the respondent reports a condition that does not include the word "diabetes," do not record it; instead, re-ask the question. As the instruction indicates, borderline diabetes or a prediabetic condition should be entered as a Code 2 (NO).

When reading AD1 emphasize the word "doctor." If a respondent mentions that another "health professional" told him/her that he/she had diabetes, probe for "doctor" and if the respondent still says that another health professional told her, then enter Code 2 (NO).

Note that if AD1 is answered "NO" then the remaining questions about diabetes, AD3 - AD15, will not be asked.

**AD3-AD4**

These two questions will only appear if the SP is female. Questions AD3-AD4 determine whether female respondents have had only gestational diabetes, that is, diabetes contracted during pregnancy, or whether they have had diabetes other than during pregnancy.

20,0405 AD5

ID: 002-1000012 Adult Section: D

How old were you when a doctor first told you that you had diabetes?

(32 )  
age

**AD5**

Try to obtain respondent's best estimate of his/her age when first told.

20.0406 AD6

ID: 002-1000012 Adult Section: D

Are you now taking insulin?

( 1 )

1. YES
2. NO

20.0407 AD7

ID: 002-1000012 Adult Section: D

About how often do you take insulin?

( 3 ) times per ( 2 ) 1. day  
number                      2. week

**AD6** Enter Code 1 (YES) regardless of whether the respondent administers his/her own injections or someone else gives the injections.

**AD7 - AD9**

These questions are asked only if the SP has said that s/he is now taking insulin (Code 1 in AD6).

**AD7** The intent of this question is to obtain the frequency of injection. First enter a number and then the appropriate unit of time associated with the number.

20.0408 AD8

ID: 002-1000012 Adult Section: D

On the average, how many units per day do you take?

(4 ) of units per day  
number

20.0409 AD9

ID: 002-1000012 Adult Section: D

For how long have you been taking insulin?

ENTER 00 IF LESS THAN 1 MONTH.

(20 ) (2 ) 1. months  
number 2. years

**AD8** Units of insulin injections are cc's (cubic centimeters). We are looking for the average or usual daily dose, not any one particular dose.

**AD9** In this question, we are interested in the duration of insulin use. Enter the number first and then the code corresponding to the category associated with that number.

Are you now taking diabetes pills to lower your blood sugar?  
These are sometimes called oral agents or oral hypoglycemic  
agents.

( 1 )

- 1. YES
- 2. NO

On your own, how often do you check yourself for...

ENTER 00 IF NEVER.

A. glucose or sugar in your urine?

( 1 ) times per ( 2 ) 1. day  
number                      2. week  
                                    3. month

B. glucose or sugar in your blood?

( 1 ) times per ( 3 ) 1. day  
number                      2. week  
                                    3. month

**AD10** Read the question as is with emphasis on the word "now"; do not try to explain this question in any way to the respondent.

**AD11** For both "A" and "B", you will enter both the number of times and the unit of measure (i.e., "day", "week", or "month"). If SP never checks his/her urine or blood for sugar and/or glucose, enter "00" in the "number" field.

20.0412 AD12

ID: 002-1000012 Adult Section: D

How long ago was the last time you had your eyes examined by a doctor?

ENTER 00 IF NEVER.

(1 )  
number

(4 ) 1. days  
2. weeks  
3. months  
4. years

20.0413 AD13

ID: 002-1000012 Adult Section: D

How long has it been since you had an eye exam in which your pupils were dilated? (This would have made you temporarily sensitive to bright light.)

ENTER 00 IF NEVER

(2 )  
number

(4 ) 1. days  
2. weeks  
3. months  
4. years

**AD12** To indicate how long ago SP last had an eye examination by a doctor, enter both the number and the code indicating which unit of measure ("days", "weeks", "months", or "years") is represented by the number. Include eye exams by medical doctors and osteopathic physicians (D.O.'s), general practitioners, and all types of specialists, e.g., ophthalmologists. Also include exams by opticians and optometrists.

Exclude vision tests administered by non-doctors, e.g., school nurses, driving test administrators, camp counselors, etc.

Enter "00" if "never".

**AD13** This question refers to how long ago the SP had an eye exam where his/her pupils were dilated. Dilation of pupils is usually done by putting a liquid directly in the eye with an eye-dropper, causing some temporary discomfort and sensitivity to bright light.

Again, enter both the number of times and the unit of measure. Enter "00" in the "number" field if the answer is "never".

20.0414 AD14

ID: 002-1000012 Adult Section: D

Have you ever had photographs taken of the retina of your eyes?

(1 )

1. YES
2. NO

20.0415 AD15

ID: 002-1000012 Adult Section: D

Has a doctor ever told you that diabetes has affected your eyes  
or that you had retinopathy?

(1 )

1. YES
2. NO

**AD14** Time frame is ever. Note: When a retinal photograph (i.e., inside of the eye) is taken, the camera lens is placed right next to the eye.

**AD15** Time frame is ever. The question specifies that SP must have been told by a doctor. REMEMBER, enter Code 1 (YES) only if the SP's condition was caused by diabetes, not hypertension or some other cause.

Retinopathy is a complication of diabetes, involving the eyes, characterized by the deterioration of the blood vessel that nourishes the retina. (The retina is where visual images are focused before being transmitted to the brain.)

20.0501 AE1

ID: 002-1000012 Adult Section; E RESTART

About how long has it been since you last had your blood pressure taken by a doctor or other health professional?

( 3 )

1. less than 6 months
2. 6 months, less than 1 year
3. 1 year, less than 5 years
4. more than five years
5. NEVER

20.0502 AE2

ID: 002-1000012 Adult Section; E

Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

( 1 )

1. YES
2. NO

**Section E High Blood Pressure/Cholesterol**

This section focuses on high blood pressure (hypertension) and a related phenomenon, blood cholesterol level. More specifically, the questions seek information on awareness of high blood pressure and/or blood cholesterol level, measurements of these conditions, visits to a doctor or health professional about these conditions and treatment.

**AE1** Enter the code that best describes how much time has passed since the SP most recently had his/her blood pressure taken by any health professional. See General Definitions (Section 14.2 in the Interviewer Manual) for definition of "health professional".

An SP who has never had his/her blood pressure taken by a health professional will skip questions AE2 - AE5DOV2.

**AE2** This question identifies persons who have ever had a doctor or other health professional diagnose them as having high blood pressure or hypertension. In some parts of the United States, the term "high blood" is used instead of "high blood pressure" or "hypertension." If the respondent reports "high blood" in answer to AE2, Code 1 (YES) and enter "high blood" in comments (CTRL/K).

If a female respondent indicates that she has had high blood pressure or hypertension only during pregnancy, consider this a "YES" answer to any of these questions and enter Code 1.

20.0503 AE3

ID: 002-1000012 Adult Section: E

Were you told on 2 or more different visits that you had hypertension, also called high blood pressure?

( 1 )

1. YES
2. NO

20.0504 AE4

ID: 002-1000012 Adult Section: E

[REPEAT INTRODUCTORY TEXT AS OFTEN AS NECESSARY]

Because of your (high blood pressure/hypertension), have you ever been told by a doctor or other health professional to...

1=YES,2=NO

- |   |       |
|---|-------|
| a. take prescribed medicine?                | ( 1 ) |
| b. control your weight or lose weight?      | ( 1 ) |
| c. cut down on salt or sodium in your diet? | ( 1 ) |
| d. do anything else?                        | ( 1 ) |

20.05041 AE4D

ID: 002-1000012 Adult Section: E

What else were you told to do for your (high blood pressure/hypertension)?

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 1 ) ( 2 ) ( 3 ) - -

1. EXERCISE MORE
2. ALCOHOL RESTRICTION
3. OTHER

20.05042 AE4DDV1

OTHER SPECIFY

( )

10. STOP SMOKING
11. AVOID STRESS/REST/RELAX
12. ANY CHANGE IN EATING NOT MENTIONED ALREADY
13. OTHER

**AE3** Stress "**two or more different visits**" when reading the question.

Substitute the phrase "high blood" for high blood pressure/hypertension if that is what the respondent reported in AE2.

**AE4** Enter Code 1 (YES) if the respondent has been advised by a doctor or other health professional to follow one or more of the treatments listed in a-d.

Note that "prescribed medication" may include pills, liquids, or shots, and must be purchased by prescription.

Enter Code 2 (NO) if the respondent has not been advised to follow one or more of the above treatments or if s/he has been advised to do so for any condition other than high blood pressure (hypertension, high blood).

Note that if the SP reports being told to do something else because of his/her high blood pressure (Code 1 in answer category "d") (EXERCISE MORE-ALCOHOL RESTRICTION) will be introduced.

**AE4D** A Code 1 (YES) answer to "d" (do anything else) will introduce three additional treatment options. Ask the respondent to specify what the other treatment options are and code all that apply. If s/he responds with an answer other than "Exercise More" or "Alcohol Restriction" enter Code 3 (OTHER). Remember the SP may mention all three options in which case all three codes should be entered. Strike the CTRL and L keys simultaneously to leave the screen.

**AE4DOV1** Entering a "3" for AE4D introduces a third part to the question about treatment programs for high blood pressure. If the SP's answer is still not one of those specified ("STOP SMOKING", "AVOID STRESS/REST/RELAX", "ANY CHANGE IN EATING NOT MENTIONED ALREADY), enter Code 13 (OTHER) and specify the SP's answer verbatim on the line provided.

[REPEAT INTRODUCTORY TEXT AS OFTEN AS NECESSARY]

To lower your blood pressure are you now...

- |  | 1=YES, 2=NO |
|--|-------------|
| a. taking prescribed medicine?             | ( 1 )       |
| b. controlling or losing weight?           | ( 1 )       |
| c. using less salt or sodium in your diet? | ( 1 )       |
| d1. exercising more?                       | ( 1 )       |
| d2. restricting alcohol?                   | ( 1 )       |

[&=Ref \*=DK Ctrl/K=Comment Ctrl/E=Escape Ctrl/I=Interrupt Ctrl/B=Backup]

**AE5DOV2**

In these companion questions to AE4 we want to know if the SP is currently following any of the treatments s/he mentioned as being recommended in AE4 through AE4DOVI. Each treatment the SP mentioned will appear as a category in this question. Enter Code 1 (YES) if the SP is currently following the treatment either on a regular or irregular basis. (In other words, enter Code 1 (YES) even if the SP says "I am currently following the treatment but not every day like I should.")

20.0506 AE6

ID: 002-1000012 Adult Section: E

Have you ever had your blood cholesterol checked?

( 1 )

1. YES
2. NO

20.0507 AE7

ID: 002-1000012 Adult Section: E

Have you ever been told by a doctor or other health professioner that your blood cholesterol level was high?

( 1 )

1. YES
2. NO

**AE6** Enter Code 1 (YES) if respondent has ever had his/her blood cholesterol checked by anyone.

For Code 2 (NO) or SHIFT/8 (DK), CAPI will skip to questions concerning the SP's efforts to lower his or her blood cholesterol on his/her own (AE11OV3).

**AE7** See General Definitions (Section 14.2 in the Interviewer Manual) for definitions of "health professional."

20.05084 *AE8 and* AE8DOV

ID: 002-1000012 Adult Section: E

[REPEAT INTRODUCTORY TEXT AS OFTEN AS NECESSARY]

Because of your high blood cholesterol, have you ever been told by a doctor or other health professional to ...

To lower your blood cholesterol, are you now following this advice to ...

1=YES,2=NO

1=YES,2=NO

a. eat fewer high fat or high cholesterol foods? (1 )

a. eat fewer high fat or high cholesterol foods? (1 )

b. control your weight or lose weight? (2 )

c. exercise? (2 )

d. take prescribed medicine? (1 )

d. take prescribed medicine? (2 )

20.05113 AE110V3

ID: 002-1000012 Adult Section: E

[REPEAT INTRODUCTORY TEXT AS OFTEN AS NECESSARY]

To lower your blood cholesterol, have you made any lasting and major changes on your own? Specifically...

1=YES,2=NO

b. have you controlled your weight or lost weight? (2 )

c. do you exercise more? (2 )

**AE8** Enter Code 1 (YES) if the respondent has ever been advised by a doctor or other health professional to follow one or more of the treatments listed. Enter Code 2 (NO) if the respondent has not been advised to follow one or more of the above treatments or if s/he has been advised to do so for any condition other than high cholesterol.

Note that "prescribed medication" may include pills, powders, or liquids, and must be purchased by prescription.

**AE8DOV**

Each time a Code 1 (YES) is entered in any one answer category in AE8(a-d) an overlay question will appear about that treatment. This question asks if the SP is currently following the treatment the doctor recommended in AE8. Mark Code 1 (YES) if the person is currently following the treatment either on a regular or irregular basis.

**AE11OV3**

This question is comprised of a series of overlapping screens, some of which you may not see (this requires no unusual action on your part). In this question you will only ask about those treatments that were not recommended by a doctor to lower the SP's cholesterol in AE8. Therefore if a doctor has advised the SP to make all four changes in AE8, this question will not appear.

20.0601 AF1

ID: 002-1000012 Adult Section: F RESTART

Have you ever had any pain or discomfort in your chest?

(1 )

1. YES
2. NO

20.0602 AF2

ID: 002-1000012 Adult Section: F

Do you get it when you walk uphill or hurry?

(1 )

1. YES
2. NO
3. never walks uphill  
or hurries

**Section F      Cardiovascular Disease**

Section F is concerned with the incidence of, and the SP's awareness of, various cardiovascular conditions including heart disease, strokes, etc., as well as the history of the SP's cardiovascular condition and any treatment.

**AF1**            The time frame is ever, and the question asks for any pain or discomfort in SP's chest.

**AF2**            This is asked if he SP answered "YES" to AF1

20.0603 AF3

ID: 002-1000012 Adult Section: F

Do you get it when you walk at an ordinary pace on level ground?

( 1 )

1. YES
2. NO

20.0604 AF4

ID: 002-1000012 Adult Section: F

What do you do if you get it while you are walking?  
Do you ...

( 1 )

1. stop or slow down, or
2. continue at the same pace?
3. DOES NOT GET IT WHILE  
WALKING

CHECK "STOP OR SLOW DOWN" IF SP CARRIES ON AFTER  
TAKING NITROGLYCERINE.

**AF3** Self-evident.

**AF4** Enter Code 1 (STOP OR SLOW DOWN) if SP continues walking at the same pace after taking nitroglycerine.

20.0605 AF5

ID: 002-1000012 Adult Section: F

If you stand still, what happens to it? Is the pain or discomfort ...

( 1 )

1. relieved, or
2. not relieved?

20.0606 AF6

ID: 002-1000012 Adult Section: F

How soon is the pain relieved?

( 1 )

1. 10 minutes or less
2. more than 10 minutes

**AF5** Read the entire question including the answer categories.

**AF6** When necessary, PROBE using the answer categories.

20.0607 AF7

ID: 002-1000012 Adult Section: F

HAND CARD HAQ-1a

Where is the pain or discomfort located?

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

PROBE IF NECESSARY: Please show me where it is located.  
Anywhere else?

(3) (4) (5) ( ) ( ) ( ) ( ) ( )

- |           |           |
|-----------|-----------|
| 1. AREA 1 | 5. AREA 5 |
| 2. AREA 2 | 6. AREA 6 |
| 3. AREA 3 | 7. AREA 7 |
| 4. AREA 4 | 8. AREA 8 |

20.0609 AF9

ID: 002-1000012 Adult Section: F

Have you ever had a severe pain across the front of your  
chest lasting for half an hour or more?

(1)

1. YES
2. NO

**AF7** Ask the respondent to point out on his/her body the area where s/he feels the pain or pressure (whichever is appropriate), then use Hand Card HAQ1a to identify the codes associated with that area. In the answer column, enter all numbers corresponding to areas pointed to by the respondent. **BE SURE TO CODE THE AREA WHICH CORRESPONDS TO THE CORRECT SIDE -- RIGHT OR LEFT. NOTE THAT "RIGHT" AND "LEFT" IN THE PICTURE ARE FROM THE VIEWPOINT OF THE PERSON IN THE PICTURE, SO THEY APPEAR AS THE SP WOULD LOOK FACING YOU.** Strike the CTRL and L key to move to the next screen.

Reask the question using the phrase "anywhere else" until the respondent has finished indicating where other pain/pressure sites are.

**AF9** Emphasize "severe" and "lasting a half hour or more." Note that the time frame is **EVER.**

20.0610 AF10

ID: 002-1000012 Adult Section: F

Has a doctor ever told you that you had a heart attack?

( 1 )

1. YES
2. NO

20.0611 AF11

ID: 002-1000012 Adult Section: F

How many heart attacks have you had?

( 2 )  
number

**AF10** It is important to remember that the condition must be diagnosed by a physician.

**AF11** This is asked if the SP said "YES" to AF10.

20.0612 AF12

How old were you when you had your {first} attack?

( )  
age

20.0613 AF13

ID: 002-1000012 Adult Section: F

How old were you when you had your last attack?

(46 )  
age

- AF12** The word "first" will appear if the respondent has been diagnosed as having more than one heart attack in AF11. If the respondent cannot give you an exact age (for example, "I was in my 50's) record his/her best estimate.
- AF13** This question will appear only if the SP responded more than one attack in AF11. The respondent's best estimate is sufficient.

20.0614 AF14

ID: 002-1000012 Adult Section: F

Do you get pain in either leg while you are walking?

( 1 )

1. YES
2. NO

20.0615 AF15

ID: 002-1000012 Adult Section: F

Does this pain ever begin while you are standing still or sitting?

( 2 )

1. YES
2. NO

**F14 -AF15**

By "pain" we are not referring to a muscle pain/cramp or a bone or joint problem such as arthritis but rather, to an internal leg pain not attributable to the former two causes.

20.0616 AF16

ID: 002-1000012 Adult Section: F

In what part of your leg do you feel it?

IF CALVES NOT MENTIONED, PROBE: Anywhere else?

( 1 )

1. PAIN INCLUDES CALF/CALVES
2. PAIN DOES NOT INCLUDE  
CALF/CALVES

20.0617 AF17

ID: 002-1000012 Adult Section: F

Do you get it if you walk uphill or hurry?

( 1 )

1. YES
2. NO
3. never walks uphill  
or hurries

**AF16** If SP mentions that the pain occurs in his/her calves (doesn't have to be exclusively in the calves, just include the calves as an area of pain), enter Code 1 (PAIN INCLUDE CALF/CALVES). If calves are not mentioned in SP's initial answer, PROBE with "Anywhere else?"; if calves are still not mentioned, then enter Code 2 (PAIN DOES NOT INCLUDE CALF/CALVES). DO NOT READ THE ANSWER CATEGORIES TO THE RESPONDENT.

**AF17 - AF22**

These questions all refer to a leg pain as described in AF14.

**AF17** Code 3 (NEVER WALKS UPHILL OR HURRIES) should not be read to the respondent.

20.0618 AF18

ID: 002-1000012 Adult Section: F

Do you get it if you walk at an ordinary pace on level ground?

( 1 )

1. YES
2. NO

20.0619 AF19

ID: 002-1000012 Adult Section: F

Does this pain ever disappear while you are walking?

( 2 )

1. YES
2. NO

**AF18**      Self-evident.

**AF19**      Self-evident.

20.0620 AF20

ID: 002-1000012 Adult Section: F

What do you do if you get it while you are walking?  
Do you ...

(1 )

1. stop or slow down, or
2. continue at the same pace?

20.0621 AF21

ID: 002-1000012 Adult Section: F

What happens to it if you stand still? Is the pain ...

(1 )

1. relieved, or
2. not relieved?

20.0622 AF22

ID: 002-1000012 Adult Section: F

How soon is it relieved?

(1 )

1. 10 minutes or less
2. more than 10 minutes



**AF20 - AF21**

Read all the answer categories to the respondent.

**AF22**

You may, when necessary, probe using the answer categories in this question.

Have you ever had weakness or paralysis in one side of your face, an arm, or a leg lasting more than 5 minutes?

( 1 )

1. YES
2. NO

**AF23 - AF27**

These questions are all concerned with episodes of the conditions described, i.e., paralysis, numbness, loss of vision, etc., and the duration of those episodes. All terms used in these questions should be respondent defined. Do not attempt to define any term to the respondent.

Note the following:

- Episode means an incident where the condition occurred, with an identifiable beginning and end point, as opposed to a continuous condition.
- Spell is defined exactly as episode.

**AF23**

See specification above.

20.0624 AF24

ID: 002-1000012 Adult Section: F

Have you ever had pronounced numbness, tingling, or loss of sensation involving one side of your face or body and lasting more than 5 minutes?

( 1 )

1. YES
2. NO

20.0625 AF25

ID: 002-1000012 Adult Section: F

Have you ever had a spell of marked loss of vision in one eye or pronounced blurring of vision in both eyes lasting more than 5 minutes?

( 1 )

1. YES
2. NO

**AF24** See specifications for AF23-AF27.

**AF25** See specifications for AF23-AF27.

20.0626 AF26

ID: 002-1000012 Adult Section; F

Have you ever had a spell of severe dizziness lasting more than 5 minutes?

(1 )

1. YES
2. NO

20.0627 AF27

ID: 002-1000012 Adult Section; F

Have you ever had a spell during which you experienced a problem with your ability to speak, or to understand what someone was saying to you?

(1 )

1. YES
2. NO

**AF26** See specifications for AF23-AF27.

**AF27** Do not count spells that were alcohol induced.

20.0702 AG2

ID: 002-1000012 Adult Section: G RESTART

Have you ever had pain in your back on most days for at least one month?

( 1 )

1. YES
2. NO

20.0703 AG3

ID: 002-1000012 Adult Section: G

Have you had this pain within the past 12 months?

( 1 )

1. YES
2. NO

**Section G     Musculoskeletal Conditions**

Section G is concerned with problems of the joints, the back, arms, wrist, and the fingers, "falling" injuries, broken bones, osteoporosis, and treatments for these kinds of conditions.

This series of questions is asked only of those SPs 20 years old or older.

**AG2**            Enter Code 1 (YES), only if the episode lasted a minimum of one month, for "most days" during that time period.

**AG3**            Time frame is the past 12 months.

20.0704 AG4

ID: 002-1000012 Adult Section: G

HAND CARD HAQ-2.

In what part of your back (is/was) the pain usually located?

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 2 ) ( 3 ) ( )

1. AREA 1
2. AREA 2
3. AREA 3

*AG5 and*  
20.07053 AG5COV

ID: 002-1000012 Adult Section: G

Has a doctor ever told you that you had broken or fractured your...

|                                 | 1=YES,2=NO | How many times have you broken or fractured your...? |
|---------------------------------|------------|--|
| a. Hip?                         | ( 1 )      | ( 3 ) times<br>number                                |
| b. Wrist? (Not forearm or hand) | ( 1 )      | ( 1 ) times<br>number                                |
| c. Spine?                       | ( 1 )      | ( 2 ) times<br>number                                |

**AG4** Show hand card HAQ-2 and ask respondent to indicate where in his/her back the pain is usually located. One or more locations are acceptable. Enter the numeric code associated with the areas on the hand card. Hit CTRL/L to leave the screen.

**AG5** Time frame is ever. Keep in mind that a fracture means a rupture or a break in the bone or bone tissue, and that we are asking about doctor diagnosed breaks or fractures.

Note that when asking about SP's wrist (item "AG5b"), do not count breaks or fractures to SP's forearm or hand.

**AG5COV** Each time a Code 1 (YES) is entered in an item in AG5, a second question will appear. You will be required to enter the number of times broken/fractured before continuing to ask about the next item.

20.0709 AG9

ID: 002-1000012 Adult Section: G

About how old were you when you fractured your spine  
the 2nd time?

(37 )  
age

20.07091 AG90V

OR

( )

000. under 50  
666. 50 or older

20.0710 AG10

ID: 002-1000026 Adult Section: G

Did that fracture occur as a result of a fall from standing  
height or less, or did it occur because of a harder fall, or  
did it occur from a car accident or other severe trauma?

(1 )

1. standing height or less
2. harder fall
3. severe trauma

**AG9** This question will be asked for each incident of a fracture reported in AG5 and AG5COV. If for any of the items in AG5 there has been more than one incidence of a break or fracture, the respondent will be asked his/her age when each incidence occurred. If the respondent doesn't recall the age, PROBE to attempt to get the respondent to recall his/her age.

**AG9OVN** If the probe is unsuccessful, CAPI will provide a probe question designed to specify whether the respondent was under 50 years old or 50+ when the fracture occurred.

**AG10** If the SP's age at the time of any of the breaks/fractures is 50 or older, this question will appear. AG10 emphasizes three "degrees" of severity with respect to the cause of the fracture: a minor fall (standing height or less), harder fall (e.g., down stairs or off a ladder), or a serious trauma/accident (e.g., car accident). Note that a minor fall could also mean an injury while, for example playing a sport.

20.0711 AG11

ID: 002-1000012 Adult Section: G

Has a doctor ever told you that you had osteoporosis,  
sometimes called thin or brittle bones?

( 1 )

1. YES
2. NO

20.0712 AG12

ID: 002-1000012 Adult Section: G

Were you treated for osteoporosis?

( 1 )

1. YES
2. NO

**AG11**      Must be doctor diagnosed.

**AG12**      Count any treatment -- drugs, diet, therapy, etc.

20.0714 AG14

ID: 002-1000026 Adult Section: G

About how many times have you fallen in the past 12 months  
and landed on the floor or hit an object?

ENTER 00 IF NONE.

( 2 ) times  
number

20.0715 AG15

ID: 002-1000026 Adult Section: G

Did any of those falls cause a broken bone, a serious injury  
like a head injury, or cause you to seek medical care?

( 1 )

1. YES
2. NO

**AG14 - AG31** Note that this series of questions will automatically appear only for those SPs who are 60+ years old. CAPI will skip to screen AG32 for those SPs under the age of 60.

**AG14** We are looking for SP's best estimate. Time frame is the past 12 months.

**AG15** CAPI will automatically insert the appropriate phrase (any of those falls/that fall) in the text of the sentence.

Have you ever had pain in your hands on most days for at least 6 weeks? This also includes aching and stiffness.

( 1 )

1. YES
2. NO

Please show me which joints have been painful or stiff in either your right hand, left hand or both hands.

SP SHOULD INDICATE JOINTS ON THEIR OWN HANDS.  
ENTER 0 IF ALL JOINTS.  
CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 7 ) ( 8 ) ( 9 ) ( 10 ) ( 23 ) ( ) ( ) ( )  
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

- |           |             |             |             |
|-----------|-------------|-------------|-------------|
| 1. AREA 1 | 9. AREA 9   | 17. AREA 17 | 25. AREA 25 |
| 2. AREA 2 | 10. AREA 10 | 18. AREA 18 | 26. AREA 26 |
| 3. AREA 3 | 11. AREA 11 | 19. AREA 19 | 27. AREA 27 |
| 4. AREA 4 | 12. AREA 12 | 20. AREA 20 | 28. AREA 28 |
| 5. AREA 5 | 13. AREA 13 | 21. AREA 21 | 29. AREA 29 |
| 6. AREA 6 | 14. AREA 14 | 22. AREA 22 | 30. AREA 30 |
| 7. AREA 7 | 15. AREA 15 | 23. AREA 23 | 31. AREA 31 |
| 8. AREA 8 | 16. AREA 16 | 24. AREA 24 | 32. AREA 32 |

**AG16** Count any pain, aching or stiffness in the SP's hands and/or fingers that occurred on most days for at least six weeks.

**AG17** Notice that hand card HAQ-2A has numbered areas at various places on both the right and left hands. These numbered areas also appear below the answer fields on the CAPI screen. Ask respondent to point out the joints on his/her hand(s) or finger(s) that have been painful or stiff.

Enter the code number(s) which corresponds to the location of the pain as indicated by the SP. Make sure that if respondent's pain is located, for example, on the right hand (or left hand), you enter the number that corresponds to pain in that location.

If respondent points to a location that does not have a number, ask "Which numbered joint is closest to where the pain is?" For all respondents, after their initial answer to this question, ask "Are there any other joints ... etc.?" If so, repeat the procedures until the respondent answers "NO". Hit CTRL/L to leave the screen.

Have you ever had swelling in your hands that hurt when the joint was touched on most days for at least 6 weeks?

( 1 )

- 1. YES
- 2. NO

Please show me which joints have been swollen in either your right hand, left hand or both hands.

SP SHOULD INDICATE JOINTS ON THEIR OWN HANDS.  
ENTER 0 IF ALL JOINTS.  
CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

|       |        |        |        |     |     |     |     |
|-------|--------|--------|--------|-----|-----|-----|-----|
| ( 1 ) | ( 32 ) | ( 31 ) | ( 16 ) | ( ) | ( ) | ( ) | ( ) |
| ( )   | ( )    | ( )    | ( )    | ( ) | ( ) | ( ) | ( ) |
| ( )   | ( )    | ( )    | ( )    | ( ) | ( ) | ( ) | ( ) |
| ( )   | ( )    | ( )    | ( )    | ( ) | ( ) | ( ) | ( ) |

- |           |             |             |             |
|-----------|-------------|-------------|-------------|
| 1. AREA 1 | 9. AREA 9   | 17. AREA 17 | 25. AREA 25 |
| 2. AREA 2 | 10. AREA 10 | 18. AREA 18 | 26. AREA 26 |
| 3. AREA 3 | 11. AREA 11 | 19. AREA 19 | 27. AREA 27 |
| 4. AREA 4 | 12. AREA 12 | 20. AREA 20 | 28. AREA 28 |
| 5. AREA 5 | 13. AREA 13 | 21. AREA 21 | 29. AREA 29 |
| 6. AREA 6 | 14. AREA 14 | 22. AREA 22 | 30. AREA 30 |
| 7. AREA 7 | 15. AREA 15 | 23. AREA 23 | 31. AREA 31 |
| 8. AREA 8 | 16. AREA 16 | 24. AREA 24 | 32. AREA 32 |

**AG18** This question is similar to AG16 except that it refers to swelling in the hands (as opposed to pain, aching and stiffness. Tie frame is on most days for at least six weeks).

**AG17** This is the same screen used in the previous series of questions to record painful joints of the hands. Enter the number which corresponds to the location of the swelling. See specifications on the previous page for further instruction.

20.0720 AG20

ID: 002-1000026 Adult Section: G

Have you ever had stiffness in your hands when first getting out of bed in the morning on most days for at least 6 weeks?

( 1 )

1. YES
2. NO

20.0721 AG21

ID: 002-1000026 Adult Section: G

How long after getting up and moving around does the morning stiffness last?

( 1 )

1. less than 30 minutes
2. 30 min. - 1 hour
3. 1-3 hours
4. more than 3 hours

**AG20** Again the time frame is on most days for at least six weeks. AG20 refers to stiffness in the hands specifically when first getting out of bed in the morning, also known as "morning stiffness."

**AG21** Enter the appropriate code to indicate how long SP says the stiffness reported in AG20 lasts after getting up and moving around. If necessary, read the response categories to the respondent.

20.0722 AG22

ID: 002-1000026 Adult Section: G

Have you ever had pain in your knees on most days for at least 6 weeks? This also includes aching and stiffness.

( 1 )

1. YES
2. NO

20.0723 AG23

ID: 002-1000026 Adult Section: G

Did you have the pain in your ...

( 3 )

1. right knee,
2. left knee, or
3. both knees?

**AG22** Refer to specifications for question AG16

**AG23** Read the response options to the respondent.

20.0724 AG24

ID: 002-1000026 Adult Section: G

When the knee pain is present, does it hurt at rest as well as when moving?

( 1 )

1. YES
2. NO

20.0725 AG25

ID: 002-1000026 Adult Section: G

Have you ever had swelling in your knees that hurt when the joint was touched on most days for at least 6 weeks?

( 1 )

1. YES
2. NO

**AG24**      Self-evident.

**AG25**      Refer to specifications for AG18.

20.0726 AG26

ID: 002-1000026 Adult Section: G

Did you have the swelling in your ...

( 3 )

1. right knee,
2. left knee, or
3. both knees?

20.0727 AG27

ID: 002-1000026 Adult Section: G

Have you ever had stiffness in your knees when first getting out of bed in the morning on most days for at least 6 weeks?

( 1 )

1. YES
2. NO

**AG26** Read the response options to the respondent.

**AG27** Refer to specifications for AG20.

20.0728 AG28

ID: 002-1000026 Adult Section: G

Did you have the stiffness in your ...

( 1 )

1. right knee,
2. left knee, or
3. both knees?

20.0729 AG29

ID: 002-1000026 Adult Section: G

How long after getting up and moving around does the morning stiffness last?

( 1 )

1. less than 30 minutes
2. 30 min. - 1 hour
3. 1-3 hours
4. more than 3 hours

**AG28**      Read the response options to the respondent.

**AG29**      Refer to specifications for AG21.

20.0730 AG30

ID: 002-1000026 Adult Section: G

Have you ever had pain in your hips on most days for at least 6 weeks?

( 1 )

1. YES
2. NO

20.0731 AG31

ID: 002-1000026 Adult Section: G

Did you have the pain in your ...

( 3 )

1. right hip,
2. left hip, or
3. both hips?

**AG30** Refer to specifications for AG16.

**AG31** Read the response options to the respondent.

20.0732 AG32

ID: 002-1000012 Adult Section: G

HIP DYSPLASIA IS A PHYSICAL MALFORMATION OF THE HIP.  
PRONOUNCED "DIS-PLAY-ZHA".

Has a doctor ever told you that you had hip dysplasia?

( 1 )

1. YES
2. NO

20.0733 AG33

ID: 002-1000012 Adult Section: G

SCOLIOSIS IS A LATERAL CURVATURE OF THE SPINE.  
PRONOUNCED "SKO-LI-OH-SIS".

Has a doctor ever told you that you had scoliosis?

( 1 )

1. YES
2. NO

**AG32** Time Frame is ever. Hip dysplasia is a physical malformation of the hip. Must be doctor-diagnosed to count as a Code 1 (YES) answer. The sentence in capital letters printed above this question provides you with a definition and the phonetic pronunciation of "dysplasia".

**AG33** Time frame is ever. Scoliosis is a lateral curvature of the spine. Must be doctor-diagnosed to count as a Code 1 (YES) answer. The sentence in capital letters printed above this question provides you with a definition and the phonetic pronunciation of "scoliosis".

20.0734 AG34

ID: 002-1000012 Adult Section: G

Do you have a chronic limp (a limp that has lasted more than 3 months)?

( 1 )

1. YES
2. NO

**AG34**

This can be a limp on either leg, but it must be chronic; that is, it has lasted continuously for more than three months. This should be a current condition.

## HAND CARD HAQ-3.

Now I am going to read a list of activities with which some people have difficulty because of a health or physical reason. Using the categories on this card, please tell me if you have no difficulty, some difficulty, much difficulty, or are unable to do these activities at all when you are by yourself and without the use of aids.

DO NOT INCLUDE TEMPORARY CONDITIONS LIKE PREGNANCY OR BROKEN LIMBS.

1 = no difficulty  
 2 = some difficulty  
 3 = much difficulty  
 4 = unable to do  
 9 = DOESN'T DO

1. Walking for a quarter of a mile  
 (that is about 2 or 3 blocks)? (2 )
2. Walking up 10 steps without resting? (3 )

## HAND CARD HAQ-3.

(Because of a health or physical reason do you have no difficulty, some difficulty, much difficulty, or are you unable to do these activities at all when you are by yourself and without the use of aids?)

1 = no difficulty  
 2 = some difficulty  
 3 = much difficulty  
 4 = unable to do  
 9 = DOESN'T DO

3. Stooping, crouching, or kneeling? (3 )
4. Lifting or carrying something as heavy as  
 10 pounds (like a sack of potatoes or rice)? (4 )

## Section H Physical Functioning

This section is designed to assess the SP's ability to perform usual activities of daily living. If the SP asks why we are asking these types of questions, explain that "We are looking at people's health conditions and how these health conditions may cause problems with their everyday activities."

### AH1ALT - AH11

The questions on the next several screens establish the SP's ability to perform various physical activities. The questions describe 12 activities and ask for the degree of difficulty the SP has performing them. Refer the respondent to show card HAQ 3. Enter the number that corresponds to the respondent's answer. Do not attempt to explain the difference between the categories but tell the respondent to "choose the category that best describes the SP's ability to perform the activity. We are interested in whether the SP usually has difficulties with certain activities. If the difficulty is due to a temporary condition such as a short-term injury or pregnancy, ask the SP to respond based on what is usual with the short-term condition.

You must stress that the question specifies difficulty doing the activity by themselves and not using any aids (i.e., another person or mechanical device), and remind the SP to use the answer categories on the Showcard. You also must stress that you are talking about activities the SP has difficulty with because of a health or physical problem. For example, many people may have trouble managing their money (AH7) but we are only interested in those who have difficulty managing their money because of a health or physical problem. You may have to probe using the phrase "OK, but is this because of a health or physical problem?"

NOTE the difference on the response categories between entering "4" (UNABLE TO DO) and "9" (DOESN'T DO). Entering "4" means that the SP cannot, in any circumstance, do the activity by themselves and without the use of any aids. However, in some cases, a person might be able to do the activity, but doesn't ever do it. So, if the SP says that s/he doesn't do the activity, PROBE with "If you were by yourself, is this something you could do without the use of any aids?" If they say they could do it, repeat answer categories 1-3 ("with no difficulty, some difficulty, or much difficulty"). If they can't do it, check "UNABLE TO DO", and if they still say "I never (activity)" or "I don't (activity) so I don't know", or just "I don't know", then check "9", (DOESN'T DO)

20.0805 AH5ALT

ID: 002-1000012 Adult Section: H

HAND CARD HAQ-3.

(Because of a health or physical reason do you have no difficulty, some difficulty, much difficulty, or are you unable to do these activities at all when you are by yourself and without the use of aids?)

1 = no difficulty  
2 = some difficulty  
3 = much difficulty  
4 = unable to do  
9 = DOESN'T DO

5. Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up)? (2 )
6. Preparing your own meals? (1 )

20.0807 AH7

ID: 002-1000012 Adult Section: H

HAND CARD HAQ-3.

(Because of a health or physical reason do you have no difficulty, some difficulty, much difficulty, or are unable to do these activities at all when you are by yourself and without the use of aids?)

1 = no difficulty  
2 = some difficulty  
3 = much difficulty  
4 = unable to do  
9 = DOESN'T DO

7. Managing your money (such as keeping track of your expenses or paying bills)? (1 )
8. Walking from one room to another on the same level? (2 )

20.0809 AH9ALT

ID: 002-1000012 Adult Section: H

HAND CARD HAQ-3.

(Because of a health or physical reason do you have no difficulty, some difficulty, much difficulty, or are unable to do these activities at all when you are by yourself and without the use of aids?)

1 = no difficulty  
2 = some difficulty  
3 = much difficulty  
4 = unable to do  
9 = DOESN'T DO

9. Standing up from an armless straight chair? (2 )  
10. Getting in or out of bed? (2 )

20.0811 AH11

ID: 002-1000012 Adult Section: H

HAND CARD HAQ-3.

(Because of a health or physical reason do you have no difficulty, some difficulty, much difficulty, or are unable to do these activities at all when you are by yourself and without the use of aids?)

1 = no difficulty  
2 = some difficulty  
3 = much difficulty  
4 = unable to do  
9 = DOESN'T DO

11. Eating, like holding a fork, cutting food or drinking from a glass? (1 )  
12. Dressing yourself, including tying shoes, working zippers, and doing buttons? (1 )

Because of any impairment or health problem, do you need the help of other persons with personal care needs such as eating, bathing, dressing or getting around this home?

( 2 )

1. YES
2. NO

**AH13**

This question asks if the SP usually requires help from other persons, as opposed to a mechanical aid, when taking care of personal needs such as those listed in the question. Enter Code 1 (YES) only if SP needs the help because of an impairment or health problem.

20.0814 AH14

ID: 002-1000012 Adult Section: H

Because of any impairment or health problem, do you 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?

( 1 )

1. YES
2. NO

20.0815 AH15

ID: 002-1000012 Adult Section: H

Do you usually use any device to help you get around such as a cane, wheelchair, crutches or walker?

( 1 )

1. YES
2. NO

20.0816 AH16

ID: 002-1000012 Adult Section: H

Do you usually use any special eating utensils?

( 1 )

1. YES
2. NO

20.0817 AH17

ID: 002-1000012 Adult Section: H

Do you usually use any aids or devices to help you dress (such as button hooks, zipper pulls, long-handled shoe horn, etc.)?

( 2 )

1. YES
2. NO

**AH14** This question is similar to AH13. It pertains to routine needs such as those listed in the question.

**AH15 - AH17** These questions ask what the SP usually does.

There may be times in the course of administering this part of the questionnaire when you feel it is inappropriate or insensitive to ask all of the categories. For example, a respondent may be in a wheelchair. However, the respondent may still be able to do many or even most of the activities listed including getting in and out of a car, light chores such as vacuuming or even walk from one room to another. You should never assume the SP can't do an activity. If for some reason you strongly feel that a person should not be asked one of the activities, be sure to enter a comment (CTRL/K) explaining the circumstances.

20.1001 AJ1

ID: 002-1000012 Adult Section: J RESTART

HAND CARD HAQ-4.

Please look at this diagram.

During the past 12 months have you had pain in the area shaded on the diagram?

( 1 )

1. YES
2. NO

20.1002 AJ2

ID: 002-1000012 Adult Section: J

HAND CARD HAQ-4

Sometimes people have more than one type of pain. I am going to ask you a few questions about the pain that has been the most uncomfortable in the past 12 months.

For the pain that was most uncomfortable please show me where the pain was located.

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 1 ) ( 3 ) ( )

1. AREA 1 (RIGHT)
2. AREA 2
3. AREA 3 (LEFT)

**Section J      Gallbladder Disease**

Section J is concerned with gallbladder problems, their associated symptoms, and any treatments. For SPs 75+ years old you will begin this section with AJ16.

**AJ1**            Show hand card HAQ-4 to SP and ask if s/he has had pain in the area shaded on the diagram during the past 12 months. NOTE THAT FOR FEMALES YOU ARE NOT TO COUNT MENSTRUAL PAIN.

**AJ2**            Again, show hand card HAQ-4. Read the entire text when asking the question. You are asking the SP about the most uncomfortable pain within the shaded area that s/he has experienced in the past 12 months. Ask SP to show you where on his/her body (not on card) this pain was or is located.

Using the codes provided, enter all the areas that apply. BE SURE TO CODE CORRECT SIDE -- RIGHT OR LEFT. NOTE THAT "RIGHT" AND "LEFT" IN THE PICTURE ARE FROM THE VIEWPOINT OF THE PERSON IN THE PICTURE, AND SO APPEAR REVERSED. Use CTRL/L to leave the screen.

20.1003 AJ3

ID: 002-1000012 Adult Section: J

During the past 12 months, what is the longest time that one episode of this pain has lasted?

(3 )  
number

(2 ) 1. minutes  
2. hours  
3. days

20.1004 AJ4

ID: 002-1000012 Adult Section: J

On how many days in the past 12 months have you had this pain?

(40 ) days  
number

**AJ3** We are looking for the longest episode of the pain that occurred during the past 12 months.

First enter the number of time units and then enter the type of time unit (e.g., minutes, hours, days).

If the respondent answers anything less than 1 hour, record the answer in minutes. (Remember, according to the ROUNDING RULE, any fractions greater than 1, like 1-1/2, should be rounded down to the nearest whole number -- in the case of 1-1/2 that means rounding to 1.)

**AJ4** This question asks for how many days during the past 12 months the pain occurred. The pain did not have to last the whole day; it could have lasted only a short time or occurred more than once during a day. We are looking for the number of different days it occurred, regardless of duration or number of times in a given day.

20.1005 AJ5

ID: 002-1000012 Adult Section: J

When you had this pain, was it continuous, or did it tend to come and go?

( 2 )

1. continuous
2. come and go
3. both

20.1006 AJ6

ID: 002-1000012 Adult Section: J

When you had the pain, if you moved around, did you ...

( 3 )

1. hurt more,
2. hurt less, or
3. was there no difference?

**AJ5** Self-evident.

**AJ6** Read the entire question to the respondent including the answer categories.

20.1007 AJ7

ID: 002-1000012 Adult Section: J

Have you ever seen a doctor about this pain?

( 1 )

1. YES
2. NO

20.1008 AJ8

ID: 002-1000012 Adult Section: J

What did the doctor say caused the pain?

( 5 )

1. GALLSTONES/GALLBLADDER PROBLEMS
2. ULCER
3. APPENDICITIS OR APPENDIX PROBLEMS
4. SPASTIC COLON OR IRRITABLE BOWEL
5. DIVERTICULITIS OR DIVERTICULOSIS
6. OTHER

**AJ7** Time frame is ever.

**AJ8** If respondent's answer matches one of the categories, enter the appropriate number.  
Otherwise, enter "6", "OTHER" and specify the cause on the line provided.

DO NOT READ ANSWER CATEGORIES TO THE RESPONDENT.

20.1009 AJ9

ID: 002-1000012 Adult Section: J

Has a doctor ever told you that you had gallstones?

( 1 )

1. YES
2. NO

20.1010 AJ10

ID: 002-1000012 Adult Section: J

What was the reason you visited the doctor the time that he told you that you had gallstones?

( 1 )

1. pain
2. other

**AJ9** This question is asked if "gallstones" was not mentioned as the cause of the SP's pain the previous question (AJ8). Time frame is ever.

**AJ10** This question is asked if the response to the previous question was Code 1 (YES). It refers to the doctor visit in which the SP was told s/he had gallstones. If the SP's answer is other than "pain", enter Code 2 (Other), ask for a specific reason, and record the response on the line provided.

20.1011 AJ11

ID: 002-1000012 Adult Section: J

Have you ever had medical treatment to dissolve or remove gallstones? Do not include surgery.

( 2 )

1. YES
2. NO

20.1012 AJ12

ID: 002-1000012 Adult Section: J

Have you ever had gallbladder surgery?

( 1 )

1. YES
2. NO

**AJ11**      Medical treatment usually requires the patient to ingest something orally. In such treatments (lithotripsy) the gallstones will either shrink or be broken or pulverized thus enabling the stones to slip out of the gallbladder. This question encompasses any other method to remove gallstones from the gallbladder, but excludes removal of the gallbladder itself through any surgical procedure.

**AJ12**      Time frame is ever. Surgery involves the removal of the gallbladder through any surgical procedure including Laser surgery.

20.1013 AJ13

ID: 002-1000012 Adult Section: J

How old were you when you had your gallbladder surgery?

(31 )  
age

20.1015 AJ15

ID: 002-1000012 Adult Section: J

Did the pain that caused you to visit the doctor continue after your gallbladder surgery?

(1 )

1. YES
2. NO

**AJ13** Try to get an exact age rather than a range ("in my 50's"). The respondent's best estimate will be sufficient.

**AJ15** Self-evident

20.1016 AJ16

ID: 002-1000026 Adult Section: J RESTART

Has a doctor ever told you that you had gallstones?

( 1 )

1. YES
2. NO

20.1017 AJ17

ID: 002-1000026 Adult Section: J

Have you ever had gallbladder surgery?

( 1 )

1. YES
2. NO

20.1018 AJ18

ID: 002-1000026 Adult Section: J

How old were you when you had your gallbladder surgery?

( 60 )  
age

**AJ16 - AJ18**

This set of questions is identical to those asked previously of SPs under 75 years old. Respondents who are 75 years old or older will not be asked any of the previous questions in Section J but rather will automatically skip to these last three questions. See the specifications for AJ9, AJ12, and AJ13 for further instructions.

20.1101 AK1

ID: 002-1000012 Adult Section: K RESTART

Have you ever had kidney stones?

( 1 )

1. YES
2. NO

20.1102 AK2

ID: 002-1000012 Adult Section: K

How many times have you passed a kidney stone?

ENTER 00 IF NEVER.

( 3 ) times  
number

**K                    Kidney Conditions**

Section K is concerned with problems of the kidneys, urinary system, bladder and prostate. Questions seek information on what kinds of problems of this nature, if any, the respondent has had, and what symptoms and treatment have been involved.

**AK1**                Note that the time frame is ever.

**AK2**                Enter the number of different occasions when SP passed a stone (or stones), not the number of stones passed. If never, enter "00".

20.11035 *AK3 and*  
AKCONCOV

ID: 002-1000012 Adult Section: K

Have you ever had any of the following kinds of treatment for kidney stones...

|  | (1=YES,2=NO) | How old were you when you had your first treatment? |
|--|--------------|---|
| a. medication?   | (1 )         | (35 )<br>age  |
| b. a treatment used to crush kidney stones called lithotripsy? | (1 )         | (41 )<br>age  |
| c. surgery for removing kidney stones?                         | (2 )         |   |

20.1104 AK4

ID: 002-1000012 Adult Section: K

How many times have you had a bladder infection, also called urinary tract infection, UTI, or cystitis?

(1 )

1. 1-2 times
2. 3 or more times
3. NEVER

**AK3 and** The time frame is ever.

**AKCONCOV**

Stress the word "ever" when asking this question. A Code 1 (YES) response to any treatment will cause a second question to appear concerning the age of the SP when s/he first received the treatment. CAPI will require you to answer this question before continuing to ask about other treatments.

**AK4** Time frame is ever. Note that a "bladder infection" can also be called a "urinary tract infection," "UTI," or "cystitis."

20.1105 AK5

ID: 002-1000012 Adult Section: K

How many of these infections did you have during the past 12 months?

ENTER 00 IF NONE.

(1 ) infections  
number

20.1106 AK6

ID: 002-1000012 Adult Section: K

Have you ever had symptoms of a bladder infection (such as pain in your bladder and frequent urination) that lasted more than 3 months?

(1 )

1. YES
2. NO

**AK5** Enter the number of infections that the SP has had in the past 12 months. The respondent's best estimate will be sufficient.

**AK6** Time frame is ever. The symptoms themselves must have lasted more than three months; that is, the SP had at least one episode of the symptoms which extended that long.

20.1107 AK7

ID: 002-1000012 Adult Section: K

When you had this condition, were you told that you had interstitial cystitis or painful bladder syndrome?

( 1 )

1. YES
2. NO

20.1108 AK8

ID: 002-1000012 Adult Section: K

How old were you when you were first told that you had interstitial cystitis or painful bladder syndrome?

(42 ) years  
number

**AK7** "Interstitial Cystitis" is pronounced "Inter-sti-shal Sis-titis."

**AK8** Enter age when SP was first told s/he had the condition. The respondent's best estimate is sufficient.

20.1109 AK9

ID: 002-1000012 Adult Section: K

How many times a night do you usually  
get up to urinate (pass water)?

( 2 )

- 0. NONE
- 1. 1 time
- 2. 2 times
- 3. 3 or more times

20.1110 AK10

ID: 002-1000012 Adult Section: K

When you urinate (pass water) do you usually feel like you  
have not completely emptied your bladder?

( 1 )

- 1. YES
- 2. NO

**AK9** This question asks for what the SP usually does, not what s/he did at some particular time period or when pregnant. Read the response categories to the respondent if necessary.

**AK10** The question asks for what the SP usually feels. Enter the code associated with the response.

20.1111 AK11

ID: 002-1000012 Adult Section: K

Do you usually have trouble starting to urinate (pass water)?

( 1 )

1. YES
2. NO

20.1113 AK13

ID: 002-1000025 Adult Section: K

Has the force of your urinary stream or water decreased over the years?

( 1 )

1. YES
2. NO

20.1114 AK14

ID: 002-1000025 Adult Section: K

Have you ever had surgery for your prostate not related to cancer?

( 2 )

1. YES
2. NO

**AK11** Stress the word "usually".

**AK13 - AK14**

These two screens will appear only for male SPs who are 60 years old or older.

**AK13** Self-evident.

**AK14** Stress the word "ever" when asking the question. Note that you are not to count prostate surgery related to cancer.

25.0001 AL1YG2

ID: 002-1000012 Adult Section: L RESTART

Do you usually cough on most days for  
3 consecutive months or more during the year?

( 1 )

1. YES
2. NO

25.0002 AL2YG3

ID: 002-1000012 Adult Section: L

For how many years have you had this cough?

ENTER 00 IF LESS THAN 1 YEAR.

( ) years  
number

25.0003 AL3YG4

ID: 002-1000012 Adult Section: L

Do you bring up phlegm on most days for  
3 consecutive months or more during the year?

( 1 )

1. YES
2. NO

**Section L     Respiratory and Allergy (Ages 17+ Years)**

Section L contains questions about respiratory and allergy problems, symptoms experienced, causal factors, and treatments for these kinds of conditions.

**AL1YG2**     Enter Code 1 (YES) if the SP usually gets a cough that remains a regular condition for at least 3 consecutive months during the year.

**AL2YG3**     Enter the number of years following the rounding rules (round down for all numbers with fractions). If less than one year, enter "00".

**AL3YG4**     Enter Code 1 (YES) if the SP usually "brings up phlegm" (regular condition) for at least 3 consecutive months during the year. Emphasis should be placed upon phlegm coming up from the chest (or the lungs). Some subjects admit to bringing up phlegm without admitting to a cough. This response should be accepted without changing the replies to any previous questions.

25.0004 AL4YG5

ID: 002-1000012 Adult Section: L

For how many years have you had trouble with phlegm?

ENTER 00 IF LESS THAN 1 YEAR.

( 2 ) years  
number

25.0007 AL5\_YG

ID: 002-1000012 Adult Section: L

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

( 1 )

1. YES
2. NO

**AL4YG5** Enter the number of years. If a fraction is mentioned round down to the nearest whole number.

**AL5\_YG** Self-evident.

25.0008 AL6YG8

ID: 002-1000012 Adult Section: L

Have you had wheezing or whistling in your chest at any time in the past 12 months?

( 1 )

1. YES
2. NO

25.0009 AL7YG9

ID: 002-1000012 Adult Section: L

How many episodes of wheezing or whistling have you had in the past 12 months?

ENTER 000 IF CONTINUOUS.

( 4 ) episodes  
number

**AL6YG8** Enter Code 1 (YES) if the SP has had wheezing or whistling at any time, even once in the last year.

**AL7YG9** Note time frame is the past 12 months. Remember, an "episode" is an occurrence of the symptoms, where there is an identifiable beginning and end point. Enter "000" if continuous.

25.0012 AL8YG

ID: 002-1000012 Adult Section: L

How many times in the past 12 months were you hospitalized overnight or longer for these episodes of wheezing or whistling?

ENTER 00 IF NONE.

(1 ) times  
number

25.0013 AL9YG

ID: 002-1000012 Adult Section: L

During the past 12 months, how many times have you gone to a doctor's office or a hospital emergency room for one of these episodes of wheezing or whistling?

ENTER 00 IF NONE.

(1 ) times  
number

**AL8YG - AL9YG**

These two questions are asked of those SPs who have experienced episodes of wheezing and whistling in the previous questions. Time frame is the past 12 months.

**AL9YG** CAPI will allow a three digit response in this question since it is possible for an SP to report having more than one episode per day.

25.0010 AL10YG12

ID: 002-1000012 Adult Section: L

Apart from when you have a cold, does your chest ever sound wheezy or whistling?

(1 )

1. YES
2. NO

25.0011 AL11YG13

ID: 002-1000012 Adult Section: L

During the past 12 months, have you had any episodes of ...

1=YES,2=NO

- a. stuffy, itchy, or runny nose? (1 )
- b. watery, itchy eyes? (1 )

**AL10YG12** Time frame in this question is ever. Do not count wheezing/whistling when SP had a cold.

**AL11YG13** Time frame is the past 12 months. Enter Code 1 (YES) if the SP has had any episodes of the listed conditions during that time frame. The conditions mentioned in the question should be respondent defined therefore no condition should be explained to the respondent.

25.0012 AL12YG14

ID: 002-1000012 Adult Section: L

During the past 12 months, how many episodes of stuffy, itchy, or runny nose, or watery, itchy eyes, have you had?

ENTER 666 IF CONSTANTLY/CONTINUOUSLY.

( 3 ) episodes  
number

25.0014 AL14YG

ID: 002-1000012 Adult Section: L

Are any of the symptoms we have just talked about brought on by...

IF NECESSARY STATE SYMPTOMS: "Wheezing, whistling, stuffy, itchy, or runny nose, watery, itchy eyes."

1=YES,2=NO

- |  |       |                |
|--|-------|----------------|
| a. exercise or cold air?                                     | ( 2 ) |                |
| b. animals?  | ( 1 ) |                |
| c. house dust?   | ( 1 ) |                |
| d. work environment (PROBE: Do you feel better on days off)? | ( 3 ) | 3=DOESN'T WORK |
| e. pollen?   | ( 1 ) |                |

**AL12YG14**

This question is asked of those respondents who reported a "yes" response in either item a or b in the previous question - AL11YG13. Enter the number of episodes over the past 12 months. If SP has experienced such symptoms on a continuous basis without significant break, enter "666".

**AL14YG**

This question asks which of these factors brought on frequent episodes of wheezing, whistling chest, stuffy, itchy, running nose, post-nasal drip, or watery, itchy eyes in the past 12 months. **DO NOT DEFINE ANY WORDS CONTAINED IN THE TEXT OF THE QUESTION FOR THE RESPONDENT.** Enter Code 1 (YES) or Code 2 (NO) for each item. Then press the return key. The cursor will automatically move to the next item. Note that in item d, you have the option of entering a Code 3 if the respondent reports that s/he does not work.

During which months of the year does pollen make your symptoms worse?

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 5 ) ( 6 ) ( 7 ) ( 8 ) ( 9 ) ( )  
( ) ( ) ( ) ( ) ( )

- |             |                |
|-------------|----------------|
| 1. JANUARY  | 8. AUGUST      |
| 2. FEBRUARY | 9. SEPTEMBER   |
| 3. MARCH    | 10. OCTOBER    |
| 4. APRIL    | 11. NOVEMBER   |
| 5. MAY      | 12. DECEMBER   |
| 6. JUNE     | 13. ALL MONTHS |
| 7. JULY     |                |

Within an hour after eating something, have you ever had a severe reaction, such as itching all over, trouble breathing, flushing, hives, or swelling of the face or hands or feet?

( 1 )

- 1. YES
- 2. NO

**AL15YG17** The symptoms this question refers to are the wheezing, whistling chest, stuffy, itchy, or runny nose, post-nasal drip, and watery, itchy eyes mentioned in AL14YG. Enter all numeric codes which represent the months in which the respondent says pollen makes his/her symptoms worse. If the SP reports "all months", enter Code 13 (ALL MONTHS) in the first answer field. If a Code 13 is entered, CAPI will automatically display the next question.

**AL16YG18** If the SP has ever experienced the "severe reaction" symptoms described in this question WITHIN ONE HOUR of eating something, enter Code 1 (YES). Remember, the time frame is ever.

25.0017 AL17YG19

ID: 002-1000012 Adult Section: L

Within an hour after receiving allergy shots or allergy tests, have you ever had a severe reaction, such as itching all over, trouble breathing, flushing, hives, or swelling of the face or hands or feet?

( 3 )

1. YES
2. NO
3. NEVER RECEIVED ALLERGY SHOTS OR TESTS

25.0018 AL18YG20

ID: 002-1000012 Adult Section: L

Have you ever given up or had to avoid a pet because of allergies?

( 2 )

1. YES
2. NO

**AL17YG19** Same instructions as for AL16YG18, but within one hour of receiving allergy shots or allergy tests. If SP has never received such shots or tests, enter "3". Do not count shots for poison ivy or drug reactions. Time frame is ever.

**AL18YG20** Time frame is ever.

AL19YG21 and

25.0026 ALYGC0V1

ID: 002-1000012

Adult

Section: L

During the past 12 months, have you had any  
of the following conditions?

ENTER 00 IF CONTINUOUS.

|                                    | 1=YES,2=NO | How many episodes have you<br>had in the past 12 months? |
|------------------------------------|------------|--|
| a. Cold or flu?                    | ( 1 )      | ( 1 ) episodes<br>number                                 |
| b. Sinusitis or<br>sinus problems? | ( 1 )      | ( 1 ) episodes<br>number                                 |
| c. Pneumonia?                      | ( 1 )      | ( 1 ) episodes<br>number                                 |

**AL19YG21** The time frame is the past 12 months. Note that the question simply asks "have you had" certain conditions. There is no requirement that a doctor has told the SP s/he had a specific condition.

**ALYGACOV1** This question will be displayed each time the SP answers "YES" to any condition in AL19YG21.

Now I'm going to ask you some general questions about your eating habits.

Some cities, churches, and other organizations provide meals for senior citizens. Do you receive meals from any such programs?

( 1 )

1. YES
2. NO

**Section M     Diet**

Section M asks general questions about the SP's eating habits and weight.

**AM2**            Read the introductory phrase to the SP before asking the question.

This question refers to "programs" -- not to a daughter/son/friend bringing a meal to the SP, nor to commercially delivered meals, such as Pizza Movers.

AM2 is also concerned with meals, not snacks or food items, such as a carton of milk, or government surplus foods. The SP may participate by frequenting a special location, such as a church or senior citizens center, which offers these meals, as well as having them delivered to his/her home.

It does not matter whether the meal is free or money is charged.

20.1303 AM3

ID: 002-1000026 Adult Section: M

Are these meals ever delivered to your home, such as  
Meals on Wheels?

( 1 )

1. YES
2. NO

20.1304 AM4

ID: 002-1000012 Adult Section: M RESTART

How often do you eat breakfast ...

( 2 )

1. every day,
2. on some days,
3. rarely,
4. never, or
5. on weekends only?

**AM3** Again, this question refers to meals, and only those provided by cities, churches, and other organizations, such as "Meals on Wheels" or a similar program. In addition, this only includes meals delivered to the home.

**AM4** Read all response options to the respondent. If the SP states "once a week", repeat the responses saying "...and would you say on the average that means every day, on some days, etc."

"Breakfast" should be defined by the SP. For some people, breakfast may only mean a cup of coffee; for others it may mean eggs benedict at 10:00 a.m. However, some SP's may have a cup of coffee at 8 a.m. and later a "breakfast" of eggs at 9:30. What is important is SP's perception of which meal, snack, etc. is "breakfast".

20.1305 AM5

ID: 002-1000012 Adult Section: M

How tall are you without shoes?

( 5 ) feet/ ( 8 ) inches

or

( ) centimeters

20.1306 AM6

ID: 002-1000012 Adult Section: M

How much do you weigh without clothes or shoes?

( 172 ) pounds

or

( ) kilograms

**AM5** If the respondent states his/her height in feet only, probe for feet and inches. If the respondent still states height in feet (i.e., 6 feet exactly) record the answer as 6 ft. 0 inches. If the height is stated in terms of feet only (e.g. 5 and ½ feet) record in feet and inches (5 feet, 6 inches). If inches are given as a fractional measurement, **USE THE ROUNDING RULE** (Section 6.2, General Interviewing Techniques Manual), and drop any fractions. Thus, 5 feet 7-1/2 inches would be recorded as 5 feet 7 inches. Probe by saying, "...the last time you were measured, how tall were you?" Probe for his/her best estimate or guess. If SP still cannot answer, enter SHIFT/8 in the "feet" field. If the answer is given in centimeters, press the ENTER key to move the cursor to the "centimeters" field.

**AM6, AM8, AM9, AM10**

The next four questions concern the SP's weight at various points in his/her life. If the respondent answers using a range ("between 140-160") probe for his/her best estimate. If the respondent continues to answer using a range, record the range in the comments field (CTRL/K).

**AM6** Do not enter fractions; **USE ROUNDING RULE** (Section 6.2, General Interviewing Techniques Manual), and enter whole numbers only. Some people will say that they don't know their weight because they never weigh themselves. Probe by asking the SP if s/he remembers the most recent time s/he was weighed.

Do not have the SP weigh himself/herself. Probe for a guess or best estimate. However, keep in mind that some people are sensitive about their weight, so be careful not to alienate the SP.

If the SP is pregnant, ask how much she weighed BEFORE her pregnancy.

c0.1308 AM8

ID: 002-1000012 Adult Section: M

How much did you weigh 10 years ago?

(165 ) pounds

or

( ) kilograms

20.1309 AM9

ID: 002-1000012 Adult Section: M

How much did you weigh when you were 25 years old?

(145 ) pounds

or

( ) kilograms

**AM8** USE ROUNDING RULE (Section 6.2, General Interviewing Techniques Manual) if the answer is given with a fraction. Should SP have difficulty remembering, have him/her remember back to a situation or event 10 years ago, where s/he might remember his/her weight at that time. For example you might say, "It is now 1993, 10 years ago would have been 1983, did anything special occur that year?", or have the SP think about how old s/he was at that time. Should the SP still not recall, probe for his/her best estimate.

DO NOT count weight while pregnant.

**AM9** USE ROUNDING RULE (Section 6.2, General Interviewing Techniques Manual) if the answer is given with a fraction. If SP has a problem remembering, probe by helping him/her remember significant life events, such as marriage, the birth of a child, moving to a new home, or changing jobs. This might help the SP remember. Should the SP still not recall, probe for his/her best estimate.

DO NOT count weight while pregnant.

20.1310 AM10

ID: 002-1000012 Adult Section: M

Up to the present time, what is the most you have ever weighed?

(189 ) pounds

or

( ) kilograms

20.1311 AM11

ID: 002-1000012 Adult Section: M

Do you consider yourself now to be ...

(1 )

1. overweight,
2. underweight, or
3. about the right weight?

**AM10** Remember to USE ROUNDING RULE (see previous reference), if the SP's answer includes a fraction. Note that this answer must be more than or equal to the answers in questions AM6-AM9. If the answer you enter is not greater than or equal to the previously entered weights, an error message will be displayed at the bottom of the screen. Reconcile the answer with the SP.

**AM11** Read all response options to the respondent. This is the SP's opinion. If s/he says that her doctor says s/he is overweight, ask the question again, emphasizing "What do you consider yourself....?".

20.1312 AM12

ID: 002-1000012 Adult Section: M

Would you like to weigh ...

( 2 )

1. more,
2. less, or
3. stay about the same?

20.1313 AM13

ID: 002-1000012 Adult Section: M

During the past 12 months, have you tried to lose weight?

( 1 )

1. YES
2. NO

**AM12** This screen will appear regardless of whether the SP considers himself/herself to be the right weight in the previous question. The focus of this question is self-image of body weight.

**AM13** Emphasize the time frame, the "past 12 months."

20.1314 AM14

ID: 002-1000012 Adult Section: M

During the past 12 months, have you changed what you eat because of any medical reason or health condition?

( 1 )

- 1. YES
- 2. NO

20.1315 AM15

ID: 002-1000012 Adult Section: M

What was the medical reason or health condition that caused you to change what you eat?

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 1 ) ( 2 ) ( 3 ) ( ) ( ) ( ) ( ) ( )

- |                                      |                           |            |
|--------------------------------------|---------------------------|------------|
| 1. OVERWEIGHT/OBESITY                | 3. HIGH BLOOD CHOLESTEROL | 6. ALLERGY |
| 2. HIGH BLOOD PRESSURE /HYPERTENSION | 4. DIABETES               | 7. ULCER   |
|                                      | 5. HEART DISEASE          | 8. OTHER   |

20.13151 AM150V1

other specify ( )

- |   |   |                                     |
|---|---|-------------------------------------|
| 10. PREGNANCY                               | 15. DENTAL AND ORAL PROBLEMS (BAD TEETH, DENTAL WORK, FACIAL PARALYSIS) | 18. IRRITABLE BOWEL SYNDROME        |
| 11. ARTHRITIS                               |   | 19. HERNIA (HIATAL AND UNSPECIFIED) |
| 12. BACK PAIN                               |   | 20. ANEMIA                          |
| 13. ESOPHAGEAL AND STOMACH/GASTRIC PROBLEMS | 16. CONSTIPATION  | 21. COLITIS                         |
| 14. CANCERS AND TUMORS                      | 17. GALLSTONES/ GALLBLADDER PROBLEMS                                    | 22. STROKE                          |
|   |   | 23. OTHER                           |

**AM14** Time frame is the "past 12 months."

The change does not have to be prescribed by a health professional. Let the SP define medical or health condition.

Emphasis here is on the SP (him/or herself) making a conscious dietary change for his/her own health condition. For example, it would not include a situation where a woman's way of eating changes because her husband has had to make a dietary change.

**AM15** Note, this question is designed so that you can record all responses that apply. The condition does not have to be diagnosed by a health professional. **DO NOT READ ANSWER CATEGORIES TO RESPONDENTS.** If "other" condition is mentioned, enter "8", "OTHER".

**AM15OV1**

If "OTHER" is entered in AM15, 13 additional medical or health conditions will be displayed. Again, **DO NOT READ ANSWER CATEGORIES TO RESPONDENTS.** If "other" is mentioned again, enter "23", (OTHER) and enter the condition/reason in the space provided.

## Section N Food Frequency

This section includes the instructions and specifications for administering the Food Frequency part of the questionnaire. It is important that you are familiar with all the categories of the Food Frequency and the specifications for each group.

### A. General Instructions for Asking Food Frequency Questions

Note the instruction to give the SP HAND CARD HAQ-5, then read the introduction, "Now I'm going to ask you how often you usually eat certain foods. When answering think about your usual diet over the past month. Tell me how often you usually ate or drank these foods per day, per week, per month, or not at all."

After reading the instructions, continue by giving an example and a more detailed explanation. To keep the interview flowing efficiently, and decrease interview time, it is important that the SP understand from the start what type of answers are expected. The following addition to the introduction is lengthy, but effective. You may want to adapt it to accommodate your own interview style. After reading the introduction, add a statement similar to: "For example, if I ask about oranges, and you ate them every day, tell me how many times per day, e.g., once/twice/three/etc. times per day. If you had them less often, tell me how many times per week, e.g., once/twice/five times per week. If, in the past month you had them very infrequently, tell me how many times in the past month, twice in the past month, three times. Exact answers are not expected."

**For the Food Frequency, no portion sizes are asked.** If questioned by the respondent, tell him/her that we want to know how often, that is how many times a day, week, or month, he/she ate that food. For instance, compare an SP who eats a three egg omelet at breakfast to one who eats one egg for breakfast and one for dinner. The former is considered one time per day, whereas, the latter twice per day. If an SP drank two mugs of coffee at breakfast, the answer would be one time per day; however; if three cups of coffee were drunk at separate times during the day, it would be counted as three times per day. In most situations, a "few sips" of someone else's beverage should not be counted as a "time."

Screen name: AN1H

|    |   |            |            |            |            |            |            |            |
|----|---|------------|------------|------------|------------|------------|------------|------------|
|    | 1   | 2          | 3          | 4          | 5          | 6          | 7          | 8          |
|    | 1234567890  | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 |
| 1  | 20.14015 AN1H   |            |            |            |            |            |            |            |
| 2  | HAND CARD HAQ-5.  |            |            |            |            |            |            |            |
| 3  | <u>MILK AND MILK PRODUCTS</u>                           |            |            |            |            |            |            |            |
| 4  | DO NOT INCLUDE THEIR USE IN COOKING.                    |            |            |            |            |            |            |            |
| 5  | (In the <u>past month</u> , how often did you have ...) |            |            |            |            |            |            |            |
| 6  | ENTER 00 IF NEVER.                                      |            |            |            |            |            |            |            |
| 7  | Times per 1=Day,2=Week,3=Month                          |            |            |            |            |            |            |            |
| 8  | h. Pizza, calzone, and lasagna? ( ) per ( )             |            |            |            |            |            |            |            |
| 9  | i. Cheese dishes such as macaroni                       |            |            |            |            |            |            |            |
| 10 | and cheese, cheese nachos,                              |            |            |            |            |            |            |            |
| 11 | cheese enchiladas, and                                  |            |            |            |            |            |            |            |
| 12 | quesadillas? ( ) per ( )                                |            |            |            |            |            |            |            |
| 13 | [TURN HAND CARD PAGE]                                   |            |            |            |            |            |            |            |
| 14 |   |            |            |            |            |            |            |            |
| 15 |   |            |            |            |            |            |            |            |
| 16 |   |            |            |            |            |            |            |            |
| 17 |   |            |            |            |            |            |            |            |
| 18 |   |            |            |            |            |            |            |            |
| 19 |   |            |            |            |            |            |            |            |
| 20 |   |            |            |            |            |            |            |            |
| 21 |   |            |            |            |            |            |            |            |
| 22 |   |            |            |            |            |            |            |            |
| 23 |   |            |            |            |            |            |            |            |
| 24 |   |            |            |            |            |            |            |            |
| 25 |   |            |            |            |            |            |            |            |
|    | 1   | 2          | 3          | 4          | 5          | 6          | 7          | 8          |
|    | 1234567890  | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 |

Screen name: AN1G

|    |   |            |            |            |            |            |            |            |
|----|---|------------|------------|------------|------------|------------|------------|------------|
|    | 1   | 2          | 3          | 4          | 5          | 6          | 7          | 8          |
|    | 1234567890  | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 |
| 1  | 20.14014 AN1G   |            |            |            |            |            |            |            |
| 2  | HAND CARD HAQ-5.  |            |            |            |            |            |            |            |
| 3  | <u>MILK AND MILK PRODUCTS</u>                             |            |            |            |            |            |            |            |
| 4  | DO NOT INCLUDE THEIR USE IN COOKING.                      |            |            |            |            |            |            |            |
| 5  | (In the <u>past month</u> , how often did you have...)    |            |            |            |            |            |            |            |
| 6  | cheese; all types including American, Swiss, cheddar, and |            |            |            |            |            |            |            |
| 7  | cottage cheese?   |            |            |            |            |            |            |            |
| 8  | ENTER 00 IF NEVER.  |            |            |            |            |            |            |            |
| 9  | ( ) per ( ) 1. Day  |            |            |            |            |            |            |            |
| 10 | Times 2. Week   |            |            |            |            |            |            |            |
| 11 | 3. Month  |            |            |            |            |            |            |            |
| 12 |   |            |            |            |            |            |            |            |
| 13 |   |            |            |            |            |            |            |            |
| 14 |   |            |            |            |            |            |            |            |
| 15 | <u>ALSO INCLUDE:</u>                                      |            |            |            |            |            |            |            |
| 16 | QUESO FRESCO  |            |            |            |            |            |            |            |
| 17 | QUESO BLANCO  |            |            |            |            |            |            |            |
| 18 | RICOTTA   |            |            |            |            |            |            |            |
| 19 | MOZZARELLA  |            |            |            |            |            |            |            |
| 20 |   |            |            |            |            |            |            |            |
| 21 |   |            |            |            |            |            |            |            |
| 22 |   |            |            |            |            |            |            |            |
| 23 |   |            |            |            |            |            |            |            |
| 24 |   |            |            |            |            |            |            |            |
| 25 |   |            |            |            |            |            |            |            |
|    | 1   | 2          | 3          | 4          | 5          | 6          | 7          | 8          |
|    | 1234567890  | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 |

## **Screen Design and Recording Rules**

There is one general type of screen design in this section. (See opposite page AN1H-AN1G).

Recording is done by entering the number of times in the field under the column heading "times". The cursor will then move to the "Day, Week, Month" field and the code associated with the appropriate time unit is entered. A SHIFT/8 (DK) response can be entered in both fields but is rarely used. If the SP never eats a particular item, a code 00 (NEVER) should be entered in the "Times" field. The cursor will automatically move to the next food item. Notice that words to be emphasized in the text are highlighted. Also highlighted at the top of the screen is the general food category associated with specific questions. SPs are provided with a hand card for this section. By using the hand card the SP can easily follow along with the questions you are asking. An instruction will appear at the bottom of your screen when you are to tell the SP to turn the hand card page.

Notice the boxed food items that appear to the right of the screen. This box appears as a reminder to the interviewer to include the items in the response to the question. The items are not to be read to the respondent.

### **Using Comments (CTRL/K)**

If, during the interview, the SP asks about a specific food not mentioned in that category, be sure to enter into the "comments" field (CTRL/K) the food and how often it was eaten by the SP. Record the information immediately. In this way it is easily apparent at which screen and thus in which food category the SP asked the question.

In general, respondents do not ask many questions regarding how to categorize different foods during the Food Frequency. When this does happen, it is important not to slow down the interview trying to make a decision as to where to classify the food; it is much better to just record the question in the comments field, record the frequency of intake, then continue to the next category. As will be discussed later, at the end of the interview the SP will be given an opportunity to list any other foods, not mentioned on the food frequency, that were consumed at least once per week in the past month. Also remember, this questionnaire is not designed to cover all foods that the SP might eat, but instead focuses on specific food items or groups that are commonly consumed, and are high in certain nutrient values (specifically vitamins A and C and calcium).

If an SP reports a food which is actually in one of the previous categories, use the "comments" field to make a note of the food and its frequency. Remember you cannot return to a previous question without losing the data you have collected in previous questions. You should, therefore, use the comments field (CTRL/K) to record the food and its frequency of use.

### **Probing for the Food Frequency**

Probing for the FF usually takes the form of encouraging the SP to answer within the correct categories. Often the SP will give a vague response such as "I rarely eat that," "not very much," or "not much lately." Of course, you can never assume that you know what the SP means; you must probe these responses by saying something like "How often in the past month did you eat...?" Responses such as "a few times, a couple times, every day" etc. must also be probed for the number of times per day, week or month. Don't assume that every day means once a day. If the SP answers "every day," probe for how many times per day. If the SP says "5 days per week," probe for an average of how many times (not days) per day, week or month. On the occasion that an SP responds with "a couple times per day," ask the SP how he/she defines "a couple."

It is very common for the SP to initially answer with complete responses such as, "three times in the past month," then change his/her pattern and begin saying something like "twice" or "four times." Do not assume that the SP is still responding in times per month. Probe "Was that twice per day, week, or month?"

Another type of response which requires further probing is "I had two beers last week." Do not immediately record this as "two times per week." Before entering a response, probe to determine how often in the past month the SP consumed beer, not how many beers. This can be accomplished by saying something like, "So, how often did you drink beer and light beer in the past month?"

SPs also have a tendency to respond to items such as fruits and vegetables with "when they are in season". Remind the SP that the time frame is the past month and probe as to whether or not it was consumed in that period of time. If asked, you may also add that even though the fresh fruit may not have been in season in the past month, the canned, frozen or dried form is acceptable. Examples of these are peaches, apricots and frozen melon balls.

Many SPs will give a range such as "three to four times per week." Try to have the SP estimate which is more usual, but if he/she cannot, then record the lower number (round down).

Since we emphasize the past month as the recall period, SPs tend to report the number of times per month. This is not a problem except that it might be more difficult for the SP to count the total number of times per month. If the interviewer feels that this is happening, you may say something like "If you have (food) every day or every week, you can give me the number of times per day or week."

Note that any specifications stating "store bought" also include eaten out, such as in a restaurant or at a fast food establishment.

20.1401 AN1A

ID: 002-1000012 Adult Section: N RESTART  
HAND CARD HAQ-5.

Now I'm going to ask you how often you usually eat certain foods.  
When answering think about your usual diet over the past month.  
Tell me how often you usually ate or drank these foods per day,  
per week, per month, or not at all.

MILK AND MILK PRODUCTS

First are milk and milk products. Do not include their use in cooking.

ENTER 00 IF NEVER.

- |   | Times | per | 1=Day, 2=Week, 3=Month |
|---|-------|-----|------------------------|
| a. How often did you have<br>chocolate milk and hot cocoa?  | ( 1 ) | per | ( 3 )                  |
| b. How often did you have milk to<br>drink or on cereal? Do not count<br>small amounts of milk added to<br>coffee or tea. | ( 2 ) | per | ( 1 )                  |

20.14011 AN1D

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5.

What type of milk was it? Was it usually whole, 2%, 1%, skim,  
nonfat, or some other type?

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 1 ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

- |   |                  |
|---|------------------|
| 1. whole/regular  | 5. buttermilk    |
| 2. 2% / low fat   | 6. evaporated    |
| 3. 1%   | 7. Goat's milk   |
| 4. skim/ nonfat/ 1/2%/<br>reconstituted<br>non fat dry milk | 8. Half and half |
|   | 9. other         |

**B. Question by Question Specifications**

**AN1 Milk and Milk Products**

AN1 contains a number of questions about milk and milk products. For these questions, do not include the use of these products in cooking. First read the introductory phrase to the respondent, then proceed with questions.

**AN1A**

- a. Include chocolate milk or cocoa prepared with whole, low fat, or skim milk, including chocolate "Quik" added to milk. Include the individual boxes of chocolate milk and chocolate flavored drinks such as "Yoo-hoo." Include also regular, sugar-free and low calorie hot chocolate mixes (which are made from nonfat dry milk).
- b. This includes all kinds of milk - whole, low or nonfat, Lactaid, buttermilk, acidophilus, evaporated milk, and reconstituted dry milk. It does not include chocolate milk, cocoa, or non-dairy products such as non-dairy powdered creamers, nor milkshakes made with milk. If the SP says that he/she adds a significant amount of milk to coffee or tea, approximately 1/3 or more of the total volume, include this as milk. Otherwise do not include small amounts added to coffee or tea.

**AN1D**

This is asked of those SPs who have had milk in the last month. Note that this question refers to the fat content or type of milk of either the chocolate or white milk previously reported.

Although buttermilk and evaporated milk are not read as part of the question, note that each has its own answer category. If these are reported, mark the appropriate box; do not list them under "other."

Although there are several response fields available, it is preferable to have only one answer to this question. If the SP gives two or more answers, probe for the USUAL type. If the SP insists that there is not one usual type, then mark or enter all that apply.

AND1 (continued)

If an SP now reports using a small amount ("about two teaspoons") of 2% milk in his/her tea, yet drinks skim milk by the glassful, record skim milk since this is "usual." But if the 2% milk used in the tea is an insignificant amount (e.g., less than 1/3 of total volume), you should verify that the SP did not include the 2% milk in the answer of AN1Ab. If the SP did include the 2% milk, do not go back to the original question and change the answer, instead enter a comment in the "comments" field (CTRL/K) fully explaining the situation.

For an answer entered as a Code 9 (OTHER), specify the other by entering the response verbatim on the line provided. If the SP says "don't know" you may reread the answer categories to see if this helps; the SP's best guess is preferable to recording a "don't know" response.

An SP may ask whether skim and nonfat milk are the same, and if so, why are they mentioned separately in the question. Both words are included in the question should an SP call what he/she drank "nonfat," rather than "skim" or vice versa. Note that the answer category includes both, "skim/nonfat." Also note that "regular" milk is included in the "whole" milk category. Some SPs refer to whole milk as "Vitamin D" milk.

20.14013 ANIE

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5.

MILK AND MILK PRODUCTS

DO NOT INCLUDE THEIR USE IN COOKING.

(In the past month, how often did you have ...)

ENTER 00 IF NEVER.

|   | Times | per | 1=Day, 2=Week, 3=Month |
|---|-------|-----|------------------------|
| e. Yogurt and frozen yogurt?            | ( 1 ) | per | ( 3 )                  |
| f. Ice cream, ice milk, and milkshakes? | ( 4 ) | per | ( 3 )                  |

20.14014 ANIG

ID: 002-1000012 Adult Section: N  
HAND CARD HAQ-5.

MILK AND MILK PRODUCTS

DO NOT INCLUDE THEIR USE IN COOKING.

(In the past month, how often did you have...)

cheese; all types including American, Swiss, cheddar, and cottage cheese?

ENTER 00 IF NEVER.

|                   |       |     |       |          |
|-------------------|-------|-----|-------|----------|
| lqqqqqqqqqqqqqqk  | ( 5 ) | per | ( 2 ) | 1. Day   |
| x ALSO INCLUDE: x | Times |     |       | 2. Week  |
| x                 |       |     |       | 3. Month |
| x QUESO FRESCO x  |       |     |       |          |
| x QUESO BLANCO x  |       |     |       |          |
| x RICOTTA x       |       |     |       |          |
| x MOZZARELLA x    |       |     |       |          |
| mqqqqqqqqqqqqqj   |       |     |       |          |

**ANIE**

- e. Include all kinds of yogurt - plain, with fruit or syrup, regular, low fat, and nonfat. Also include yogurt beverages or drinks, and yogurt smoothies (blenderized beverage).
  
- f. Include any flavor of ice cream, ice milk or milkshakes. Also include fast food milkshakes. Do not include tofutti, non-dairy frozen desserts, or sherbet. Milkshakes are commonly called "frappes" in the Northeast, especially in Boston, and are often called "batidas" or "licuados" in the Hispanic communities.

**ANIG**

Include processed or natural cheeses, regular, low sodium or low fat, hard and soft, spreads or pressurized cans. As the box in the left corner of the screen indicates, include also Hispanic cheeses such as queso fresco and queso blanco, and ricotta and mozzarella cheese.

Do not include cheese used as a garnish, cream cheese, or dishes made with cheese as an ingredient. Dishes made with cheese as a primary ingredient will be asked about later.

20.14015 AN1H

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5.

MILK AND MILK PRODUCTS

DO NOT INCLUDE THEIR USE IN COOKING.

(In the past month, how often did you have ...)

ENTER 00 IF NEVER.

|   | Times | per | 1=Day,2=Week,3=Month |
|---|-------|-----|----------------------|
| h. Pizza, calzone, and lasagna?   | ( 2 ) | per | ( 3 )                |
| i. Cheese dishes such as macaroni<br>and cheese, cheese nachos,<br>cheese enchiladas, and<br>quesadillas? | ( 1 ) | per | ( 3 )                |

[TURN HAND CARD PAGE]

20.1402 AN2A

ID: 002-1000012 Adult Section: N RESTART

HAND CARD HAQ-5.

MAIN DISHES, MEAT, FISH, CHICKEN, AND EGGS

Next are main dishes, meat, fish, chicken, and eggs.  
In the past month, how often did you eat...

ENTER 00 IF NEVER.

|   | Times  | per | 1=Day,2=Week,3=Month |
|---|--------|-----|----------------------|
| a. any type of stew or soup containing<br>vegetables, including minestrone,<br>tomato, and split pea? | ( 00 ) | per | ( )                  |
| b. Spaghetti and pasta with tomato sauce?   | ( 00 ) | per | ( )                  |
| c. Bacon, sausage (chorizo) and<br>luncheon meats such as hot dogs,<br>salami, and bologna?           | ( 2 )  | per | ( 3 )                |

## AN1H

- h. Include homemade, frozen, commercial, or store bought.
- i. Cheese is a primary ingredient in these dishes; include dishes with cheese sauces. Also include other Hispanic dishes such as chile con queso and burritos with cheese.

## AN2 Main Dishes, Meat, Fish, Chicken, and Eggs

These questions cover main dishes, meat, fish, chicken, and eggs. First read the introductory phrase, then proceed with questions.

### AN2A

- a. Key words are containing vegetables. Includes store bought and homemade, and pot pies containing vegetables. Include any soup containing vegetables, regular or low sodium, with any base: milk, cream, or water. These may either be vegetarian or contain meat. Do not include consomme unless vegetables were added. Do not include soups which contain an insignificant amount of vegetables, such as Top Ramen, which contains mostly broth, noodles, and a few green peas.
- b. Key words are tomato sauce. Recipe may be homemade or store bought. Include "sopa" or "sopa seca de fideo" which is a Mexican-American dish consisting basically of pasta and tomato sauce.
- c. The parentheses around chorizo indicate that it is an Hispanic food. Read chorizo aloud to all SP's in Hispanic stands or Hispanic households.

Include all sausages, Vienna, smoked, Polish, pork, beef, Italian, link and patty, chorizo, bratwurst and blood sausage. Include scrapple.

Do not include bacon substitutes such as Baco Bits or imitation bacon.

Include packaged luncheon meats (bologna, salami, pastrami, corned beef, roast beef, etc.), canned meat spreads and deli luncheon meats. Do not include chicken and turkey luncheon meats or chicken or turkey hot dogs; but do include hot dogs made from beef, veal and pork. Include beef jerky.

20.14021 AN2D

ID: 002-1000012 Adult Section: N  
HAND CARD HAQ-5.

MAIN DISHES, MEAT, FISH, CHICKEN, AND EGGS

(In the past month, how often did you have...)

ENTER 00 IF NEVER.

|   | Times per | 1=Day,2=Week,3=Month |
|---|-----------|----------------------|
| d. Liver and other organ meats such as heart, kidney, tongue, and tripe (menudo)? | (00 ) per | ( )                  |
| e. Beef, including hamburger, steaks, roast beef, and meatloaf?                   | (2 ) per  | (2 )                 |
| f. Pork and ham, including roast pork, pork chops, and spare ribs?                | (1 ) per  | (3 )                 |
| g. Shrimp, clams, oysters, crab, and lobster?                                     | (1 ) per  | (3 )                 |

20.14022 AN2H

ID: 002-1000012 Adult Section: N  
HAND CARD HAQ-5.

MAIN DISHES, MEAT, FISH, CHICKEN, AND EGGS

(In the past month, how often did you have ...)

ENTER 00 IF NEVER.

|  | Times per | 1=Day,2=Week,3=Month |
|--|-----------|----------------------|
| h. Fish including fillets, fish sticks, fish sandwiches, and tuna fish?                                | (1 ) per  | (3 )                 |
| i. Chicken, all types, including baked, fried, chicken nuggets, and chicken salad? Include turkey.     | (1 ) per  | (2 )                 |
| j. How often did you have eggs including scrambled, fried, omelettes, hard-boiled eggs, and egg salad? | (2 ) per  | (3 )                 |

[TURN HAND CARD PAGE]

**AN2D**

- d. The parentheses around menudo indicate that it is an Hispanic food. Read menudo aloud to all SP's in Hispanic stands or Hispanic households.  
  
Includes brains, sweetbreads, beef liver, chicken liver, chopped liver and liverwurst. Menudo is an Hispanic beef tripe soup.
- e. Include any cut or preparation; homemade or purchased.
- f. Include ham and pork cuts of meat, not pork luncheon meats. Do not include bacon, sausage or packaged deli ham.
- g. Fresh, frozen or canned are included. Artificial crabmeat may be included here or under the "fish" category; let the SP decide on its classification. Include crab dip, oyster stuffing, and New England clam chowder.

**AN2H**

- h. Include fresh, frozen, or canned, and all preparations.
- i. Include fast food chicken fillet sandwiches and chicken/turkey hot dogs. Include chicken and turkey deli or luncheon meats.
- j. Include dishes where egg is a primary ingredient such as quiches or frittatas. Do not include egg substitutes.

20.1403 AN3A

ID: 002-1000012 Adult Section: N RESTART

HAND CARD HAQ-5.

FRUIT AND FRUIT JUICES

Next are fruit juices and fruit. Include all forms - fresh, frozen, canned, and dried.

In the past month, how often did you have orange juice, grapefruit juice and tangerine juice?

ENTER 00 IF NEVER.

|                   |       |     |              |
|-------------------|-------|-----|--------------|
| lqqqqqqqqqqqqqqk  |       |     |              |
| x ONLY INCLUDE: x | ( 1 ) | per | ( 1 ) 1. Day |
| x                 | Times |     | 2. Week      |
| x 100% JUICES x   |       |     | 3. Month     |
| mqqqqqqqqqqqqqj   |       |     |              |

20.14031 AN3B

ID: 002-1000012 Adult Section: N  
HAND CARD HAQ-5.

FRUIT AND FRUIT JUICES

INCLUDE ALL FORMS - FRESH, FROZEN, CANNED, AND DRIED.

(In the past month, how often did you have...)

other fruit juices, such as grape juice, apple juice, cranberry juice, and fruit nectars?

ENTER 00 IF NEVER.

|                   |       |     |              |
|-------------------|-------|-----|--------------|
| lqqqqqqqqqqqqqqk  |       |     |              |
| x ALSO INCLUDE: x | ( 5 ) | per | ( 3 ) 1. Day |
| x                 | Times |     | 2. Week      |
| x PRUNE JUICE x   |       |     | 3. Month     |
| x                 |       |     |              |
| x ONLY INCLUDE: x |       |     |              |
| x                 |       |     |              |
| x 100% JUICES x   |       |     |              |
| mqqqqqqqqqqqqqj   |       |     |              |

**AN3**      **Fruit and Fruit Juices**

These questions are about fruit juices and fruit, in all forms: fresh, frozen, canned, and dried.

**AN3A**      As the instructions on this screen indicate, include only 100% juices; do not include juice substitutes such as orange flavored juice drinks or drinks with 10% juice. Do include juices that are a combination of mentioned juices (such as orange-grapefruit juice).

**AN3B**      Include any 100% juices; or juice mixes (cranapple juice); include nectars; include cider. Do not include drinks with 10% juice, such as CapriSun, Hawaiian Punch, or Hi-C.

20.14032 AN3C

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5,

FRUIT AND FRUIT JUICES

INCLUDE ALL FORMS - FRESH, FROZEN, CANNED, AND DRIED.

(In the past month, how often did you have...)

citrus fruits including oranges, grapefruits, and tangerines?

ENTER 00 IF NEVER.

|       |     |       |          |
|-------|-----|-------|----------|
| ( 1 ) | per | ( 1 ) | 1. Day   |
| Times |     |       | 2. Week  |
|       |     |       | 3. Month |

20.14031 AN3D

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5,

FRUIT AND FRUIT JUICES

INCLUDE ALL FORMS - FRESH, FROZEN, CANNED, AND DRIED.

(In the past month, how often did you have ...)

ENTER 00 IF NEVER.

|  | Times  | per | 1=Day, 2=Week, 3=Month |
|--|--------|-----|------------------------|
| d. Melons including cantaloupe,<br>honeydew, and watermelon?   | ( 2 )  | per | ( 3 )                  |
| e. Peaches, nectarines, apricots,<br>guava, mango, and papaya? | ( 00 ) | per | ( )                    |

**AN3C** Include fresh, frozen and canned. Include white and pink grapefruit, tangelos and mandarin oranges. Do not include lemon juice here. Regardless of whether it is used to flavor food or alone, lemon juice should be counted in AN8.

**AN3D**

d. Include fresh and frozen.

e. Include fresh, frozen, canned and dried.

20.14032 AN3F

ID: 002-1000012 Adult Section: N  
HAND CARD HAQ-5.

FRUIT AND FRUIT JUICES

INCLUDE ALL FORMS - FRESH, FROZEN, CANNED, AND DRIED.

(In the past month, how often did you have...)

any other fruits such as apples, bananas, pears, berries,  
cherries, grapes, plums, and strawberries?

ENTER 00 IF NEVER.

lqqqqqqqqqqqqqqk  
x ALSO INCLUDE: x  
x x (5 ) per (2 ) 1. Day  
x RAISINS x Times 2. Week  
x PRUNES x 3. Month  
x PLANTAINS x  
x APPLESAUCE x  
mbppppppppppppppj

[TURN HAND CARD PAGE]

20.1404 AN4A

ID: 002-1000012 Adult Section: N RESTART  
HAND CARD HAQ-5.

VEGETABLES

These next questions are about vegetables. Please remember to  
include fresh, raw, frozen, canned, and cooked vegetables.  
In the past month, how often did you have ...

ENTER 00 IF NEVER.

|   | Times | per | 1=Day, 2=Week, 3=Month |
|---|-------|-----|------------------------|
| a. Carrots and vegetable mixtures<br>containing carrots?                                  | (2 )  | per | (3 )                   |
| b. Broccoli?  | (00 ) | per | ( )                    |
| c. Brussels sprouts and cauliflower?  | (00 ) | per | ( )                    |
| d. White potatoes, including baked,<br>mashed, boiled, french-fries, and<br>potato salad? | (5 )  | per | (3 )                   |

**AN3F** Note that Raisins, Prunes, Plantains, and Applesauce should be included in this question. Plantains are more commonly used in Hispanic households. Read plantains aloud to all SP's in Hispanic stands or Hispanic households.

Also include blueberries, raspberries, and rhubarb. If the SP reports a fruit which actually is in one of the previous categories, do not go back and change the previous answer; Use the "comments" field to make a note stating the fruit and its frequency. Grape leaves should be included in AN8.

**AN4           Vegetables**

These next questions are about vegetables, including fresh, raw, frozen, canned, and cooked vegetables. Read the introductory phrase, then begin the questions.

**AN4A**

- a. Key word is carrots. Include carrots eaten by themselves or mixed with other vegetables (e.g., frozen vegetable mixtures or stir-fried). Do not include soup containing carrots since this was asked about earlier in AN2a.
  
- b. Include fresh and frozen. Do not include soup containing broccoli since this was asked about earlier in AN2A.
  
- c. Include fresh and frozen. Do not include soup containing cauliflower since this was asked about earlier in AN2a.
  
- d. Include fresh, frozen, instant, and canned. Include hash browns, pan fries, and fast food french fries. Do not include canned shoe string potatoes or potato chips.

20.14041 AN4E

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5.

VEGETABLES

INCLUDE FRESH, RAW, FROZEN, CANNED, AND COOKED VEGETABLES.

(In the past month, how often did you have...)

sweet potatoes, yams, and orange squash including acorn, butternut, hubbard, and pumpkin?

ENTER 00 IF NEVER.

|       |     |     |          |
|-------|-----|-----|----------|
| (00 ) | per | ( ) | 1. Day   |
| Times |     |     | 2. Week  |
|       |     |     | 3. Month |

20.14042 AN4F

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5.

VEGETABLES

INCLUDE FRESH, RAW, FROZEN, CANNED, AND COOKED VEGETABLES.

(In the past month, how often did you have...)

tomatoes including fresh and stewed tomatoes, tomato juice, and salsa?

ENTER 00 IF NEVER.

lqqqqqqqqqqqqqqqqk  
x ALSO INCLUDE: x  
x x  
x V-8 JUICE x  
mqqqqqqqqqqqqqqqj

|       |     |      |          |
|-------|-----|------|----------|
| (5 )  | per | (2 ) | 1. Day   |
| Times |     |      | 2. Week  |
|       |     |      | 3. Month |

**AN4E** Include sweet potato pie and pumpkin pie. Do not include summer squash or zucchini, as these are included later under the "other vegetable" category.

**AN4F** Do not include tomato soup or pasta with tomato sauce since these were asked about earlier. Include use in cooking. Also include tomato paste and tomato sauce used in cooking or as a topping. Include V-8 juice. Do not include catsup used as a condiment.

20.14043 AN4G

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5.

VEGETABLES

INCLUDE FRESH, RAW, FROZEN, CANNED, AND COOKED VEGETABLES.

(In the past month, how often did you have...)

spinach, greens, collards, and kale?

ENTER 00 IF NEVER.

|       |     |     |          |
|-------|-----|-----|----------|
| (00 ) | per | ( ) | 1. Day   |
| Times |     |     | 2. Week  |
|       |     |     | 3. Month |

20.14044 AN4H

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5.

VEGETABLES

(In the past month, how often did you have...)

tossed salad?

ENTER 00 IF NEVER.

|                   |       |     |      |          |
|-------------------|-------|-----|------|----------|
| lqqqqqqqqqqqqqqk  | (5 )  | per | (3 ) | 1. Day   |
| x ALSO INCLUDE: x | Times |     |      | 2. Week  |
| x                 |       |     |      | 3. Month |
| x LETTUCE x       |       |     |      |          |
| x GREEN SALAD x   |       |     |      |          |
| mqqqqqqqqqqqqqqj  |       |     |      |          |

**AN4G** Include any greens such as mustard, turnip or poke greens; include use in salads. Do not include use in soups since this was asked about earlier. The sentence that appears in upper case letters at the top of the screen is printed as an aid to the interviewer. It is not to be read to the respondent unless it become necessary.

**AN4H** This also might be called a lettuce or green salad. Include those salads consisting mainly of lettuce, but which may also contain a small amount of shredded carrots or cabbage to add color. All types of lettuce are included.

20.14042 AN4I

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5.

VEGETABLES

(In the past month, how often did you have ...)

ENTER 00 IF NEVER.

|   | Times | per | 1=Day,2=Week,3=Month |
|---|-------|-----|----------------------|
| i. Cabbage, cole slaw, and sauerkraut?                              | (00 ) | per | ( )                  |
| j. Hot red chili peppers? Do not<br>count ground red chili peppers. | (00 ) | per | ( )                  |
| k. Peppers, including green, red, and<br>yellow peppers?            | (5 )  | per | (3 )                 |

20.14043 AN4L

IDHAND CARD HAQ-5,Adult Section: N

VEGETABLES

INCLUDE FRESH, RAW, FROZEN, CANNED, AND COOKED VEGETABLES.

(In the past month, how often did you have...)

any other vegetables such as green beans, corn, peas,  
mushrooms, and zucchini?

ENTER 00 IF NEVER.

|                   |       |     |             |
|-------------------|-------|-----|-------------|
| 1qqqqqqqqqqqqqqk  |       |     |             |
| x ALSO INCLUDE: x | (4 )  | per | (2 ) 1. Day |
| x                 | Times |     | 2. Week     |
| x ONIONS x        |       |     | 3. Month    |
| x LIMA BEANS x    |       |     |             |
| x ASPARAGUS x     |       |     |             |
| x OKRA x          |       |     |             |
| x CELERY x        |       |     |             |
| x CUCUMBERS x     |       |     |             |
| mqqqqqqqqqqqqqj   |       |     |             |

[TURN HAND CARD PAGE]

**AN4I**

i. Include homemade or store bought. Do not include soup containing cabbage since this was asked about earlier.

j. Include hot red chili peppers used in sauces. Do not include the ground red chili peppers (red pepper flakes) which, for example, are frequently used on pizza.

k. Include hot green peppers (like jalapeno), as well as sweet red, green and yellow peppers. Do not include hot red chili peppers nor peppers used in soup as these were asked about earlier.

**AN4L**

Include any vegetable not already mentioned such as onions, lima beans, celery, beets, eggplant, okra, jicama, cucumbers, asparagus, alfalfa sprouts, yucca, and nopales (cactus). The instruction box in the left corner of the screen is designed to help you remember some of the items that should be included in this question. Should the SP report a vegetable previously listed, do not return to that item; use the comments field (CTRL/K) to make a note stating the vegetable and its frequency.

20.1405 AN5A

ID: 002-1000012 Adult Section: N RESTART

HAND CARD HAQ-5.

BEANS, NUTS, CEREALS, AND GRAIN PRODUCTS

Next are beans, nuts, cereals, and grain products.  
In the past month, how often did you have ...

ENTER 00 IF NEVER.

|  | Times | per | 1=Day, 2=Week, 3=Month |
|--|-------|-----|------------------------|
| a. Beans, lentils, and<br>(chickpeas/garbanzos)?<br>Include kidney, pinto, refried,<br>black, and baked beans. | (00)  | per | ( )                    |
| b. Peanuts, peanut butter, other<br>types of nuts, and seeds?  | (00)  | per | ( )                    |

20.14051 AN5C

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5.

BEANS, NUTS, CEREALS, AND GRAIN PRODUCTS

Now I'm going to ask how often you ate certain cereals.

(In the past month, how often did you have ...)

ENTER 00 IF NEVER.

|  | Times | per | 1=Day, 2=Week, 3=Month |
|--|-------|-----|------------------------|
| c. All-Bran, All-Bran Extra Fiber,<br>100% Bran, or Fiber One? | (00)  | per | ( )                    |
| d. Total, Product 19, Most, or<br>Just Right?                  | (00)  | per | ( )                    |

**AN5 Beans, Nuts, Cereals, and Grain Products**

Read the introductory sentence to the SP, then begin.

**AN5A**

- a. Depending on the geographic area of your SP, you must select and read one of the two terms in the parentheses. Use whichever term you feel the SP will best understand.

Include use in salads, soups and mixed dishes (such as chili with beans); include homemade or store bought.

- b. Include raw, roasted, unroasted, honey roasted and/or coated, salted, unsalted, with or without shells. Include all types of nuts, cashews, almonds, macademia, etc.

**AN5C** Again, read the phrase first, then ask the question(s).

- c. These four cereals are very high in fiber; do not include any other cereal in this category.

Please remember to use the "comments" field to type in any bran cereals eaten by the SP and not listed as part of the question and how frequently it was eaten. You do not need to probe for "others," but rather to record any voluntarily mentioned by the respondent.

- d. These four cereals are highly fortified; do not include any other cereal in this category.

20.14052 AN5E

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5.

BEANS, NUTS, CEREALS, AND GRAIN PRODUCTS

(In the past month, how often did you have...)

all other cold cereals like corn flakes, Cheerios, Rice Krispies and presweetened cereals?

ENTER 00 IF NEVER.

|                    |       |       |              |
|--------------------|-------|-------|--------------|
| lqqqqqqqqqqqqqqqqk |       |       |              |
| x ALSO INCLUDE: x  | ( 7 ) | per   | ( 2 ) 1. Day |
| x                  |       | Times | 2. Week      |
| x RAISIN BRAN x    |       |       | 3. Month     |
| x                  |       |       |              |
| x SHREDDED x       |       |       |              |
| x WHEAT x          |       |       |              |
| mqqqqqqqqqqqqqqqqj |       |       |              |

20.14053 AN5F

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5.

BEANS, NUTS, CEREALS, AND GRAIN PRODUCTS

(In the past month, how often did you have...)

cooked, hot cereals like oatmeal, cream of wheat, cream of rice, and grits?

ENTER 00 IF NEVER.

|       |     |     |          |
|-------|-----|-----|----------|
| (00 ) | per | ( ) | 1. Day   |
| Times |     |     | 2. Week  |
|       |     |     | 3. Month |

**AN5E** Include any other cold cereal not mentioned previously such as Raisin Bran, Grape Nuts, Puffed Wheat, Shredded Wheat, etc. Granola type cereals are included here, but not granola bars. Bran cereals not listed in AN5C are coded using AN5E. Occasionally an SP will mention that s/he mixed cereals that appear in different question categories (Cheerios and Product 19). When this happens, count the amount of each cereal eaten in each applicable category.

**AN5F** Include instant, quick cooking and long cooking. Also include grain dishes like bulgar wheat as well as rolled oats, Farina, etc.

20.14052 AN5G

IDHAND CARD HAQ-5,Adult Section: N

BEANS, NUTS, CEREALS, AND GRAIN PRODUCTS

Now let's talk about white bread products only. I'll ask about dark breads next.

(In the past month, how often did you have...)

ENTER 00 IF NEVER.

|  | Times per | 1=Day,2=Week,3=Month |
|--|-----------|----------------------|
| g. white bread, rolls, bagels, biscuits, English muffins, and crackers? Include those used for sandwiches. | (7 ) per  | ( 2 )                |
| h. Dark breads and rolls, including whole wheat, rye and pumpernickel?                                     | (00 ) per | ( )                  |
| i. Corn bread, corn muffins, and corn tortillas?   | (00 ) per | ( )                  |

20.14053 AN5J

ID: 002-1000012 Adult Section: N

HAND CARD HAQ-5.

BEANS, NUTS, CEREALS, AND GRAIN PRODUCTS

(In the past month, how often did you have...)

ENTER 00 IF NEVER.

|   | Times per | 1=Day,2=Week,3=Month |
|---|-----------|----------------------|
| j. Flour tortillas?   | (00 ) per | ( )                  |
| k. Rice?  | (5 ) per  | (3 )                 |
| l. Salted snacks such as potato chips, taco chips, corn chips, and salted pretzels and popcorn? | (5 ) per  | (2 )                 |

[TURN HAND CARD PAGE]

**AN5G** Read the introductory phrase to the SP before asking these questions.

g. This item asks about white bread products. Include French toast made with white bread and oatmeal bread made mostly with white flour. Do not include tortillas as they will be counted later.

Include pita bread, matzo, and bread stuffing made with white bread (or white flour). Include oatmeal bread made with white flour. Include rice cakes. Include crackers such as saltines, oyster crackers, cheese crackers, etc. Do not include pancakes and waffles. These will be recorded at the end if they are eaten at least once per week.

h. Include Italian bread, whole wheat pita, whole wheat English muffins, whole wheat crackers, and French toast made with dark bread. Do not include pancakes and waffles. Include oatmeal bread made mostly with wheat flour. Oatmeal bread made with white flour should be counted in "g".

i. Include homemade, store bought and packaged mixes.

**AN5J**

j. Include regular and whole wheat.

k. Include long cooking, instant, quick, minute and converted rice. Include rice mixtures and rice used in casseroles. Include all types: brown, white, wild and flavored such as yellow rice; include rice pudding.

l. Salted is the key word. Include salted nuts, salted crackers, salted popcorn, pork skins and rinds. Unsalted pretzels, popcorn or potato chips are not counted. Count "lightly" salted. Include popcorn prepared with light salt.

20.1406 AN6A

ID: 002-1000012 Adult Section: N RESTART

HAND CARD HAQ-5.

DESSERTS, SWEETS, AND BEVERAGES

(In the past month, how often did you have...)

ENTER 00 IF NEVER.

|  | Times | per | 1=Day,2=Week,3=Month |
|--|-------|-----|----------------------|
| a. cakes, cookies, brownies, pies,<br>doughnuts, and pastries? | (3 )  | per | (2 )                 |
| b. Chocolate candy and fudge?                                  | (2 )  | per | (2 )                 |

20.14061 AN6C

ID: 002-1000012 Adult Section: N  
HAND CARD HAQ-5.

DESSERTS, SWEETS, AND BEVERAGES

Next are hot and iced beverages.

(In the past month, how often did you have...)

ENTER 00 IF NEVER.

|  | Times | per | 1=Day,2=Week,3=Month |
|--|-------|-----|----------------------|
| c. Hi-C, Tang, Hawaiian Punch,<br>Koolaid, and other drinks with<br>added vitamin C? | (00 ) | per | ( )                  |
| d. Diet colas, diet sodas, and diet<br>drinks such as Crystal Light?                 | (7 )  | per | (2 )                 |
| e. Regular colas and sodas, not diet?  | (00 ) | per | ( )                  |
| f. Regular coffee with caffeine?   | (00 ) | per | ( )                  |

**AN6 Desserts, Sweets, and Beverages**

**AN6A**

- a. Include homemade, store bought and those prepared from packaged mixes. Include granola bars here and not under cereal.
  
- b. Include chocolate covered nuts and raisins, and chocolate candy bars.

**AN6C** Read introduction first.

- c. Include Sunny Delite, Ssips, and Crantastic; do not include Gatorade.
  
- d. Include any artificially sweetened soft drink (key word is diet) with or without caffeine. Include diet tonic water. Count also diet soda in a mixed drink, such as rum and diet coke. Do not include seltzer or club soda.
  
- e. Key word is regular, not diet; with or without caffeine. Do include ginger ale and regular tonic water. Count also regular soda in a mixed drink, such as rum and coke. Do not include club soda or seltzer.
  
- f. Include instant or ground, flavored coffees such as Cafe Vienna and Suisse Mocha, hot or cold. Do not include coffee substitutes (Postum).

20.14062 AN6G

ID: 002-1000012 Adult Section: N  
HAND CARD HAQ-5.  
DESSERTS, SWEETS, AND BEVERAGES  
HOT AND ICED BEVERAGES.

(In the past month, how often did you have...)

ENTER 00 IF NEVER.

|  | Times | per | 1=Day,2=Week,3=Month |
|--|-------|-----|----------------------|
| g. Regular tea with caffeine?  | (7 )  | per | (2 )                 |
| h. Beer and lite beer?   | (5 )  | per | (2 )                 |
| i. Wine, wine coolers, sangria, and champagne?   | (1 )  | per | (2 )                 |
| j. Hard liquor such as tequila, gin, vodka, scotch, rum, whiskey, and liqueurs, either alone or mixed? | (00 ) | per | ( )                  |

[TURN HAND CARD PAGE]

20.1407 AN7A

ID: 002-1000012 Adult Section: N RESTART  
HAND CARD HAQ-5.

FATS

(In the past month,) how often were these items added to your foods after preparation? For example this would include on top of vegetables or baked potatoes, or as a spread on bread.

ENTER 00 IF NEVER.

|   | Times | per | 1=Day,2=Week,3=Month |
|---|-------|-----|----------------------|
| a. Margarine?   | (7 )  | per | (2 )                 |
| b. Butter?  | (00 ) | per | ( )                  |
| c. Oil and vinegar, mayonnaise and salad dressings such as Italian and Thousand Island, including those added to salads and sandwiches? | (2 )  | per | (2 )                 |

[TURN HAND CARD PAGE]

**AN6G**

- g. Include flavored hot or iced teas such as Earl Grey or orange spice as long as they are not decaffeinated. Exclude all decaffeinated teas (e.g., chamomile) and herbal teas.
- h. Do not include nonalcoholic beer (e.g., Near Beer). Do include all other types of beer: stout, ale, malt liquor, or any type of low calorie beer.
- i. Include all types of wine, "light" wines, port and sherry. Do not include nonalcoholic wines.
- j. Include all types of liquor such as brandy and liqueurs, amaretto, creme de menthe, etc. Include other distilled beverages, such as Canadian and blended whiskeys, tequila, etc. Include alcohol in mixed drinks such as daiquiris, white/black Russians, and rum and coke.

**AN7****Fats**

Read the introductory statement.

**AN7A**

- a. Include salted and unsalted, regular and diet, tub, stick or liquid. Include margarine/butter blends and imitation margarines such as Shedd's Spread.
- b. Include all types salted and unsalted. Do not include imitation flavorings such as Butter Buds or Molly McButter.
- c. Include regular, light, low calorie, low sodium; include homemade and commercial, both bottled and dry mixes. Include real, imitation and mayonnaise type dressings like Miracle Whip.

Have I missed any other foods or beverages that you had at least once per week in the past month?

( 2 )

- 1. YES
- 2. NO

20.14082 AN8A

What other food or beverage did you have at least once a week?

( )

- |  |   |
|--|---|
| 1. EGG SUBSTITUTES/EGG BEATERS                                       | 8. WATER, SELTZER AND SODA<br>(INCLUDE CLUB SODA) |
| 2. DECAFFEINATED COFFEE<br>(INCLUDE DECAFFEINATED ESPRESSO)          | 9. LEMONADE                                       |
| 3. DECAFFEINATED/HERBAL TEA  | 10. TOFU  |
| 4. GATORADE (INCLUDE ELECTROLYTE<br>REPLACEMENT BEVERAGES)           | 11. LAMB  |
| 5. WATER (PLAIN), TAP<br>(INCLUDE HOME SPRING WATER)                 | 12. VENISON                                       |
| 6. WATER (PLAIN), MINERAL (INCLUDE<br>BOTTLED WATER SUCH AS PERRIER) | 13. NON-ALCOHOLIC BEER                            |
| 7. WATER (PLAIN), SPRING<br>(INCLUDE BOTTLED SPRING WATER)           | 14. PANCAKES/WAFFLES                              |
|  | 15. OTHER-SPECIFY                                 |

How often did you have this food or beverage in the past month? ( ) per ( ) Times

1. Day  
2. Week  
3. Month

20.14084 AN8A2

Are there any other foods or beverages that you had at least once per week in the past month that I have missed?

( )

- 1. YES
- 2. NO

## QUESTIONS AN8 - AN10

- AN8** Two broad categories of items are included in this question: (1) food items the SP forgot to mention earlier, and (2) foods that were not included in any of the categories already asked about. In either case if the SP says "yes", enter Code 1.
- AN8A** This list is comprised of those food items commonly mentioned. Enter the code that corresponds to the food or beverage mentioned by the SP and record the frequency. If the item is not covered by codes 1 through 14, enter Code 15 (OTHER-SPECIFY), and enter the SP's answer verbatim.
- AN8A2** After every entry, you will ask AN8A2, "Are there any other foods or beverages that you had at least once per week in the past month that I missed?" The key phrase in this question is "at least once per week in the past month". If "YES" you will reask AN8A. You will continue to ask these two questions (AN8A2 - AN8A) until the SP responds that there are no other foods and beverages you have missed. Should an SP report an item whose frequency was less than once per week, disregard the answer and reread the question.

20.1410 AN10A

ID: 002-1000012 Adult Section: N RESTART  
HAND CARD HAQ-6.

Now I am going to ask how often you drank milk over your lifetime. Try to remember whether you were a milk drinker or a non-milk drinker during different times in your life. Then think of certain events that might have occurred during each time period; for example, were you in school, at home with children, on a farm, or in the service.

How often did you drink any type of milk, including milk added to cereal, when you were a child (5-12)? Do not include small amounts of milk added to coffee or tea.

( 1 )

1. more than once per day
2. once per day
3. less than once per day but  
more than once per week
4. once per week
5. less than once per week
0. never

20.14101 AN10B

ID: 002-1000012 Adult Section: N

(Now I am going to ask how often you drank milk over your lifetime. Try to remember whether you were a milk drinker or a non-milk drinker during different times in your life. Then think of certain events that might have occurred during each time period; for example, were you in school, at home with children, on a farm, or in the service.)

How often did you drink any type of milk, including milk added to cereal, when you were a teenager (13-17)? Do not include small amounts of milk added to coffee or tea?

( 2 )

1. more than once per day
2. once per day
3. less than once per day but  
more than once per week
4. once per week
5. less than once per week
0. never

## **AN10A - AN10E**

If the SP is under 20 years old, CAPI will skip you to the next section. If 20 or older, you will continue with AN10.

The text of these questions is essentially the same. The only difference in the questions is that each deals with a distinct age range. CAPI will display the appropriate age range question based on the SP's age.

Since you have already conducted part of the interview, you may already be aware as to whether an SP is illiterate, or for some reason, would not be able to see or understand the hand card. Be sensitive to the fact that there are people who will not be able to read the categories. When you give the SP the hand card, explain that these are the answer categories. Either give the SP a minute to read them or review them with the SP yourself. Since many SP's will continue to respond with the food frequency answers, you might add something to the effect that the answer categories are somewhat different than those of the food frequency; not as much detail is needed.

Some SP's will find it difficult to recall how much milk they drank during a particular age range, so encourage them to think about what they were doing at that time in their lives. Many times an elderly SP will initially say that he/she cannot remember, but upon probing and with some encouragement, many of these SP's will be able to give accurate answers. Did the SP bring lunch to school or buy it at school? Are there certain individual or family eating patterns that he or she can remember? Remind the SP that we just want their best estimate within the answer categories.

If the SP says that his or her milk drinking habits changed significantly within one time period, encourage the SP to "average." For example, if a woman says that she drank milk "less than once a week" from 20 to 23 years old, but drank milk "more than once a day" during that same time period when she was pregnant, encourage her to choose what she would consider usual for that time period. If the SP cannot, record the response in "comments" (CTRL/K).

API and  
20.16011 AP10V

ID: 002-1000012 Adult Section: P RESTART

Do you have total blindness in one or both eyes?

( 1 )

1. YES
2. NO

In one or both eyes?

( 1 )

1. one
2. both

**P**                    **Vision and Hearing**

This section is primarily concerned with vision and hearing problems, corrective treatment, measurement of vision and hearing, and some investigation into the causes and history of vision/hearing problems.

The last three questions (AP17ALT - AP19) deal with memory and are asked only of those SPs who are 60 years old or older.

**AP1**                    Time frame is now.

Blindness is an inability to see that is not correctable, for example, with eyeglasses or contact lenses.

**AP10V**                Self-evident

20.1602 AP2

ID: 002-1000012 Adult Section: P

Do you use ...

(3 )

1. eyeglasses,
2. contact lenses,
3. both, or
4. neither?

INCLUDE EYEGLASSES THAT JUST MAGNIFY.

20.1603 AP3

ID: 002-1000012 Adult Section: P

Do you have trouble seeing with one or both eyes,  
even when wearing glasses or contact lenses?

(1 )

1. YES
2. NO

**AP2** Ask question AP2 to determine if the person uses eyeglasses or contact lenses (or both), including glasses that just magnify.

If the respondent mentions that eyeglasses/contacts are only used occasionally, enter Code 1 (YES). For example, enter Code 1 (YES) when the SP says "I only wear them when I drive at night," "Only when I go to the movies," or "I only use them for reading." However, if the SP mentions that s/he has eyeglasses/contacts but does not USE them, enter Code 2 (NO).

Eyeglasses -- Includes prescription eyeglasses as well as non prescription eyeglasses purchased at drug stores or variety stores. Do not include nonprescription sunglasses or safety glasses, which are worn for protection only.

Contact Lenses -- Artificial lenses put directly in the eye for corrective purposes. Do not include contact lenses that are only cosmetic -- that is, to change eye color with no corrective function.

**AP3** If the response indicates that the person may only have trouble when s/he does not use his/her glasses (or contacts), stress the phrase, "even when wearing glasses." For example, if the response to AP3 is "I have trouble reading without my bifocals," ask "Do you have trouble seeing with one or both eyes **EVEN WHEN WEARING GLASSES (OR CONTACTS)?**" For responses such as "I don't have glasses/contacts," re-ask the question, deleting the phrase "even when wearing glasses/contacts." Likewise, if the problem exists, for example, only when the glasses are worn, as in "I have trouble seeing distant things when I have my reading glasses on." re-ask the question, omitting the "even when..." phrase. If the response is still not clear, be sure to document this in the "comments" field (CTRL/K).

20.1604 AP4

ID: 002-1000012 Adult Section: P

STREET

When wearing your eyeglasses or contact lenses can you see well enough to recognize a friend across the street?

( 2 )

1. YES
2. NO

20.1605 AP5

ID: 002-1000012 Adult Section: P

ROOM

When wearing your eyeglasses or contact lenses can you see well enough to recognize a friend across a room?

( 2 )

1. YES
2. NO

20.1606 AP6

ID: 002-1000012 Adult Section: P

AT ARM'S LENGTH AWAY

When wearing your eyeglasses or contact lenses can you see well enough to recognize a friend who is at arm's length away?

( 2 )

1. YES
2. NO

20.1607 AP7

ID: 002-1000012 Adult Section: P

GET CLOSE TO HIS/HER FACE

When wearing your eyeglasses or contact lenses can you see well enough to recognize a friend if you get close to his/her face?

( 1 )

1. YES
2. NO

**AP4-AP9** AP4-AP9 are designed to gather information about how well the SP sees in various circumstances while wearing any lenses or glasses necessary for his/her best vision. The intent of the questions is whether the SP can see.

**AP4 - AP7** If the SP only wears reading glasses and therefore would not have his/her best distance vision while wearing them, reask the question omitting the phrase "when wearing your eyeglasses". If the respondent continues to have problems answering the question probe with the phrase "Wearing your glasses or contact lenses if you need to, in general can you see ...".

20.1608 AP8

ID: 002-1000012 Adult Section: P

READ ORDINARY NEWSPAPER PRINT

When wearing eyeglasses or contact lenses can you see well enough to read ordinary newspaper print?

( 2 )

1. YES
2. NO

20.1609 AP9

ID: 002-1000012 Adult Section: P

When wearing eyeglasses or contact lenses can you see well enough to read large print such as newspaper headlines?

( 1 )

1. YES
2. NO

**AP8 - AP9** Note that questions AP8 and AP9 mean only whether or not the SP can SEE newsprint or headlines well enough to read them. S/he does not have to be able to read.

20.16101 AP10 and AP100V

ID: 002-1000012 Adult Section: P

Do you now have total deafness in one or both ears?

( 1 )

1. YES
2. NO

In one or both ears?

( 1 )

1. one
2. both

20.1611 AP11

ID: 002-1000012 Adult Section: P

Do you use a hearing aid?

( 1 )

1. YES
2. NO

**AP10 and  
AP100V**

See specifications for AP1. Time frame is now.

**AP11**

A hearing aid is a device that the person wears. Exclude special telephones, programs, or other home or commercial equipment that help the person but that are not personal devices. Reference period is now.

20.1612 AP12

ID: 002-1000012 Adult Section: P

Do you have trouble hearing  
(even when wearing your hearing aid)?

( 1 )

1. YES
2. NO

20.1613 AP13

ID: 002-1000012 Adult Section: P

Let's be more specific.

With a hearing aid can you hear most of the things  
people say?

( 2 )

1. YES
2. NO

**AP12** The phrase "even when wearing your hearing aid" will only appear if the respondent has reported wearing one in AP11. Enter Code 1 (YES) if SP has any trouble hearing with or without a hearing aid.

Include any chronic hearing problem even if the problem comes and goes. Exclude any non-hearing problem even if it is related to the ear (e.g., ringing in the ear). Note that the time frame is ever. If the respondent has trouble hearing in crowded places, but no trouble hearing at home, probe "In general (or overall) do you have trouble hearing?"

**AP13** Do not try to define "most" for the respondent. The words "with a hearing aid" will only appear if the respondent has reported wearing one in AP11.

20.1614 AP14

ID: 002-1000012 Adult Section: P

With a hearing aid can you hear only a few words  
people say or loud noises?

( 1 )

1. YES
2. NO

20.1615 AP15

ID: 002-1000012 Adult Section: P

Do you have difficulty using a telephone because of  
hearing problems?

( 1 )

1. YES
2. NO
3. NO PHONE

**AP14** The intent of AP14 is to determine if the respondent has suffered serious hearing loss, defined here as hearing only a few words people say or hearing only loud noises. If the SP reported wearing a hearing aid in AP11, the words "with a hearing aid" will be displayed.

**AP15** "Difficulty" should be respondent-defined.

20.1617 AP17ALT

ID: 002-1000026 Adult Section: P

I am going to name 3 objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.

"Apple" "Table" "Penny"

Could you repeat the 3 items for me?

1st TRIAL

1=CORRECT,2=ERROR

APPLE: ( 1 )

TABLE: ( 1 )

PENNY: ( 2 )

20.16171 AP17A

ID: 002-1000026 Adult Section: P

THE 1st TRIAL WAS UNSUCCESSFUL, CONTINUING ON WITH THE 2nd TRIAL.  
PRESS ENTER TO CONTINUE.

20.1617 AP17ALT

ID: 002-1000026 Adult Section: P

I am going to name 3 objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.

"Apple" "Table" "Penny"

Could you repeat the 3 items for me?

2nd TRIAL

1=CORRECT,2=ERROR

APPLE: ( 1 )

TABLE: ( 1 )

PENNY: ( 1 )

## QUESTIONS AP17ALT - AP19:

This series of questions are concerned with memory. CAPI will only display this series for those SPs who are 60 years old or older AND the interview is not being conducted with a proxy.

Ask these questions naturally as you would any others. If an SP is having trouble answering, you might encourage him/her by saying "Do the best you can." or "Just give it a try.", but don't linger too long waiting for an answer. Give it a minute, then move on to the next question, reassuring the SP with a "nice try" or "thanks for trying." We don't want the SP to feel any kind of pressure or awkwardness.

**AP17ALT** Read the introductory statement and make sure the SP is attentive when beginning the question. Don't start until the SP indicates s/he is ready. Read the instructions and the three items slowly to the SP. If the SP asks you to repeat the three items, your response should be "Can you tell me the items I just mentioned?" or say "Just do the best you can." Listen to the SP's response carefully. If "apple", "table" or "penny" is mentioned, enter a Code 1 (CORRECT) in the field next to that item. If the item is not mentioned, enter Code 2 (ERROR) next to the item. The order in which the SP names the objects is not important.

**AP17A** CAPI will repeat this memory question until all three items are learned or you have repeated them three times (3 trials), whichever comes first. After each trial, CAPI will display a message instructing you how to proceed. Press enter to continue with the next trial. If SP has not learned the three items after three repetitions you will move on to AP18.

20.1618 AP18

ID: 002-1000026 Adult Section: P

If you have \$20 and you take away \$3, how many dollars do you have left?

Keep subtracting \$3 from the answer until I tell you to stop.

RECORD ANSWERS, WHETHER CORRECT OR NOT.

ENTER 66 IF RESPONDENT SAYS CAN'T DO.

- |           |           |
|-----------|-----------|
| a. (\$17) | \$ ( 14 ) |
| b. (\$14) | \$ ( 11 ) |
| c. (\$11) | \$ ( 8 )  |
| d. (\$8)  | \$ ( 5 )  |
| e. (\$5)  | \$ ( 2 )  |

STOP

**AP18**

Read the introductory statement to the SP, then ask AP18 in two parts. First ask "If you have \$20 and you take away \$3, how many dollars do you have left?" Then instruct the respondent to "keep subtracting \$3 from the answer until I tell you to stop." The recording rules here are different from those in the previous question. In this series, you are to record the SP's answer (whether it is correct or incorrect). Notice that the correct answers are listed in the first column. Record each answer in the field across from the letter, working your way down to "e," after which you will instruct the respondent to STOP.

If the SP does not understand the instructions at first, repeat them. If s/he starts subtraction and loses his/her place, do not supply SP's last answer. S/he may start over only once on his/her own initiative. Record the answers VERBATIM.

Subtractions are to be done in the head. Do not allow the SP to use pencil and paper. If the SP doesn't respond immediately, ask him/her to do the subtraction out loud.

If SP stops too soon, say to him/her tactfully, "Please subtract \$3 from the last answer you gave me and keep subtracting \$3 until I tell you to stop."

If SP says s/he cannot subtract, ask, "Would you be willing to give it a try?" If SP still refuses, enter SHIFT/7 (REFUSAL), for each answer not attempted. Similarly, enter SHIFT/7 (REFUSAL) for each answer not attempted if SP says s/he is too tired or doesn't want to do it. In either case be sure to enter the reason for refusal in the comments field (CTRL/K).

Now what were the 3 objects I asked you to remember?

Could you repeat the 3 items for me?

SCORE FIRST TRIAL.

DO NOT REPEAT ITEM TO RESPONDENT.

1=CORRECT ,2=ERROR

APPLE: ( 1 )

TABLE: ( 1 )

PENNY: ( 2 )

**AP19**

AP19 tests the SP's DELAYED MEMORY. Record the answer VERBATIM. Do not repeat the three items to the SP until SP's answer is complete and you have recorded it.

How would you describe the condition of  
your natural teeth ...

( 5 )

1. excellent,
2. very good,
3. good,
4. fair, or
5. poor?
6. HAS NO NATURAL TEETH

**Q                    Dental Care and Status**

Section Q is concerned with dental care habits, dental problems and treatment, and other jaw and mouth problems.

AQ1YF2            Read the response categories to the respondent. If respondent does not answer using one of the response categories, PROBE with "So, would you say that your natural teeth are (REPEAT ANSWER CATEGORIES)?" Categories are respondent-defined. NOTE THAT WE ARE TALKING ABOUT NATURAL TEETH, not dentures, etc. If SP does not have any of his/her natural teeth, enter Code 6 (HAS NO NATURAL TEETH).

10.0603 AQ2YF3 ID: 002-1000026 Adult Section: Q

What type of dental care do you need now?

HAND CARD HAQ-7.

CODE ALL THAT APPLY. CTRL/L TO LEAVE SCREEN.

( 2 ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

- |  |  |
|--|--|
| 1. teeth filled or replaced<br>(fillings, crowns, bridges) | 6. work to improve appearance<br>(braces or bonding) |
| 2. teeth pulled  | 7. other   |
| 3. gum treatment   | 9. NOTHING   |
| 4. denture work  | 10. CLEANING   |
| 5. relief of pain  | 11. CHECK-UP   |

10.0603 AQ2YF302

Do you have {SUBJECT'S } teeth cleaned at the check-up?

( )

1=YES, 2=NO

10.0603 AQ2YF304

INTERVIEWER: BECAUSE TEETH WERE CLEANED, PLEASE  
ENTER CODE NUMBER 10 - CLEANING.

PRESS ENTER TO CONTINUE

10.0604 AQ3YF4

ID: 002-1000026 Adult Section: Q

How long ago was your  
last visit to a dentist or dental hygienist?

ENTER 00 IF NEVER VISITED A DENTIST OR DENTAL HYGIENIST.

( 4 )  
number

- ( 3 )
1. days
  2. weeks
  3. months
  4. years

- AQ2YF3** Show respondent Hand Card HAQ-7 (identical to response categories in question). After respondent answers, enter all types of care mentioned. If the respondent mentions something other than those items on the list, enter Code 7 (OTHER) and record the response on the line provided. Note that "CLEANING" and "CHECK-UP" do not appear on the card. Do not read these words to the respondent. Enter the appropriate code if the respondent mentions either type of care. If the respondent says s/he does not need any type of dental care, enter Code 9 (NOTHING) and hit the ENTER key. CAPI will automatically advance to the next screen.
- AQ2YF302** Sometimes respondents forget to mention "cleaning" as part of the care they receive during a dental checkup. If the respondent mentions "Checkup" (Code 11) another question will appear to determine if cleaning was part of the checkup.
- AQ2YF304** If cleaning was a part of the checkup, CAPI will instruct you to enter Code 10 (CLEANING). Press the ENTER key to return to the next available field and enter the appropriate code.
- AQ3YF4** Enter a number in the field provided then enter the code that indicates whether the number refers to days, weeks, months, or years. If the SP has never been to a dentist/dental hygienist, enter Code 00.

10.0605 AQ4YF5

ID: 002-1000012 Adult Section: Q

How often do you  
go to the dentist or dental hygienist?

(1 )

MARK FIRST APPLICABLE RESPONSE.

1. at least once a year (or every six months)
2. every 2 years
3. less often than every 2 years
4. whenever needed - no regular schedule
5. other

10.0609 AQ5YF9

ID: 002-1000012 Adult Section: Q

Have you had  
"cold sores" or "fever blisters"  
on your lips in the past 12 months?

(1 )

1. YES
2. NO

10.0610 AQ6YF10

ID: 002-1000012 Adult Section: Q

Have you had  
"canker sores" or other ulcers or sores  
inside your mouth in the past 12 months?

(2 )

1. YES
2. NO

**AQ4YF5** Mark the first applicable response. We are looking for the usual frequency of visits to a dentist or dental hygienist. If Code 5 (OTHER) is entered, specify the response on the line provided.

**AQ5YF9** Time frame is the past 12 months.

**AQ6YF10**  
Time frame is the past 12 months.

10.0607 AQ8YF7

ID: 002-1000012 Adult Section: Q

Have you ever received  
orthodontic treatment such as wearing braces,  
bands, or removable appliances to straighten  
your teeth?

( 1 )

1. YES
2. NO

10.0608 AQ9YF8

ID: 002-1000012 Adult Section: Q

How old were you when you started  
your most recent orthodontic treatment?

( 13 )  
age

**AQ8YF7 - AQ9YF8**

These questions will only be asked of SPs under 50 years old.

**AQ8YF7** Time frame is ever.

**AQ9YF8** This question is only asked of those SPs who reported orthodontic treatment in the previous question. Asks for age when the SP started his or her most recent (or only) orthodontic treatment.

Now I'd like to ask you about tobacco use.

Have you smoked at least 100 cigarettes during your entire life?

APPROXIMATELY 5 PACKS.

( 1 )

1. YES
2. NO

R                   **Tobacco**

This section is concerned with the use of tobacco in all its forms, i.e., cigarettes, pipes, cigars, and chewing tobacco or snuff. We will be seeking information on regularity of use, starting and quitting experiences, and types of tobacco used.

AR1               Read the introductory sentence then ask AR1.

One hundred cigarettes is usually five packs of cigarettes. The 100 minimum is to eliminate those who never had a habit from answering the other questions. This is a convention used in many other health surveys.

Do not define "cigarettes" to the SP. If the SP asks, for example, whether little cigars are considered cigarettes, find out how they would classify them and accept that classification.

For those who answer "NO" (Code 2) CAPI will skip to AR19.

20.1802 AR2

ID: 002-1000012 Adult Section: R

How old were you when you first started smoking cigarettes fairly regularly?

ENTER 000 IF NEVER SMOKED REGULARLY.

(19 )  
age

20.1803 AR3

ID: 002-1000012 Adult Section: R

Do you smoke cigarettes now?

(1 )

1. YES
2. NO

**AR2** This can be difficult to answer since it depends on the SP's interpretation of "fairly regularly." We want to know the SP's age when smoking became routine or became an established habit for them rather than the time when they may have first experimented with cigarettes. Record the respondent's best estimate. Enter Code 000 if never smoked regularly.

**AR3** By "now" we mean the current month or so and not necessarily whether the SP has had a cigarette today. Even the use of a very small number of cigarettes at the present time would qualify as a "Yes" response.

Enter Code 1 (YES) for respondents who indicate they have stopped smoking temporarily, for example, due to illness, but expect to begin again.

20.1804 AR4

ID: 002-1000012 Adult Section: R

About how many cigarettes do you smoke per day?

ENTER 000 IF LESS THAN 1 PER DAY. ENTER 666 IF IT VARIES.

(2 )  
number

(2 ) 1. cigarettes per day  
2. packs per day

20.1805 AR5

ID: 002-1000012 Adult Section: R

For approximately how many years have you smoked this amount?

(20 ) years  
number

**AR4** We are interested in the current "usual" habit, the average number smoked on a typical day. Enter a number in the first field and the appropriate code to indicate whether the answer reflects cigarettes or packs

If the SP's answer is "it varies," probe for a more specific answer. If after probing the answer is still "varies" enter "666". This should only be done for those whose habit is so irregular and variable that no "average" value can accurately reflect the SP's habit.

**AR5** Record the total duration of the amount of cigarettes specified in AR4. We are interested in total years of smoking rather than the length of any one period of smoking. For example, suppose the SP smokes one pack per day now. The SP has smoked this amount for the past 10 years but volunteers that s/he also smoked this same amount 20 years ago for 5 years. The value to be recorded is 10 years plus 5 years = 15 years at 1 pack per day.

If the respondent indicates a period "less than 1 year", record in comments (CTRL/K).

Was there ever a period of a year or more when you smoked more than 2 packs of cigarettes per day?

( 1 )

1. YES
2. NO

During the period when you were smoking the most, about how many cigarettes per day did you usually smoke?

ENTER 000 IF LESS THAN ONE PER DAY  
ENTER 666 IF IT VARIED.

( 4 )  
number

- ( 2 ) 1. cigarettes per day
2. packs per day

**AR6** CAPI will insert the number of cigarettes the respondent smokes per day (from AR4) into the text of this sentence. The time period specified is a year or more.

**AR7** An approximate number is acceptable here. Enter a number in the first field and the appropriate code to indicate cigarettes per day/packs per day. Enter Code 666 (varies) only after probing and only for those whose habit is so irregular and variable that no "average" value can accurately reflect the SP's peak habit.

20.1808 AR8

ID: 002-1000012 Adult Section: R

For how many years did you smoke that amount?

(12 ) years  
number

20.1809 AR9

ID: 002-1000012 Adult Section: R

Have you ever quit smoking for a period of one year or longer?

(1 )

1. YES
2. NO

**AR8** The phrase "that amount" refers to the amount smoked in AR7. See specifications for AR5.

**AR9** By "one year or longer" we mean at least one year continuously off cigarettes.

20.1810 AR10

ID: 002-1000012 Adult Section: R

Since you first started smoking; how many years altogether  
have you stayed off cigarettes?

ENTER 000 IF LESS THAN 1 YEAR.

( 3 ) years  
number

AR10 Count all of the time off cigarettes, summing up not only the long intervals of six months or more but the shorter intervals as well: For example, if an individual quit for 18 months and then again for 7 months, record "2 years." Follow the standard rounding rule in Section 6.2, General Interviewing Techniques Manual.

20.1811 AR11

ID: 002-1000026 Adult Section: R

About how old were you when you last smoked cigarettes fairly regularly?

PROBE: How old were you when you quit smoking cigarettes?

(30 )  
age

20.1812 AR12

ID: 002-1000026 Adult Section: R

About how many cigarettes per day did you usually smoke at that time?

ENTER 000 IF LESS THAN 1 PER DAY. ENTER 666 IF IT VARIED.

(3 )  
number

(2 ) 1. cigarettes per day  
2. packs per day

20.1813 AR13

ID: 002-1000026 Adult Section: R

Did you quit smoking because you had a health problem that was caused or made worse by smoking?

(1 )

1. YES  
2. NO

### **AR11-AR12-AR13**

These questions will only appear for those SPs who reported in previous questions that they no longer smoke.

**AR11** We are looking for the point in time when the person generally quit, even if s/he had a couple of cigarettes after that point.

Use probe if SP has difficulty remembering when s/he last smoked regularly.

**AR12** See AR4 for general guidelines. We want the person's main pattern prior to quitting. Ignore very brief aberrations in their usual habit due to their efforts to quit. For example, if a person smoked 20 cigarettes per day for the 10 years just prior to quitting, but one month before stopping altogether the SP cut down by 2 cigarettes per day, the response to this question should be 20 cigarettes per day.

**AR13** The major distinctions important to make are whether the person had a medical problem that caused or was made worse by smoking and inspired him/her to quit, e.g., a cough, an allergy, a heart attack, etc., or whether they were influenced or motivated by other factors. If the SP quit because of an existing health problem, enter Code 1 (YES) but if s/he did not quit because of a health problem, enter Code 2 (NO).

Have you ever used chewing tobacco or snuff?

( 1 )

1. YES
2. NO

**AR14**      **Chewing tobacco and snuff** are preparations of pulverized tobacco that are chewed, placed against the gums, or more rarely, inhaled through the nostrils. The tobacco is not burned. Enter Code 1 (YES) even if the SP only tried this product once.

Some persons call snuff "snouse."

20.1815 AR15

ID: 002-1000026 Adult Section: R

At what age did you first start using chewing tobacco or snuff fairly regularly?

IF BOTH USED, ENTER EARLIEST AGE.

ENTER 000 IF NEVER USED REGULARLY.

(29 )  
age

20.1816 AR16

ID: 002-1000012 Adult Section: R

Do you use chewing tobacco or snuff now?

(1 )

1. YES
2. NO

**AR15-AR22**

These questions are only asked of those SPs who have reported using chewing tobacco/snuff in AR14.

**AR15** Some people may be hesitant to describe use as "regular," even if they used the product frequently. We still want to capture as much information about these persons as possible. Record the best age estimate.

Enter Code 000 if the SP never used the product regularly.

**AR16** By "now" we mean in the past month or so.

20.1817 AR17

ID: 002-1000012 Adult Section: R

Which - chewing tobacco or snuff?

( 3 )

1. chewing tobacco
2. snuff
3. both

20.18183 AR180V3

ID: 002-1000012 Adult Section: R

How many containers do you use per day or per week?

snuff ( 1 ) per ( 2 ) 1. day  
containers 2. week

chew ( 2 ) per ( 2 ) 1. day  
containers 2. week

**AR17**      **Chewing tobacco comes in several forms.** It may be compressed into a plug about 3" by 2"; it may be in the form of loose leaves. It may be in small, moist particles (sometimes called fine-cut chewing tobacco). Rarely, it comes in a braid, called a twist. Snuff may also be in the form of small, moist particles and there may be some natural and unavoidable confusion with chewing tobacco. Snuff also comes as fine, dry particles, although this is less common.

**AR18OV3**

The construction of this screen depends on the SP's answer to AR17. If the SP reports using both chewing tobacco and snuff (Code 3 in AR17), you will ask about both items in this question. We are interested in the current "usual" habit, the average number of containers used per day or week.

Where in your mouth do you usually place the  
chewing tobacco/snuff?

a. In the right side, left side,  
or front of your mouth?

( 1 )

1. right
2. left
3. front

b. In the top or bottom of your  
mouth?

( 5 )

1. top
2. bottom
3. OTHER
5. NO SPECIAL  
PLACE

AR19 The CAPI program will require that you answer both "a" and "b" in question AR19. If the respondent's answer does not fit into one of the categories shown, for example, if s/he shows you a spot in his/her mouth, or says something vague such as "near my front teeth," re-ask "a" and "b" "Would you say that is on the right side of your mouth?"

If s/he mentions another place or says that s/he purposely moves the product around in his/her mouth to avoid cancer, enter a SHIFT/8 (DON'T KNOW) in the first field (a) and Code 3 (OTHER) in the second field (b). Specify this response on the line provided.

If the SP says there is no special place, enter a SHIFT/8 in the first field (a) and a Code 5 (NO SPECIAL PLACE) in the second field (b). However, never enter a Code 5 without probing.

20.1820 AR20

ID: 002-1000026 Adult Section: R

About how old were you when you last used  
chewing tobacco/snuff fairly regularly?

( 34 )  
age

20.1821 AR21

ID: 002-1000026 Adult Section: R

Which did you use - chewing tobacco or snuff?

( 3 )

1. chewing tobacco
2. snuff
3. both

20.1822 AR22

ID: 002-1000026 Adult Section: R

Did you quit using chewing tobacco/snuff because you had a  
problem that was caused or made worse because you used them?

( 1 )

1. YES
2. NO

20.1823 AR23

ID: 002-1000012 Adult Section: R

Have you ever smoked at least 20 cigars in your entire life?

( 1 )

1. YES
2. NO

**AR20** This question is only asked of those SPs who reported that they quit using the product in previous questions. We are looking for the point in time (age) when the person generally quit, even if s/he used (chewing tobacco/snuff) a couple of times after that point.

**AR21** The intent of this question is to determine which product the SP used at the time s/he quit.

**AR22** This question is only asked of SPs who reported that they quit using the product in previous questions.

**AR23** The 20 cigar minimum is to eliminate those who never had a habit from answering the other questions about the product.

20.1824 AR24

ID: 002-1000012 Adult Section: R

Do you now smoke cigars?

( 1 )

1. YES
2. NO

20.1825 AR25

ID: 002-1000012 Adult Section: R

How many cigars do you smoke per day?

( 1 ) cigars  
number

**AR24** By "now" we mean the current month or so and not necessarily whether the SP has had a cigar today. Even the use of a very small number of cigars at the present time would qualify as a Code 1 (YES).

Enter Code 1 (YES) for respondents who indicate they have stopped smoking temporarily, for example, due to illness, but expect to begin again.

**AR25** We want the current "usual" habit, the average number smoked on a typical day.

20.1826 AR26

ID: 002-1000012 Adult Section: R

Have you ever smoked at least 20 pipefuls of tobacco in your entire life?

( 1 )

1. YES
2. NO

20.1827 AR27

ID: 002-1000012 Adult Section: R

Do you now smoke a pipe?

( 1 )

1. YES
2. NO

20.1828 AR28

ID: 002-1000012 Adult Section: R

How many pipefuls of tobacco do you smoke per day?

( 1 ) pipefuls  
number

**AR26 - AR28**

See specifications for AR23-AR25.

## **S Occupation/Language Use**

This section contains questions about employment status, type of work (if employed), work conditions and occupational exposures, disabilities, and language use.

**Questions AS1-AS22** obtain work information. Questions AS23-27 focus on disabilities, and Questions AS28-AS29 concentrate on language use.

Note the following definitions:

### 1. Work

■ Include the following as "work":

(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 an employee of the National Guard or Department of Defense.

(5) Serving on paid jury duty.

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

■ Do not include as "work":

(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. (NOTE - Persons on active duty with the Armed Forces should have been excluded by the Screener Questionnaire. They should not be administered the HAQ.)

(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.

- 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 s/he 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.

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

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

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

- Do not consider 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."

- 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.

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 a "job."

Do not consider casual work such as that performed by a craft worker or odd-job carpenter or plumber as a business.

Consider questionable or borderline cases to be work at a job rather than own business.

4. 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 business as being on layoff.
5. Looking for Work -- Any effort to get a job or to establish a business or profession. A person was looking for work if s/he 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.
  - Writing letters of application
  - Visiting locations where prospective employers pick up temporary help.

Also, consider persons "on call" at a personnel office, union hiring hall, professional register, etc., as looking for work. Include as looking for work, persons who have made an effort to start a professional practice or explored the possibilities for opening a new business during the past 2 weeks, even though these efforts may not have been successful.

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 employment questions in this series 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. (NOTE: The list of programs is not all-inclusive. Use the "General" guidelines for programs not specifically covered.)

a. General

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

- Do not consider the person as working or with a job if s/he 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 and 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 s/he receives on-the-job training.
  - Do not consider the participant as working or with a job if s/he receives training in a school or other institutional setting.
  - Consider the participant as working if s/he receives both on-the-job and institutional training. (NOTE: Count only the time spent on the job as working, however.)
- 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 s/he worked full- or part-time in addition to any training received. (NOTE: 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 s/he 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 one 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 is the activity at the time of interview. Do not consider them as working or with a job if they are going to school at the time of interview.

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 --

T  
h  
e  
s  
e  
p  
r  
o  
g  
r  
a  
m  
s  
p  
r  
o  
v

i  
d  
e  
e  
m  
p  
l  
o  
y  
m  
e  
n  
t  
t  
o  
c  
h  
r  
o  
n  
i  
c  
a  
l

l  
y  
u  
n  
e  
m  
p  
l  
o  
y  
e  
d  
o  
r  
o  
l  
d  
e  
r  
p  
e  
r  
s  
o  
n

s  
f  
r  
o  
m  
p  
o  
v  
e  
r  
t  
y  
f  
a  
m  
i  
l  
i  
e  
s  
.  
C  
o  
n

s  
i  
d  
e  
r  
p  
e  
r  
s  
o  
n  
s  
i  
n  
e  
i  
t  
h  
e  
r  
p  
r  
o  
g

r  
a  
m  
a  
s  
w  
o  
r  
k  
i  
n  
g  
.

k. Veterans Apprenticeship and On-the-Job Training Programs -- 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."

NOTE: 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 the period, such persons did not work because of illness, vacation, etc., enter "No" in question AS1 and "Yes" in question AS2.

In this part of the survey I will ask about topics including your work experience, school attendance, and where you were born.

First I'll ask about what you are doing now.

During the past 2 weeks, did you work at any time at a job or business, not counting work around the house?

INCLUDE UNPAID WORK IN THE FAMILY (FARM/BUSINESS),

( 2 )

1. YES
2. NO

**AS1** Read the introduction, then ask AS1.

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 AS1 and enter a Code 1.

If a respondent is in doubt and states the nature of his/her work during the past 2 weeks, refer to the definition of "work" and "job" given earlier.

As the note instructs, ask specifically about unpaid 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.

20.1902 AS2

ID: 002-1000012 Adult Section: S

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

(1 )

1. YES
2. NO

20.1903 AS3

ID: 002-1000012 Adult Section: S

Were you looking for work or on layoff from a job?

(1 )

1. YES
2. NO

20.1904 AS4

ID: 002-1000012 Adult Section: S

Which ...

(3 )

1. looking for work,
2. on layoff from a job, or
3. both?

**AS2** 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, layoff, illness, maternity leave, or other personal reasons;

AND

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

If volunteered, do not consider a person to have a job if the person is waiting to begin a new job. 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 a person states that s/he is temporarily absent from a job on paternity or maternity leave, determine the total length of time the person expects to be away from the job. If the person has been, or expects to be, on paternity/maternity leave for a total of more than 90 days, enter Code 2 (NO) in question AS2, even if the job is being held for the person.

Example: A woman says that she has been on maternity leave for 4 months, but will return to her old job in 2 weeks -- mark Code 2 (NO) in AS2 since the total time away from her job exceeds 90 days. (NOTE: In this example, you would still mark Code 2 (NO) in AS2 even if the woman had returned to work during interview week.)

If the person intends to return to the job within 90 days of the date the maternity/paternity leave started, enter Code 1 (YES) in AS2.

**AS3** This question is asked only of persons who indicated they had not worked during the past 2 weeks.

**AS4** Enter Code 1 (looking for work), if the person made any effort in the preceding 2 weeks (that is, through the Sunday before interview week) to secure a job or establish a business.

Enter Code 2 (on layoff from a job), if the person was on layoff during the preceding 2 weeks.

Enter Code 3 (both), if the person was looking for work and on layoff during the preceding 2 weeks.

#### Special Situations for Questions AS3 and AS4

- a. 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.

b. 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 until the summer. For such persons, enter Code 2 (NO) in AS3 unless the person was laid off from a summer job or was looking for work.

c. 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 s/he 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, enter Code 1 (YES) in AS3 -- 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.

d. If it is volunteered that a person is waiting to begin a new job within 30 days of the interview, and was not on layoff during the past 2 weeks, enter Code 1 (YES) in AS3 and Code 1 (looking) in AS4. You will then describe the person's last full-time civilian job or business lasting 2 consecutive weeks or longer in AS7 to AS11. Enter the following in the "comments" field (CTRL/K) at AS3: "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, enter Code 1 (YES) in AS3 and Code 3 (Both) in AS4. You will then describe the job from which the person was laid off in item AS6 and AS8 to AS11.

e. 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 AS3 without probing to determine whether the person was temporarily absent or on layoff from a job during the past 2 weeks or was actively looking for work 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, re-ask question AS3 excluding the "new" job and code 1 (YES) or 2 (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 s/he looking for work, enter Code 2 (NO) in AS3.

f. 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. Use CTRL/B to go back to AS1 and correct the question by entering Code 1 (YES). You will then complete Question AS6 and AS8 through AS11 for the new business, professional practice, or farm.
- If no time was spent making arrangements during the past 2 weeks, ask question AS3 following AS2 specifications and enter the answer.

g. 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,

do not consider this as a layoff. In such cases, determine whether s/he was looking for a job and, if so, enter Code 1 (YES) and continue; if not, go back (CTRL/B) and make the necessary corrections to AS1 and AS2.

NOTE:            JOB AND BUSINESS DESCRIPTION QUESTIONS

Questions AS6 or AS7 through AS11 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 remainder of the survey to compare the relationships between jobs and health, exposure to hazards, time lost from work and other variables.

Note the following definitions:

1.            Work -- see definitions for work status series.
2.            Kind of business or industry -- The major activity of the establishment or business in which the person worked.
3.            Employee of a PRIVATE company, 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.
4.            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 business.
5.            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.
6.            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.
7.            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.
8.            Working WITHOUT PAY in a Family Business or Farm -- Working on a farm or in a business operated by a related member of the household, without receiving wages or

salary for work performed. Room and board and a cash allowance are not considered as pay for these family workers.

## GENERAL INSTRUCTIONS

1. Questions AS6 or AS7 through AS11 provide a full description of a person's civilian job or business. Each question must be completed as follows:

AS6 or AS7 -- Employer: The name of the company, business, organization, government agency, or other employer.

AS8 -- Kind of Business: The type of business or industry at the location where the person was working.

AS9 -- Kind of Work: The type of work the person was doing. Often stated as a job title.

AS10 -- Occupation: The most important activities or duties associated with the type of work the person was doing.

AS11 -- Class of Worker: Whether the industry and occupation described in AS6-AS10 identifies the person as working for:

- A PRIVATE employer
  - The FEDERAL Government
  - A STATE government
  - A LOCAL Government
  - Self employed in OWN business, professional practice, or farm
  - INCORPORATED
  - UNINCORPORATED or FARM
  - WITHOUT PAY in a family business or farm
  - NEVER WORKED or never worked at a full-time civilian job lasting 2 weeks or more
2. Ask questions AS6 through AS11 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 this series must refer to the same job or business and must present a consistent picture since you are describing only one job, business, or profession. When you get an inconsistency, probe to obtain adequate and consistent entries.

Example: A respondent reports

AS6/AS7. Joe's Barber Shop  
 AS8. retail jewelry store  
 AS9. barber  
 AS10. selling jewelry  
 AS11. 1 (private)

This is obviously inconsistent. Correct entries might be:

|          |                    |          |                      |
|----------|--------------------|----------|----------------------|
| AS6/AS7. | Joes.s Barber Shop | AS6/AS7. | Smith.s Jewelry Co.  |
| AS8.     | barber shop        | AS8.     | retail jewelry store |
| AS9.     | barber             | AS9.     | jewelry salesman     |
| AS10.    | cutting hair       | AS10     | selling jewelry      |
| AS       | 1                  | AS11     | 1                    |

OR

4. For persons who worked during the past 2 weeks, describe the job at which they worked.
  - a. If a person worked at more than one job during the past 2 weeks, or operated a farm or business and also worked for someone else, describe the one job at which s/he worked the most hours. If the person worked the same number of hours at all jobs, enter the one job at which s/he has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the main job.
  - b. If a person was absent from his/her regular job all of the past 2 weeks, but worked temporarily at another job, describe the job at which the person actually worked, not the job from which s/he was absent.
5. If a person had a job but did not work at all during the past 2 weeks, describe the job s/he 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 s/he usually works the most hours. If the person usually works the same number of hours at all jobs, enter the job at which s/he 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 s/he 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 civilian job which lasted 2 consecutive weeks or more. This may have been for wages or salary, in his/her own

business, or without pay on a family farm or in a family business. If the person never worked or never worked at a full-time civilian job lasting 2 weeks or more, enter "Never" in AS6/AS7 and "0" ("never worked or never worked at a full-time civilian job lasting 2 weeks or more") at AS11.

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 questions AS1 through AS11 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 Services" as a typist for an insurance firm, the AS6 through AS11 questions entries would be:

AS6/AS7. Kelly Services  
AS8. Temporary help employment contractor  
AS9. Typist  
AS10. Typing  
AS11. 1

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 AS11, Class of Worker, entries are the specific entries to be made for the examples.

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 "pay check" rule of thumb -- ask who pays the person and consider them as the employer.

Example: A person may say that s/he works for Local #212 of the plumbers' union. However, during the past 2 weeks s/he was working on a new construction project and was paid by Acme Contractors. Therefore, "Acme Contractors" would be the employer, not the union.

20.1906 AS6

ID: 002-1000012 Adult Section: S

For whom did you work?

ENTER NAME OF COMPANY, BUSINESS, ORGANIZATION, OR  
OTHER EMPLOYER.

Employer: ANDY'S A/C REPAIR SHOP

1.1907 AS7

ID: 002-1000026 Adult Section: S

For whom did you work at your last full-time civilian  
job or business lasting 2 consecutive weeks or more?

ENTER NAME OF COMPANY, BUSINESS, ORGANIZATION, OR  
OTHER EMPLOYER.

Employer: J.C. PENNEY INC.

## AS6-AS7

You will ask either question AS6 or AS7 depending on the respondent's previously determined work status in AS1 or AS4. If the SP has a job or is on layoff, Question AS6 will be displayed. If the SP does not have a job, even if s/he is looking for one, AS7 will be displayed.

### Employer

- a. 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. The answer fields in both AS6 and AS7 should be long enough so that you do not have to abbreviate. For persons who work or last worked for employers without company names (such as a farm, dentist's or lawyer's office, etc.), enter the name of the owner. For persons who worked for several different employers, like odd job or domestic workers, day workers, baby-sitters, etc., type "various persons" in AS6/AS7.
- b. 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.
- c. 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 AS6/AS7. If there is no business name, enter "self-employed," "own business," "family farm," etc.
- d. If the person never worked or never worked full-time 2 weeks or more, type "Never" in AS6/AS7, and enter Code 0 (never worked or never worked at a full-time civilian job lasting 2 weeks or more) at AS11.

## AS8-AS10

The next several questions contain open-ended response categories. An open-ended question is a question that does not contain a pre-coded choice of answer categories. Open-ended questions are used when researchers do not feel they know the full range of possible answers to a question. The respondent answers the question in his/her own words. The interviewer records exactly what the respondent says, word for word. This technique is called verbatim recording. The interviewer may neither paraphrase nor summarize the respondent's answer.

People talk faster than most interviewers can type, therefore the interviewer must have techniques for recording quickly and for slowing down the respondent without inhibiting him/her or biasing his/her answers. Some of these techniques include:

- Beginning to type as soon as the respondent begins to answer.
- Use of standard abbreviations. Use only abbreviations that are commonly known.
- Letting the respondent know what you are doing. "I need to record everything you're saying and I want to be sure I get it all down, so will you please speak slowly and bear with me while I type?"
- Repeat what you are typing as you type it. This is another way of letting the respondent know what you are doing, and is a good way of filling dead space in the interview.
- If you get lost, go back to the beginning, read what you have recorded and let the respondent take it from there. Do not suggest to the respondent what you think he/she was saying when you lost your place.
- The respondent will take a cue from your pace. Reading questions slowly shows him/her you aren't in a hurry, and that he/she shouldn't be either.
- Be aware of your space limitations. Some screens will not have enough space for you to record the complete verbatim response. In those situations, record the full response in comments and an "abbreviated" version on the screen.

In order to insure that we are getting enough correct information, you must listen carefully to what the respondent is saying while you are typing. You must be ready to probe. You should always use controlled, non-directive and neutral probes. Answers should be probed for clarity, completeness, and to the point of the question.

20.1908 AS8

ID: 002-1000012 Adult Section: S

What kind of business or industry is this? (For example, TV and radio manufacturing, retail shoe store, state labor department, farm.)

Industry: A/C & HEATER SERVICING

**AS8 Kind of Business or Industry**

- a. In order to give a clear and exact description of the industry, the entry must indicate both a general and 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 s/he 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 wholesales," 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 may carry 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 customers 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 AS8. However, sometimes the names of government agencies are not fully descriptive of their business or activity. A correct entry in AS8 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 sale" 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 AS6/AS7 and the employer's business or industry in AS8. Among those who normally work at different locations at different times are Census interviewers, building painters, and refrigeration mechanics. Their industry entries might be the 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, re tail antique furniture story, 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 AS6 through AS11 for the one who pays.
  
- k. Examples of adequate entries for question AS8: The following are examples of inadequate and adequate entries for kind of business or industry (question AS8). Study them carefully and refer to them periodically to familiarize yourself with the types of entries that are proper and adequate.

| <u>Inadequate</u>  | <u>Adequate</u>  |
|--|--|
| Agency   | Collection agency, advertising agency, travel agency, insurance agency.  |
| Aircraft components:<br>Aircraft parts                               | Airplane engine parts factory, propeller manufacturing, electronic instruments factory, wholesale aircraft parts, etc.   |
| Auto or automobile components; auto or                               | Auto clutch manufacturing, wholesale auto accessories, automobile tire manu-automobile parts   |
| facturing, retail sales and installation                             | of mufflers, battery factory, etc.   |
| Bakery   | Bakery plant (makes and sells to wholesalers, retail stores, restaurants, or home delivery), wholesale bakery (buys from manufacturer or 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;<br>Discount store                                    | Retail drug store, retail electrical appliances, retail general merchandise, retail clothing store, etc.   |
| Electrical components manufacturer;<br>Electrical parts manufacturer | Electronic tube factory, memory core manufacturing, transistor factory, manufacturer of tape readers, etc.   |

| <u>Inadequate</u>                                      | <u>Adequate</u>  |
|--|--|
| Engineering company                                    | Engineering consulting firm, general contracting, wholesale heating equipment, construction machinery factory.   |
| 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;<br>Manufacturer's representative | Specify product being sold, such as jewelry manufacturer's representative, 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 and electric utility, electric  
and 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 for its own use), 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 under contract to another company).

(3) National Geographic, Cancer Association, Brooking Institution (name of the nonprofit 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), customer 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.

Water company

Water supply irrigation system, water filtration plant.

Well

Oil drilling, oil well, salt well, water well.

20.1909 AS9

ID: 002-1000012 Adult Section: S

What kind of work were you doing? (For example, electrical engineer, stock clerk, typist, farmer.)

Occupation: VENTILATION ENGINEER

20.1910 AS10

ID: 002-1000012 Adult Section: S

What were your most important activities or duties?  
(For example - types, keeps account books, files,  
sells cars, operates printing press, finishes concrete.)

Duties: CLEANING AIR DUCTS

AS9-AS10

The answer in question AS9 should describe clearly and specifically the kind of work or nature of duties performed by the person. The answer in question AS10 should tell you the person's most important activities or duties. Often, the response to question AS10, together with the response to question AS9, will give the information needed to make the person's occupation description complete, and thus, adequate.

- a. How to ask: Ask question AS9, record the respondent's answer, and then ask question AS10. When the combination of entries in both questions AS9 and AS10 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 is provided to help clarify the use of the combined information in AS9 and AS10.

| <u>Inadequate</u> | <u>Adequate</u>     | <u>Adequate</u>     |
|-------------------|---------------------|---------------------|
| AS9 - Mechanic    | AS9 - Mechanic      | AS9 - Mechanic,     |
|                   | auto body           | repair              |
| AS10 - Repairs    | AS10 - Fixes dents, | AS10 - Repairs cars |
| cars              | replaces fenders    |                     |
| and other repairs |                     |                     |
| to auto bodies    |                     |                     |

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

- c. Examples of adequate entries for question AS9: The examples on the following pages are of inadequate and adequate occupation entries. If the combined entries for questions AS9 and AS10 provide the kind of information shown in the listing of adequate example, accept them as being adequate.

Inadequate

Accounting; Accounting work  
operator, tax auditor, accounts-payable clerk, etc.

Adjuster  
merchandise complaint adjuster, insurance adjuster.

Agent  
sales agent, advertising agent, purchasing agent.

Analyst; Analyzer  
analyst, computer systems analyst, etc.

Caretaker; Custodian  
tendent, gardener, groundskeeper, sexton, property clerk, locker attendant.

Claim examiner;  
Claim investigator;  
Claims adjuster  
adjuster Claims;  
analyst; Claims authorizer

Clerical; Clerical work; Clerk  
a store is a salesperson or sales clerk -- do not report them merely as a clerk.

Data Processing  
keypunch operator, computer operator, coding clerk, card tape converter operator.

Doctor  
osteopath, chiropractor.

Engineer  
engineer, mechanical engineer, aeronautical engineer.

Adequate

Certified public accountant, accountant, accounting machine

Brake adjuster, machine adjuster,

Freight agent, insurance agent,

Cement analyst, food analyst, budget

Janitor, guard, building superintendent, building superintendent, guard, building superintendent, property clerk, locker attendant.

Unemployment benefits claim taker, insurance adjuster, right-of-way claims agent, merchandise complaint, etc.

Stock clerk, shipping clerk, sales clerk. A person who sells goods in

Computer programmer, data typist,

Physician, dentist, veterinarian,

Civil engineer, locomotive

Inadequate

Entertainer

Equipment operator  
operator, trench operator.

Factory worker  
heater, turret lathe operator,  
weaver, loom fixer, knitter,  
stitcher, punch-press operator,  
spray painter, riveter.

Farmworker  
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  
farm hands 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 in the case for  
similar types of farmworkers.

Firefighter  
fighter, (city fire department),  
stationary fire engineer, fire  
boss.

Foreman/forewoman  
involved: foreman/forewoman  
carpenter, foreman/forewoman truck  
driver.

Graphic arts  
poster artist, art layout  
specialist, etc.

Group leader  
harvest crew boss, clerical group  
leader, labor gang leader,  
recreation group leader, etc.

Adequate

Singer, dancer, acrobat, musician.

Road grade operator, bulldozer

Electric motor assembler, forge

Farmer: for the owner, operator,

Locomotive fire stoker, city fire-

Specify the craft or activity

Illustrator, commercial artist,

Group leader on assembly line,

Inadequate

Heavy equipment operator

operator, monorail crane operator, dragline operator, Euclid operator.

Helper

janitor's helper.

IBM clerk;

IBM machine operator;

IBM operator

Interior decorator

AS9/AS10 differentiate between the interior decorator who plans and designs interiors for homes, hotels, etc., and those who paint, paperhang, etc.

Investigator

income tax investigator, financial examiner, detective, social welfare investigator, etc.

Laborer

porter janitor, stevedore, window washer, car cleaner, section hand, hand trucker.

Layout worker

compositor, commercial artist, structural steel worker, boilermaker, draftsperson, coppersmith.

Maintenance worker

electrician.

Mechanic

mechanic, radio mechanic, airplane structure mechanic, office machine mechanic.

Nun

possible, as grammar school teacher, housekeeper, art teacher, organist, cook, laundress, registered nurse.

Nurse; Nursing

practical nurse, nurse's aide, student nurse, professional nurse.

Adequate

Specify the type of equipment, such as: Clam-shovel operator, derrick

Baker's helper, carpenter's helper,

IBM card puncher, IBM tabulator, sorting machine operator, proof machine operator, etc.

Be sure that entries in question

Insurance claim investigator,

Sweeper, cleaning person, baggage

Pattern-maker, sheet-metal worker,

Groundskeeper, janitor, carpenter,

Auto engine mechanic, dental

Specify the type of work done, if

Registered nurse, nursemaid,

Inadequate

Office clerk;  
Office work;  
Office worker

Program analyst  
analyst, vocational director,  
manufacturing liaison planner, etc.

Program specialist  
systems supervisor, metal-flow  
coordinator, etc.

Programmer  
data programmer, radio or TV  
program director, senior computer  
programmer, production planner,  
etc.

Research;  
Research and  
development;  
Research and testing;  
Research assistant;  
Research specialist;  
Research work  
geologist.

Salesperson  
bond sales, canvasser, driver-sales  
(route-person), fruit peddler,  
newspaper sales.

Scientist  
political scientist, physicist,  
sociologist, home economist,  
oceanographer, soil scientist, etc.

Specialist  
as part of a job title, be sure to  
include a brief description of the  
actual duties in question AS10.  
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

Shipping department  
and receiving clerk, crater, order  
picker, typist, wraps parcels, etc.

Supervisor  
bookkeeper, steward, kitchen  
supervisor, buyer, cutting and  
sewing foreman/forewoman, sales

Adequate

Typist, secretary, receptionist,  
comptometer operator, file clerk,  
bookkeeper, physician's attendant.

Computer-systems analyst, procedure

Program scheduler, data processing

Computer programmer, electronics

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

Advertising sales, insurance sales,

Specify field, for example,

If the word specialist is reported

Adequate

What does the worker do? Shipping

Typing supervisor, chief

instructor, route foreman/forewoman

Teacher

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:

Teachers should report the level of

Level

Subject

|              |                    |
|--------------|--------------------|
| Preschool    | -                  |
| Kindergarten | -                  |
| Elementary   | -                  |
| Elementary   | Music              |
| Junior High  | English            |
| High School  | Physical Education |
| College      | Mathematics        |

professor

Technician

dental laboratory technician, x-ray technician.

Medical laboratory technician,

Tester

engine tester, battery tester.

Cement tester, instrument tester,

Trucker

electric trucker, hand trucker.

Truck driver, trucking contractor,

Works in stock room,  
bakery office, etc.

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."

Names of departments or places of work are unsatisfactory. The entry

- d. 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.
- e. 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).
- f. 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.
- g. Some special situations are:
- (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 s/he hires others to work for him/her.
  - (4) Paid housekeeper versus housemaid -- A paid housekeeper employed in a private home for wages has the full responsibility for the management of the household. A housemaid (general housework), hired helper, or kitchen help does not.
  - (5) Interior decorator versus painter or paperhanger -- An interior decorator designs the decoration plans for an interior of homes, hotels, offices, etc., and supervises the placement of the furniture and other decorations. A house painter or paperhanger only does painting or hangs paper.
  - (6) Machinist versus mechanic versus machine operator -- A machinist is a skilled craftsman who constructs metal parts, tools, and machines through the use of blueprints, machine and hand tools, and precise measuring instruments. A mechanic inspects, services, repairs, or overhauls machinery. A machine operator operates a factory machine (drill press operator, winder, etc.).
  - (7) Secretary versus official secretary -- Use the title "secretary" for secretarial work in an office; report a secretary who is an elected or appointed officer of a

business, lodge, or other organization as an "official secretary."

(8) Names of departments or places of work -- Occupation entries which give only the name of the department or a place of work are unsatisfactory. Examples of such unsatisfactory entries are "works in warehouse," "works in shipping department," "works in cost control." The occupation entry must tell what the worker does, not what the department does.

**AS10**

The responses to the activity question (AS10) 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 AS10:

**AS9** -  
serviceman  
**AS10** -  
in homes

Telephone Co.  
serviceman  
Installs phones  
transmission lines

**AS9** - Telephone Co.  
**AS10** - Repairs telephone

Each of these examples is an adequate combination of responses. The additional information obtained from question AS10 identifies different occupations even though in each sample the responses to question AS9 are the same. These two telephone company servicemen will be assigned different occupation codes.

**AS9** -  
**AS10** -  
balancing ledgers

Bookkeeper  
Keeping and  
keeping machine

**AS9** - Bookkeeper  
**AS10** - Operates a book-

Again, adequate responses are obtained in each example. On the basis of the detail provided by question AS10, these occupations will be coded in different categories.

These two examples illustrate the importance of the activity question (AS10) in obtaining adequate responses even though the question may seem repetitive.

EMPLOYER: ANDY'S A/C REPAIR SHOP  
OCCUPATION: VENTILATION ENGINEER  
INDUSTRY: A/C & HEATER SERVICING  
DUTIES: CLEANING AIR DUCTS

COMPLETE FROM ENTRIES ABOVE. IF NOT CLEAR, ASK:  
Were you an employee of...

(1 )

1. a private company, business or individual for wages, salary or commission?
2. a Federal government employee?
3. a State government employee?
4. a local government employee?
5. self employed in own business, professional practice, or farm?
7. working without pay in family business or farm?
0. never worked or never worked at a full-time civilian job lasting 2 weeks or more?

**AS11**

## Class of Worker

The entries for A6 through A10 will be displayed at the top of the screen. Complete this question using this information without asking the respondent. If you feel you cannot properly categorize the SP's industry/occupation, review your categorizations with the respondent.

Record the class of worker by entering one of the codes in question AS11. The information given in answer to question AS8 will usually be sufficient for identifying "class of worker." If the information previously supplies is not adequate for this purpose, ask additional questions as necessary, for example, "Were you a local government employee?"

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

a. If a person has more than one job or business, be sure you enter the code in AS11 which applies to the one job or business entered in questions AS6 through AS10.

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, enter Code 5 (self-employed in own business, profession practice, or farm).
- (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 peoples' households as self-employed.

- (7) Clergymen and nuns -- Enter Code 1 (private) 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 -- Code 2, 3, or 4 (federal, state or local, respectively) in question AS11.
- Record clergy not attached to a particular congregation or church organization, who conduct religious services in various places on a fee basis, as Code 5 (self-employed in their own professional practice) in question AS11.
- Enter Code 1 (private) for nuns who receive pay in kind.
- (8) Registered and practical nurses - private duty -- For nurses who report "private duty" for kind of business, enter Code 5 (self employed).
- (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 Code 1 (private). Such nonprofit organizations are controlled by private individuals elected by some form of membership.
- Record persons working at a post exchange as Code 1 (private). This nonprofit organization is controlled by government officials acting in their official capacity.
- (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 are furnishing the shelter and meals for certain time periods and are to be considered as operating their own business; enter Code 5 (self employed).
- (11) Boarding housekeepers -- Record boarding housekeepers who consider themselves as working and who perform this work in their own homes as "Own home" for industry with Code 5 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 Code 1 (private) 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 Code 5 (self employed) for class of worker. Report persons who do sales work for someone else (such as an Avon or Tupperware representative) as Code 1 (private) 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 enter a Code 2 (Federal government employee).

(14) Comsat, Amtrak, and Conrail -- Comsat, Amtrak, and Conrail are private companies and you should report the employees of these companies as Code 1 (private).

(15) For persons who have never worked at all or who have never worked at a full-time civilian job or business lasting 2 consecutive weeks or longer, enter Code 0 (never worked) in AS11. This situation should only occur for persons who were asked questions AS7, 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.

If necessary, refer to definition of terms in the introduction to questions in this series (AS6 through AS10).

20.19111 AS11A

Is this business ...

( )

1. incorporated,
2. not incorporated, or
3. a farm?

20.1912 AS12

ID: 002-1000012 Adult Section: S

For how long did you work at that job?

ENTER 00 IF LESS THAN 1 MONTH.

(12 ) (2 ) 1. months  
number 2. years

20.1914 AS14

ID: 002-1000012 Adult Section: S

At work, how many hours per day are you close enough to people who smoke so that you can smell the smoke?

ENTER 00 IF NONE.

(5 ) hours  
number

**AS11A**

When a person is self employed (Code 5 entered in question AS11) this screen will appear. It requires that you specify whether the business was incorporated or a farm. Enter the appropriate code.

**AS12**

This question is a continuation of the series of questions about the job mentioned in AS6/AS7. Read the appropriate phrase in parentheses depending on the SP's work status -- current/past job.

The answer category requires that you enter a number and the appropriate code to indicate the unit of measurement (i.e., months or years).

**AS14**

Refers to job SP is working now. Ask SP to estimate the number of hours s/he is close to people who smoke.

In your job as VENTILATION ENGINEER for  
ANDY'S A/C REPAIR SHOP, do you  
ever wear protective equipment such as safety glasses,  
protective gloves, a dust mask, or a respirator?

( 1 )

1. YES
2. NO

Do you ever wear any of the following equipment?

1=YES, 2=NO

- a. Safety glasses, goggles, or other  
protection such as face shields  
or welding hoods? ( 1 )
- b. Protective gloves (other than gloves  
for cold weather)? ( 1 )
- c. Dust mask? ( 1 )
- d. Respirator? ( 1 )

**AS15**

AS15 asks if SP wears any of the protective equipment listed while on the job. Time frame is ever. CAPI will insert the occupation and industry of the SP's current job in the text of this question.

**AS16**

AS16 asks if SP wears any of the listed equipment at any time, whether on the job or not. Enter the appropriate code for each item a-d. Time frame is ever.

20.1917 AS17

ID: 002-1000012 Adult Section: S

Thinking of all the paid jobs or businesses you ever had, what kind of work were you doing the longest? (For example, electrical engineer, stock clerk, typist, farmer.)

( 3 )

1. NEVER WORKED
2. ARMED FORCES
3. OCCUPATION CONSTRUCTION LABORER

20.1918 AS18

ID: 002-1000012 Adult Section: S

Considering all your employers, for how long did you do this kind of work?

ENTER 00 IF LESS THAN 1 YEAR.

(14 ) years  
number

**AS17** The previous questions (AS1 through AS16) have been about a **specific job** the respondent has or had. For the purpose of this section a job is defined as a regular activity with specific duties to be performed for an individual or company for a set fee. Some examples of a job would be: a legal secretary for a specific law firm, a line foreman for a large manufacturing company, or a nurse in the emergency ward of a metropolitan hospital.

AS17 changes the focus of this section to the **type of work or occupation** a respondent has held for the longest period of time **regardless** of the number of jobs he or she has held while performing that kind of work. An occupation is defined as an activity that serves as one's regular source of livelihood or vocation. In AS17 "type of work" should describe clearly and specifically the kind of work or nature of duties performed rather than the SP's specific job. It requires an occupational title.

It is possible, even probable for a person to have many jobs and only one occupation. For example, "Bookkeeper" is a person's occupation. In the course of his life he could hold many jobs that allowed him to practice this occupation. For example, he could have worked in several banks as a bookkeeper and then in a small business or in a business of his own.

Remember that question AS17 and subsequent questions gather information about the kind of work or occupation the respondent has had the longest not necessarily the occupation he or she has now. For example, a person may have been an elementary school teacher for twenty years but has been a construction worker for the last several years. In this case the type of work he has been doing the longest is "elementary school teacher."

Also remember that the kind of work the respondent has had the longest does not have to be the one he had in a number of **consecutive** jobs. For example, a respondent could have taught elementary school for part of his life in various schools but had numerous periods over the years when he was laid off. During those periods he could have been a manager in various men's clothing stores. The occupation he held the longest would be the occupation at which he spent the most days, months or years regardless of the number of employers he worked for and when he worked for those employers.

Enter the appropriate code in the field provided. If the respondent never worked or was in the Armed Forces for the longest period of time, CAPI will skip to the next question. However if s/he had another occupation, Code 3 (Occupation) should be entered. You will then be required to specify that occupation on the line provided.

**AS18** Refers to occupation reported in AS17, and asks for the total time SP did this kind of work, regardless of the number of employers. Enter "00" if less than one year.

20.1919 AS19

ID: 002-1000012 Adult Section: S

What kind of business or industry did you  
work in the longest period of time as a  
CONSTRUCTION LABORER?  
(For example, TV and radio manufacturing, retail  
shoe store, state labor department, farm.)

HOUSING CONSTRUCTION  
industry

20.1920 AS20

ID: 002-1000012 Adult Section: S

What were your main job activities or work duties when you were  
a CONSTRUCTION LABORER  
in HOUSING CONSTRUCTION?  
(For example - types, keeps account books, files, sells cars,  
operates printing press, finishes concrete.)

DUTIES: ASSEMBLING ROOF FRAMES

**AS19**

This question asks for the type of business or industry SP worked in for the longest period of time, while working in the occupation reported in AS17. For example, if SP's occupation is an accountant, and the SP worked as an accountant in the hotel industry for 5 years, then in the auto industry for 10 years, you would record "auto industry" in AS19. See specifications for question AS8 for further instruction concerning how to enter industry.

**AS20**

Refers to main duties while working at the occupation reported in AS17 in the industry reported in AS19. See specifications for question AS10 for further instruction concerning the entry of job duties.

What were you doing most of the past 12 months, working at a job or business, retired, keeping house, going to school, or something else?

PRIORITY IF 2 OR MORE ACTIVITIES REPORTED:

(1) SPENT MOST TIME DOING; (2) CONSIDERS MOST IMPORTANT.

(1 )

1. working
2. retired
3. keeping house
4. going to school
5. DISABLED
6. UNEMPLOYED
7. something else

**AS22**

This question asks what activity the SP was doing most during the past 12 months. If the SP reports s/he was doing 2 or more activities, ask him/her to select the activity s/he spent the most time doing or considers the most important. Notice that this instruction appears in upper case letters above the response options.

If the SP reports "something else," ask what s/he was doing, enter Code 7 and record the response on the line provided.

20.1923 AS23

ID: 002-1000012 Adult Section: S

Are you limited in the kind or amount of work you can do because of any impairment or health problem?

( 2 )

1. YES
2. NO

20.1924 AS24

ID: 002-1000026 Adult Section: S

Are you limited in the kind or amount of housework you can do because of any impairment or health problem?

( 2 )

1. YES
2. NO

20.1925 AS25

ID: 002-1000012 Adult Section: S

Are you limited in any way in any activities because of an impairment or health problem?

( 2 )

1. YES
2. NO

20.1926 AS26

ID: 002-1000012 Adult Section: S

Have you ever changed your job, stopped working, or made any changes in your housework because of a disability or health problem?

( 1 )

1. YES
2. NO

**AS23-AS26**

The questions in this series are concerned with the effects of disabilities, impairments, or health problems on work and other activities. Do not try to define the terms in these questions to the respondent.

20.1927 AS27

ID: 002-1000012 Adult Section: S

Did you...

1=YES,2=NO

- a. change permanently to an easier job? (2 )
- b. change temporarily to an easier job? (2 )
- c. cut down to part-time work only? (1 )
- d. have to stop working for a few months? (2 )
- e. retire because of a disability? (2 )
- f. have to cut down on housework? (2 )
- g. stop doing all housework? (2 )
- h. make some other change? (2 )

20.1928 AS28

ID: 002-1000012 Adult Section: S

Which language do you mainly speak at home?

(1 )

- 1. English
- 2. Spanish
- 3. Both English and Spanish equally
- 4. other

**AS27**

This question asks about limitations caused by a disability or health problem. Enter Code 1 (YES) or Code 2 (NO) for each of the items. If the SP says s/he has "made some other change," Code item h using Code 1.

**AS28**

Record the language most often spoken by the SP at home, with family members. Emphasize "at home," because bilingual speakers often speak one language as a "home" language and one as an "outside" language. If English and Spanish are spoken equally, enter Code 3. If the language is other than English or Spanish, enter Code 4 and write in the language in the space provided.

If the respondent answers in a way that cannot be categorized such as "Sometimes English, sometimes Spanish," re-ask the question saying "Which would you say you mainly speak at home: Spanish, English, or both equally?"

What language do you mainly speak at work?

( 1 )

1. English
2. Spanish
3. Both English and Spanish equally
4. other

AS29

See specification for AS28.

In the past month, how often did you walk a mile or more at a time without stopping?

ENTER 00 IF NEVER.

(00 ) times per ( ) 1. day  
number 2. week  
3. month

The next questions are about your leisure time physical activity during the past month. We are interested in the following exercises, sports, or physically active hobbies that you might have done. In the past month did you...

In the past month how often did you...

|   | 1=YES,2=NO | NUMBER OF TIMES | per 1=DAY,2=WEEK,3=MONTH |
|---|------------|-----------------|--------------------------|
| A. jog or run?                            | ( 1 )      | ( 1 )           | ( 1 )                    |
| B. ride a bicycle or an exercise bicycle? | ( 1 )      | ( 1 )           | ( 3 )                    |
| C. swim?                                  | ( 1 )      | ( 2 )           | ( 2 )                    |
| D. do aerobics or aerobic dancing?        | ( 1 )      | ( 1 )           | ( 2 )                    |
| E. do other dancing?                      | ( 1 )      | ( 1 )           | ( 3 )                    |
| F. do calisthenics or exercises?          | ( 2 )      |                 |                          |
| G. garden or do yard work?                | ( 1 )      | ( 1 )           | ( 1 )                    |
| H. lift weights?                          | ( 2 )      |                 |                          |

## T Exercise

These questions are aimed at determining the frequency and type of physical exercise done by the respondent.

### AT1

Time frame for AT1 is the past month.

If the SP answers, for example, "I walked to the store and back every day," ask how far that is. If the respondent doesn't know the distance in miles, ask "How many blocks is that?" Record an answer based on the calculation that 12 blocks = 1 mile.

REMEMBER that the question specifies "a mile or more without stopping," so do not count, for example, if the SP walked a half mile to a friend's house, stayed for two hours, then walked a half mile back. Use some judgement here, however: If the SP walked a half mile to the Post Office to drop off a letter, or a half mile to the store to pick up something, then walked the half mile back, do count that as a mile.

If the SP responds to AT1 with something like "In the past month I often walked at least a mile," use the probe, "About how many times was that?"

Enter a number in the first field and the category associated with that number in the second field.

### AT14OV A - H

Read the introductory statement aloud, then ask about each activity.

Each time Code 1 (YES) is entered in any category, another question will appear next to the category. Record the number of times the respondent participated in the activity and the category associated with that number. The cursor will then move to the next category.

In the past month, have you done any other exercises, sports, or physically active hobbies not mentioned?

( 1 )

- 1. YES
- 2. NO

*AT19 and*

What other physical activities have you done in the past month?

( 2 )

- |                          |                |
|--------------------------|----------------|
| 1. BASKETBALL            | 7. TREADMILL   |
| 2. GOLF                  | 8. FOOTBALL    |
| 3. TENNIS                | 9. WALKING     |
| 4. BOWLING               | 10. VOLLEYBALL |
| 5. FISHING               | 11. OTHER      |
| 6. SOFTBALL AND BASEBALL |                |

In the past month how often did you do this activity?

- |             |              |
|-------------|--------------|
| ( 3 ) times | ( 2 ) 1. day |
| number per  | 2. week      |
|             | 3. months    |

**AT18**

This question asks about any other physical activities done by the respondent in the past month that were not covered in AT14OV.

**AT19 and**

If Code 1 (YES) is entered at AT18, a second set of activities will be displayed. Enter

**AT19OV2**

the code for any other activity mentioned by the respondent. Note that time reference is to the past month. If the respondent mentions an activity other than those listed enter Code 11 (OTHER) and specify the activity on the line provided. Note: CAPI will only allow one code in this answer field. Enter a number and a category associated with the number. Enter a number and a code associated with the correct category.

This series of questions (AT18, AT19, AT19OV2) will continue to appear until there are no more activities to be entered.

20.2027 AT27

ID: 002-1000012 Adult Section: T

How does the amount of activity that you reported for the past month compare with your physical activity for the past 12 months? During the past month, were you ...

( 2 )

1. more active,
2. less active, or
3. about the same?

20.2028 AT28

ID: 002-1000012 Adult Section: T

Compared with most men your age, would you say that you are ...

( 3 )

1. more active,
2. less active, or
3. about the same?

20.2030 AT30

ID: 002-1000012 Adult Section: T

Compared with yourself 10 years ago, would you say that you are ...

( 2 )

1. more active now,
2. less active now, or
3. about the same?

**AT27**

This question asks the SP to compare his/her activity level in the past month to the past 12 months. Stress the time period when asking this question. Read all response options to the respondent. The words to emphasize are highlighted on the CAPI screen.

**AT28**

This question asks the SP to compare his/her activity level with most women/men of the same age. Read all response options to the respondent.

**AT30**

This question asks the SP to compare his/her activity level to that of ten years ago. The words to emphasize are highlighted on the CAPI screen. Read all response options to the respondent.

20.2201 AV1

ID: 002-1000012 Adult Section: V REST.

Now I want to ask a few questions about how you spend your time.

In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?

ENTER 000 IF NEVER. ENTER 666 IF NO TELEPHONE.

( 2 ) times  
number per

( 1 ) 1. day  
2. week

20.2202 AV2

ID: 002-1000012 Adult Section: V

How often do you get together with friends or relatives; I mean things like going out together or visiting in each others' homes?

ENTER 00 IF NEVER.

( 1 ) times  
number per

( 2 ) 1. day  
2. week  
3. month  
4. year

## V Social Support/Residence

This section covers family and other social relationships and residential background. The purpose of these questions is to gather data on the character of the SP's social support environment. The last few questions in this section are designed to identify the SP's ethnicity and race in order to conduct demographic analyses on the survey data.

NOTE: Because of immigration laws, some respondents who have emigrated to the United States in recent years may be sensitive to questions about their length of residence and country of birth in this section, especially since you may be viewed as a "government representative." If respondents are reluctant to answer such questions, encourage (but don't push!) them to do so by assuring them that the results of the survey are confidential and that the information they give you is compiled and reported together with all other respondents, so that no individuals are identified.

### AV1

Read the introductory phrase to the respondent, then ask AV1.

Typical implies "on the average" or "usually."

Enter a number in the first answer field and a code associated with the proper category in the second field.

### AV2

Applies to both friends and relatives; getting together in person. Enter a number in the first answer field and a code associated with the proper category in the second field.

20.2203 AV3

ID: 002-1000012 Adult Section: V

About how often do you visit with any of your other neighbors,  
either in their homes or in your own?

ENTER 00 IF NEVER.

|            |             |
|------------|-------------|
| (1 ) times | (3 ) 1. day |
| number per | 2. week     |
|            | 3. month    |
|            | 4. year     |

20.2204 AV4

ID: 002-1000012 Adult Section: V

How often do you attend church or religious services?

ENTER 00 IF NEVER.

|            |             |
|------------|-------------|
| (1 ) times | (2 ) 1. day |
| number per | 2. week     |
|            | 3. month    |
|            | 4. year     |

**AV3**

"Visit" implies in person.

Enter a number in the first answer field and a code associated with the proper category in the second field.

**AV4**

Church or religious services should be self-defined by the SP.

Enter a number in the first answer field and a code associated with the proper category in the second field.

20.2205 AV5

ID: 002-1000012 Adult Section: V

Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?

( 1 )

1. YES
2. NO

20.2206 AV6

ID: 002-1000012 Adult Section: V

Altogether, how often do you attend meetings of the clubs or organizations you belong to?

ENTER 00 IF NEVER.

( 1 ) times  
number per

- ( 4 ) 1. day
2. week
3. month
4. year

**AV5**  
defined by the SP.

Church groups, school groups and so forth should be self-

**AV6**

As in AV4 and AV5, let the SP define the terms in this question.

Enter a number in the first answer field and a code associated with the proper category in the second field.

20.2207 AV7

ID: 002-1000012 Adult Section: V

How long have you lived at this address?

ENTER 00 IF LIVED THERE WHOLE LIFE.

(2 )  
number

- (2 ) 1. weeks  
2. months  
3. years

20.2208 AV8

ID: 002-1000012 Adult Section: V

How long have you lived in this (city/town/area)?

IF SP LIVED IN AREA OFF AND ON, DO NOT INCLUDE PERIODS AWAY FROM AREA.

(2 )

1. whole life
2. 20+ years
3. 11-20 years
4. 5-10 years
5. 3-4 years
6. 1-2 years
0. less than 1 year

## **AV7 - AV13**

These questions concern the SP's residential history (length and location).

### **AV7**

This question asks about time lived at SP's current address. Use the ROUNDING RULE (Section 6.2, General Interviewing Techniques Manual) if the answer includes a fraction (e.g., "1 and a half years"). If SP lived at his/her current location off and on, that is, not continuously, sum up the total time lived in that particular location.

Enter a number in the first answer field and a code associated with the proper category in the second field.

### **AV8**

AV8 asks about time lived in the current city/town/area. When asking the question, use the appropriate word in parentheses depending upon if you are in a city/town, etc.

Enter a number in the first answer field and a code associated with the proper category in the second field.

Note that the instructions above the response category. If the SP lived in the current city off and on, sum up total time lived in the current city.



**AV9**

Enter Code 1 (YES) if SP has lived anywhere longer than the total time reported in AV8.

**AV10**

AV10 will appear if SP answered "yes" in AV9.

Depending on the entry you make (Code 1 - STATE or Code 2 - COUNTRY) CAPI will provide the appropriate space for you to record the SP's answer.

Listen to the SP's response and enter Code 1 (STATE) if he/she mentions an area within the United States or Code 2 (COUNTRY) if he/she mentions someplace outside the United States.

**AV10OV1 OR AV10OV2**

CAPI will provide the appropriate fields for a more specific answer.

Verify spelling. Do not abbreviate city, or country names. Use standard abbreviations for "state" entries.

20.2211 AV11

ID: 002-1000012 Adult Section: V

How long did you live in CANADA?  
DO NOT INCLUDE PERIODS AWAY FROM CANADA.

( 1 )

1. 20+ years
2. 11-20 years
3. 5-10 years
4. 3-4 years
5. 1-2 years
0. less than 1 year

20.22121 AV120V1

state

USE F1 FOR COMPLETE LIST OF STATE ABBREVIATIONS

20.22122 AV120V2

ID: 002-1000012 Adult Section: V

In what state or country were you born?

( 2 )

1. STATE
2. COUNTRY

COUNTRY (093 )

|                     |                          |
|---------------------|--------------------------|
| 063. CUBA           | 080. MEXICO              |
| 066. GUAM           | 093. CANADA              |
| 072. PUERTO RICO    | 098. ALL OTHER COUNTRIES |
| 078. VIRGIN ISLANDS |                          |

AV11

CAPI will insert the name of the place the SP lived the longest in the text of this question. Count only the time lived in the location, that is, if the SP moved in and out of the location remember to sum up the total time lived in that location.

**AV12OV1 and AV12OV2**

Again, depending on the answer you record (1 - STATE or 2 - COUNTRY) CAPI will provide different versions of the screen to record the SP's answer.

**AV12OV1**

If SP says s/he was born in the United States you will be required to enter the Standard abbreviation for the state in which he/she was born. As the instructions on the screen indicate, you may press the F1 key for a complete list of standard state abbreviations. The F1 key is in the upper left-hand corner of your key board.

**AV12OV2**

If SP answers that s/he was born in a foreign country, a list of some foreign countries will appear on the screen. Enter the three digit code associated with the country mentioned or enter Code 098 and record the name of the country on the line provided. Always verify spelling.

30.0109 FA9

ID: 002-1000012 Adult Section: V

HAND CARD HAQ-7A

Are any of those groups your  
national origin or ancestry?

(Where did your ancestors come from?)

( 1 )

1. YES
2. NO

30.0110 FA10

ID: 002-1000012 Adult Section: V

HAND CARD HAQ-7A

Which of those groups best describes your  
national origin or ancestry?

Please give me the number of the group.

( 1 )

1. Mexican/Mexican American
2. other Latin American or other Spanish

ARGENTINEAN, BOLIVIAN, CENTRAL AMERICAN, CHILEAN, COLOMBIAN,  
CUBAN, DOMINICAN, ECUADORAN, GERMAN, GUATEMALAN, HONDURAN,  
NICARAGUAN, PANAMANIAN, PERUVIAN, PHILIPPINO, PORTUGUESE,  
PUERTO RICAN, SALVADOREAN, SPANISH, TRINIDADIAN, URUGUAYAN,  
VENEZUELAN.

**FA9**

It is very important to accurately determine if the family head(s) and other SPs belong to one of the Hispanic groups listed on Hand Card HAQ-7A. Administer FA9 by showing Hand Card HAQ-7A to the respondent, and asking if any of the groups on the card represents his/her national origin or ancestry. Note that FA9 is a Yes/No question. If Code 1 (YES) is entered, CAPI will go to FA10. Enter the code corresponding to the answer.

**FA10**

Note the following definitions for Hand Card HAQ-7A.

1. Mexican/Mexican-American refers to anyone of Mexican birth or descent. It refers to anyone who may call themselves "Mexican, Mexican-American, Chicano or Tex-Mex." Code "1" for this group.

SPECIAL NOTE -- HISPANOS

For ARIZONA, CALIFORNIA, NEW MEXICO OR TEXAS:

When working in one of these four states and someone is identified as Hispano, Spanish, Spanish-American, Hispanic or some other non-specific category, PROBE for a country of origin. If the answer remains vague, such as "my family has been in this country for generations," code "1" and record verbatim.

2. Other Latin American or Spanish refers to anyone who says they were born in or had ancestors from Spain or one of the western hemisphere territories or countries (excluding Mexico) where Spanish is the primary language (e.g., Puerto Rico, Nicaragua, El Salvador, Dominican Republic, Colombia, Peru, Spain, etc.). Code "2" for this group and specify.

If a person has identified himself/herself as Code 2 (OTHER LATIN AMERICAN OR OTHER SPANISH) you will be asked to enter a specific nationality to be sure the person should not in fact be classified as Mexican/Mexican American. The list of nationalities under the response category represents some of the common Latin American or Spanish nationalities that have been reported in the past. Enter the nationality on the line provided.

## **Mixed Ethnic Background**

In some cases you may encounter persons of mixed ethnic background. The following guidelines should be adhered to when you encounter these situations.

When you find individuals of mixed ethnic background, if one of the ethnic backgrounds is Hispanic and the other is not, code the individual in the appropriate Hispanic group. For example:

Example #1: Joseph E. Lago is Mexican and Italian. Enter Code 1 (Mexican/Mexican American).

Example #2: Maria Elena Ramirez is Puerto Rican and Irish. Enter Code 2 (Other Latin American or Spanish).

Example #3: Diana Linda Gomez is Argentinian and German. Enter Code 2 (Other Latin American or Spanish).

If an individual is of mixed Hispanic background, give priority to the group with the lowest number. For example:

Example #1: Pedro Luis Morales is Mexican (Code 1) and Puerto Rican (Code 2). Enter Code 1.

Example #2: Antonio E. Mata is Mexican (Code 1) and Chilean (Code 2). Enter Code 1.

Example #3: Frances P. Lopez is Puerto Rican (Code 2) and Peruvian (Code 2). Enter Code 2.

Race is not an issue in FA10. If a respondent answers Hispanic and white, Hispanic and black, Mexican and white, etc., code the correct Hispanic group as described above.

HAND CARD HAQ-7B

What is the number of the group that best represents your race?

( 4 )

1. Aleut, Eskimo, or American Indian
2. Asian or Pacific Islander
3. Black
4. White
5. Another group not listed

**FA11**

Show Card HAQ-7B (identical to response categories in question) and ask the respondent to indicate the number of the group which best represents his/he race. Enter the code that represents the response category. If two or more answers, PROBE for best one. If you cannot obtain one answer, and one of the two groups mentioned is "Black", Code 3 (Black), because that is a study group for NHANES III. If neither of the two groups mentioned are "Black", enter the code corresponding to the first group mentioned by the respondent. For example: If the respondent continues to say "Asian and Eskimo," enter Code 2 (Asian). If you encounter any further difficulty or confusion, Code 5 (Another group not listed) -- specify," and explain the situation on the line provided.

Note the following definitions:

- 1) Aleut, Eskimo, or American Indian includes persons having origins in any of the peoples native to the Arctic coastal regions of North America (including the Aleutian Islands) as well as the original peoples of mainland North America.
- 2) Asian/Pacific Islander includes persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan.
- 3) Black includes persons having origins in any of the black racial groups of Africa.
- 4) White includes persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 5) Another group not listed (SPECIFY) is self-explanatory.

NOTE: Persons who are of Hispanic national origin or descent, as determined in FA9 and FA10, may be of various racial groups, so code accordingly.

20.2213 AV13

ID: 002-1000012 Adult Section: V

How long have you lived in the United States?

ENTER 00 IF LESS THAN 1 YEAR.

(14 ) years  
number

**AV13**

AV13 will only be asked if SP reported being born outside the United States in previous questions. The United States includes the 50 states, as well as all U.S. territories. If SP has lived in the United States for less than one year, enter "00".

**X Vitamin, Mineral, and Medicine Usage (Ages 17+ Years)**

This section is concerned with the use of medicines and vitamins, minerals, and antacids used by the respondent DURING THE PAST MONTH. We are including antacids primarily because they are a source of calcium. You will first inventory the total number of medicines, vitamins and antacids taken and ask to see containers for each. You will then ask the respondent of series of followup questions for each medicine, vitamin, and antacid mentioned.

|               |   |
|---------------|---|
| <b>AX1A</b>   | The purpose of these first four screens is to inventory all vitamins, minerals, medicines |
| <b>AX1B</b>   | and antacids taken in the past month. It is very important to record numbers accurately   |
| <b>AX1C</b>   | in this series of questions because for each number recorded, CAPI will create a series   |
| <b>AX20VC</b> | of followup questions which must be completed.  |

The following questions concern your use of vitamins, minerals, medicines, and certain products in the past month.

Have you taken any vitamins or minerals in the past month?  
Please include those that are prescribed by a doctor and those that are not prescribed.

DO NOT INCLUDE TOPICAL VITAMINS.

( 1 )

1. YES
2. NO

AX1A

Code 1 (YES) if the respondent took any vitamins or minerals in the past month, including those that were prescribed (either by a doctor or dentist). INCLUDE ONLY vitamins/minerals that are taken internally, not those that are applied topically, as, for example "Vitamin E Creme". Some common prescription vitamins and minerals:

Fluoride - comes in tablets, drops -- example:

Florvite (Everett)  
Prenatal vitamins - Stuart Prenatal (Stuart)  
Materna 1-60 (Lederle)  
Natalins (Mead Johnson)

Any vitamins containing Fluoride must be prescription, and Fluoride tablets received from a physician or dentist are also considered prescription vitamins/minerals.

25.00411 AX1B

ID: 002-1000012 Adult Section: X

Have you taken or used medicines for which a doctor's or dentist's prescription is needed, in the past month? This includes any products which cannot be obtained without a doctor's or dentist's prescription. Include those medicines you may have already mentioned.

DO NOT INCLUDE PRESCRIPTION VITAMINS WHICH SHOULD BE RECORDED AS VITAMINS.

PROBE SP: ARE ANY PRESCRIPTION MEDICATIONS TAKEN FOR THESE CONDITIONS?

|                    |                          |                  |
|--------------------|--------------------------|------------------|
| ARTHRITIS          | CONGESTIVE HEART FAILURE | ASTHMA           |
| CHRONIC BRONCHITIS | EMPHYSEMA                | HAY FEVER        |
| GOITER             | OTHER THYROID DISEASE    | LUPUS            |
| GOUT               | SKIN CANCER              | OTHER CANCER     |
| DIABETES           | HIGH BLOOD PRESSURE      | HIGH CHOLESTEROL |

(1 )

1. YES
2. NO

25.00412 AX1C

ID: 002-1000012 Adult Section: X

Have you taken antacids in the past month?

INCLUDE PRESCRIPTION ANTACIDS HERE.

(1 )

1. YES
2. NO

## AX1B

This question refers to any prescription medicines taken or used (in the past month). Medicines can come in many forms -- pills, liquids, shots (such as insulin or vitamin injections), drops, ointments, etc. But prescription medicines are those which cannot be obtained or purchased without a doctor's or dentist's prescription. Do not include prescription vitamins here; include them in question AX1A. Note that CAPI will print a list of certain medical conditions the SP reported earlier in the interview. The conditions printed above the response field are those for which medication is sometimes prescribed. If necessary, you should use this list to probe for prescribed medications taken in the past month. (For example you may say "Earlier in the interview you mentioned you had Arthritis. Have you taken any prescribed medicine for this condition in the past month?")

Include prescription medicines received from a physician (in person), a clinic, pharmacy, etc., for which a prescription is normally needed, even though the SP may not have had a prescription on paper. You may run across this situation where, for example, an SP has been given samples by a physician, without a prescription. But the containers for the samples will often have a printed warning on them such as "Federal law prohibits distribution of this product without a prescription." However, in some cases the warning might not be there, especially if the medicine was purchased in another country or shared with a relative who purchased it elsewhere -- a situation that you might find among Hispanic families living near the border and in Florida. If you have any doubt as to whether something is a prescription product or not, count it as a prescription medication for the purpose of this question and type a note in the comments field (CTRL/K) indicating any question you may have.

## AX1C

This question refers to antacids, in tablet, chewable or liquid form. As the instructions indicate, record prescription antacids here and not in AX1C. If you find you have made a recording error at this point, use CTRL/B to back up to previous screens and correct your entries.

May I see the containers for all of the vitamins/minerals /  
prescription medicines / antacids you took in the past month?

Also, if there are things that you need to do at this time such as  
going to the bathroom, please do so now so that I will be able to take  
your pulse and blood pressure immediately after the next section is  
completed.

IF NECESSARY, ASK SP TO MOVE TO A SUITABLE LOCATION TO RECORD LABEL  
INFORMATION AND TO TAKE THE PULSE AND BLOOD PRESSURE READINGS.

ENTER NUMBER OF VITAMINS/MINERALS (1 )

ENTER NUMBER OF PRESCRIPTION MEDICINES (1 )

ENTER NUMBER OF ANTACIDS (1 )

## AX2OVC

If you have entered a Code 1 (YES) in any of the three general categories (Vitamins, prescription medication, antacids), CAPI will prompt you to ask to see a container for each item and record the number of items in the fields provided. Ask this question carefully and politely, as it could be viewed as intrusive.

SPECIAL NOTE: Along with the question in AX2OVC, there is a request that SP's do anything they might need to do at this time, such as going to the bathroom, so that they will be able to remain seated after completing Section AX and you can proceed right away with blood pressure measurement (Section AZ) while they are "at rest." However, DO NOT pressure the SP's to comply with the request: if they do, it is better for measuring blood pressure, but if they don't, just go ahead with AX2OVC.

When respondent has provided you with all the containers, count how many there are for each type of product and enter that number for each type. Make sure you count prescription vitamins as vitamins and not medicines. If a particular container is unclear, ask the respondent if it holds vitamins/minerals or medicines. The other two product types should be comparatively easy to identify. If respondent has not taken any vitamins, minerals, antacid products, or prescription medicines, in the past month, this screen will not appear. CAPI will skip to a series of questions concerning nonprescription medications.

It is very important that you record numbers accurately and in the proper category in this question. For each number recorded CAPI will display a series of follow up questions which must be completed in order to continue with the interview. Backing up to previous screens during this next series of questions will cause you to lose the information you have recorded.

When the SP provides the containers, verify the type of product it contains. (For example if s/he has responded that s/he takes vitamins, prescription medication and antacids in previous questions, there should be at least one of each type of container. If this is not the case, verify information with the SP. You may have to use CTRL/B to go back to previous screens and correct information.

It is common for the SP to count a prescription vitamin as a prescription medicine. A prescription vitamin should be counted in the "Vitamins/Mineral category for the purpose of this interview.

If the respondent cannot provide you with containers ask him/her for the number taken in each category.

**General Instructions for Vitamins/Minerals, Prescription Medicines, and Antacids (Questions AX4YK4-AX17):**

In the next set of questions, AX4YK4-AX17, you will be recording vitamin/mineral, medication, and antacid information given to you from the containers or by the respondent, and asking some questions about the respondent's use of the product(s).

Questions AX4YK3-AX8YK8 form a set to be used for vitamin and mineral products. CAPI will provide a set of questions that you will ask for each vitamin/mineral identified. If more than one vitamin has been reported, each set will be labeled "1st VITAMIN, 2nd VITAMIN, etc.". If the respondent does not give you (or have) containers, ask for the product name. Do not include products not used in the past month.

Questions AX9-AX12YK2 form a similar set to be used for prescription medicines. As described above, ask or complete AX9-AX12YK12 for each prescription medicine reported by the respondent. Follow other instructions as noted above.

Questions AX13-AX17 for a set of questions for antacid products. Instructions for answering AX13-AX17 are similar to the previous sets.

25.0061 AX4YK4

ID: 002-1000012 Adult Section: X

VITAMIN

CHECK ITEM.

CONTAINER SEEN/NOT SEEN

( 1 )

1. CONTAINER SEEN
2. CONTAINER NOT SEEN.  
PRODUCT NAME FURNISHED  
BY RESPONDENT
3. PRODUCT NAME NOT ON  
CONTAINER

**AX4YK4**

Enter the appropriate code to indicate whether the information recorded about vitamins/minerals was copied from the product label (i.e., you saw the container) or was furnished by the respondent (i.e., you did not see the container). The following questions for the vitamin will depend on whether the SP has the vitamin container to show you.

25.0060 AX3YK3

ID: 002-1000012 Adult Section: X

VITAMIN

NAME OF VITAMIN/MINERAL FROM LABEL OR PROBE RESPONDENT.

VITAMIN C PLUS

25.0063 AX5YK5

ID: 002-1000012 Adult Section: X

VITAMIN

ENTER MANUFACTURER'S OR DISTRIBUTOR'S NAME AND ADDRESS  
(CITY AND STATE).

TOLEDO VITAMIN COMPANY  
name

TOLEDO

city

OH

state

USE F1 FOR COMPLETE LIST OF STATE ABBREVIATIONS

### AX3YK3

Either by copying from the product label, or from respondent's memory, enter the product name (i.e., One-A-Day, Centrum, etc.).

It is important to record from the label a product name that uniquely identifies the product. Labels are complicated and can have several parts. 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 "People's."
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," "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.

The key parts to record in AX3YK3 are 1) trademark and/or product title and 2) the qualifiers. These two parts must always be recorded in AX3YK3 whenever they appear on the label. Note that for "house-brand" products, the trademark name may be the same as the manufacturer/distributor name (e.g., for "Safeway Vitamin C + Iron", the trademark or product title is "Safeway Vitamin C" and the qualifier is "+ Iron". The distributor is also "Safeway").

If the vitamin/mineral is a PRESCRIPTION product, use the space in AX3YK3 to record the name from the label.

If there is no available label, PROBE for the type of vitamin, i.e., single vitamin such as Vitamin E, multiple vitamin such as a generic one-a-day, multiple vitamin with or without iron or extra minerals. The idea here is to obtain at least some information about the product type.

Please record prescribed vitamins and minerals only in the vitamin and mineral section of the questionnaire (items AX3YK3 - AX8YK8). DO NOT RECORD THEM in the section for prescribed medicines items (AX9 - AX12YK12).

An example of a prescribed vitamin/mineral is a prenatal prescription called Triviflor.

### AX5YK5

This question will only appear when you have marked "CONTAINER SEEN" in the previous question. From the label, record the complete name of the product's manufacturer, and the address if shown, both city and state. DO NOT abbreviate city or manufacturer/distributor name -- write in full. Use the standard abbreviations for State. If you do not know the specific state abbreviation, press the F1 key (in the upper left-hand corner of your key board). CAPI will provide the full list of state abbreviations. Note the abbreviation for the state you wish to enter, then hit the ENTER key to return to the "state" field.

**AX6YK6**

This question asks how often SP took or used the product in the past month. In the field provided, record the number of times, and then enter the appropriate code to indicate category (day, week, etc.). If some other time interval is given, enter "Other" and specify on the line provided.

**AX7YK7**

This question asks for the respondent's actual dosage. The answer should be in the form of a number and a unit, e.g., "2" (number) and "1" - "capsules, tablets/pills" unit, or "3" (number) and "3" - "tablespoons" unit. If the answer is given in fractions (e.g., 1/2 capsule) the answer must be entered in the comments field (CTRL/K).

If product is administered in some other unit, enter "Other" and specify on the line provided.

If SP takes different doses (for example, depending on the time of day, etc.) enter Code "666" for "VARIABLE AMOUNTS."

25.0066 AX8YK8

ID: 002-1000012 Adult Section: X

VITAMIN

For how long have you been taking/using  
this type of product?

IF LESS THAN ONE MONTH, ENTER '0' FOR  
NUMBER AND '1' FOR THE UNIT OF TIME.

(5 )  
number

(3 ) 1. less than one month  
2. months  
3. years

25.0071 AX10YK10

ID: 002-1000012 Adult Section: X

PRESCRIPTION MEDICINE

CHECK ITEM.

CONTAINER SEEN/NOT SEEN

(1 )

1. CONTAINER SEEN
  2. CONTAINER NOT SEEN.
- MEDICATION INFORMATION  
FURNISHED BY RESPONDENT

**AX8YK8**

Enter a number and the appropriate code to indicate the unit of time (months, years). As the instructions indicate, if the SP has been taking the vitamin for less than one month, enter a "0" in the NUMBER field and a Code 1 (less than one month) as the unit of time.

If a respondent says "I've been taking Iron off and on for 10 years," code "10 years." DO NOT PROBE FOR EXACT NUMBER OF DAYS, WEEKS, OR MONTHS during those 10 years.

**AX10YK10**

This is the first screen in the series of questions about prescription medication. Enter the appropriate code to indicate whether the information recorded about the first prescription medicine was copied from the product label (i.e., you saw the container) or was furnished by the respondent (i.e., you did not see the container).

25.0070 AX9

ID: 002-1000012 Adult Section: X  
PRESCRIPTION MEDICINE: ( 9 )

- |                                |                  |                   |
|--------------------------------|------------------|-------------------|
| 1. ALLOPURINOL (ZYLOPRIM)      | 19. INDERAL      | 34. PREDNISONE    |
| 2. AMITRIPTYLINE               | (PROPRANOLOL)    | 35. PREMARIN      |
| 3. AMOXICILLIN                 | 20. INDOMETHACIN | 36. PROCARDIA     |
| 4. AMPICILLIN                  | 21. INSULIN      | 37. PROVENTIL     |
| 5. CALAN (VERAPAMIL)           | (TYPE)           | 38. PROVERA       |
| 6. CAPOTEN                     | 22. ISOSORBIDE   | 39. PROZAC        |
| 7. CARDIZEM                    | 23. LANOXIN      | 40. SELDANE       |
| 8. CHLORPROPAMIDE              | (DIGOXIN)        | 41. SYNTHROID     |
| 9. COUMADIN                    | 24. LOPID        | 42. TAGAMET       |
| 10. DIAZEPAM (VALIUM)          | 25. LOPRESSOR    | 43. TENORMIN      |
| 11. DILANTIN                   | 26. MAXZIDE      | 44. TETRACYCLINE  |
| 12. DIPYRIDAMOLE               | 27. MECLIZINE    | 45. THEODUR       |
| (PERSANTINE)                   | 28. METHYLDOPA   | 46. TRIAMTERENE   |
| 13. DYAZIDE                    | (ALDOMET)        | 47. VASOTEC       |
| 14. FELDENE                    | 29. MICRONASE    | 48. VOLTAREN      |
| 15. FUROSEMIDE (LASIX)         | 30. NAPROSYN     | 49. XANAX         |
| 16. GLUCOTROL                  | 31. NITROSTAT    | 50. ZANTAC        |
| 17. HYDROCHLOROTHIAZIDE (HCTZ) | 32. ORTHO NOVUM  | 51. OTHER SPECIFY |
| 18. IBUPROFEN (MOTRIN)         | 33. PENICILLIN   |                   |

25.0072 AX11

ID: 002-1000012 Adult Section: X

What is the health problem you  
had for which you took the Coumadin?

ENTER 51 FOR OTHER SPECIFY.  
PROBE FOR SYMPTOM OR CONDITION,  
( 31 )

- |                  |                     |                       |                     |
|------------------|---------------------|-----------------------|---------------------|
| 1. ACNE          | 14. COUGH           | 28. HEART CONDITION   | 39. PAIN            |
| 2. ALLERGY       | 15. CRAMPS          | 29. HERNIA            | 40. PNEUMONIA       |
| 3. ANGINA        | 16. DEPRESSION      | 30. HORMONE           | 41. SEIZURES        |
| 4. ANXIETY       | 17. DIABETES        | REPLACEMENT           | 42. SHINGLES        |
| 5. ARTHRITIS     | 18. DIZZINESS       | 31. HYPERTENSION      | 43. SINUS           |
| 6. ASTHMA        | 19. EAR INFECTION   | (HIGH BLOOD           | INFECTION           |
| 7. BACK PAIN     | 20. EMPHYSEMA       | PRESSURE)             | 44. SINUS PROBLEMS  |
| 8. BIRTH CONTROL | 21. EPILEPSY        | 32. INDIGESTION       | 45. SLEEPING PILL   |
| 9. BLADDER       | 22. FLU             | 33. KIDNEY INFECTION  | 46. STOMACH PAIN    |
| INFECTION        | 23. FLUID RETENTION | 34. LEG CRAMPS        | 47. THYROID         |
| 10. BRONCHITIS   | 24. GLAUCOMA        | 35. MENOPAUSE         | CONDITION           |
| 11. CHEST PAIN   | 25. GOUT            | 36. MIGRAINE HEADACHE | 48. ULCERS          |
| 12. CHOLESTEROL  | 26. HAY FEVER       | 37. MUSCLE RELAXER    | 49. WATER RETENTION |
| 13. COLD         | 27. HEADACHE        | 38. NERVES            | 50. YEAST INFECTION |

**AX9**

A list of prescribed medication is displayed in alpha order. If the respondent mentions a medication listed, including those medications in parentheses, enter the code associated with that medication. However if the word is not shown on the list, enter Code 51 (OTHER SPECIFY) and record the respondent's verbatim answer. Do not convert any unlisted response into a listed medication even if you think you know what it is.

**AX11**

A list of health problems is displayed in alpha order. Record the code associated with the listed condition. If the reason is other than those listed, enter Code 51 (OTHER SPECIFY). Probe for the symptom or condition and record the SP's response verbatim in the space provided. Do not convert any unlisted response into a listed health problem.

25.0073 AX12YK12

ID: 002-1000012 Adult Section: X

PRESCRIPTION MEDICINE

For how long have you been taking or using  
Coumadin?

(7 )  
number

- (4 ) 1. days  
2. weeks  
3. months  
4. years

25.0081 AX14

ID: 002-1000012 Adult Section: X

ANTACID

CHECK ITEM.

ANTACID SEEN/NOT SEEN

(1 )

1. ANTACID SEEN
2. ANTACID NOT SEEN.  
PRODUCT NAME FURNISHED  
BY RESPONDENT.

**AX12YK12**

See specifications for AX8YK8.

**AX14**

This is the first screen in the series of questions about antacids. Enter the appropriate code to indicate whether the information recorded about antacids was copied from the product label (i.e., you saw the antacid) or was furnished by the respondent (i.e., you did not see the container).

25.0080 AX13

ID: 002-1000012 Adult Section: X

ANTACID

ENTER NAME OF ANTACID FROM LABEL OR PROBE RESPONDENT.

( 9 )

- |                  |                  |
|------------------|------------------|
| 1. Alka Seltzer  | 9. Mylanta       |
| 2. Amphojel      | 10. Mylicon      |
| 3. Baking Soda   | 11. Pepto Bismol |
| 4. Bromo Seltzer | 12. Riopan       |
| 5. Di-Gel        | 13. Roloids      |
| 6. Gaviscon      | 14. Tums         |
| 7. Gelusil       | 15. Other        |
| 8. Maalox        |                  |

25.00808 AX130V8

ID: 002-1000012 Adult Section: X

Which type of Mylanta did you take?

( 4 )

1. Mylanta Double Strength  
Liquid
2. Mylanta Double Strength  
Tablets
3. Mylanta II Liquid
4. Mylanta II Tablets
5. Mylanta Liquid
6. Mylanta Tablets
7. Type not specified

**AX13**

Either from the product label or from respondent's memory, enter the code that corresponds to the product name. If other than the products listed, Code 15 ("Other") and specify. Refer to specifications for question AX9 for further instructions concerning recording responses from precoded lists.

**AX13OV8**

There are multiple variations for several of the products listed in AX13, (e.g., Maalox No.1, Maalox Plus Tablets, Extra Strength Maalox Liquid, etc.). For products that take several different forms, you will ask AX13OV8 to further specify the kind of antacid taken.

25.0082 AX15

ID: 002-1000012 Adult Section: X

ANTACID

How often did you take Mylanta  
in the past month?

|        |       |              |
|--------|-------|--------------|
|        | times |              |
| ( 3 )  | per   | ( 2 ) 1. day |
| number |       | 2. week      |
|        |       | 3. month     |
|        |       | 4. other     |

25.0083 AX16

ID: 002-1000012 Adult Section: X

ANTACID

How much Mylanta did you take each time  
you took it?

|        |       |                  |
|--------|-------|------------------|
| ( 2 )  | ( 1 ) | 1. tablets/pills |
| number |       | 2. teaspoons     |
|        |       | 3. tablespoons   |
|        |       | 4. fluid ounces  |
|        |       | 5. pieces of gum |
|        |       | 6. other         |

**AX15**

This question asks for how often SP took the product in the past month. In the first blank, enter the number of times (per...), and use the second blank to indicate whether it was times per day, week, etc. If some other time interval is given, enter Code 4 (OTHER), and specify in the blank space. Enter a number in the first field and the code associated with the category (day, week, month) in the second field.

**AX16**

See specifications for AX7.



**AX17**

See specifications for AX8.

AX18-AX18AOV

This question refers only to NON-PRESCRIPTION pain relief medicines, which can be purchased over the counter.

Ask AX18a, and if Code 1 (YES) is entered, CAPI will display an additional question (AX18AOV). Enter a number and a code associated with the category (day, week, month). The cursor will then move to the second item (b).

Categories a through c each list several medications. Enter Code 1 (YES) for that item if SP has taken any of the medicines listed. "Acetaminophen" is pronounced "A-seeta-minafen."

NOTE that AX18d asks for any other non-prescription pain relief medicine the SP might have taken. If Code 1 (YES), type the name of the product on the line provided.

20.2504 AY4

ID: 002-1000012 Adult Section: Y

FOR VERIFICATION RE-ENTER FATHER'S LAST NAME  
VERIFY SPELLING. DO NOT ENTER "SAME".

SAUNDER  
father's last name

0.25041 AY4B

ID: 002-1000026 Adult Section: Y

THE SPELLING OF THE NAMES YOU ENTERED DO NOT MATCH.  
PLEASE VERIFY SPELLING AND ENTER AGAIN

PRESS RETURN/ENTER TO CONTINUE

**Y Name/SSN**

Part of the NHANES survey plan is to conduct followup/longitudinal studies. The information in Section Y will help NCHS find SP's five, ten, twenty years from now. This information is very important for tracking the respondent, because NHANES III is what is known as a baseline study; data gathered in this survey will be matched against similar data collected at a later time, from the same respondents, in order to study patterns of change. For example, a followup study was just recently completed of a group of respondents who were first interviewed/examined in 1971-75. The followup helps to determine patterns for people who have developed conditions such as diabetes, heart attacks, etc., since the initial study (as well as those who have not developed such conditions). That is why it is so important to obtain complete and accurate data in this section. Be sure to verify all spelling and dates. Do not abbreviate.

**AY4**

Be sure to verify spelling. Do not write "same".

Because this information is so important to the study, CAPI will ask you to verify the information recorded by entering it again.

**AY4B**

If the double-entry made at AY4 does not match, you will be asked to verify the spelling and enter the information once again.

20.2505 AY5

ID: 002-1000012 Adult Section: Y

We would like to have your Social Security Number. This will have no effect on your benefits. This information is voluntary and is collected under the authority of the U.S. Public Health Service Act (42 U.S.C. 242K Section 306).

What is your Social Security Number?

(447839162 )  
Social Security Number

20.2505 AY5B

ID: 002-1000012 Adult Section: Y

I need to verify that I have entered your Social Security Number correctly. Would you please repeat it?

(448839162 )  
Social Security Number

RE-ENTER SOCIAL SECURITY NUMBER FOR VERIFICATION

20.25051 AY5C

ID: 002-1000012 Adult Section: Y

YOU HAVE ENTERED THE SOCIAL SECURITY NUMBERS DIFFERENTLY.

FIRST TIME: 447-83-9162  
SECOND TIME: 448-83-9162

WHICH IS CORRECT?

( 1 )

1. FIRST
2. SECOND
3. NEITHER

**AY5** If the respondent does not wish to give his/her Social Security number, explain that the information is confidential and will only be used for statistical purposes. Repeat any portions of the explanation in question AY5 that may be helpful. If the respondent still refuses, enter SHIFT/7 (REFUSED).

If the respondent does not know his/her Social Security number and would have to get up to check the card, complete this after taking his/her blood pressure and enter the number in comments (CTRL/K). We want the SP seated until after blood pressure is taken.

**AY5B** Because this information is so important to the study, CAPI will ask you to verify the information recorded and enter the number a second time.

**AY5C** If the double-entry information entered as the social security number does not match, you will be asked which of the numbers is the correct entry. If neither, enter the correct social security number. You will then be asked to verify the number you have entered by re-entering it.

MARK MAIN RESPONDENT FOR HOUSEHOLD ADULT Q.

( 4 )

1. SAMPLE PERSON
2. MOTHER
3. FATHER
4. SPOUSE
8. DAUGHTER
9. SON
5. OTHER

**NOTE THAT THE REST OF THE QUESTIONS (AY6-AY9) ARE NOT QUESTIONS TO THE RESPONDENT.**

**AY6**

Enter the appropriate code to indicate who responded to the Adult Interview.

Keep in mind that in the majority of cases the respondent should be the SP since proxies are seldom used on NHANES III in the SP's home.

25.0095 ROSTER

ID: 002-1000012 Adult Section: Y

ENTER MAIN RESPONDENT FOR HOUSEHOLD ADULT QUESTIONNAIRE.

( 1 )

1. RICHARD
2. OTHER

**ROSTER**

If the respondent is a proxy, you will be prompted to enter the code corresponding to the name of the main household respondent.

20.2507 AY7

ID: 002-1000012 Adult Section: Y

EXPLAIN REASON FOR ACCEPTING PROXY RESPONDENT.

SP HAD THROAT INFECTION  
REASON

AY7

For every interview you conduct with a proxy, you will need to enter the reason the proxy was needed.

20.2508 AY8

ID: 002-1000012 Adult Section: Y

WAS THE SAMPLE PERSON PRESENT DURING ANY PART OF THE INTERVIEW?

( 1 )

1. YES
2. NO

AY8

Enter Code 1 (YES) if the SP was present at any time during an interview with a proxy.

20.2509 AY9

ID: 002-1000026 Adult Section: Y

WAS ANYONE ELSE PRESENT DURING THE INTERVIEW?

( 2 )

1. YES
2. NO

AY9

Self-evident

Now I will explain the procedure for measuring your pulse and blood pressure. It is important that you remain relaxed and seated for the measurement which will take about 15 minutes. I would like to suggest that should the phone or doorbell ring that I answer it for you. Would that be alright?

First, I will find the pulse in your right arm. Next, I will wrap the blood pressure cuff around your arm. I will take your pulse and then inflate the cuff. You will feel a sensation of pressure on your arm when the cuff is inflated. I will be inflating the cuff a maximum of five times. While I am measuring your blood pressure, it is best that we refrain from any conversation. If you have any questions, I will be happy to answer them for you before or after the measurements are taken.

ASK SP TO REMOVE ANY OUTER CLOTHING/JEWELRY AND TO ROLL UP SLEEVE. OBSERVE SP'S ARM FOR CONDITIONS PREVENTING MEASUREMENT. IF CONDITIONS ARE PRESENT, RECORD IN ZA9 AND DISCONTINUE PROCEDURE.

CONDITIONS PRESENT ( 2 ) 1=YES,2=NO

REASON FOR NOT TAKING BLOOD PRESSURE MEASUREMENT:

( 2 )

1. SP REFUSED (NO TIME, DISINTEREST)
2. WITHERED ARMS, INJURY, DRESSING, RASH (ON BOTH ARMS)
3. 2 FAILED MIL
4. INAPPROPRIATE SETTING
5. EQUIPMENT FAILURE
6. COULD NOT LOCATE PULSE IN EITHER ARM
7. OTHER, SPECIFY:

## **ZA Blood Pressure Measurement**

At this point in the questionnaire you will be entering the SP's pulse and blood pressure, and/or any conditions that might have prevented the measurement or affected the accuracy of the reading for SPs 17+ years. Both purposes are important and adequate notes on any qualifying conditions are necessary for proper interpretation of the readings.

Refer to the manual called Pulse and Blood Pressure Procedures for Household Interviewers for a more detailed explanation of terms.

### **AZA0**

Read the entire introduction to the SP, clearly and calmly in order to minimize any misunderstanding or apprehension on the part of the SP. Then, as indicated, ask the SP to remove outer clothing (e.g., jacket, coat) and jewelry, and to roll up his/her sleeve. At this point it is very important that you observe the SP's arm for any conditions preventing measurement (such as various skin conditions including bad rashes, open sores, severe bruising, "track marks", wearing of a cast, etc.). If any such conditions exist, enter Code 1 (YES). CAPI will skip to AZA9 and you do not proceed with measurement.

### **AZA9**

This screen will only appear when there are conditions that prevent you from taking the SP's blood pressure. Enter the appropriate code.

20.26011 *AZA1 and*  
AZA10V1

ID: 002-1000012 Adult Section: Z

Do you know of any medical reason why this procedure should not be done?

CODE YES ONLY IF THE PROBLEM EXISTS ON BOTH ARMS.

IF BLOOD PRESSURE PROCEDURE SHOULD NOT BE DONE DUE TO MEDICAL REASONS, DO NOT TAKE THE MEASUREMENT.

( 1 )

1. YES
2. NO

What is the medical reason?

( 1 )

- |                                      |                |
|--------------------------------------|----------------|
| 1. RECENT SURGERY                    | 3. PAIN/INJURY |
| 2. UPPER BODY<br>CIRCULATORY PROBLEM | 4. OTHER       |

20.26021 *AZA2 and*  
AZA20V

ID: 002-1000026 Adult Section: Z

IF SP OBSERVED RECORD, OTHERWISE ASK:

Have you consumed any food, alcohol, or coffee or smoked any cigarettes within the last 30 minutes?

( 1 )

1. YES
2. NO

Which have you had?

CODE ALL THAT APPLY; CTRL/L TO LEAVE SCREEN

( 1 ) ( ) ( ) ( )

- |            |               |
|------------|---------------|
| 1. FOOD    | 3. COFFEE     |
| 2. ALCOHOL | 4. CIGARETTES |

**AZA1**

Ask the SP the question as it is written. If the SP indicates a medical reason why the procedure should not be done, enter Code 1 (YES) and specify the reason by entering Code 1 (recent surgery), Code 2 (upper body circulatory problem), Code 3 (pain/injury), and Code 4 (other). (Indicate on the line provided what the "other" reason is.) CAPI will skip the rest of the Blood Pressure Section. Otherwise, if the SP responds "NO", enter Code 2 (NO) and continue. Note that in order for the blood pressure not to be taken, the medical condition must exist in both arms.

**AZA2**

Ask the SP the question as it is written. Count any amount of food, alcohol, coffee, or cigarettes. If the SP responds "YES", enter Code 1 and specify what product was used by entering Code 1, (food); Code 2 (alcohol); Code 3 (coffee); or Code 4 (cigarettes) and then continue with the measurement. If the SP responds "NO", enter Code 2 and continue with the measurement. If the SP indicates that s/he has consumed anything other than food, alcohol, coffee, or cigarettes, enter a Code 2 (NO).

**AZA3**

Indicate to the SP that the actual procedure will now begin.

After selecting and applying the arm cuff to be used, enter the correct code for that cuff size. Remember, that if a proper fit cannot be made with any of the cuff sizes, use the thigh cuff for measurement and provide an explanation in the comments section by using CTRL/K.

**AZA4**

Code which arm was selected for the pulse and blood pressure measurement.

**AZA4OV1**

If the left arm was used, CAPI will display another question. Explain why the right arm was not selected by entering Code 1 (injury/rash), Code 2 (cast, dressing), Code 3 (placement of equipment), or Code 4 (other). If you enter Code 4, enter an explanation on the line provided.

20.2605 AZA5

ID: 002-1000026 Adult Section: Z

SP'S PULSE RATE FOR 30 SECONDS  
ENTER OO IF NEVER FOUND PULSE  
( 30 ) PULSE

20.2606 AZA6

ID: 002-1000026 Adult Section: Z

PULSE REGULAR/RHYTHMIC

( 1 )

1. YES
2. NO

**AZA5**

Count the pulse for 30 seconds and enter the count. If any condition(s) might have affected the reading, explain it in the comments section (CTRL/K). Enter "00" if you are unable to find a pulse. If Code 00 is entered, CAPI will skip to the end of the interview and no blood pressure will be taken.

**AZA6**

Indicate if the pulse was regular by entering Code 1 (YES) pulse was regular/rhythmic or Code 2 (NO), no regular rhythmic pulse.

20.2607 AZA7A

ID: 002-1000026 Adult Section: Z

MAXIMUM INFLATION LEVEL (MIL) FIRST ATTEMPT

ENTER 666 IF MIL NOT DONE

(210 )  
MIL

20.26071 AZA7A0V

REASON MIL NOT DONE

( )

1. NOT ATTEMPTED
2. FAILED ATTEMPT (MISSED  
READING, OPEN VALVE, ETC.)
3. EQUIPMENT FAILURE

&

### **AZA7A and AZA7AOV**

Determine the reading at which the radial pulse disappears, add 30 to the reading and enter the MIL. Enter "666" if the MIL is not done and explain why the MIL was not done by entering the appropriate code.

### **AZA7AOV**

If the first attempt is unsatisfactory, CAPI will display a second screen requiring you to make a second attempt. If the second attempt is also unsatisfactory, again explain why. CAPI will then skip to the end of the Blood Pressure section and you will terminate the measurement.

20,2608 AZABA

ID: -111111 Adult Section: Z

BLOOD PRESSURE READINGS FIRST ATTEMPT  
[MIL = 160]

ENTER A READING OR A "NOT DONE/REFUSED" REASON FOR EACH  
ATTEMPT NECESSARY.

SYSTOLIC ( )

DIASTOLIC ( )

BP NOT DONE

BP REFUSED

- 666. MISSED READING (INTERRUPTION,  
NOISE, OPEN VALVE, ETC.)
- 667. EQUIPMENT FAILURE
- 668. NEED TO REDO INFLATION DUE TO  
TIME LAPSE OR CUFF SLIPPAGE

- 997. TIME CONSTRAINTS
- 998. DISCOMFORT
- 999. OTHER

Esc-chr: ^] help: ^]? port:1 speed: 9600 parity:none echo;rem VT102 ..

**AZA8A**

Enter the systolic and diastolic readings for first, second and third (and fourth if indicated) blood pressure attempt **OR** indicate if the reading was refused or not done. The number of the attempts and the SP's MIL will be displayed at the top of the screen.

If the blood pressure was not taken for any of the attempts, enter the three digit code that matches the category that best describes why it was not taken. Enter this code in the field next to the word SYSTOLIC. You will find the categories at the bottom of the Blood Pressure Reading screen.

20.2608 AZA8A

ID: -1111111 Adult Section: Z

BLOOD PRESSURE READINGS FIRST ATTEMPT  
[MIL = 160]

The systolic reading is within 10 MM'S of the last inflation  
Please reenter the systolic for verification purposes.

ENTER A READING OR A "NOT DONE/REFUSED" REASON FOR EACH  
ATTEMPT NECESSARY.

SYSTOLIC ( )

DIASTOLIC ( )

BP NOT DONE

BP REFUSED

666. MISSED READING (INTERRUPTION,  
NOISE, OPEN VALVE, ETC.)  
667. EQUIPMENT FAILURE  
668. NEED TO REDO INFLATION DUE TO  
TIME LAPSE OR CUFF SLIPPAGE

997. TIME CONSTRAINTS  
998. DISCOMFORT  
999. OTHER

Esc-chr: ^] help: ^] port:1 speed: 9600 parity:none echo:rem VT102 ..

20.26072 AZA7B

MAXIMUM INFLATION LEVEL (MIL) SECOND ATTEMPT

ENTER 666 IF MIL NOT DONE

( )  
MIL

20.2608 AZA8A

ID: -1111111 Adult Section: Z

BLOOD PRESSURE READINGS SECOND ATTEMPT  
[MIL = 150]

The systolic reading is within 10 MM'S of the last inflation  
Please reenter the systolic for verification purposes.

ENTER A READING OR A "NOT DONE/REFUSED" REASON FOR EACH  
ATTEMPT NECESSARY.

SYSTOLIC (154 )

DIASTOLIC ( )

BP NOT DONE

BP REFUSED

666. MISSED READING (INTERRUPTION,  
NOISE, OPEN VALVE, ETC.)  
667. EQUIPMENT FAILURE  
668. NEED TO REDO INFLATION DUE TO  
TIME LAPSE OR CUFF SLIPPAGE

997. TIME CONSTRAINTS  
998. DISCOMFORT  
999. OTHER

Maximum level of inflation attempts has been reached.

## **AZA8A**

Note: CAPI will perform a specific check on the blood pressure reading you take: If the first systolic measurement is within 10 points of the first recorded MIL a message will appear at the top of the screen. You will be required to enter the systolic measurement again.

## **AZA7B**

If the entry is still within 10 points of the MIL, CAPI will require you to take another MIL before continuing. After taking the MIL a second time you will proceed to take the systolic.

## **AZA8A**

If at this point, the systolic continues to be within 10 points of the MIL, CAPI will display a message indicating the maximum level of inflation attempts have been reached and no further blood pressure attempts will be allowed. CAPI will then skip to the end of the Blood Pressure section.

AZABP

The final blood pressure screen will indicate the resting pulse rate for 30 seconds, the blood pressure, whether this blood pressure is a single reading or an average of the 2nd and 3rd measurements, and the correct statement to circle.

Enter the pulse and blood pressure indicated on the "Adult Report of Pulse and Blood Pressure Findings" in the space provided. Check the appropriate box on this form for a "single" or "average" measurement and circle the statement (indicated on the CAPI screen) to be read to the SP.

20.2613 AZA13

ID: 002-1000012 Adult Section: Z

DO YOU HAVE ANY SIGNIFICANT COMMENTS OR PROBLEMS REGARDING  
THE BLOOD PRESSURE MEASUREMENT TO RECORD?

( 1 )

1. YES
2. NO

20.25101 AYZ

ID: 002-1000012 Adult Section: ZY RESTART

DO YOU WANT TO CONTINUE WITH THE INTERVIEWER CLOSING  
SECTION FOR THE ADULT QUESTIONNAIRE?

( 1 )

1. YES
2. NO

AZA13

If Code 1 (YES) is entered, the "Comments" screen will automatically appear. Enter any comments, problems, or explanations applicable to the pulse and blood pressure measurement procedure.

AYZ

Questions AYZ through AY11L are not to be read to the respondent. They are designed to collect your observations of the interview.

They may be completed at the end of the interview or, if you feel that it is more appropriate, you may complete these questions as part of your case edit process when you return to the office.

If you wish to complete these questions when you return to the office, leave the CAPI interview by pressing CTRL/E. You will then return to the Interviewer's Menu. Press the ENTER key and follow the CAPI instruction printed on the screen for making a backup diskette. **CAPI will not count this interview as an S1 until questions AYZ-AY11L are completed.**

To return to this section in the interview after you are in the field office, follow the instructions in Section 1 (page 1-2) for selecting a household and selecting an interview from the PICKQUEX screen.

20.2510 AY10

ID: 002-1000012 Adult Section: ZY

QUALITY OF INTERVIEW.

( 1 )

1. RELIABLE
2. UNRELIABLE

20.2511 AY11

ID: 002-1000012 Adult Section: ZY

OBSERVED CHARACTERISTICS OF THE SP:

- |                                       |  |            |
|---------------------------------------|--|------------|
|                                       |  | 1=YES,2=NO |
| a. IN BED?                            |  | ( 2 )      |
| b. IN WHEEL CHAIR?                    |  | ( 2 )      |
| c. USES CANE, CRUTCHES,<br>OR WALKER? |  | ( 1 )      |
| d. WALKS SLOWLY OR SHUFFLES?          |  | ( 2 )      |
| e. PARALYSIS IN HANDS OR LEGS?        |  | ( 2 )      |
| f. HEARING IMPAIRMENT?                |  | ( 1 )      |
| g. SPEECH PROBLEMS (NOT LANGUAGE)?    |  | ( 2 )      |
| h. COUGHS CONTINUOUSLY?               |  | ( 2 )      |
| i. DRESSED IN STREET CLOTHES?         |  | ( 1 )      |
|                                       | 1=VERY OVERWEIGHT,2=ABOUT AVERAGE,3=VERY THI |            |
| j. WEIGHT?                            |  | ( 1 )      |
| k. OTHER PHYSICAL<br>CHARACTERISTICS  | 1=YES,2=NO                                   |            |
|                                       | ( 2 )  |            |

20.25112 AY11L

ID: 002-1000012 Adult Section: ZY

DO YOU HAVE ANY SIGNIFICANT OBSERVATIONS ABOUT THE SP'S  
CHARACTERISTICS TO ADD?

( 2 )

1. YES
2. NO

AY10

Self-evident.

AY11

Self-evident

AY11L

At this point, if you realize that something was not recorded properly or there is something you need to add to more fully explain a situation, enter Code 1 (YES) in this field. When you answer "YES" the comments field will be displayed. Please remember that comments should be used to elaborate or explain answers or circumstances in the interview; it should not be used for contact information.

# **NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III CAPI CONVERSION**

## **SCREENER**

### **QUESTION-BY-QUESTION SPECIFICATIONS**

**JUNE 1993**

#### **INTRODUCTION TO THE CAPI SCREENER**

Although the Screener will be conducted using hard copy, it will be necessary for you to enter the information for each Screener with eligible Sample Person(s) into CAPI before you can begin any of the other questionnaires (i.e., Family or Sample Person).

NOTE: Only information concerning eligible families should be entered into CAPI. Thus, if two families exist within one household and only one of the families contains an SP, only information about the eligible family (with SPs) should be entered into CAPI.

If this entry is done immediately after the Screener and while you are still in the respondent's home, you should use this time to verify your entries with the respondent. If the entry is done later when you are no longer with the respondent, you should be very careful to double check your entries against the information you recorded in the Screener.

In general, categories in the CAPI Screener will accept a "don't know" (SHIFT/8) and a "refused" (SHIFT/7) response. However, complete Screener data in each

field in CAPI is always preferable. If you must enter a "don't know" or "refused" response in any Screener field, discuss the situation with a supervisor.

Categories in which CAPI will not allow you to enter these responses will be pointed out in the text of this manual.

QUESTIONNAIRE VERSION: 17 Jun. 20:09

SOFTWARE VERSION: 4.03

PRESS ENTER TO CONTINUE

[&=Ref \*=DK Ctrl/K=Comment Ctrl/E=Exit Ctrl/I=Interrupt Ctrl/B=Back Screen]

---

ACTVMENU

INTERVIEWER ACTIVITIES MENU

1. Work on a Household
2. Missed DU/Structure
3. Conference Report
4. Transfer Cases
5. Call the Field Office/  
Schedule SP Appointment

SELECT MENU OPTIONS: ( 1 )

[PRESS ENTER TO EXIT]

QUEST

This is the first screen you will see after logging on

## VERSION

to the system. It indicates the software version of the CAPI program that has been loaded on to your laptop. Each time a new feature is added to the CAPI interviewing program, the QUESTIONNAIRE VERSION date will change. Be prepared to give the Questionnaire Version date to your supervisor when discussing a software problem. This date will help pinpoint the source of the problem. The SOFTWARE VERSION number rarely changes and it is not important for you to note.

## INTERVIEWER

### to perform all ACTIVITIES MENU

The Interviewer's Activity Menu is the primary menu used interviewer functions.

### OPTION 1

a household you must

This option will allow you to work on a specific case. When you want to enter Screener information or complete an interview within select Option #1.

### OPTION 2

This option will allow you to create an ID number for a missed dwelling unit or a missed structure in CAPI.

### OPTION 3

of your report.

This option will allow you to either view your conference report (your CAPI case assignment) on your laptop or create a paper copy

### OPTION 4

finalized.

This option will allow the office staff to take specific cases off your laptop either because it has been reassigned or it has been

### OPTION 5

This option will allow you to report appointments from the field to the field office using a standard format.

Option 1 will be the most commonly used item on the Interviewer Activities Menu. Options 2 through 5 are discussed in more detail in a separate manual.

SELECTID

SELECT A HOUSEHOLD TO WORK

ENTER CASE ID: 002 - (5675675 )

[PRESS ENTER TO EXIT]

## SELECT ID

Once an option is selected, you will enter a 7 digit Household ID. This ID consists of the segment and serial number, as well as the check digit, of the case (the stand number will always automatically appear on the screen). This number is written on the front of the hard copy Screener. No hyphens will be entered.

After you have entered a specific household ID all subsequent screens will refer to that specific case. As a reminder, this ID will be printed at the top of each page. You must always be at this screen to switch to a different household ID.

WORKCASE

ID: 002-5675675 Workcase

WORK A HOUSEHOLD MENU

1. Enter Eligible Screener or Conduct Interview
2. Enter Other Screener Disposition Codes
3. Enter Disposition Codes for Youth, Adult, or Family
4. Review Comments

SELECT MENU OPTION: ( 1 )

[PRESS ENTER TO EXIT]

ID: 5675675  
ADDRESS: 112 MAIN ST.  
ROCKVILLE MD 20850 - 0110

**WORK A  
HOUSEHOLD  
MENU**

This menu appears after you have entered the Household ID. The ID at the top of the screen indicates that from this screen forward you are working with a specific ID, any function performed from this point forward will be for this specific ID.

**OPTION 1**

If you select option 1, you will be able to enter the hard copy Screener information into CAPI or, if the Screener has already been entered, you will be able to select one of the Extended Interviews.

**OPTION 2**

If you select option 2, you will be able to enter a Screener disposition code other than 11 (10, 14, 15, 16, 17, 18, 19, 20, 30 and 31).

**OPTION 3**

If you select option 3, you will be able to enter a disposition for any of the Extended Interviews. As with the Screener, you should only enter a disposition if the questionnaire is something other than complete.

**OPTION 4**

If you select option 4, you will be able to read and review the comments you have entered for the case. This option does not allow you to change or add to the comments.

ID: 156-6666666 Screener

S1

HOUSEHOLD COMPOSITION

THERE ARE 0 FAMILIES ENTERED FOR THIS HOUSEHOLD.

FOR WHICH FAMILY DO YOU WANT TO ENTER SCREENER INFORMATION?

( 1 )  
FAMILY NUMBER

[PRESS ENTER TO EXIT]

S1 The first question concerning the Screener asks you to specify a family number for the family whose information you are about to enter. Since you may have multiple eligible families within one household, this question allows you to specify which family you are entering in CAPI.

There is no limit to the number of eligible families you may enter but you must be careful to enter them one at a time. That is, do not mix family members from one family to the next during your entry.

Be very careful to enter eligible families only. The numbering of the families should also correspond to only the number of eligible families. For example, if you screened a household with three families and the first two were not eligible but the third one was eligible, only the third one would receive a family number (which would be 1). The other two families would not be numbered and no information about them would be entered in CAPI.

VERADDR ID: 002-5675675 Screener

VERIFY ADDRESS

STREET ADDRESS:

112 MAIN ST.

ROCKVILLE MD 20850 - 0110

( 2 )

1. ACCURATE AS IT APPEARS
  2. NOT ACCURATE
- 

VERADDR ID: 002-5675675 Screener

VERIFY ADDRESS

PRESS ENTER IF FIELD IS ALREADY CORRECT  
ENTER 0000 TO BLANK OUT ZIP CODE EXTENSION

STREET ADDRESS:

112 MAIN ST.  
1420 MAIN ST.

ROCKVILLE MD 20850 - 0110  
GAITHERSBURG MD 20878 - 0000

USE F1 FOR COMPLETE LIST OF STATE ABBREVIATIONS

1. ACCURATE AS IT APPEARS
  2. NOT ACCURATE
- 

### F1 Screen

AK ALASKA  
AZ ARIZONA  
AR ARKANSAS  
CA CALIFORNIA  
CO COLORADO  
CT CONNECTICUT  
DE DELAWARE  
DC DISTRICT OF COLUMBIA  
FL FLORIDA  
GA GEORGIA  
HI HAWAII  
ID IDAHO  
IL ILLINOIS  
IN INDIANA  
IA IOWA  
KS KANSAS

↑ Up <> Scroll Down <PgUp> <PgDn> Esc to ExitMMMMMM<

## VERADDR

This screen displays the street address loaded into CAPI for the specific household. Check the address carefully. If the address is not accurate, enter code 2. You will then receive a line directly below each part of the address. Make the necessary correction on the line below the appropriate portion of the address. If one of the parts does not need a correction, just hit the enter key to pass through the entry field when the cursor is on the correction line. It is not necessary to re-enter a correct part of the address.

In making address corrections, we are only interested in "real" errors. For example, we are interested in replacing a description with an apartment number, obtaining new zip code information, or correcting the spelling of a street name. However, we are not interested in minor unnecessary changes. For example, we do not want you to change St. to Street. In fact, making these minor changes can slow down case processing in the field office and for this reason we do not want you to make them.

Notice the instruction that appears at the bottom of the screen regarding the **F1 key**. This key is located in the upper right-hand corner of your keyboard. When you strike this key a complete list of abbreviations will appear. You should use this function key whenever you are unsure about the standard abbreviation to be used for a specific state. An example of the overlay screen you will see when you strike the F1 key appears on the opposite page. Use the down arrow keys to move to other screens containing other state abbreviations.

After you have made address corrections, a screen containing the revised address information will appear. You will then have the opportunity to make further corrections or, if the address is accurate, continue.

FVERADDR

ID: 002-5675675

Screeners

VERIFY ADDRESS

MAILING ADDRESS FOR FAMILY NO. 01:

1420 MAIN ST.

GAITHERSBURG

MD

20878

( 1 )

1. ACCURATE AS IT APPEARS
2. NOT ACCURATE

**FVERADDR** This screen displays the mailing address for the household. CAPI always assumes that the mailing and the street address are the same. If not, you will be required to change the mailing address displayed. Make corrections to this address using the specifications for VERADDR.

SCRNLANG ID: 002-5675675 Screener

IN WHAT LANGUAGE WAS SCREENER CONDUCTED?

( 1 )

1. ENGLISH
2. SPANISH
3. OTHER

---

SCRNDTOV ID: 002-5675675 Screener

SCREENER DATE: 07/01/93

IS DATE CORRECT?

( 2 )

1. YES
2. NO

ENTER SCREENER DATE: ( 6 ) / ( 30 ) / ( 93 )  
MONTH DAY YEAR

---

SA1A ID: 002-5675675 Screener

ENTER THE TOTAL NUMBER OF PEOPLE IN FAMILY NO. 01..

( 2 )  
NUMBER

---

S2 ID: 002-5675675 Screener

ENTER THE FULL NAME OF THE REFERENCE PERSON/HEAD  
FOR FAMILY NO. 01.

BRYAN  
FIRST NAME

ENTER 'NMN' IF NO MIDDLE NAME.

GREGORY  
MIDDLE NAME

BROTHERS  
LAST NAME

- SCRNLANG Enter the language from the information on the front cover of the Screener.
- SCRNDTOV Today's date (i.e., the date you are entering the Screener in CAPI) will be displayed as the date the Screener was conducted. If this date is not correct (e.g., you are entering the Screener on a date other than the date on which it was conducted), enter the actual date the Screener was conducted. This date is very important since it will be used to calculate ages of the Sample Person(s) which in turn is used to determine which questionnaire or sections of questionnaire are asked.
- SA1A Enter the total number of persons you have recorded for the family on the Household Composition Table including any persons who were later eliminated because of active military duty.
- S2** Record the full name of the person listed first (line 1) on the Household Composition Table. This person is referred to as the reference person or head of household. Notice that each part of the name (i.e., first, middle, last) has a line directly above it. Probe for middle name. If the respondent only knows a middle initial, record the initial. Record a "DK" SHIFT/8 or a "Refused" SHIFT/7 when appropriate. Only record "NMN" if the reference person does not have a middle name.

FAMILY NO. : 01

LIST ITEMS FOR EACH FAMILY MEMBER

USE ARROW KEYS. CTRL/A=ADD LINE. CTRL/D=DELETE LINE. ESC=LEAVE SCREEN.

| LINE NO. | FIRST NAME | MIDDLE NAME | LAST NAME |
|----------|------------|-------------|-----------|
| 1        | BRYAN      | GREGORY     | BROTHERS  |
| 2        | SUZANNE    | LYNN        | MURPHY    |

## MATRIX 1

This is the first of three matrix screens in the CAPI Screener. The person whose name you have recorded as the reference person from the previous screen will automatically appear on this matrix as line #1. Record the line number and full name of all other family members from the Household Composition Table. When entering family members with the same last name, strike the "-" key when the cursor is in the last name field. This procedure will automatically duplicate the last name of the person listed on line #1. The cursor will move across the matrix (FIRST, MIDDLE and LAST NAME) each time you strike the enter key and then to the next available line. There are special keys associated with the matrix that can be used to make corrections. Each of these is explained in more detail below.

**Arrow Keys** - The arrow keys can be used on the matrix to move around to any field without erasing the information already entered. That is, once you have made an entry, you can pass over it with the arrows without affecting it. If you find a change is necessary for something you have already entered, use the arrow keys to position yourself on the entry field and retype the correct answer.

**Adding a Family Member** - CAPI will allow you to add a person to the matrix. You may do so by using the arrow keys to position yourself on a "blank line" or you may use the CTRL/A keys from anywhere in the matrix to receive a "blank line." After creating the line, add the line # and name of the person you wish to enter. Note that CAPI will display an error message if the number of family members you enter does not agree with the total number entered in SA1A. To clear this message, press ENTER and continue. CAPI will then change the answer in SA1A to agree with the total number of names you entered in this matrix.

**Delete (CTRL/D)** - CTRL/D should be used when a person on the matrix needs to be deleted. Using CTRL/D keys at any point on the person's line will delete the entire entry (line) for that person.

---

CTRL/D Example: There are three people (Susan - line #1, John - line #2, and Sally - line #3) entered in the matrix. During the initial screening, as the interviewer is verifying the matrix entries with the respondent, s/he finds that John is really only there on vacation. Since this means that John is not a member of the household, the interviewer needs to delete John both from the hardcopy Screener and the matrix. The interviewer must follow three steps:

1. Move the cursor to John's line.
2. Use CTRL/D to delete John from the matrix.
3. Sally's name will automatically move up to the second line to fill the available space. Change Sally's line number from "3" to "2".

Note that although you may change the name of the reference person (the person on line #1), CAPI will not allow you to use the CTRL/D feature on this line to eliminate the reference person.

The number of people within a family is determined by the number of people entered in this matrix. If the number of people in this matrix does not agree with the answer to the previous question concerning number of people in the family (i.e., **SA1A**), you will receive a warning message at the bottom of the screen. To clear this message, strike the ENTER key.

NOTE: Once you have discussed the case with the Field Manager or you have received NCHS numbers you must discuss any update or correction to the Screener Matrix with your Field Manager.

Leave Screen (ESC) - ESC is used to leave the matrix

ID: 002-5675675 Screener

FAMILY NO.: 01

LIST ITEMS FOR EACH FAMILY MEMBER  
USE ARROW KEYS. ESC=LEAVE SCREEN.

| LINE NO. | NAME           | RELATION     | ETHNIC         | RACE    | ACTIVE MILITARY |
|----------|----------------|--------------|----------------|---------|-----------------|
| 1        | BRYAN BROTHERS | 1 HOH/FAMILY | 3 NOT HISPANIC | 1 WHITE | 2               |
| 2        | SUZANNE MURPHY | 2 SPOUSE     | 3 NOT HISPANIC | 1 WHITE | 2               |

RELATIONSHIP CODES:

1 = HEAD OF FAMILY  
2 = SPOUSE OF HEAD  
3 = SON OR DAUGHTER  
4 = GRANDCHILD  
5 = PARENT OF HEAD OR SPOUSE  
6 = OTHER RELATIVE  
7 = FOSTER CHILD

ANCESTRY CODES:

1 = MEXICAN-AMERICAN  
2 = OTHER HISPANIC SPECIFY  
3 = NOT HISPANIC

RACE CODES:

1 = WHITE  
2 = BLACK  
3 = OTHER  
4 = MEXICAN-AMERICAN

MILITARY STATUS CODES:

1 = YES  
2 = NO

**MATRIX 2** This is the second Screener matrix.

The name and line numbers of the persons you entered in the previous matrix will automatically appear on this matrix. Using the information you recorded from the Household Composition Table in the hard copy Screener, complete the field of information for each family member. The cursor will move across the matrix for each person. As it does, the appropriate codes for entry at that column will be displayed at the bottom of the screen.

The last field requires that you record the active military status of each family member. If you answer "YES" code 1, to this question (the person would be crossed off of your hard copy Screener), s/he will not appear on future Screener matrixes since s/he has no possibility of being selected as a Sample Person. CAPI will not allow a "DK" (SHIFT/8) or a "Refused" (SHIFT/7) in this field.

**MAKING CORRECTIONS:** To make a correction on this matrix use the arrow key to move to the appropriate field and type over the answer. Note that CAPI will only allow you to make corrections to data from the matrix screen on which the data was originally entered. This means that if you must correct a line # or name, return to the previous matrix by striking CTRL/B. You may then use the arrow keys to move to the name you wish to change and correct the error. Moreover, CAPI will not allow you to add or delete a family member on this screen. If you need to add or delete a person, you must return to the previous screen to make the correction.

FAMILY NO.: 02

LIST ITEMS FOR EACH FAMILY MEMBER  
USE ARROW KEYS. ESC=LEAVE SCREEN.

| LINE NO. | NAME           | RELATION     | ETHNIC         | RACE | ACTIVE MILITARY |
|----------|----------------|--------------|----------------|------|-----------------|
| 1        | BRYAN MURPHY   | 1 HOH/FAMILY | 3 NOT HISPANIC | 1    | 2               |
| 2        | SUZANNE MURPHY | —            | 3 NOT HISPANIC | 2    | 2               |

RELATIONSHIP CODES:

- |                     |                              |
|---------------------|------------------------------|
| 1 = HEAD OF FAMILY  | 5 = PARENT OF HEAD OR SPOUSE |
| 2 = SPOUSE OF HEAD  | 6 = OTHER RELATIVE           |
| 3 = SON OR DAUGHTER | 7 = FOSTER CHILD             |
| 4 = GRANDCHILD      |                              |

Please fill in the relationship code.

**CAPI Edit of**

**Matrix #2**

**Screen**

When you have completed all fields on the matrix #2 screen and use ESC to continue

with the interview, the questionnaire is programmed to edit for "blanks" in the matrix.

The program will direct you to the blank areas by displaying a message in the bottom left-hand corner. Once you have "filled them in," you will move to the next screen.

ID: 156-6666666 Screener

FAMILY NO.: 01

LIST ITEMS FOR EACH FAMILY MEMBER  
USE ARROW KEYS. ESC=LEAVE SCREEN.

| LINE NO. | NAME           | DATE OF BIRTH<br>MNTH/DAY/YEAR | AGE | SEX | SP NO. |
|----------|----------------|--------------------------------|-----|-----|--------|
| 1        | BRYAN MURPHY   | 5 5 1955                       | 37  | /   |        |
| 2        | SUZANNE MURPHY |                                |     |     |        |

GENDER CODES:

1 = MALE  
2 = FEMALE

ID: 002-5675675 Screener

FAMILY NO.: 01

LIST ITEMS FOR EACH FAMILY MEMBER  
USE ARROW KEYS. ESC=LEAVE SCREEN.

| LINE NO. | NAME           | DATE OF BIRTH<br>MNTH/DAY/YEAR | AGE | SEX      | SP NO. |
|----------|----------------|--------------------------------|-----|----------|--------|
| 1        | BRYAN BROTHERS | 5 5 1955                       | 38  | 1 MALE   | 01     |
| 2        | SUZANNE MURPHY | 4 3 1956                       | 37  | 2 FEMALE | 00     |

ENTER 0 FOR SP NUMBER IF NOT SELECTED.

## MATRIX 3

This is the third and final matrix screen.

Using the information you recorded on the sampling tables of the Screener, you should complete each of these pieces of information concerning each family member. The cursor will move across the matrix for each person. As you move from field to field, entry instructions will appear at the bottom of the screen. Each field is discussed below:

### 1. DATE OF BIRTH

When you enter the family member's date of birth, you must enter the full year of the date of birth, not just the last two digits (e.g., 1923 not 23). Do not "zero-fill" for single digit months or days.

Notice that whenever the cursor is in the MNTH (month) field, a message will appear at the bottom of the screen regarding the use of a "?" in specific situations. The message is explained in detail on page 28.

### 2. AGE

Once you enter the date of birth, CAPI automatically computes the age based on the date of birth and the cursor automatically moves to the SEX field.

### 3. SEX

Enter code 1 for MALE or code 2 for FEMALE.

### 4. SP NO.

When you enter the SP number, please notice that each person in the family must have an entry in this column. If the person is an SP, enter the appropriate number. If the person is not an SP (i.e., was not selected), enter 0. CAPI will not accept a "DK" (SHIFT/8) or a "Refused" (SHIFT/7) response in this field.

**MAKING CORRECTIONS:** As with the previous matrix, you cannot make corrections to a family member's name and you cannot add or delete a family member on this matrix. In order to perform these functions, you must return to the first matrix by striking CTRL/B keys twice and perform the necessary corrections on the first matrix. To make any other corrections, move the cursor to the appropriate field using the arrow keys and retype the corrected information.

ID: 002-5468275 Screener

FAMILY NO.: 02

LIST ITEMS FOR EACH FAMILY MEMBER  
USE ARROW KEYS. ESC=LEAVE SCREEN.

| LINE NO. | NAME           | DATE OF BIRTH<br>MNTH/DAY/YEAR | AGE | SEX | SP NO. |
|----------|----------------|--------------------------------|-----|-----|--------|
| 1        | BRYAN MURPHY   | 2 25 1943                      | 50  | 1   | 00     |
| 2        | SUZANNE MURPHY | 4 23 1956                      | 37  | 2   | 00     |

There are no SP's in this family.

ID: 002-5468275 Screener

FAMILY NO.: 02

LIST ITEMS FOR EACH FAMILY MEMBER  
USE ARROW KEYS. ESC=LEAVE SCREEN.

| LINE NO. | NAME           | DATE OF BIRTH<br>MNTH/DAY/YEAR | AGE | SEX | SP NO. |
|----------|----------------|--------------------------------|-----|-----|--------|
| 1        | BRYAN MURPHY   | 2 25 1943                      | 49  | 1   | 00     |
| 2        | SUZANNE MURPHY | 4 23 1956                      | 37  | 2   | 00     |

The calculated age 50 and the entered age 49  
do not agree.

### **MATRIX 3 (continued)**

**SPECIAL CONSIDERATIONS:** DKs and Refused (SHIFT/8 and SHIFT/7) are allowed in the Month, Day, and Year fields. However, CAPI will not allow you to leave this matrix until an age has been entered for each family member.

CAPI will display a warning message unless at least one family member you have listed on the matrix is an SP. If all family members have an SP number of 00, this warning message will appear. If you have made an error in recording SP numbers at this point, press enter to clear the message and return to the matrix by hitting CTRL/B. Enter the correct SP number. Remember you should never enter information in CAPI for families without eligible SPs.

**NOTE:** When you enter a date of birth for the first time, CAPI will automatically calculate age in the age field. However, when you correct a birthday (either by correcting the month, day or year fields) and that correction results in an age change, CAPI will not recalculate the age in the age field. CAPI will instead provide an error message indicating the recalculated age and the original age entered in the age field do not agree. You must either correct the age or the date of birth by taking the following steps:

- Strike the ENTER key to eliminate the message. The cursor will then be on the age field.
- Correct the age by typing over the existing age or
- Hit the ENTER key twice to move to the date field and correct the date by typing over the existing date.

MATRIX 3 (continued)

**ENTRIES FOR FAMILY MEMBERS WHO ARE NOT LISTED ON THE SAMPLING TABLES:** As stated previously, information entered on the third matrix is obtained from the Screener Sampling Tables #1-#3. If as a result of Sampling Message #1 a household member is not listed on Screener Sampling Tables #1-#3 (only in racially mixed households), then there is no information on birthday, age, sex, and SP number for this household member and, therefore, this information cannot be entered on the CAPI matrix.

When this occurs, the interviewer should enter a "?" in the "MNTH" field and strike the ENTER key. After this is done, CAPI will automatically fill in the date, age, and sex fields with a "?" and will place a "0" in the SP No. field for that person. The interviewer should then continue to enter information on this matrix for household members who are listed on the sampling tables.

The following example illustrates this procedure.

In this example, the sampling message #1 directs the interviewer to list only Mexican-Americans and for this reason Debbie Ann Lopez is not listed on the hard copy Screener sampling tables #1-3.

There is no birthday, age, sex and SP number information for Debbie because she is not listed on any of the sampling tables.

After a "?" has been entered in the MNTH field next to Debbie's name, CAPI automatically fills the remaining fields for this family member.

Remember, the use of the "?" should be limited to only those household members who are **not** listed on the sampling table. Those household members who are listed on the sampling table should have complete demographic information entered in all appropriate Screener matrix fields. The "?" should never serve as a substitute for a DK (SHIFT/8), refusal (SHIFT/7), or any other response. The "?" must only be used in the manner described above.

ENTER TELEPHONE NUMBER FOR FAMILY NO. 01.  
 PRESS ENTER IF ALREADY CORRECT. ENTER '0' IF NO TELEPHONE.

FAMILY NO. 01

**BOX 1** AFTER LISTING HOUSEHOLD, CIRCLE LINE NO. OF HOUSEHOLD RESPONDENT.  
 ASK QUESTIONS 2b-2d AS APPROPRIATE FOR EACH HOUSEHOLD MEMBER.

( 0 ) ( ) ( ) - ( )  
 PHONE NUMBER

| LINE NO. | COMPLETED ASK:<br>What is -'s relationship to (REF. PERSON/ HEAD)? | 2c. HAND CARD S-1.<br>Do any of these groups represent -'s national origin or ancestry?<br><br>¿Alguno de estos grupos representa el origen nacional o antepasado de -?<br>IF YES, CIRCLE NUMBER |   | 2d. Is - race white, black or other?<br><br>¿Es - de raza blanca, negra u otra? |                          |       |
|----------|--|--|---|---|--------------------------|-------|
|          |  | BELOW.<br>IF NO, SKIP TO 2d.   | GO TO NEXT HOUSEHOLD MEMBER OR SKIP TO BOX 2. | SKIP TO 2d.   | OTHER HISPANIC (SPECIFY) | W B C |
| SB4CONT  | ID: 002-5675675 Screener   | 1  | 2   | 1   | 2                        | 3     |
| 01       | Debbie Ann Lopez   | 1  | 2   | 1   | 2                        | 3     |
| 02       | Henry Bernard Lopez husband  | 1  | 2   | 1   | 2                        | 3     |
|          | Is there a number where you can be reached?                        |  |   | 1   | 2                        | 3     |
|          | ( 1 )  | 1  | 2   | 1   | 2                        | 3     |

- 1. YES
- 2. NO

BOX 2

SAMPLING MESSAGE #1

994-04-0030-151

only Mexican Americans

SB4

Enter the household telephone. If the respondent does not have a telephone or if you receive a telephone number other than one in the family's household (e.g., work, relative's, etc.), enter 0 for no telephone. You will then receive a

FAMILY NO.: 01

LIST ITEMS FOR EACH FAMILY MEMBER  
USE ARROW KEYS. ESC=LEAVE SCREEN.

| LINE NO. | NAME | DATE OF BIRTH<br>MNTN/DAY/YEAR | AGE | SEX | SP NO. |
|----------|------|--------------------------------|-----|-----|--------|
|----------|------|--------------------------------|-----|-----|--------|

|   |              |   |  |  |  |
|---|--------------|---|--|--|--|
| 1 | DEBBIE LOPEZ | ? |  |  |  |
| 2 | HENRY LOPEZ  |   |  |  |  |

ONLY USE '?' WHEN PERSON IS NOT LISTED IN SAMPLING TABLE

FAMILY NO.: 01

LIST ITEMS FOR EACH FAMILY MEMBER  
USE ARROW KEYS. ESC=LEAVE SCREEN.

| LINE NO. | NAME | DATE OF BIRTH<br>MNTN/DAY/YEAR | AGE | SEX | SP NO. |
|----------|------|--------------------------------|-----|-----|--------|
|----------|------|--------------------------------|-----|-----|--------|

|   |              |       |   |   |   |
|---|--------------|-------|---|---|---|
| 1 | DEBBIE LOPEZ | ? ? ? | ? | ? | 0 |
| 2 | HENRY LOPEZ  |       |   |   |   |

ONLY USE '?' WHEN PERSON IS NOT LISTED IN SAMPLING TABLE

series of screens to enter the other telephone number.

SB4CONT

You will receive this question if you entered a "0" in the telephone number field. If you have received a number outside of the household, you should respond "YES" Code 1 to this question.

Next, screen SB4 will appear again and you will be asked to record the telephone number and who it belongs to. The name fields on this question are set up as though the response will be a first, middle and last name. If the number is for a place (such as work), you should spread the place name across the first,middle and last name fields.

SB40V

ID: 002-5675675 Screener

ENTER TELEPHONE NUMBER FOR FAMILY NO. 01.  
PRESS ENTER IF ALREADY CORRECT. ENTER '0' IF NO TELEPHONE.

(301 ) (898 )-(2345 )  
PHONE NUMBER

ENTER NAME IN WHICH TELEPHONE IS LISTED.  
ENTER 1 IF UNLISTED 2 IF UNPUBLISHED.  
PRESS ENTER IF ALREADY CORRECT. ENTER CORRECTIONS IN FIELDS.  
USE 'NMN' FOR NO MIDDLE NAME

FIRST: BRYAN

MIDDLE: GREGORY

LAST: BROTHERS

Screener Disposition 11

30.02046 PHONFIX2

ID: 002-9999999 Screener  
(301) 234-5678

TOM  
ALAN  
BROWN  
HOUSEHOLD PHONE

DO YOU WANT TO MAKE CHANGES TO THE PHONE NUMBER OR LISTING NAME?

( 1 )

1. YES
2. NO

DO YOU WANT TO CHANGE FROM A HOUSEHOLD PHONE  
TO A NON-HOUSEHOLD PHONE?

( 2 )

1. YES
2. NO

If you have entered the respondent's telephone number in SB4, you will be asked to record the name in which the telephone is listed. In all situations, the reference person/head of family name will appear automatically. If that is correct, simply press ENTER through the names. If that is not correct, record the correct name. If one of the names (first, middle, or last) does not need a correction, hit the ENTER key to pass through the entry field when the cursor is on the correction line. It is not necessary to re-enter a correct name.

Although this question asks for the name in which the telephone is listed, it does not mean literally "how is this telephone listed in the telephone book." Instead it means, using the name recorded, could we locate the person in the telephone book. For example: if the telephone is listed as J. S. Reed in the telephone book but you have James Stanley Reed recorded as the head of the family, you should not change the entry.

If the number is **unlisted** (that is, the number is not listed in the telephone directory but is available through directory assistance), enter a "1" in the first name field. If the number is **unpublished** (that is, the number is not available in the telephone directory or through directory assistance), enter a "2" in the first name field.

At this point, the disposition for the Screener will appear in the lower left-hand corner of the screen.

**MAKING CORRECTIONS:** In order to make screener corrections to the telephone number or to the name under which the phone number is listed, proceed through the following steps.

- Access the case on CAPI and proceed to the PICKQUEX screen.
- Choose the Screener by typing an "X" next to the Screener and striking the ENTER key.
- You will then see Matrix #1 for the family.
- Proceed through the matrix screens by pressing the "ESC" key at each screen presented.
- You will then see the PHONE FIX screen (see example opposite page).
- Enter a Code 1.
- If the household no longer has a phone and you wish to enter another number where they can be reached,

answer YES, Code 1 to the next question. If there is a new number for the household, enter NO, Code 2.

- CAPI will then allow you to make changes to the household phone number and the name under which the phone number is listed.

ANOTHER ID: 002-5675675 Screener

THERE IS 1 FAMILY ENTERED FOR THIS HOUSEHOLD.

IS THERE ANOTHER FAMILY IN THIS HOUSEHOLD?

( 2 )

1. YES
  2. NO
- 

50.00900 S0 ID: 002-5468275 Screener

START A NEW SCREENER FOR ANOTHER FAMILY?

( 1 )

1. YES
  2. NO
- 

50.0100 S1 ID: 002-5468275 Screener

HOUSEHOLD COMPOSITION

THERE IS 1 FAMILY ENTERED FOR THIS HOUSEHOLD.

FOR WHICH FAMILY DO YOU WANT TO ENTER SCREENER INFORMATION?

( 2 )  
FAMILY NUMBER

[PRESS ENTER TO EXIT]

## ANOTHER

At the end of each family Screener entry, you will be asked if there is another family in this household. Please note that you should only say "YES" if there is another eligible family in this household. That is, if there is another family in the household but they are not eligible (no SPs), you should respond NO, Code 2.

Be very careful not to begin another household's Screener at this question. Remember, you are still in a specific household ID. Therefore, whatever you enter at this point will be associated with the ID displayed at the top of the screen.

S0 This screen will appear if you have answered, code 1 to "ANOTHER" screen (i.e., there is another family to enter in CAPI). If there is another eligible family to enter, CAPI will ask you if you wish to enter Screener information about the family at this time.

## S1

After you enter YES, Code 1, to the previous question CAPI will display the number of families already entered in the Screener and require you to enter a number for the next family. The family number entered in CAPI should correspond to the family number on the hard copy Screener.