
National Health
and Nutrition
Examination Survey

INTERVIEWER
PROCEDURES
MANUAL



January 2005

TABLE OF CONTENTS

PART I

<u>Chapter</u>		<u>Page</u>
1	INTRODUCTION TO THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY	1-1
1.1	History of the National Health and Nutrition Examination Programs	1-1
1.2	Overview of Current NHANES	1-3
1.2.1	NHANES Pilot and Dress Rehearsal	1-4
1.2.2	Data Collection for NHANES Main Survey	1-4
1.3	Field Organization for NHANES	1-6
1.4	Overview of Interviewer Tasks.....	1-7
2	PREFIELD PROCEDURES.....	2-1
2.1	Overview of Interviewer Materials.....	2-1
2.1.1	Materials to Encourage Respondent Cooperation.....	2-1
2.1.2	Materials to Help You Prepare for Your Job	2-4
2.1.3	Materials to be Used in the Field	2-5
2.1.4	Materials for Organization and Recordkeeping	2-7
2.2	Preparing for the Field	2-8
2.3	Receiving and Reviewing Your Assignments	2-9
2.4	Planning and Scheduling	2-10
3	LOCATING THE DWELLING UNIT AND MAKING CONTACT.....	3-1
3.1	Definition of a DU	3-1
3.2	Locating the Dwelling Unit (DU).....	3-4
3.2.1	How Listing Sheets are Completed.....	3-6
3.2.2	Using the Household Assignment Label to Locate the Address on the Listing Sheet.....	3-6
3.2.3	Using the Lister's Material to Locate a DU.....	3-9
3.2.4	Maps Included in the Segment Folder.....	3-11
3.2.5	Problems Locating the DU.....	3-11
3.3	Introduction at the Door.....	3-11
3.4	Answering the Respondent's Questions	3-21

TABLE OF CONTENTS (continued)

<u>Chapter</u>		<u>Page</u>
4	ADMINISTERING THE INTERVIEW	4-1
	4.1 The Household Screening Interview.....	4-1
	4.1.1 Content of the Screening Interview.....	4-1
	4.1.2 Eligible Screener Respondent	4-2
	4.1.3 Screener Specifications	4-3
	4.2 The Relationship Questionnaire.....	4-46
	4.2.1 Completion Order for Relationship Questionnaire	4-47
	4.2.2 Eligible Respondent for the Relationship Questionnaire	4-49
	4.2.3 Specifications for the Relationship Questionnaire	4-50
	4.3 Administering the Household Sample Person Questionnaires	4-63
	4.3.1 Eligible Respondent for SP Questionnaires	4-63
	4.3.2 Sample Person Language Problems	4-63
	4.3.3 Obtaining Consent for the SP Interview	4-64
	4.3.4 Beginning the SP Interview—The Respondent Information Questions.....	4-66
	4.3.5 Completion Order for the Household SP Interview	4-76
	4.4 Administering the Family Questionnaire.....	4-76
	4.4.1 Eligible Respondent for the Family Questionnaire	4-76
	4.4.2 Obtaining Consent for the Family Interview.....	4-77
	4.4.3 Beginning the Family Interview—The Respondent Information Questions.....	4-77
	4.4.4 Completion Order for the Family Questionnaire	4-82
5	THE HOUSEHOLD FOLDER.....	5-1
	5.1 Assignment Label	5-2
	5.2 Directions.....	5-2
	5.3 Appointment Summary	5-2
	5.4 Summary of Forms Used to Complete the Consent Process	5-4
	5.5 Missed DU Procedure and Missed DU Form	5-4
	5.6 Translator Information	5-7
	5.7 Incentive Information	5-7
	5.8 Call Record Result Codes	5-10
	5.9 Language Use	5-10
	5.10 Household Result of Contacts.....	5-13

TABLE OF CONTENTS (continued)

<u>Chapter</u>		<u>Page</u>
6	CONTACT PROCEDURES.....	6-1
	6.1 Contact Attempts	6-1
	6.1.1 Planning Your Contacts	6-1
	6.1.2 Number of Attempts.....	6-2
	6.1.3 Neighbor Contacts.....	6-3
	6.2 Using the Result of Contacts Page.....	6-4
	6.3 Entering Result Codes on the Household Folder	6-4
	6.4 Accessing Your Cases on the Pentop.....	6-17
	6.5 Entering Final Result Codes (Dispositions) on Your Pentop	6-19
	6.6 Entering Results (Dispositions) for Cases That Have Been Started But Not Completed.....	6-28
7	NOT USED	
8	THE MEC EXAMINATION APPOINTMENT.....	8-1
	8.1 Overview of MEC Operations	8-1
	8.1.1 The MEC Unit.....	8-1
	8.1.2 MEC Staff	8-4
	8.1.3 MEC Exam.....	8-4
	8.1.4 MEC Exam Schedule	8-7
	8.2 General Procedures for Making MEC Appointments.....	8-8
	8.3 Specific Procedures.....	8-10
	8.4 Reporting Medical Findings to SPs	8-65
	8.5 Answering Questions About Child Abuse	8-69
	8.6 Answering Questions About AIDS Testing.....	8-69
	8.7 Answering SP Questions About the Blood Draw	8-74
	8.8 Motivating the Respondent to Participate in the Examination	8-74
	8.9 Making Field Reminders	8-76
	8.10 Rescheduling Broken MEC Appointments.....	8-78
9	SAMPLE WATER COLLECTION	9-1
	9.1 Overview.....	9-1
	9.2 Additional Background Information.....	9-2
	9.3 Eligibility	9-3
	9.4 When to Collect the Water Sample.....	9-3
	9.5 Supplies.....	9-4
	9.6 Water Sample Collection Process.....	9-5

TABLE OF CONTENTS (continued)

<u>Chapter</u>		<u>Page</u>
10	NON-INTERVIEW AND NONRESPONSE	10-1
	10.1 Non-Interview Cases.....	10-1
	10.1.1 Problems Making Contact at the Dwelling Unit	10-1
	10.2 Nonresponse	10-4
	10.1.2 Problems Obtaining the Interview (Screener Relationship, SP, Family Interviews, or the Dust Collection Procedure) .	10-4
	10.1.3 Obtaining the MEC Examination Appointment, Informed Consent, or Rescheduling Broken Appointments	10-11
	10.2 Completing the Screener Vacant/Not a DU Form	10-11
	10.3 Documenting Nonresponse and Completing the Nonresponse Card for Screener, SP Interview, Family Interview, Dust Collection, and MEC Appointment Nonresponse	10-12
	10.3.1 Specifications for Completing the Nonresponse Card	10-15
	10.3.2 Documenting Nonresponse Using “Remarks”	10-16
	10.4 Completing the Neighbor Information Form	10-22
11	QUALITY CONTROL	11-1
	11.1 Observations	11-1
	11.2 Field Edit	11-2
	11.2.1 Accounting for Case Materials.....	11-2
	11.2.2 Editing Hard-copy Materials.....	11-4
	11.2.3 Reviewing Certain Screens on Your Pentop	11-4
	11.3 Field Office Review of Cases	11-4
	11.4 Validation	11-5
	11.5 The Importance of Entering Accurate Key Information.....	11-5
	11.6 Checks for Key Information	11-6
	11.7 Updating Procedures and Specifications	11-6
12	QUALITY CONTROL OF LISTING	12-1
	12.1 Missed DU Procedure.....	12-1
	12.2 Creating a Household Folder for Missed DUs.....	12-7
	12.3 Examples of Missed DU Situations	12-7
	12.4 Examples of Missed DU Situations	12-8
	12.5 Creating a Missed Structure or Dwelling Unit	12-10

TABLE OF CONTENTS (continued)

<u>Chapter</u>		<u>Page</u>
13	REPORTING	13-1
	13.1 Report Forms	13-1
	13.1.1 Overview	13-1
	13.1.2 The Time and Expense Report	13-2
	13.1.3 Trip Expense Report	13-4
	13.1.4 The Interviewer Conference Report	13-8
	13.2 Conference With Your Study Manager	13-8
	13.2.1 Preparing for the Conference	13-9
14	SPECIFICATIONS AND DEFINITIONS FOR THE SAMPLE PERSON AND FAMILY QUESTIONNAIRES	14-1
	14.1 Overview of the SP and Family Questionnaires	14-1
	14.1.1 SP Questionnaire	14-1
	14.1.2 Family Questionnaire	14-1
	14.2 General Questionnaire Specifications	14-4
	14.3 Using Remarks	14-5
	14.4 Detailed Specifications	14-6
	14.4.1 The SP Questionnaire	14-6
	14.4.2 The Family Questionnaire	14-105
15	DEFINITIONS OF TERMS	15-1

List of Exhibits

<u>Exhibit</u>		
3-1	Typical Urban Segment	3-7
3-2	Typical Rural Segment	3-8
3-3	Example of Address Label	3-10
3-4	Segment Map with Directional Arrows	3-12
3-5	Tract Map	3-13

TABLE OF CONTENTS (continued)

List of Exhibits (continued)

<u>Exhibit</u>		<u>Page</u>
3-6	Lister's Maps.....	3-14
3-7	Special Instruction and General Comments for the Segment Form.....	3-15
3-8	Advance Letter.....	3-17
3-9	Screener Brochure.....	3-18
4-1	Household Interview Consent Form.....	4-65
4-2	Completed Household Interview Consent Form.....	4-68
5-1	Appointment Summary.....	5-3
5-2	Summary of Forms Used to Complete the Consent Form Process.....	5-5
5-3	Missed DU Procedure.....	5-6
5-4	Household Language Use and Translator Information.....	5-8
5-5	Incentive Information.....	5-9
6-1	Call Record.....	6-5
6-2	Household Call Record.....	6-6
6-3	List of Screener Cases.....	6-18
6-4	List of Relationship Questionnaires.....	6-20
6-5	List of Person (SP) Questionnaires.....	6-21
6-6	List of Family Questionnaires.....	6-22
6-7	List of Appointment Cases.....	6-23
6-8	List of Dust Collection Questionnaires.....	6-24
6-9	List of All Cases.....	6-25
6-10	List of Household Level Cases.....	6-26
6-11	Example of CAPI Screen Containing List of Results.....	6-27

TABLE OF CONTENTS (continued)

List of Exhibits (continued)

<u>Exhibit</u>		<u>Page</u>
6-12	Example of CAPI Breakoff.....	6-29
8-1, page 1	Mobile Examination Center (MEC) exterior view	8-2
8-1, page 2	Mobile Examination Center (MEC) interior view	8-3
8-2	MEC exam components by age	8-6
8-3	Household ID Label on Household Folder	8-12
8-4	SP Consent/Assent/Parental Brochure.....	8-19
8-5	Child SP Assent Brochure	8-31
8-6	Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies.....	8-42
8-7	Summary of Forms Used to Complete the Consent Process	8-43
8-8	Consent Screens.....	8-46
8-9	Name Check Screen.....	8-49
8-10	Name Check Screen.....	8-50
8-11	Appointment Screen	8-52
8-12	Authorization for Transportation Form	8-55
8-13	School Excuse Letter	8-57
8-14	Front of Appointment Slip.....	8-58
8-15	Exam Appointment Slips (3)	8-59
8-16	Summary Table of Household Folder.....	8-63
8-17	Certificate of Appreciation	8-64
8-18	Preliminary Report of Findings	8-66
8-19	Selected MEC Examination Survey Measurements and Findings.....	8-68

TABLE OF CONTENTS (continued)

List of Exhibits (continued)

<u>Exhibit</u>		<u>Page</u>
8-20	Child Abuse Pages	8-70
8-21	AIDS Brochure	8-73
8-22	AIDS Information Sheet	8-75
8-23	Appointment History	8-77
9-1	Water collection instructions	9-8
10-1	Screeener Vacant/Not a DU Form.....	10-3
10-2	Sorry I Miss You/Call-Back Card.....	10-6
10-3	Nonresponse Card.....	10-13
10-4	Result and Reason Codes From Back of Nonresponse Card	10-20
10-5	Neighbor Information Form.....	10-23
12-1	Missed DU Form	12-4
12-2	Missed DU Screen	12-5
13-1	Field Time and Expense	13-3
13-2	Field Trip Expense.....	13-6
14-1	Sections in the SP Questionnaire	14-2
14-2	Sections in the Family Questionnaire	14-3

TABLE OF CONTENTS (continued)

PART II

<u>Chapter</u>		<u>Page</u>
1	INTRODUCTION	1-1
2	INTRODUCTION AT THE DOOR	2-1
	2.1 The Interviewer (YOU) as Focal Point	2-1
	2.2 General Approaches and Techniques	2-3
	2.3 Materials	2-5
	2.4 Answering Questions	2-6
	2.5 Refusals and Other Problems	2-9
	2.5.1 Contacting a Respondent	2-9
	2.5.2 Respondent Confidentiality Issues	2-10
	2.5.3 Refusals	2-10
3	COMPLETING THE INTERVIEW AND MAKING THE EXAM APPOINTMENT	3-1
	3.1 General Approaches and Techniques	3-1
	3.2 Accommodating the Respondent	3-5
	3.3 Materials	3-8
	3.4 Answering Questions	3-10
	3.5 MEC Exam Team Responsibilities	3-13
	3.6 MEC Exam Components	3-14
	3.6.1 Physician's Exam	3-14
	3.6.2 Body Measurements	3-14
	3.6.3 Dietary Interview	3-15
	3.6.4 Health Interview	3-15
	3.6.5 Physical Activity Monitor	3-16
	3.6.6 Venipuncture	3-17
	3.6.7 Oral Health	3-18
	3.6.8 Urine Collection	3-19
	3.6.9 Oral Glucose Tolerance Test (OGTT or GTT)	3-19
	3.6.10 Body Composition	3-20
	3.6.11 Cardiovascular Fitness	3-21
	3.6.12 Vision	3-21
	3.6.13 Ophthalmology	3-22
	3.6.14 Audiometry/Tympanometry	3-23
	3.6.15 Volatile Organic Compounds Exposure	3-24
	3.6.16 Indoor Allergen Exposure and Allergic Sensitization	3-25

TABLE OF CONTENTS (continued)

<u>Chapter</u>		<u>Page</u>
4	SPECIAL TARGET GROUP CONSIDERATIONS	4-1
4.1	The Elderly	4-1
4.2	Interviewing Respondents with Health Impairments.....	4-2
4.2.1	Auditory-Limitations in Hearing.....	4-3
4.2.2	Limitations on Vision.....	4-5
4.2.3	Physical Impairments	4-7
4.3	Pregnant Women.....	4-8
4.4	Minority Populations	4-9
 <u>Attachment</u>		
A	INFORMATION FOR HEALTH REPRESENTATIVES TO USE IF SPS EXPRESS CONCERN ABOUT THE BLOOD DRAW DURING THE APPOINTMENT MAKING PROCESS	A-1

1. INTRODUCTION TO THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

This chapter provides a general description of the health examination surveys conducted by NCHS and the ongoing National Health and Nutrition Examination Survey (NHANES). It also provides an overview of the tasks the interviewers are expected to perform during the survey.

1.1 History of the National Health and Nutrition Examination Programs

This NHANES is the eighth in a series of national examination studies conducted in the United States since the early 1960's. The surveys are unique in that interview and physical examination data are obtained from national samples of the U.S. population. The examination component is conducted in mobile examination centers (MECs) that travel to fifteen survey locations per year. NHANES data have been the cornerstone for numerous national health and nutrition policy and surveillance activities.

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. 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 1994, the National Center for Health Statistics (NCHS), a branch of the Centers for Disease Control and Prevention (CDC), in the U.S. Department of Health and Human Services, has conducted seven separate examination surveys to collect interview and physical examination data.

The first three of these national health examination surveys were conducted in the 1960s:

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);

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

Beginning in 1970 a new emphasis was introduced. 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. 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 National Health and Nutrition Examination Survey (NHANES). Four surveys of this type have been conducted since 1970:

4. 1971-75—the first National Health and Nutrition Examination Survey I (NHANES I);
5. 1976-80—the second National Health and Nutrition Examination Survey II (NHANES II);
6. 1982-84—Hispanic Health and Nutrition Examination Survey (HHANES); and
7. 1988-94—the third National Health and Nutrition Examination Survey (NHANES III).

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 28,000 persons between the ages of 1-74. 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.

NHANES II 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. 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 United States. HHANES, fielded from 1982 to 1984, aimed at producing estimates of health and nutritional status for the three largest Hispanic subgroups in the United States—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.

NHANES III, conducted between 1988 and 1994, included approximately 40,000 persons selected from households in 81 counties across the United States. As previously mentioned, minority groups can have very different health status and characteristics, and thus black Americans and Mexican Americans were selected in NHANES III in large proportions. Each of these groups comprised separately 30 percent of the sample. It was the first survey to include infants as young as 2 months of age and to include adults with no upper age limit. For the first time a home examination was developed for those persons who were unable or unwilling to come into the exam center but would agree to an abbreviated examination in their homes. To obtain reliable estimates, children (1-5 years) and older persons (60+ years) were sampled at a higher rate. NHANES III also placed an additional emphasis on the effects of the environment upon health. Data were gathered to measure the levels of pesticide exposure, the presence of certain trace elements in the blood, and the amounts of carbon monoxide present in the blood.

In addition to NHANES I, NHANES II, Hispanic HANES, and NHANES III, several other HANES projects have been underway since 1982. These projects have been a part of the HANES Epidemiologic Follow-up Survey, a multiphase project that 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 Overview of Current NHANES

In 1999, NHANES became a continuous, annual survey program. Each year, a nationally representative sample of the civilian, non-institutionalized U.S. population, all ages, is interviewed and examined. NHANES data are released in two year cycles. One-year estimates may be produced if there is a compelling public health need and if one year of data can provide a reliable estimate. Data from

NHANES 1999-2000 and NHANES 2001-2002 have been released at various times over the past few years and are posted on the NHANES website. The URL is <http://www.cdc.gov/nchs/nhanes.htm>. A major advantage of continuous NHANES data collection is the ability to address emerging public health issues and provide objective data on more health conditions and issues.

The number of people examined in a 12-month period will be about the same as in previous NHANES, about 5,000 persons per year in 15 locations. The data from NHANES are used by government agencies, state and community organizations, private researchers, consumer groups, companies, and health care providers.

1.2.1 NHANES Pilot and Dress Rehearsal

In mid 1998 and early 1999, three comprehensive tests were conducted in preparation for the main study—a pilot and two dress rehearsals. In each test, respondents were interviewed in their home and then asked to participate in a physical examination in the MEC. All tests were conducted in the Washington metropolitan area.

The pilot tested the household interviewing procedures and MEC procedures, including the physical exams, the examination center interviews, and the field office and exam center Integrated Survey Information System (ISIS). The dress rehearsals were the final trial run of all survey procedures.

Today, the continuous data collection requires that pilot tests of new or revised survey material be conducted during the ongoing data collection.

1.2.2 Data Collection for NHANES Main Survey

Data collection on the NHANES main survey began early in 1999 and will be continuous. Westat has been contracted to conduct the study through 2014. Each year nearly 7,000 individuals of all ages in households across the United States are randomly selected to participate. The study respondents include whites/others as well as an oversample of blacks and Mexican Americans. The study design also includes a representative sample of these groups by age, sex, and income level. Adolescents, older

persons, and pregnant women will also be oversampled. The following are the overall goals of the data collection:

- Estimate the number and percentage of persons in the U.S. population and designated subgroups with selected diseases and risk factors.
- Monitor trends in the prevalence, awareness, treatment, and control of selected diseases.
- Monitor trends in risk behaviors and environmental exposure.
- Analyze risk factors for selected diseases.
- Study the relationships between diet, nutrition, and health.
- Explore emerging public health issues and new technologies.

Selected persons are invited to take part in the survey by being interviewed in their homes. Household interview data is collected via Computer Assisted Personal Interviewing (CAPI) and includes demographic, socioeconomic, dietary, and health-related questions. Upon completion of the interview, sample persons are asked to participate in a physical examination. The examination will be conducted in a specially equipped and designed Mobile Examination Center (MEC), consisting of four trailers. The MEC houses all of the state-of-the-art equipment for the physical exam and the tests conducted. The trailers are divided into rooms to assure the privacy of each study participant during the examination and interview. This examination includes a physical examination conducted by a physician and laboratory tests, X-rays, and other health measurements and interviews conducted by highly trained medical personnel. The household interviews and MEC exams combined will collect data in the following important health related areas:

- Cardiovascular and respiratory disease;
- Diabetes mellitus;
- Vision and selected eye diseases;
- Oral health;
- Hearing;
- Infectious diseases and immunization status;
- Obesity, osteoporosis, growth and development;

- Dietary intake and behavior;
- Nutritional status;
- Physical activity, fitness and function;
- Mental health;
- Environmental exposures;
- Indoor allergen exposure and allergic sensitization; and
- Other health-related topics.

1.3 Field Organization for NHANES

There are two levels of field organization for this study—the home office staff and the field staff.

- **Home Office Staff from Westat**—Project staff from Westat are responsible for overseeing the field work.
- **Field Staff**—The field staff consists of three groups of employees: The stand office staff, the interviewers, and the MEC staff.
 - *Stand Office Staff*—For the main study, there are three office staff teams. Each team will work at an office opened at a specific site (i.e., stand). Each stand office will be headed by a study manager (SM) and will include a field manager (FM), an office manager (OM), an assistant office manager (AOM), and a data equipment specialist (DES).

The study manager (SM) is responsible for the overall management of operations at a stand. S/he will also have primary responsibility for supervision of the household interviewers (health representatives).

The field manager's primary responsibility is to assist the SM and supervise the activities of the AOM. S/he will deal with administrative issues and ISIS and CAPI problems.

The office manager is responsible for the stand office operations and is the main conduit for the flow of work and information between the MEC and the household interviewing staff. S/he supervises one or more local office clerks hired to assist with office activities.

The assistant office manager is primarily responsible for quality control including data entry into the Integrated Survey Information System (ISIS), editing data collection materials, and verification of interviewer work.

The facilities equipment specialist is primarily responsible for the set up and maintenance of the field office computer systems and the MEC physical plant. S/he reports to the home office advance team staff.

- *Interviewers*—This staff is primarily responsible for identifying and enrolling the survey participants, conducting the household interviews, and appointing the study participants for health examinations.

Twice a week interviewers visit the stand office and report to the study manager. During the course of the study interviewers also interact with the other field office staff as well as home office staff.

- *MEC Staff*—This staff of health professionals conducts the physical examinations. The main study includes two exam teams traveling from stand to stand. There are 15 individuals on each traveling team: 1 MEC manager, 1 MEC coordinator, 1 licensed physician, 3 medical technologists, 4 health technicians, 2 MEC interviewers, 2 dietary interviewers, and 1 phlebotomist. In addition, local assistants are recruited, trained, and employed at each stand to assist the exam staff.

1.4 Overview of Interviewer Tasks

This section describes the steps that are always completed prior to the opening of a stand and also provides an overview of the tasks interviewers will be expected to perform. Each of these tasks is discussed in detail in later sections of this manual. In the overview that follows, certain key items are highlighted. These are basic concepts critical to the conduct of the study.

Steps completed prior to interviewing:

1. Statisticians **scientifically select certain segments** throughout the sampling area. A segment is an area with definite boundaries, such as a city block or group of blocks containing a cluster of households.
2. Twelve weeks before data collection begins, NHANES staff **lists the segments**. 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.
3. A **sample of dwelling units is selected** from the listing forms. This sample is the group of addresses that interviewers visit in order to conduct interviews.

4. Immediately before data collection begins, a post card and an **advance letter** will be sent to each dwelling unit with a mailing address. These items briefly describe the study and inform the household that an interviewer will be contacting them in the near future.

The tasks interviewers perform at a stand include:

1. Interviewers will be given an **assignment** of sampled dwelling units (addresses) to contact. Each assignment will consist of pre-labeled Household Folders, pre-labeled Neighbor Information Forms, and the appropriate Segment Folder. The corresponding cases are loaded onto your pentop.
2. Using addresses on the Household Folders and listing/mapping materials in the Segment Folder, interviewers will **locate these dwelling units**.
3. **If a selected address is not a dwelling unit or is not occupied**, interviewers will complete the "Vacant/Not a DU Section" on the Screener Non-Interview Form.
4. **In an occupied residential dwelling** unit, interviewers will contact an adult who lives in the selected household and administer the **Screener** on a pentop computer.

The Screener is an interview that enumerates all the individuals who live in the household, and collects all the demographic characteristics necessary to immediately determine if there are persons in the household eligible for further interviewing.

For eligible households, the second part of the screener also establishes household relationships and divides residents into families.

All instructions necessary to determine eligibility and select sample persons (SPs) are **programmed** in the CAPI Screener.

5. If all persons in a household are **ineligible**, no further work will be done with the case. When **eligible** household members are identified, interviewers will continue to conduct all the necessary tasks associated with the case.
6. In eligible households a **signed interview consent form** for each respondent to the Sample Person Questionnaire and/or the Family questionnaire will be obtained.
7. Next, the appropriate Sample Person Questionnaire will be administered to eligible respondents or SPs. The questions asked will depend on the age of the SP.
8. A **Family questionnaire** will also be administered to one adult family member from each eligible family in the household.
9. Next, interviewers will set up an **examination appointment**. This process will be repeated for each SP, attempting to coordinate appointments that conform to the examination center schedule and are convenient for an individual SP and all other SPs within a family unit.

10. Interviewers will then obtain **signed consent form(s) for each SP for the examination**, call the field office to confirm the examination appointment(s), and give each SP an appointment slip.
11. If there is **more than one eligible family with SPs** selected, **this process will be repeated with each of the additional families**. Most often there is only one family in a household.
12. For all SPs 12+, interviewers will **collect a water sample** to test selected chemical compounds in the water.
13. Interviewers will **record the result of each contact or attempted contact** with the household on the Call Record located on the Household Folder.
14. Interviewers will also support the survey by conducting some **field reminders** prior to MEC appointments and assist with **rescheduling of broken (cancelled or no-show) appointments** for the examinations.
15. If an interviewer is unable to complete any of the questionnaires or procedures (for any SP), a **Nonresponse Card** will be completed. This card documents the problems encountered in completing one or more tasks.
16. Interviewers will **check for missed DUs and/or structures** when instructed to do so. If any are found, the Missed DU or Missed Structure Procedures will be implemented and appropriate forms will be completed.
17. When an interview has been completed, interviewers will **edit** their work, carefully reviewing all forms for completeness and legibility.
18. Interviewers will **report in person to the SM** at the stand office for regularly scheduled conferences, usually twice a week. During these conferences, interviewers will return and discuss completed cases, discuss problems with incomplete cases, receive new case assignments, and report on time, expenses, and production.
19. To insure the accuracy and completeness of the survey, **all of interviewer work will be edited by the field office staff, and then validated** by recontacting respondents. After this review, supervisors will provide interviewers with feedback concerning the quality of the work.
20. At the end of each stand field period, interviewers will **return all interviewing materials** to the supervisor.

THIS PAGE INTENTIONALLY BLANK

2. PREFIELD 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 prepare to go into the field to work on your assignments.

2.1 Overview of Interviewer Materials

Materials needed for interviewers to complete their work are available in the stand office. It is your responsibility to obtain the essential supplies from the stand office as you start your assignment. 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:

1. Materials to encourage respondent cooperation;
2. Materials to be used in the field;
3. Materials for organization and recordkeeping; and
4. 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. As noted below, many of these materials are available in Spanish as well as English.

- **Post Card (English)**—This card is mailed to each household with a good street address approximately one week prior to the mailing of the advance letter. It notifies households about the survey and indicates that they will receive the advance letter shortly.

- **Advance Letter (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.
- **Identification Badge**—This CDC photo ID verifies that you are a health representative working on the study.
- **Screener Brochure (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 includes brief information about the NHANES sampling procedures and how the respondent's household was selected. You should have this brochure available to hand out to an eligible Screener respondent.
- **Newspaper Flyer (English and Spanish)**—This one page flyer includes several abbreviated newspaper articles that show some findings from NHANES III.
- **Confidentiality Brochure (English and Spanish)**—This brochure contains a brief description of the procedures used to ensure the strict confidentiality of all survey participants, their responses and examination results.
- **NHANES Let's Improve Our Health Brochure (English and Spanish)**—The brochure is directed to eligible sample persons. It provides an overview of the NHANES survey. It describes the survey and gives a brief summary of the benefits of the survey, what participation involves and provides reasons why they should participate.
- **NHANES Data Uses Sheet (English and Spanish)**—This fact sheet provides you with examples of information collected on previous NHANES surveys and how the information has been used to benefit the U.S. population.
- **NHANES Overview (English and Spanish)**—A brochure of NHANES data highlights that illustrate how information collected in the survey has benefited people in the U.S.
- **Outreach Folders**—These are two-pocket folders designed for NHANES and they can be left with eligible households to hold informational materials, consent form copies, etc. at the conclusion of interviews.
- **NHANES at a Glance**—This manual provides visual aides to be used, as necessary, to obtain respondent cooperation. It contains articles from newspapers, magazines, and letters of endorsement, etc. It is the only manual shown to respondents.

- **Language Identification Card**—This trifold card enables the respondent to identify the household language by placing a check mark next to their spoken language.
- A **NHANES magnet** that can be affixed to a refrigerator.
- A **NHANES ruler** that can be handed out to parents or children.
- **Health Exam Flyers (English and Spanish)**—3 color flyers highlighting the bone density, cardiovascular fitness and vision components.
- **National Endorsement Letters**—National organizations supply letters in support of the survey and to encourage study participation. The following organizations have provided letters:
 - American Association for Retired Persons (AARP)
 - The Department of Veterans Affairs (VA)
 - National Association for the Advancement of Colored People (NAACP)
 - The Social Security Administration (English/Spanish)
 - U.S. Department of Justice Immigration and Naturalization Service (English/Spanish)
 - National Council of La Raza (English/Spanish)
 - Center for Medicare and Medicaid Services (English/Spanish)
- **Pregnancy Brochure**—A brochure addressing the concerns a pregnant survey participant may express in receiving the exam.
- **Older American Brochure (English and Spanish)**—This brochure provides seniors with information about health issues, addressed by NHANES, which benefit them; lists participation facts and benefits; and includes several endorsements.
- **African-American and Mexican-American Flyers**—Color fliers describing health conditions affecting certain population groups and the benefits of participating in NHANES.
- **Growth Charts**—Using data collected through NHANES, the charts illustrate length-to-age and weight-to-age percentiles for males and females birth to 20 years of age.
- **Laboratory Blood Tests Flyer**—A double-sided flyer briefly describing over four dozen laboratory exams run on the blood samples obtained during the exam.
- **Prostate Specific Antigen (PSA) Flyer**—The flyer relays facts about the disease and highlights the benefits of early detection through screening.

- **Thank You Notes**—The cards are used to express appreciation for participation in the interview and/or exam. The cards may be mailed to the home or delivered in person by the interviewer.
- **Tuskegee Brochure**—A brochure describing the infamous syphilis study and the changes that Congress has passed to ensure government sponsored studies are conducted in a safe and ethical manner.
- **Coloring Books and Crayons**—Several coloring books on health and exercise and a set of crayons are available for young SPs. They can keep children entertained while their parent answers interview questions and can be used by the children in “show and tell” sessions at school.

2.1.2 **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 manuals as follows:

1. **Interviewer's Manual**—This document contains all the study-specific information needed to work on NHANES. The manual is divided into 2 parts:

Part I

- **Field Procedures**—This section provides the specific procedures which must be followed for this survey.
- **Specifications for Household Interviews**—This section contains instructions and explanations for administering the Sample Person (SP) and Family questionnaires.
- **Glossary**—This section contains a list of words and terms used in the Screener, Relationship, Sample Person and Family questionnaires. Many of the terms listed in the glossary are also included in the CAPI instrument in on-line help screens.

Part II

- **Obtaining Respondent Cooperation Manual**—This manual contains documentation on all materials and techniques used to obtain respondent cooperation.
2. **CAPI Manual**—This manual documents the procedures you will use to maintain and operate your pentop and conduct interviews using a computerized questionnaire application.

2.1.3 Materials to be Used in the Field

The materials that you will use while interviewing include the following:

- **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. **Segment and Tract Maps**—These are detailed maps that were 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 help locate the sampled dwelling unit.
- **Household Folder**—This folder contains the following:
 1. Address information to use in locating the unit;
 2. An Appointment Summary box in which to enter key MEC appointment status;
 3. Summary of forms to complete the consent process;
 4. Household language use information to document languages spoken in the household and translator information to track translator needs/arrangements;
 5. Missed Structure/Missed DU Forms to be completed when appropriate;
 6. Incentive Information to record the amount each SP will receive for their participation;
 7. A list of the Call Record Result Codes used to record the dispositions of the survey modules; and
 8. The Household Call Record, which is used to record all contacts and results of contacts with the household.

The Household Folder is also used to hold and organize all hard-copy forms associated with the household.

- **Neighbor Information Form/Screening Non-Interview Form**—On the front page of this document are the screening questions you will ask when conducting the Screener with a neighbor. The front page also contains a box that provides the written household sampling instructions needed to select SPs. The back page of this document is used for documenting those instances in which the household is determined to be either vacant or not a dwelling unit.
- **Pentop computer and carrying case**—As mentioned previously, all of the screening and household interviewing will be conducted using a pentop computer. This case helps you carry your equipment and materials safely.
- **Hand Cards (English and Spanish)**—There are two sets of hand cards: one contains information for your use during the screening interview, and the other contains information you will use during the Sample Person (SP) and Family interview. In addition, the second set of hand cards helps you with the water collection procedure and the MEC appointment making process.
- **Language Identification Card**—This card is displayed to the respondent when a language other than English is used in the household. The respondent self identifies the household language by placing a check mark next to their spoken language.
- **Appointment for Examination Slip (English and Spanish)**—This appointment slip is a reminder to be left with SPs for whom an appointment for an examination at the MEC has been scheduled. There are three versions of this form that vary by fasting guidelines, age, and appointment time.
- **Sorry I Missed You Card/Call Back Card (English and Spanish)**—This 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.
- **Consent Forms (English and Spanish):**
 - **Household Interview Consent Form (English and Spanish)**—This form provides respondents with information about the interview process and documents that informed consent has been obtained for each interview administered in the household. One interview consent form must be signed by each eligible respondent to the SP and the Family questionnaire.
 - **Sample Person MEC Consent/Assent Brochures (English and Spanish)**—These brochures contain more detailed information about the purpose of the study, particularly the examination module. There is a brochure for SPs 12 and older and parents of SPs under 18, and an assent brochure for children 7-11. The last page of the brochure contains the MEC examination consent or assent forms. This brochure must be presented to the SP, and/or the parent of the SP, as part of the examination informed consent process. S/he (and/or his/her parent or guardian) must read the brochure and sign the consent/assent form(s) prior to being examined.

- **Future Research Consent/Assent Form (English and Spanish)**—This form provides SPs with information about the storing of specific exam specimens for future research. It further documents whether informed consent from the SP and/or legal guardian has been obtained or not. There is one consent/assent form. This form should be signed for each SP receiving an exam.
- **Water Collection Kit**—For SPs 12+ you will be collecting tap water samples to determine levels of selected chemical compounds in the water. This kit will contain all the forms and supplies you will need to conduct this module.
- **Authorization for Transportation Arrangements for Persons Under 16 Years of Age (English and Spanish)**—This form must be completed, at the time of interview, by a parent or guardian of any SP under 16 who will **attend** the MEC exam.
- **Nonresponse Card**—This card must be thoroughly completed for any nonresponse situation associated with the extended interviews, Dust Collection process or examination appointment process. A list of the Call Record Result codes as well as nonresponse reason codes are printed on the back of the card.
- **U.S. Public Health Service Car Sign**—This laminated color card is placed on the dashboard of the interviewer's car and is used to identify them as a representative of the U.S. Public Health Service.
- **School Excuse Form**—This form, upon request, will be prepared in the field office and 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)**—This certificate will be sent by the FO to each SP in the household after s/he has scheduled an examination appointment. It is signed by the Assistant Secretary of Health, Surgeon General, U.S. Public Health Service and the Director, National Center for Health Statistics.

2.1.4 **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:

- **Interviewer Time and Expense Report**—This report is your means of reporting hours worked in order to receive the correct pay. 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.

- **Interviewer CAPI Conference Report**—This is a computer-generated list of all cases contained on your computer and the current status of those cases. You will use this report to review your work during your regular conference with the study manager.

2.2 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 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. Keep in mind that if you are a bilingual interviewer and expect to encounter Spanish speaking respondents in your current assignment, you should also take the Spanish versions of the appropriate forms listed below.

- Appropriate Segment Folder(s) for cases you plan to work on that day;
- Prelabeled Household Folders and Neighbor Information Forms for all cases you plan to work on that day;
- ID badge;
- Hand Cards (2 sets);
- Pentop computer and carrying case;
- Advance letters;
- Screener Brochures;
- Newspaper Flyers;
- Confidentiality Brochures;
- NHANES Data Uses Sheet;
- Household Interview Consent Forms;
- MEC Exam Brochures including MEC Consent/Assent Forms;

- Future Research Consent/Assent Forms;
- Water Collection Kits;
- Blank Household Folders;
- A copy of the Field Office Appointment Calendar;
- Appointment for Examination Slips (three versions);
- Sorry I Missed You/Call Back Cards;
- Authorization for Transportation Arrangements for Persons Under 16 Years of Age;
- Nonresponse Cards;
- Sharpened No. 2 lead pencils;
- Black ink pen;
- NHANES at a Glance; and
- Interviewer Manual and CAPI Manual (kept in car for reference).

Whenever you are in the field and leave your car, make sure it is locked. Keep all materials (case folders and your pentop when it is not in use) out of sight (e.g., locked in the trunk of your car).

2.3 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 the following:

1. A **Household Folder** containing a computer-generated Household Assignment 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 **Neighbor Information Form/Screening Non Interview Form**. The front page of this form contains a box that provides the written household sampling instructions needed to select SPs.
3. A **Segment Folder** containing a census map, segment and tract maps, sketch maps, and listing sheets. These maps and forms provide further information to help in locating assigned dwelling units.

4. **An Interviewer CAPI Conference Report.** After the cases have been assigned to you, they will be downloaded onto your pentop and will appear on your CAPI List of Cases on your pentop. This list can be accessed by turning on your machine and entering your passwords. A hard-copy Conference Report is printed using information from the List of Cases.

When you receive an assignment:

- Check the address on the Household Folder Assignment 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 Household ID and address on the Household Case Identification Label with those listed on your pentop List of Cases or your Interviewer Conference Report to ensure you have the correct number of cases and that all identifying information for each case matches. The procedure for producing the Interview Conference Report is explained in Chapter 12.

If you encounter any discrepancies, notify your supervisor before leaving the field office.

As part of your assignment, you will be provided with various hard-copy blank survey documents. Each time you use one of these documents, be careful to record on the front cover the case number from the Household Folder Assignment 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, return it 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. Return it to your supervisor during your next conference.)

2.4 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 try to assign you cases that 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.

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.

Study the contact procedures described in Chapter 6 before planning your work schedule.

THIS PAGE INTENTIONALLY BLANK

3. LOCATING THE DWELLING UNIT AND 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 Definition of a DU

Your assignment consists of an address at which you first administer a short screening interview to determine if any member of the household is eligible to participate in the study. Screeners should be conducted only at addresses that qualify as Dwelling Units (DUs). Therefore, it is your responsibility to make sure that the assigned address is: (1) a DU, and (2) only one DU. In most cases, a DU will be easy for you to define, that is, a DU 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 that have been divided up into multifamily residences. The following definition explains in detail how to determine whether a residence is a DU.

A DU is a group of rooms or a single room occupied as separate living quarters, that is, when the occupants do not live and eat with any other person in the structure

AND

when there is direct access from the outside or through a common hall or area.

Also regard as DUs vacant groups of rooms and vacant single rooms that are intended for occupancy as separate living quarters.

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 DUs for this survey

(remember that this list is merely illustrative and may not include some places that would qualify as DUs):

- **A single house** that is intended for occupancy by only one family.
- **A multiple-family house** containing more than one DU. (You often need to refer to the definition of a DU to determine the correct number of DUs in such places.)
- **A flat or apartment** in a structure that includes other flats or apartments.
- **A basement or attic apartment.** These may occur in any of the types of structures described earlier.
- **Vacant houses or apartments** that could be occupied.
- **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 that the caretaker uses for his living quarters, such a room qualifies as a DU.
- **A mobile home or trailer** that 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 is listed as a DU, even if no mobile home currently occupies the space—that is, an empty space in a regular mobile home park is treated like a vacant apartment or house.
- **Hotel or motel rooms** that are:
 - Occupied by permanent guests; or
 - Occupied by employees who have no permanent residence elsewhere.
- **Work camps** occupied by seasonal workers. If a worker occupies a unit for 6 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 DUs. An example of a residence that could be permanent is one that 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:

- They are used for overflow sleeping quarters for the main house, in which case they are considered part of the main house; or
 - They fit the definition of vacation cabin given under examples of structures that are not DUs.
- **Rooms within institutions** (hospitals, penal institutions) that **serve as the permanent residence of a staff member**, and that satisfy the requirements of the DU definition. For example, an apartment that serves as a permanent residence for a houseparent in a college dormitory would be listed as a DU.
 - **DUs located on Indian reservations.**
 - **Housing on military bases** qualify as DUs unless the project specifies otherwise. NOTE: Military barracks and bachelor officers' quarters (BOQs) do not meet the definition of a DU.
 - **Time-share apartment units** meet the definition of a DU and should be listed.
 - **Model homes** if construction has been completed. Although they are not occupied, they meet the definition of a DU.
 - **Noninstitutional group quarters** are those housing units where nine or more persons unrelated to the person in charge live and eat together. Examples of noninstitutional group quarters are college dormitories and fraternity/sorority housing, rooms occupied in rooming and boarding houses, missions, communes, and workers' dormitories, monasteries, convents, group homes for the mentally or physically impaired, and halfway houses for drug/alcohol abuse, and maternity homes for unwed mothers.

Examples of Structures That Are Not DUs (Special Places)

Below is a list of units that, with the exception of **permanent** DUs of staff members located within them, do **not** qualify as DUs. 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 that are not DUs include the following:

- **Unoccupied buildings** that have been condemned or that are being demolished.
- **Transient hotels or motel rooms** that are rented on a daily or short-term basis and are not intended for permanent occupancy.

- **Places of business** (stores, factories) but be sure to look for hard-to-find living quarters behind or above or inside business places.
- **Vacation cabins** include 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 are DUs. However, if you discover a permanent residence within the cluster of cabins, for example, the permanent residence of a resident manager or owner, this is a DU.
- All institutional group quarters. Examples:
 - Military barracks and bachelor officers quarters (BOQ);
 - Correctional institutions;
 - Hospitals;
 - Homes for aged;
 - Nursing homes; and
 - Juvenile institutions.

If you find that the assigned address is not a DU according to the guidelines here, you must complete a Vacant/Not a DU Form, which is the top half of the Screener Non-Interview Form. Instructions for completing this form are discussed in Chapter 10.

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 12.

3.2 Locating the Dwelling Unit (DU)

Your assignment will usually consist of one or more segments. A segment is a geographical area with definite boundaries within a county or PSU. The size of a segment may vary from one block in an urban area to several square miles in a rural area. After receiving your assignment, you will need to locate the addresses of selected DUs within the segment. 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 Household Assignment Box. The addresses for all selected DUs within your assigned segment will also appear on the list of assigned cases on your pentop computer.
- 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 DU definition to see if the selected address fits the description.

In conducting survey research studies, the procedure called sampling is used to select part of a group to represent the entire group. The selected part is called the sample. In drawing a sample, scientific probability methods are used in the home office to select a number of geographic areas called Primary Sampling Units (PSUs). Then within each PSU, smaller geographic areas called segments are chosen to be in the sample. In some studies, all the addresses in a segment will fall into the sample and in others only some of the addresses will be sampled. In both cases, in order to draw a proper sample of addresses, all of the addresses in the segment must be identified and **listed**.

The first stage of field operations is completed by a "Lister". The lister identifies and records the addresses of households (or descriptions and locations of households if they do not have addresses) on listing sheets.

The lister uses Tract maps and Segment maps (computer generated maps) to locate the area in which he or she is to work and records addresses within the specified area on the Listing Sheets. All the work the lister completes is placed in a Segment Folder.

The lister sends his or her work to the Westat home office where statisticians select certain households from the households recorded on the Listing Sheets for the interviewing phase of the study. You will receive all the work of the lister (Tract maps, Segment maps and Listing Sheets) in his or her Segment Folder for the segment in which you are assigned to work.

These will be copies of the original Listing Sheets and maps used by the listers when they recorded the addresses of all DUs 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 DUs using the Listing Sheets and other materials in the Segment Folder.

3.2.1 How Listing Sheets are Completed

An understanding of how addresses were entered on the sheets by the listers will help you to use the Listing Sheets to locate the DUs you have been assigned. Listers followed these two basic rules:

- 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 segment. They proceed around a segment, always turning right when the opportunity presents itself, thus listing each block in the segment.
- The lister lists only those DUs on the right, listing in sequence, and travels down every block in the segment, being sure to remain within the segment boundaries.

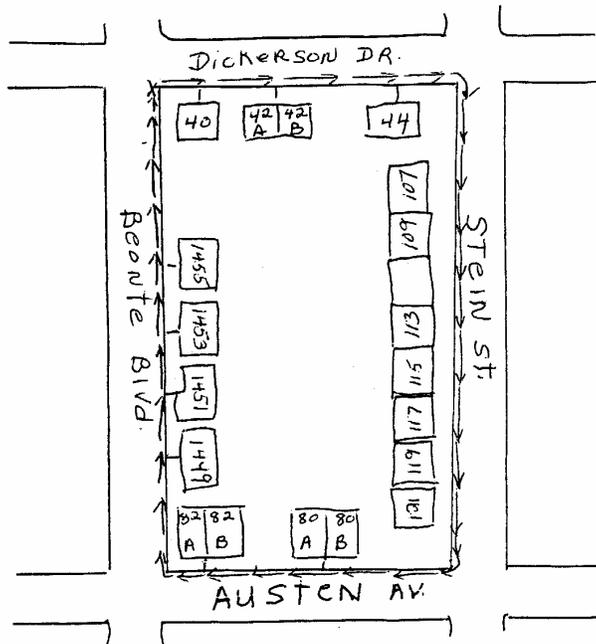
Exhibit 3-1 and Exhibit 3-2 on the following pages show how the listers proceeded in a typical urban segment and a typical rural segment. The listers began in the northwest corner and proceeded to record all DUs in the segment as shown on the Listing Sheet.

3.2.2 Using the Household Assignment Label to Locate the Address on the Listing Sheet

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

- **Stand Number**—This is the first three digits of the Household ID. This code identifies your area and should appear on all forms and communications with the office.
- **Segment Number**—This code identifies the segment within the stand. It is one or two digits.
- **Serial Number**—This code, along with the stand and segment numbers, uniquely identifies every DU in the sample. It is one to four digits.

Exhibit 3-1. Typical Urban Segment

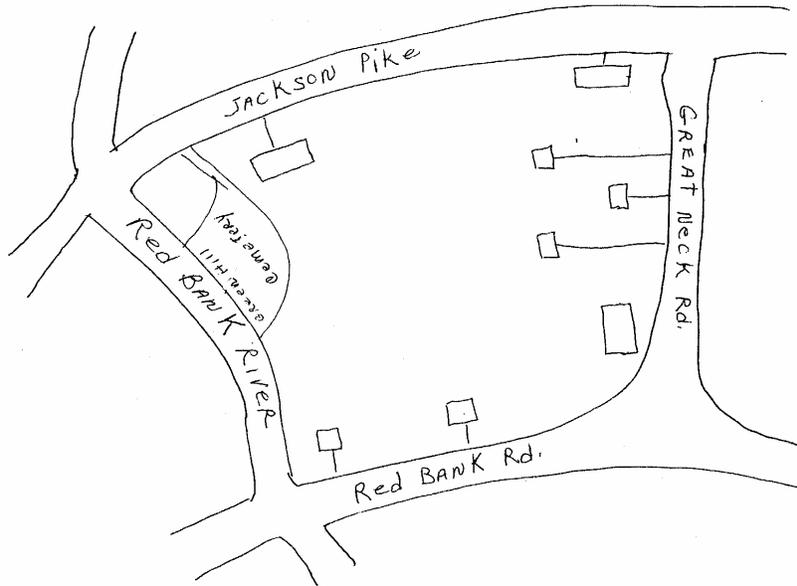


Lister: Jack Smith
 MAILING INFORMATION FOR SEGMENT
 City (Township, etc.): Temple State: TX
 Zip Code: 76798-1413/1441

NHANES IV
 MAIN LISTING SHEET

(a) Office Use Only	(b) Line #	(c) Pre Dir.	(d) Street Name	(e) Street Type	(f) Post Dir.	(g) House #	(h) Apt. #	(i) Rural Route #	(j) Rural Route Box #	(k) Space or Lot #	(l) Secondary Address
	1		DICKERSON	DR		40					
	2					42	A				
	3					42	B				
	4		↓	↓		44					
	5		STEIN	ST		107					
	6					109					
	7					NO#					Between 109 and 113
	8					113					
	9					115					
	10					117					
	11					119					
	12		↓	↓		121					
	13		AUSTEN	AV		80	B				
	14					80	A				
	15					82	B				
	16		↓	↓		82	A				
	17		BEONTE	BLVD		1449					
	18					1451					
	19					1453					
	20		↓	↓		1455					

Exhibit 3-2. Typical Rural Segment



Lister: JACK Smith
 MAILING INFORMATION FOR SEGMENT
 City (Township, etc.): Temple State: TX
 Zip Code: 161931151-1717014

NHANES IV
 MAIN LISTING SHEET

(a) Office Use Only	(b) Line #	(c) Pre Dir.	(d) Street Name	(e) Street Type	(f) Post Dir.	(g) House #	(h) Apt. #	(i) Rural Route #	(j) Rural Route Box #	(k) Space or Lot #	(l) Secondary Address	(m) If Grp. Qtrs. (✓)
	21		Jackson	Pike		NO#					2 nd STY. WHITE FRAME COVERED FRONT PORCH w/7 POSTS	
	22		↓	↓							1 st STY. NATURAL WOOD 2 SKYLIGHTS	
	23		GREAT NECK	Road							1 ^{STY.} GRAY WOOD GARAGE ONK	
	24		↓	↓							2 nd STY. BRICK, GREEN ROOF WHITE POST ON PORCH	
	25		↓	↓							LONG BRICK RANCH DOUBLE CHIMNEY	
	26		Red BANK	Road		↓					1 ^{STY.} BRICK w/4 th GARAGE	
	27		↓	↓		NO#					1 ^{STY} BRICK, Red ROOF CROWN WOOD FRAME	
	8											
	9											
	0											
	1											
	2											
	3											
	4											
	5											
	6											
	7											
	8											
	9											
	0											

Exhibit 3-3 shows how the Household ID and address printed on the Address Label enable you to locate the sampled DU on the Listing Sheet. The "Stand Number" is found in the right hand corner of the Listing Sheet. The "Segment Number" is directly below the "Stand Number" on the listing sheet. The serial number uniquely identifying the sampled household is in column (a) of the listing sheet next to the sample household address. Note only sampled households are identified with serial numbers on the listing sheet.

The address of the sample DU that appears on the Listing Sheet also appears in the Household Assignment Box on the front of the Household Folder. (Where no address is indicated, refer to the Listing Sheet and the segment maps 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.

3.2.3 Using the Lister's Material to Locate a DU

In urban areas, you usually should have little difficulty locating the DU using the address that is printed on the address label. However, occasionally DUs 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 DUs that are located on either side of the sampled unit.

In the instance that referring to the Listing Sheet does not help, check the Segment Map to find out the order in which the streets in the segment were listed. Then, using the Listing Sheets, follow the order that the DUs were originally listed. By doing this, you should be able to locate the sampled DU within the listing sequence.

Exhibit 3-3. Example of Address Label

Stand: 998 Seg: 1 Serial: 116
 8801 Rosemark CT
 Deal M 20879
 MISSED DU:
 Check for any DUs in this building
 which are not on the listing sheet.

Inspector: P. C. C. C.
 MAILING INFORMATION FOR SEGMENT
 City (Township, etc.): Deal State: MD
 Zip Code: 21027

NHANES
 MAIN LISTING SHEET

Page 1 of 12
 PSU: 998
 Segment: 01

(a) Office Use Only	(b) Line #	(c) Pre Dir.	(d) Street Name	(e) Street Type	(f) Post Dir.	(g) House #	(h) Apt. #	(i) Rural Route #	(j) Rural Route Box #	(k) Space or Lot #	(l) Secondary Address	(m) If Grp. Qtrs. (✓)	(n) Description of Location/Remarks
	116	1	Rosemark	CT		8801							
		2				8803							
		3				8805							
	117	4				8807							
		5				8809							
	118	6				8811							
		7				8813							
	119	8	Rosemark	CT		8815							
		9	Drexel Hill	CT		1901							
	120	10				1903							
		11				1904							
		12				1905							
	121	13				8224							
		14				8225							
		15				8227							
	122	16	Drexel Hill	CT		8228							
		17	Rustler	ST		45							
	124	18				46							
		19				47							
	125	20	Rustler	ST		48							

3.2.4 Maps Included in the Segment Folder

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:

- Segment Maps, detailing the boundaries of the segment;
- Tract Maps, pinpointing the segment location within the surrounding area; and
- Hand Drawn Lister's Maps (if any), detailing more complex blocks within the segment.

These maps will be included in the Segment Folder. An example of each is presented in Exhibits 3-4, 3-5 and 3-6 on the following pages. Also included in the Segment Folder is the Special Instruction and General Comments for the Segment Form (Exhibit 3-7).

3.2.5 Problems Locating the DU

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 DUs, ask for directions. Postal carriers or gas station attendants will usually be able to help you. If this fails, call your supervisor. S/he may be able to help you immediately by referring to the maps that are kept in the stand office.

3.3 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.

Exhibit 3-4. Segment Map with Directional Arrows

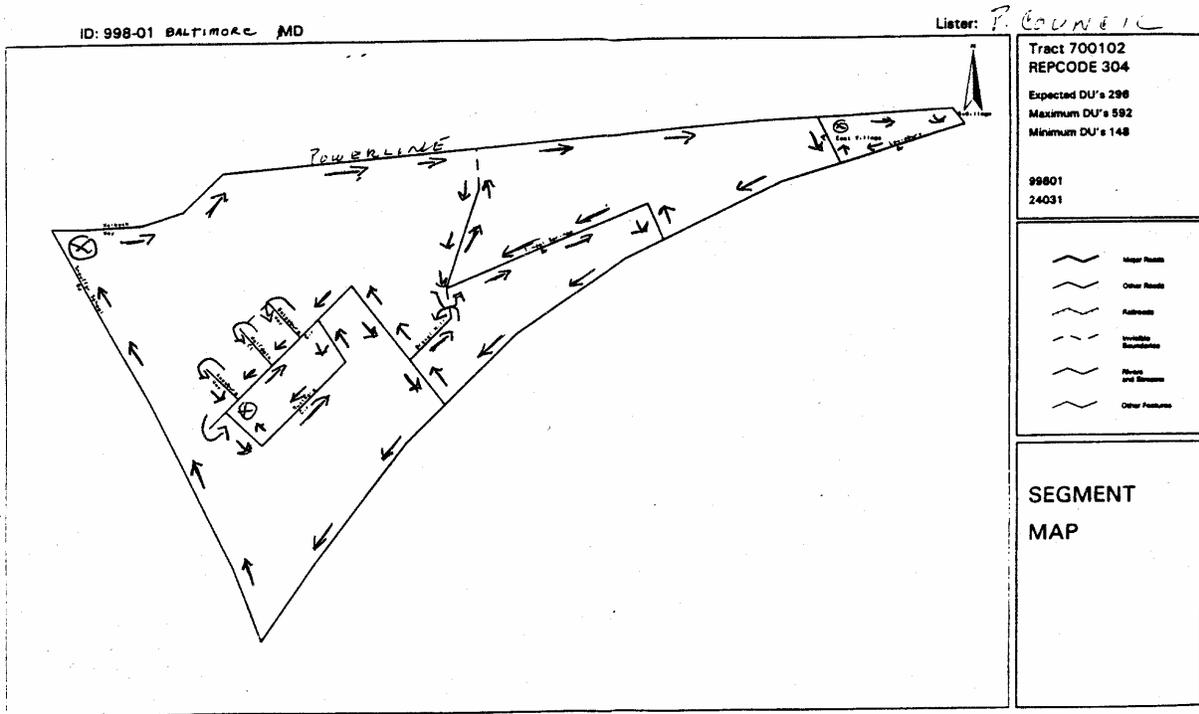


Exhibit 3-5. Tract Map

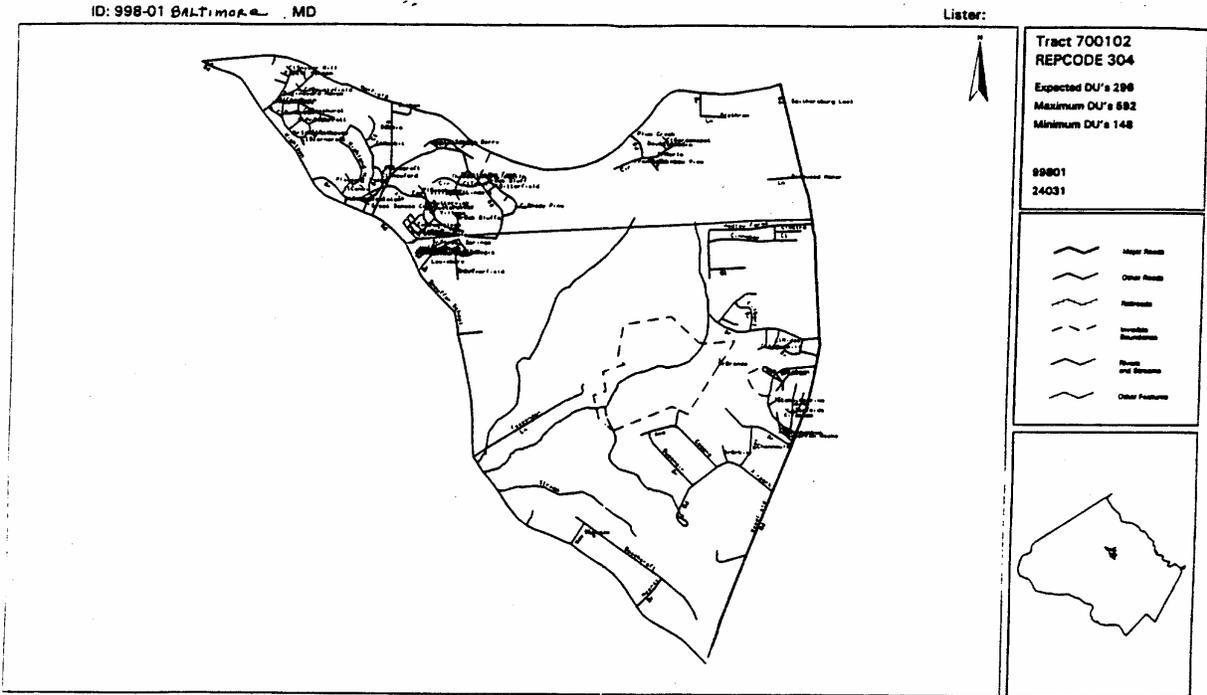


Exhibit 3-6. Lister's Maps



998-01

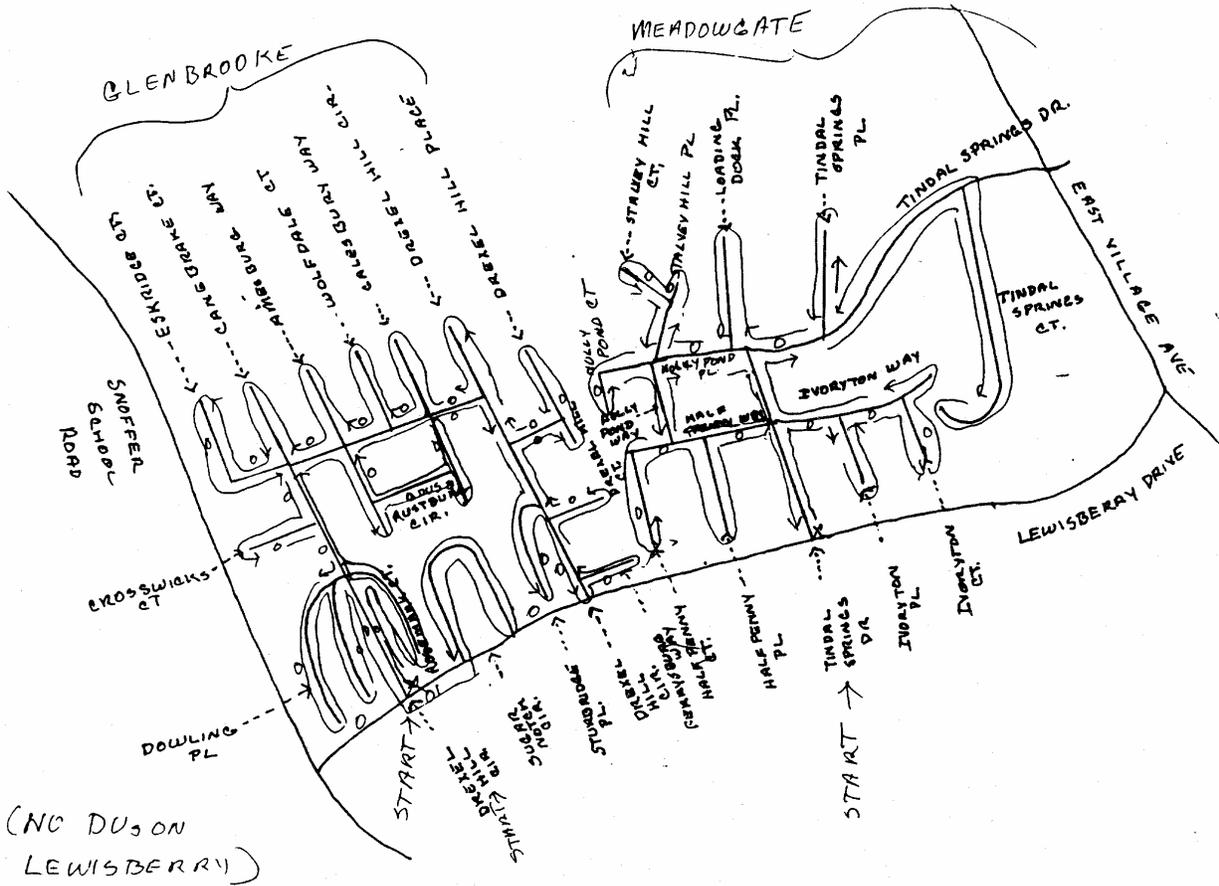


Exhibit 3-7. Special Instruction and General Comments for the Segment Form

**SPECIAL INSTRUCTION
AND GENERAL COMMENTS
FOR THE SEGMENT**

SEGMENT #: 116

SPECIAL INSTRUCTIONS:

- THIS IS A SPLIT SEGMENT
- WITHIN THIS SEGMENT IS AT LEAST ONE SECTION (DOUGHNUT) THAT SHOULD NOT BE LISTED
- UNABLE TO DETERMINE ONE OR MORE BOUNDARY NAMES
- PLEASE OBTAIN LOCAL MAP FOR CLARIFICATION

GENERAL COMMENTS

*No parking in front of most
addresses. Very dense area. There are
lots of apartments especially in the
Hlenbrook area.*

A brief introduction is printed on the first screen of the computer-assisted personal interview (CAPI) 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 BADGE**). A letter was sent to you recently explaining the survey, which is called the National 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.

If the respondent indicates that s/he wants to know more about the privacy of his/her answers, you should access the "confidentiality statement" available by clicking on the HELP icon at the Screener Introduction screen. This statement appears below.

Information will be collected under authority of Section 306 of the Public Health Service Act (42 USC 242k) with a guarantee of strict confidence. Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552a) state that we are forbidden to release any information that identifies you or your family to anyone, for any purpose, without your consent.

Public reporting burden for this collection of information is estimated to average 6.6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0237).

When reading the introduction, you should always show your ID badge and have a copy of the advance letter (see Exhibit 3-8) and the Screener Brochure (see Exhibit 3-9) 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.

The Screener has been designed to be administered at the doorstep. However, if you have established rapport with the respondent, it may be administered inside the respondent's home.

Exhibit 3-8. Advance Letter



National Health and Nutrition Examination Survey



You or a member of your family may have a chance to take part in an important national health survey.

The National Center for Health Statistics, a part of the Centers for Disease Control and Prevention, is responsible for this survey—the National Health and Nutrition Examination Survey. This survey teaches us about the health and diet of people in the United States. Over the years, this survey has led to changes in the foods we eat and the health care we receive.

In the next few weeks, one of our interviewers will visit your home. She or he will show you official U.S. Public Health Service identification and ask some short, easy questions about you and other family members. This interview will take only a few minutes of your time. The purpose of these questions is to see if you or a member of your family will be asked to participate in the survey. Answering the questions is completely voluntary, and you may choose not to answer any questions. I assure you there will be no penalties or loss of benefits of any kind from refusing to answer.

If you or other household members are chosen, we hope you will participate in the survey. You will be among the many people in towns and cities across the country who help us increase our knowledge about the health of people in the United States.

This survey is a Federal program authorized by the Public Health Service Act. All of your answers will be kept in strict confidence. We will use this information only for statistical research and reports. Your answers will be added to others, so no one can identify which are yours.

Thank you in advance for helping.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward J. Sondik".

Edward J. Sondik, Ph.D.
Director

P.S. If you have questions call George Zipf of my staff at 1-800-452-6115. The call is free, and we would be happy to answer your questions.

SAFER • HEALTHIER • PEOPLE™

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



National Health And Nutrition Examination Survey

NHANES

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

What is the National Health and Nutrition Examination Survey?

The National Health and Nutrition Examination Survey (NHANES) is a study conducted by the National Center for Health Statistics – a Federal agency that gathers health data for the United States.

For more than 40 years, we have had short interviews around the country in homes like yours. We use these short interviews to choose some households to take part in the survey. The survey includes more detailed interviews and physical exams for some people in each household. The exams are conducted in mobile centers that are located in the communities selected for the survey.

From NHANES, we learn about the health of people in the United States. We find out about dental health, hearing and vision, and the kind of nutrition each person has. We take body measurements, such as height and weight, and look for certain diseases and health conditions.

We use the data to solve health problems, to develop health programs, and to improve the quality of health care.

The current NHANES began in 1999. It is now an on-going program and will go to locations in all parts of the United States.

How will I recognize the survey interviewer?

The person who comes to your home will have an official identification card from the National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention. His or her photo will be on the card.

How was I chosen for the interview?

Because we cannot talk to everyone in the country, we choose certain households to represent many others. To do this scientifically, we begin by selecting certain counties or cities. Then in these areas, we choose smaller areas such as blocks. Finally, we select a few houses within the small areas.

The people who live in these houses make up a “sample” of the people in the counties and cities chosen. We do not know who lives in any of the houses before we arrive to conduct the interview.

Your home has been chosen to take part in the short interview that we use to decide who will take part in this NHANES.

How do I know that information about me will be kept confidential?

We respect your privacy. Public laws keep all information you give confidential.

We will hold all data we collect in the strictest confidence. We gather and protect all information according to requirements of Federal Laws: The Public Health Service Act (42 USC 242k) authorizes collection and Section 308(d) of that law (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A) prohibit us from giving out information that identifies you or your family without your consent, even if a court of law asks for it. We will keep all survey data safe and secure. When we allow researchers to use survey data, we protect your privacy. We assign code numbers to replace names or other facts that could identify you.

We combine your answers with those from thousands of other people. We report survey findings in percentages and totals to protect the privacy of those who took part in the survey.

We appreciate your talking with our survey interviewer. By taking part in this survey, you will help add to our information about the health of people living in the United States.

For more information about the survey, you may visit our web site at
<http://www.cdc.gov/nhanes>

3.4 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 screener 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.

THIS PAGE INTENTIONALLY BLANK

4. ADMINISTERING THE INTERVIEW

4.1 The Household Screening Interview

At each sample dwelling unit you will conduct a screening interview to identify the sample persons (SPs) to be enrolled in the study. This screening is done using computer-assisted personal interviewing (CAPI). Data from previous NHANES indicate that approximately half of all screening interviews are conducted "at the doorstep". Consequently, the CAPI Screener application has been designed for easy use while you are standing outside the sampled dwelling unit. SPs are selected for the study primarily based on demographic information, including gender, age, ethnicity, race, income, as well as pregnancy status. The sampling program to identify SPs will automatically be run on your computer. If no SPs are identified, CAPI will classify the case as having no SPs, and no further interviewing will take place at that dwelling unit. If SPs are selected, CAPI will instruct you about who to interview.

4.1.1 Content of the Screening Interview

The CAPI screening instrument provides a record of individual household members and has four primary stages as follows:

1. Enumeration of all people living in the household;
2. Classification of these persons by the various categories—gender, ethnicity, race, age, pregnancy status and when appropriate, income;
3. Selection of SPs;
4. Collection of contact information.

The Screener also serves several other important purposes:

- Provides an introduction for the interviewer to use at the door; and
- Assures confidentiality of the information obtained by the interviewer.

One Screener will be loaded on your pentop for each address in your assignment. You will also receive a hard-copy Household Folder (Chapter 5) and a Neighbor Information Form (Chapter 10)

for each address. You must complete a CAPI Screener for each dwelling unit in your assignment regardless of whether anyone in the household is eligible for the main survey.

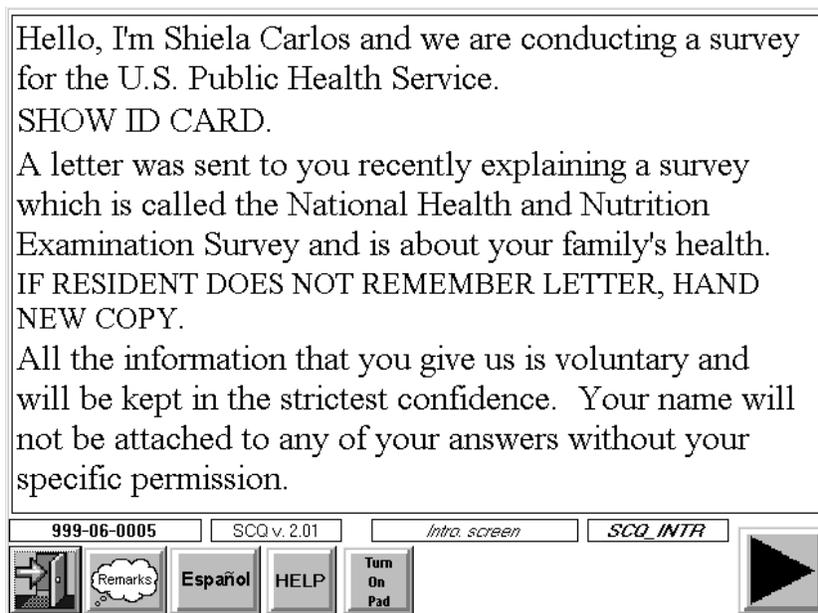
4.1.2 Eligible Screener Respondent

An eligible Screener respondent must be a **knowledgeable adult household member at least 18 years old or an emancipated minor** (a person under 18 who lives only with persons under 18 or who has been married). It may be necessary to determine whether or not the person to whom you are speaking is actually a household member, using the rules for household membership in Section 4.1.3.6. The Screener respondent will need to provide accurate information about everyone who lives in the household: their ages, race/ethnicity, and, if appropriate, pregnancy status.

NHANES has an English and Spanish version of the CAPI screener. In addition, the NHANES interviewing team includes bilingual (English/Spanish) interviewers. If you encounter a situation where a Spanish language screener is needed for an SP, return the case to your supervisor. If you start a screener with an SP, who you believed to be bilingual, and find they have difficulty with the questions or concepts, stop the interview. Explain to the SP that we have Spanish speaking interviewers and set an appointment to have the screener completed in Spanish, and return the case to your supervisor. 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, present the respondent with a Language Identification Card so they may identify the spoken household language. Also, try to find a household translator or a friend or neighbor to assist in the conduct of the interview. This translator should be age 18 or older. If you cannot find an appropriate translator, discuss the case with your supervisor.

4.1.3 Screener Specifications

4.1.3.1 Introduction



Use the paragraph on this screen when you are 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.

4.1.3.2 Notice of Confidentiality and Burden Statement

Information will be collected under authority of Section 306 of the Public Health Service Act (42 USC 242k) with a guarantee of strict confidence. Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552a) state that we are forbidden to release any information that identifies you or your family to anyone, for any purpose, without your consent. Public reporting burden for this collection of information is estimated to average 6.6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0237).

Access this screen by tapping once on the "HELP" button at the introduction screen. It contains a statement of confidentiality and a public reporting burden notice. Read these statements to the respondents only when necessary.

4.1.3.3 Dormitory Room

INTERVIEWER: IS THIS A DORMITORY ROOM?							
<input type="radio"/> Yes							
<input type="radio"/> No							
501-01-0004	SCQ v. 3.00	dormitory	SCQ027				
		Español	Turn On Pad	DK	RF		

Students who live in dorm rooms will skip some subsequent screener questions. They will not be asked if they have a home somewhere else because these individuals should be sampled at their present location (the dorm room). Further, questions about income are not asked of students living in dorm rooms. Income information gathered from these individuals tends to be imprecise. The income of these individuals are often quite low; however, they are frequently supported by their parents. Also, students rarely know their roommates income.

4.1.3.4 Address Verification

I would like to verify your address. Please give me your complete address.

19907 DREXEL HILL CR
GAITHERSBURG MD 20879

NO (WRONG ADDRESS)
 YES (CORRECTIONS)
 YES

600-01-0006 SCQ v. 1.6 verify addr. SCQ070a

Remarks HELP Turn On Pad

This question requires you to listen to the address given by the respondent and check it against information displayed at the top of the screen. Ask this question 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 displayed on the screen, code YES.

If the respondent provides a **minor** address correction, code YES (CORRECTIONS). CAPI will allow you make the correction in the appropriate address field. The answer fields you can change are shaded. A typical minor address correction is a change to the ZIP code. Notice that the cursor rests on the Street #. This is because you will probably not use the “Additional Address Line” field very often. This line is for additional address information such as the name of a dormitory or apartment building.

To make a correction, place your cursor in the field and, with your keypad turned off, tap “clear”. Turn your keypad on and correct any errors in the address. Several fields have drop down lists to make it easier to record information. Remember, your drop down lists do not work when your keypad is on. **NOTE: If a respondent provides a correction to the street address number or name or an addition of an apartment number, be sure you are at the correct address.** If you are at the wrong address, code NO – WRONG ADDRESS. CAPI will go to the end of the Screener and you will need to locate the correct dwelling unit.

I would like to verify your address. Please give me your complete address.

19907		DREXEL HILL	CR		
#	Dir Pre	Street Name	st/rd/ave	Dir Post	Apt #
		GAITHERSBURG	MD	20879-	
PO Boxno	RR#	RR Box	City	State	Zip

600-01-0006 SCQ v. 1.6 *addr. correction* *SCQ070b*










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

4.1.3.5 Household Composition Questions

The next series of questions is designed to provide a record of individual household members. The information collected in this series will obtain a complete list of all persons living or staying in the dwelling unit, identify and delete nonhousehold members, and obtain the gender of each person.

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

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 on page 4-11) 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 that 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 that 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 in 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.

Household Composition Question Specifications

Total Number of Persons in the Household

To begin, how many people live in this household?

4

600-01-0006 SCQ v. 1.6 HH count SCQ090

Turn On Pad DK RF

At this screen enter the number of people given by the respondent. If you learn later that the number you entered here is incorrect, you are not required to correct this item to agree with the number of persons you have entered on the household membership roster.

Identifying a Reference Person (Householder)

What is the first and last name of the person or one of the persons who owns or rents this home and usually lives here?

#	First Name	Middle Name	Last Name	Suffix	Gender
1	JULIAN		DRAKE		

600-01-0006 SCQ v. 1.6 enum.ref.pers. SCQ100

Turn On Pad DK RF

The purpose of this question is to establish a "reference person" in order to make the subsequent questions easier to ask and to later arrange household members into family units. The **reference person** is:

The first household member 18 years or older mentioned by the Screener respondent who is "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 18 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 rents the sample unit, designate that person as the reference person.
- If more than one household member owns or rents the sample unit, designate the oldest owner/renter as the reference person.
- If none of the household members owns or rents the sample unit, designate the oldest household member as the reference person.

Recording Names on the Household Composition Roster

The space allotted for household member names on the screens is divided into separate response fields. This is done to encourage the accurate recording of names.

Always try to enter a first and last name. Enter a middle name if it is volunteered.

Obtain **unique** names for all household members. Two person in the household may have the same first and last name. For example a father and son may both be "David Hill." In this example a unique qualifier must be added to one or both of the names to distinguish them. That unique qualifier may be a suffix, such as "Jr" or "Sr" or it may be a middle name.

DO NOT ASSUME MEMBERS OF THE FAMILY HAVE THE SAME LAST NAME.

As mentioned previously, middle names or initials are not required during the screening process unless they are needed to record a unique name. For example, the mother in the household is Maria Teresa Vega and the daughter is Maria Elena Vega. You should probe and enter a middle name or initial for each of these women to get a unique name. If there are two persons in the family with the same complete name, they must then be further identified by indicating "Sr" or "Jr" in the field labeled SUFFIX.

Do not record parts of a last name in the middle name field. In some instances a woman may use her maiden name as part of her last name (i.e., Sharon Pratt-Dixon). Do not enter her maiden name in the middle name field.

REMEMBER TO VERIFY THE SPELLING OF ALL NAMES. Even "Smith" can be spelled in a variety of ways (i.e., Smyth, Smithe, etc.).

Hispanic Surnames

Hispanics often use conventions for recording full names other than those you may be familiar. It is important that these names be recorded accurately and within the appropriately designated box on the household membership roster.

Since a significant portion of the NHANES sample is Hispanic, review some of these conventions and the methods you use to record names on the household membership roster.

1. Father's last name followed by a hyphen followed by mother's maiden name (e.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 leaving a space between the names (e.g., Sanchez Gomez).

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 all of these names should be entered in the "Last Name" field. Using the example above, "Vacario de Sanchez" would be entered in the "Last Name" field. Again, remember to leave appropriate spacing between name parts.

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) that is preceded by "de" or "de la". For the most part these middle names have a religious origin or connotation. When you are uncertain about the correct recording of such names, probe to determine whether to record a name as a middle or last name. Space names appropriately.

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-Rodriguez de Martinez.

In this case "Gonzales-Rodriguez de Martinez" should be entered in the "Last Name" field. Space names appropriately.

You are not expected to become an expert on the use of Hispanic surnames. Just be aware that there are several possible conventions in use. 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.

On rare occasions a respondent may refuse to provide a name. If this happens, enter the first person as SP1, the second as SP2; continue this sequence until all household members are entered.

Enter the gender of the reference person. [Note: CAPI will not allow you to move forward until you have entered the reference person's gender. You may enter names using the following procedures:]

- Tap on the button at the bottom of the screen labeled "TURN ON PAD". A small red light will flash, indicating the key pad is turned on.
- When the keypad appears, the cursor will be in the first name field. Type in the first name by tapping on the appropriate letters and tap on "OK" on the keypad. The keypad will disappear, however, it will continue to be functional.
- To see the keypad, tap on the next entry field (Middle or Last name) and the keypad will reappear, enabling you to make further entries.
- When you no longer need the keypad, tap on the button labeled "TURN OFF PAD".
- To enter identical last names, simply tap on the "Repeat" button on the keypad. This will duplicate the last name entered directly **above** the empty last name field.
- You may also enter first and middle name and suffix by using the drop down lists that appear when you tap on the small arrow next to the entry field. However, the keypad must be turned off to activate these lists.

The names of the other household members obtained through the household composition questions will be recorded consecutively on the screens that follow.

CAPI will skip a number of household composition questions if only one person lives in the household.

Identifying All Person in the Household on the Household Membership Roster

The CAPI screens are designed to enter persons on the household roster in the following preferred order. The reference person, persons **related** to that person in descending age order, and unrelated persons.

Persons Related to the Reference Person

And the other members of this household who are related to Jane Banks : What are their names? By related, I mean by blood, marriage or a marriage like relationship. Please include adopted and foster children.
Do not include students living away at school. Let's begin with the oldest. PROBE: Any others?

#	First Name	Middle Name	Last Name	Suffix	Gender
1	JANE		BANKS		F
2					

501-01-0004 SCQ v. 3.00 enum. other. HH rels. SCQ130

Remarks E Delete Row HELP Turn On Pad DK RF Insert Row

This roster screen is intended to obtain the names of the household members who are related to the reference person. Notice the line "Do not include students living away at school". By adding this line, we hope to prevent the enumeration of students who may be thought of as living with their parents, but are actually living at school. Remember, we will administer the Screener to students at their residence at school.

The number of lines that will appear initially on this roster will equal the number of persons you have entered as living in the household in a previous question. You can add or delete lines using the INSERT ROW and DELETE ROW buttons at the bottom of the screen.

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, and nephew. Stepparents, stepchildren, daughters-in-law and sons-in-law 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.

Be sure the respondent includes himself/herself as one of the family members if s/he has not been listed as the reference person but is related to the reference person.

Persons in the Household Unrelated to the Reference Person

Are there any other persons not related to Julian Drake living in this household? (What are their names?)
 PROBE: Any others?

#	First Name	Middle Name	Last Name	Suffix	Gender
1	JULIAN		DRAKE		M
2	PAULA		DRAKE		F
3	JEREMY		DRAKE		M
4	MELANIE		DRAKE		F

600-01-0006 SCQ v. 1.6 enum.HH non-rels. SCQ140

For purposes of the study, unrelated persons are considered as members of separate families. For example, a husband and wife, living with an unrelated caretaker and his wife, constitute two separate families. A family can consist of only one person.

You will ask a series of questions in the Relationship Questionnaire (see Section 4.2) to determine all relationships of persons in the household to the Reference Person and relationships of persons **not** related to the reference person to each other. If there are persons living in the household who are unrelated to the reference person, CAPI will group them into "family units." After you have

completed the Screener and Relationship Questionnaire, CAPI will create a separate Family Questionnaire in your assignment for each family in the household containing at least one SP.

First Review of Household Membership Roster

I have 2 people living here ...
[READ NAMES LISTED BELOW.]

#	First Name	Middle Name	Last Name	Suffix	Gender
1	JANE		BANKS		F
2	DEBRA		QUINCE		F

501-01-0004 SCQ v. 3.00 *sweep intro.* SCQ145











CAPI will display the names of each household member you have listed on the household membership roster as an introduction to the next question. Read the question as written inserting the names of all household members displayed by CAPI. Be sure to use the scroll arrow if necessary to view all the names listed.

"Household Membership "Sweep" Questions

Have I missed ...	
... any babies or small children?	<input type="radio"/> Yes <input type="radio"/> No
... any lodgers, boarders, or persons in your employ who live here?	<input type="radio"/> Yes <input type="radio"/> No
... anyone who usually lives here but is now away from home?	<input type="radio"/> Yes <input type="radio"/> No
... anyone else living or staying here?	<input type="radio"/> Yes <input type="radio"/> No
600-01-0006	SCQ v. 1.6
<i>sweep kids</i>	<i>SCQ150</i>
	Remarks
HELP	Turn On Pad
DK	RF

This series of questions serves as a reminder to the respondent about persons who may have been overlooked.

Begin reading the first question by mentioning the names of all the household members you have recorded. If the respondent answers "YES" to any of these sweep questions and you determine that the person mentioned usually lives in the household, tap on the YES response and the household membership roster will appear. You will then use the INSERT tab to add a line to the roster and record the person's name and gender. Always probe for anyone else before continuing to the next question. When entering names of babies or small children, a probe will appear on the screen prompting you to ask for a **unique** name ("Junior," "Senior" or "the Third").

[Have I missed anyone else living or staying here?]
 (What are their names?)
 PROBE: Any others?

#	First Name	Middle Name	Last Name	Suffix	Gender
1	JULIAN		DRAKE		M
2	PAULA		DRAKE		F
3	JEREMY		DRAKE		M
4	MELANIE		DRAKE		F

999-15-0008 SCQ v. 2.01 *enum. missed else* SCQ180N

*Insert Row
Confirm?*

Yes No

[Have I missed anyone else living or staying here?]
 (What are their names?)
 PROBE: Any others?

#	First Name	Middle Name	Last Name	Suffix	Gender
1	JULIAN		DRAKE		M
2	PAULA		DRAKE		F
3	JEREMY		DRAKE		M
4	MELANIE		DRAKE		F
	ALLYSON		MARCUS		

999-15-0008 SCQ v. 2.01 *enum. missed else* SCQ180N

Reviewing the Household Roster

[VERIFY HOUSEHOLD MEMBERS BY READING NAMES LISTED BELOW.]					
#	First Name	Middle Name	Last Name	Suffix	Gender
1	JANE		BANKS		F
2	DEBRA		QUINCE		F

501-01-0004 SCQ v. 3.00 enum.summary SCQ190

Home Remarks E Delete Row Turn On Pad DK RF Insert Row Left Arrow Right Arrow

The intent of this interviewer instruction is to ensure the collection of complete listing of all household members during the initial screening. By summarizing/repeating the listing for the respondent, we hope to avoid Screener errors involving the correct listing of household members.

Read the names of all the household members displayed by CAPI. Be sure to use the scroll arrow to view all the names on the roster if you need to. If the respondent mentions another person at this point, probe to see if he or she usually lives in the household.

If an error is discovered (e.g., too many/few persons listed, gender incorrect), make the appropriate changes to the roster by using the INSERT ROW and the DELETE ROW tabs. After adding or deleting persons, read the members of the household again to the respondent to make sure you have listed all persons correctly. 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 your supervisor before you continue with the Screener.

Identifying Persons With Other Homes

Do any of the persons in this household have a home anywhere else? STUDENTS LIVING AWAY AT SCHOOL ARE CONSIDERED TO HAVE A HOME SOMEWHERE ELSE.								
<input type="radio"/> Yes <input type="radio"/> No								
501-01-0004	SCQ v. 3.00	HH other home	SCQ195					
		Español	HELP	Turn On Pad	DK	RF		

This question is designed to verify that all persons recorded as residing in the household are household members as defined in Section 4.1.3.6. The interviewer instruction is designed to clarify how to treat students away at school, if they have been enumerated. If you receive a "YES" response to this question ("have other home"), CAPI will display a list of all person in the household with a column labeled OTHER HOME and prompt you to ask, "Who is that?"

(Who is that?)
 SELECT MEMBERS WITH HOME ELSEWHERE.
 PROBE: Anyone else?

Name	Other Home
Julian Drake	
Paula Drake	Yes
Jeremy Drake	No
Melanie Drake	
Allyson Marcus	

600-01-0006 SCQ v. 1.6 pers. other home SCQ200

Remarks HELP Turn On Pad DK RF

Enter a "YES" in the corresponding field for each person who has been identified as having another home. CAPI will automatically fill the response field for those persons who do not have another home with a response of "NO."

Where does Eduardo Aguila-Rodrigas usually live and sleep; here or somewhere else?

Name	Live Here
Raul Aguila-Rodrigas	HERE
Eduardo Aguila-Rodrigas	

601-01-0001 SCQ v. 1.7 military livehere SCQ240

Remarks English HELP Turn On Pad DK RF

CAPI will then display a question to determine where each person you have recorded as having another home usually lives and sleeps. The responses for the column LIVE HERE will be blank

for each person. You will have two response options: "HERE" and "SOMEWHERE ELSE." **Ask this question and enter responses for each appropriate person.** If you determine that any person you have recorded as having another home usually lives and sleeps somewhere else, enter "SOMEWHERE ELSE" for that person. This will automatically eliminate the person from the household roster and the remainder of the questions.

Military Status

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

Yes

No

600-01-0006 SCQ v. 1.6 HH military SCQ220

Remarks HELP Turn On Pad DK RF

The screenshot shows a survey question with two radio button options: 'Yes' and 'No'. Below the question is a control bar with several buttons: 'Remarks', 'HELP', 'Turn On Pad', 'DK', 'RF', and two navigation arrows. Above the buttons are four small boxes containing the text '600-01-0006', 'SCQ v. 1.6', 'HH military', and 'SCQ220'.

This question is asked in all households, regardless of the household members' age or gender.

"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 6-month period a person may serve in connection with the provisions of the Reserve Forces Act of 1955.

Do not count the following persons 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.

(Who is that?)
 PROBE: Anyone else?
 SELECT ACTIVE MILITARY MEMBERS.

Name	Military
Julian Drake	<input type="checkbox"/>
Paula Drake	<input type="checkbox"/>
Jeremy Drake	<input type="checkbox"/>
Melanie Drake	<input type="checkbox"/>
Allyson Marcus	<input type="checkbox"/>

600-01-0006
SCQ v. 1.6
pers. military
SCQ230

←
Remarks
HELP
Turn On Pad
DK
RF
▶

If you receive a "YES" response to the military question, CAPI will display a list of all persons in the household with a column labeled MILITARY, and prompt you to ask, "Who is that?" For each person identified, enter a "YES" response. CAPI will automatically fill a response of NO for those persons who are not on full time active duty with the military.

CAPI will then display a question to determine where the person usually lives and sleeps. The responses for the column labeled LIVE HERE will be blank. For each person you are required to enter one of two response options: HERE and SOMEWHERE ELSE. If you determine that any person you have recorded as active military usually lives somewhere else, select the response SOMEWHERE ELSE for that person.

Information about military status and where a person in the military usually lives 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 an SP). [See item (4) under household

member—Section 4.1.3.6.] An active military person who usually lives somewhere else is not considered a member of the household and will automatically be removed from the household membership roster.

Interviewer Review Household Composition

THESE ARE THE MEMBERS OF THE DU WHO HAVE BEEN LISTED AS HH MEMBERS.

Name	Gender
Julian Drake	M
Paula Drake	F
Jeremy Drake	M
Melanie Drake	F
Allyson Marcus	F

600-01-0006 SCQ v. 1.6 *HH summary* *SCQ250*

Remarks HELP Turn On Pad ◀ ▶

CAPI displays a list of all persons you have entered as household members for your review. This list need not be read to the respondent unless you have any doubt about a person's household membership. Review the entries to be sure that you have the correct listings. If you need to change the recording of a name or gender, or if you need to add or delete a person from the roster at this point, you must back up to one of the questions containing a household membership roster to make the correction using the INSERT ROW or DELETE ROW buttons at the bottom of the screen.

In asking the entire set of household composition questions, you may learn that your original ordering of household members was incorrect.

If the person on the first line was deleted because he or she 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, CAPI will consider the next household member 18 years of age or older listed on the roster as the reference person.

4.1.3.6 Ethnicity and Race Questions

SHOW CARD 1..

Do any of the groups on this card represent Julian Drake's national origin or ancestry?
 IF "YES", PROBE: Which group?

Name	Ethnicity
Julian Drake	
Paula Drake	
Jeremy Drake	
Melanie Drake	
Allyson Marcus	

600-01-0006 SCQ v. 1.6 ethnicity SCQ260

Remarks HELP Turn On Pad DK RF

SHOW CARD 1..

Do any of the groups on this card represent Julian Drake's national origin or ancestry?
 IF "YES", PROBE: Which group?

Name	Ethnicity
Julian Drake	
Paula Drake	Mexican-American or Mexican
Jeremy Drake	Other Hispanic or Latino
Melanie Drake	Both Mexican & Other Hispanic
Allyson Marcus	Not Hispanic

600-01-0006 SCQ v. 1.6 ethnicity SCQ260

Remarks HELP Turn On Pad DK RF

It is very important to accurately obtain for each household member whether s/he belongs to one of the Hispanic groups listed on Show Card 1 illustrated below. Since Mexican-Americans/Mexicans are one of the special target groups for this study, this series is particularly interested in identifying persons who classify themselves as such.

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

Show Card 1. Mexican Mexican-American Other Hispanic or Latino
--

Note the following definitions for Show Card 1.

1. Mexican and Mexican American refer to anyone of Mexican birth or descent. They refer to anyone who may call themselves "Mexican, Mexican American, Chicano or Tex-Mex."
2. Other Hispanic or Latino 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, etc.).

Begin this question by showing Show Card 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, code the response that corresponds to the particular group named by the respondent.

3. Both Mexican and Other Hispanic or Latino refers to anyone who says that they are of Mexican descent and are also Other Hispanic or Latino. (For example: "My mother is from Mexico and my father is from Puerto Rico, so I am both Mexican and Puerto Rican.") Note that in this instance the person will be classified as Mexican American/Mexican for sampling purposes.
4. Not Hispanic refers to anyone who is not Mexican, Mexican American or Other Hispanic or Latino.

ASK IF NECESSARY: CODE ALL.
 What Latin American or Spanish country does Allyson Marcus or Allyson Marcus's ancestors come from?
 PROBE IF NECESSARY: Which country best represents Allyson Marcus's main national origin or ancestry.
 IF CATEGORY/COUNTRY NOT LISTED, CODE "NOT HISPANIC".

Allyson Marcus

600-01-0006 SCQ v. 1.6 /ert

Argentina
 Bolivia
 Chile
 Colombia
 Costa Rica
 Cuba

Remarks HELP Delete Row Turn On Pad D

If a household member is identified as only "Other Hispanic or Latino," a probe question will appear for the specific nationality or country of origin. Tap on the arrow key within each response field to see a comprehensive list of countries in alphabetical order for selection.

If the respondent has trouble selecting **one** country, use the probe that appears on the screen: "Which country best represents your **main** national origin or ancestry?" If the respondent still cannot choose one country, CAPI will allow for multiple entries to this question. In this case you are required to add another "ethnicity" row for the person by using the INSERT ROW button.

Also note that "Mexico" is one of the countries on this list. If indeed the respondent says "Mexico," the person will be classified as Mexican American/Mexican for sampling purposes.

If the respondent mentions a country that **is not** on the list, select the response category NOT HISPANIC. This category appears at the end of the list. In this instance, the respondent will be classified as "Not Hispanic" for sampling purposes.

CAPI requires that you ask the ethnicity question for each person before moving on to the next person.

Ethnicity Review Screen

Ethnicity information is critical to sampling. It is extremely important that ethnicity information, as reported by the respondent, is entered correctly. CAPI will list the ethnicity you have entered for each person. This should not be read to the respondent unless you have any doubt about a person's response. Review the entries to be sure you have entered them correctly. If you find you have made an error in one of your entries, you must back up to the screen containing the question about ethnicity and change your entry.

WARNING: REVIEW ETHNICITY FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.	
Name	Ethnicity
Julian Drake	Not Hispanic
Paula Drake	Not Hispanic
Jeremy Drake	Not Hispanic
Melanie Drake	Not Hispanic
Allyson Marcus	Other Hispanic or Latino

600-01-0006 SCQ v. 1.6 *ethnicity summary* SCQ262

← Remarks HELP Turn On Pad ← →

Race Questions

SHOW CARD 2.
What race do you consider Julian Drake to be?
Select one or more.

Julian Drake

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

600-01-0006 SCQ v. 1.6 race SCQ270

Turn On Pad DK RF

Remarks HELP

Navigation arrows

This question is asked of all household members. Race is based on identification **by the respondent**. Hand the respondent Show Card 2. Remember to read the **entire** question, including the phrase "select one or more." Do **not** suggest answers to the respondent and do **not** try to explain or define any of the groups. Check the response that corresponds to the person's race. If multiple races are mentioned, check all reported.

CAPI requires that you ask the race question for each person and tap the "Next" button before moving on to the next person.

Race Review Screen

Race information is critical to sampling. It is extremely important that race information, as reported by the respondent, is entered correctly. CAPI will list the race(s) you have entered for each person. This should not be read to the respondent unless you have any doubt about a person's response. Review the entries to be sure you have entered them correctly. If you find you have made an error in one of your entries, you must back up to the screen containing the question about race and change your entry.

WARNING: REVIEW RACE FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.	
Julian Drake	<input checked="" type="checkbox"/> Black or African American
Paula Drake	<input checked="" type="checkbox"/> Black or African American
Jeremy Drake	<input checked="" type="checkbox"/> Black or African American
Melanie Drake	<input checked="" type="checkbox"/> Black or African American
Allyson Marcus	<input checked="" type="checkbox"/> White
600-01-0006	SCQ v. 1.6
<i>race summary</i>	SCQ271
	  

4.1.3.7 Birth Date and Age

Ask for each household member's birthdate. You should use the appropriate drop down list to enter responses in this screen. (Note: Turn off your key pad first.) Select the month, day, and year from the drop down list. If you cannot get the exact date, enter the approximate date. If only the year is known, enter "DK" for both month and day, then enter the year.

If month, day, and year of birth have been entered, CAPI will calculate and display the person's age based on the birthdate information you have entered. Since age is one of the sampling criteria, CAPI requires you to verify this age with the respondent.

What is Julian Drake's birthdate?

#	Name	DOB	Age Yrs
1	Julian Drake	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
2	Paula Drake	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
3	Jeremy Drake	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
4	Melanie Drake	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
5	Allyson Marcus	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

600-01-0006 SCQ v. 1.6 *DOB* *SCQ290*

What is Julian Drake's birthdate?

#	Name	DOB	Age Yrs
1	Julian Drake	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
2	Paula Drake	Jan Feb Mar	
3	Jeremy Drake	Apr May Jun	
4	Melanie Drake	Jul Aug Sep	
5	Allyson Marcus	Oct Nov Dec	

600-01-0006 SCQ v. 1.6 *DOB* *SCQ290*

What is Julian Drake's birthdate?

#	Name	DOB	Age Yrs
1	Julian Drake	May / [] / []	
2	Paula Drake	/ 1 2 3 4 5 6 7	
3	Jeremy Drake	/ 8 9 10 11 12 13 14	
4	Melanie Drake	/ 15 16 17 18 19 20 21	
5	Allyson Marcus	/ 22 23 24 25 26 27 28	
		29 30 31	

600-01-0006 SCQ v. 1.6 DOB SCQ290

Remarks HELP Turn On Pad DK RF

What is Julian Drake's birthdate?

#	Name	DOB	Age Yrs
1	Julian Drake	May / 12 / []	
2	Paula Drake	/ [] / 199	
3	Jeremy Drake	/ [] / 198	
4	Melanie Drake	/ [] / 197	
5	Allyson Marcus	/ [] / 196	
		195	
		194	

600-01-0006 SCQ v. 1.6 DOB SCQ290

Remarks HELP Turn On Pad DK RF

What is Julian Drake's birthdate?

#	Name	DOB			Age Yrs
1	Julian Drake	May	12	193	
2	Paula Drake				0
3	Jeremy Drake				1
4	Melanie Drake				2
5	Allyson Marcus				3
					4
					5

600-01-0006 SCQ v. 1.6 *DOB* *SCQ290*








So Julian Drake is age 68?
IF NECESSARY, RE-ENTER CORRECT AGE.

#	Name	DOB			Age Yrs
1	Julian Drake	May	12	1930	68
2	Paula Drake				
3	Jeremy Drake				
4	Melanie Drake				
5	Allyson Marcus				

600-01-0006 SCQ v. 1.6 *DOB* *SCQ290*










CAPI will allow you to change the age entered in this field. When this happens, CAPI will display a message indicating that the date of birth is being changed and will automatically recalculate the date of birth to correspond to the age change.

The date of birth year is being changed.



If you have any doubt about birthdate or age information, reconcile your entries with the respondent before you continue. If the respondent does not know the person's birth date, but only his/her age, enter DK for the month day and year. CAPI will then prompt you to enter the person's age. Note if CAPI does not **calculate** the person's age, you will have to use the alpha keypad on the CAPI screen to enter the age.

In rare instances the respondent may not know one of the household members birthday **or** age. In this case DKs should be entered in each response field (month, day, year, and age). CAPI will then display a range of ages for selection.

About how old is Raymond Terez?
IF AGE IS LESS THAN 12 MONTHS, ENTER "0".

#	Name	DOB			Age Yrs
1	Albert Holms	Jul	18	1972	26
2	Raymond Terez	DK	DK	DK	DK
3	Jeffrey Goth				

0-11 mn
1-2 yr
3-5 yr
6-11 yr
12-15 yr

601-01-0005 SCQ v.1.7 DOB S

Remarks Español Turn On Pad DK RF

These ranges will vary based on the sampling criteria for that case. Since sampling is in part based on age, CAPI requires you to select an age range at this point in order to continue with the interview. Ask the respondent to make his/her best "age range" guesstimate.

Age Review Screen

WARNING: REVIEW AGE FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.		
Name	Age	Range
Julian Drake	68	
Paula Drake	64	
Jeremy Drake	19	
Melanie Drake	3	
Allyson Marcus	19	

600-01-0006 SCQ v. 1.6 *age summary* *SCQ301*

Remarks HELP Turn On Pad ◀ ▶

Age information is critical to sampling. It is extremely important that age information, as reported by the respondent, is entered correctly. CAPI will list the age (or ranges) you entered for each person. This should not be read to the respondent unless you have any doubt about a person's response. Review the entries to be sure you have entered them correctly. If you find you have made an error in one of your entries, you must back up to the screen containing the question about age and change your entry.

Note: If you have entered an age range, the age you see displayed in CAPI will be the number that is the low end of the range.

4.1.3.8 Pregnancy Question

Another special target group for this NHANES is pregnant women. If you have recorded one or more females between the ages of 15 and 39 living in the household, CAPI will display a final question on pregnancy before once again applying the sampling criteria to the case.

If you receive a "YES" response to this question, CAPI will display a list of all females in this age category with a column labeled PREGNANT and prompt you to ask, "Who is that?" The responses in these fields are blank. For each person identified as pregnant, select a "YES" response.

Note: You are not required to enter "NO" for those persons who are not pregnant.

Is anyone in the household pregnant?
IF NECESSARY: We ask this question because the study is interested in collecting information about the nutritional habits of pregnant women.

Yes
 No

600-01-0006 SCQ v. 1.6 HH pregnant SCQ302

Remarks HELP Turn On Pad DK RF

(Who is that?)
SELECT PREGNANT MEMBERS.

Name	Pregnant
Allyson Marcus	<input type="button" value="Yes"/> <input type="button" value="No"/>

999-15-0008 SCQ v. 2.01 pers. pregnant SCQ303

Remarks Español Turn On Pad DK RF

4.1.3.9 Sampling

This section describes CAPI procedures for selecting SPs. As noted earlier, there are multiple sampling criteria for this study—gender, ethnicity, race, age, pregnancy status, and in some instances, income. At certain points in the Screener, CAPI applies these criteria. Overall, think of sampling during the Screener as a two-step process:

1. After the household roster is completed (persons name and gender), CAPI applies the sampling criteria to determine if any person in the household has a chance of being selected as an SP based on **gender**. If at that point no one has a chance of being selected, CAPI will skip to the ending questions in the interview. An example of this is when the sampling criteria requires that only females are selected and the household is made up of all males.
2. CAPI also applies the sampling criteria after the **ethnicity, race, and age** questions are asked. If at that point no one in the household has a chance of being selected (for example, the sampling criteria requires that only blacks be selected and the entire household is white), CAPI will skip to the ending questions in the interview.

4.1.3.10 Income

Thinking about all sources of income, please tell me whether the total income received by the members of this household during the last 12 months -- that is from December 1998 to November 1999 -- was more or less than \$14,378?
IF INCOME EQUAL TO \$14,378 CODE "LESS".

More
 Less

501-01-0004 SCQ v. 3.00 HH low income SCQ340

Remarks Español Turn On Pad DK RF

For sampling purposes, this question will be asked in households identified as White/Other. CAPI samples household members based on age, gender and those meeting the income sampling criteria.

4.1.3.11 Sample Person Selection

If no SPs have been selected, CAPI will display the ending questions for the Screener. If SPs have been selected, CAPI will display a message similar to the one below.

If any key sampling information is missing (either because the respondent does not know or has refused the information), CAPI will display a message indicating to you and the respondent that you will be required to return to the household to obtain this information before CAPI applies the sampling criteria. The Screener cannot be finalized until all key information is obtained. See below.

Thank you.
[EXPLAIN TO RESPONDENT THAT YOU WILL NEED TO RETURN TO THE HOUSEHOLD TO COLLECT CRITICAL INFORMATION THAT WAS NOT PROVIDED THIS TIME.]

601-01-0004	SCQ v. 1.7	SCQ_END4	SCQ_END4		
		Español	Turn On Pad		

4.1.3.12 Recontact Questions (Mailing Address and Phone Number)

Mailing Address

Is Julian Drake's mailing address the same as his street address?

Yes
 No

600-01-0006 SCQ v. 1.6 mail addr. y/n SCQ420

Remarks HELP Turn On Pad DK RF

Please give me Julian Drake's complete mailing address?

19907 DREXEL HILL CR

Dir Pre Street Name st/rd/ave Dir Post Apt

GAITHERSBURG MD 20879-

PO Boxno RR# RR Box City State Zip

600-01-0006 SCQ v. 1.6 mail addr. correct SCQ425

Remarks HELP Turn On Pad DK RF

You will verify that the address recorded for this dwelling unit is also the mailing address. If so, code YES. If it is not, code NO, and CAPI will display an additional screen that allows you to enter a

new mailing address. As on the street address screen, the cursor rests on the Street #. This is because you will not use the “Additional Address Line” field very often. Remember, this line is for additional address information such as the name of a dormitory or apartment building.

If the R has a PO box, you will need to clear the street #, street name, Apt, and Apt # fields. To clear a field, with your keypad turned off, place your cursor in the field you want to clear and tap “clear”. Correct any error in the address using the drop down list when appropriate. Always verify that the remaining information, city, state and zip code are the same. Remember, your drop down lists do not work when your keypad is on.

Another option available on this screen is the “CLEAR ALL” which gives you the capability of quickly clearing everything if you want to enter a completely new address. Note: When you use the “CLEAR ALL” button, it deletes all address information including state and zip code.

The address you enter here is used to produce a mailing label for the household. The address should look exactly as it would appear on an address label.

NHANES is a longitudinal study. The mailing address information you verify/collect in this question will be critical in tracking respondents. Keep in mind the importance of accurate address information and verify and record all data very carefully.

Telephone Number

Please give me your home telephone number in case my office wants to check my work.

Home Phone () - Ext 00000

No home phone

601-01-0001 SCQ v.1.7 home phone SCQ430

Remarks Español Turn On Pad

In whose name is the telephone listed?
SELECT NAME FOR TELEPHONE LISTING FROM
HOUSEHOLD ROSTER

Name

- Julian Drake
- Paula Drake
- Jeremy Drake
- Melanie Drake
- Allyson Marcus
- Janet Marcus

999-15-0008 440a

Remarks Español On Pad

The purpose of the question above is to obtain the household telephone number and the name of the person it is listed under. Ask this question in all households, regardless of whether SPs are selected from this household. Notice there is a check box for "NO PHONE." If you enter a phone number, CAPI displays a question to determine in whose name the telephone is listed. CAPI allows you

to pick the name under which the phone number is listed from a list of family members or you may select the option "NOT ON LIST" or "UNLISTED." Be sure to select the name of the person in whose name the telephone is listed with the telephone company.

Is there another number where you can be reached?

Phone # () -

Ext

601-01-0001 SCQ v.1.7 other phone SCQ460

Remarks Español Turn On Pad DK RF

If the family does not have a phone or if phone number is refused, another question will appear asking the respondent for another phone where s/he can be reached and the location of that phone. Note: If there is no other phone where the respondent can be reached, CAPI requires that you use the "DK" or "RF" button in this field before moving forward. Notice that you can check the "NO PHONE" option.

Where is that telephone located?

WORK
RELATIVE'S HOME
NEIGHBOR'S HOME
MOBILE PHONE
OTHER

999-15-0008 SCQ461

Spanish On Pad DK RF

The next screen asks for the location of this other phone.

4.1.3.13 Thank You Screen

Thank you. This household has eligible survey participants.
[READ NAMES BELOW]
[IF APPROPRIATE, EXPLAIN PARTICIPATION IN STUDY TO RESPONDENT.]

Name	Gender	Age
Julian Drake	M	68
Paula Drake	F	64
Jeremy Drake	M	19
Melanie Drake	F	3

600-01-0006 SCQ v. 1.6 SCQ_END? SCQ_END?

Remarks HELP Turn On Pad



The last screen provides a closing statement to be read to the respondent. The text of this closing statement will vary depending on the respondent's answers. If SPs have been selected, CAPI will also display each SP's name.

4.2 The Relationship Questionnaire

Only eligible households (households in which there is at least one SP) will be asked a set of relationship questions. These questions are designed to determine individual household member relationship to the Reference Person and relationships to each other.

The intent of this questionnaire is to divide all household members into individual family units for the purpose of administering the Family Questionnaire. In NHANES, the definition of a family is as follows: An individual or a group of two or more related persons who are living together in the same household; for example, the Reference Person, his/her spouse, foster son, daughter, son-in-law, and their children and the wife's uncle. Also, unmarried couples are considered as belonging to the same family. Additional groups of persons living in the household who are related to each other, but not to the reference person, are considered to be separate families; for example, a lodger and his/her family, or a household employee and his/her spouse, or a single boarder with no one related to him/her living in the household. Hence, there may be more than one family living in the household and a family can consist of only one person.

Note: If the household consists of only 1 person, CAPI will automatically code the Relationship questionnaire as complete and no relationships questions will be asked.

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.

Examples of Various Household Compositions

Example #	Reference Person	Other household members	# of separate family units
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.

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).

4.2.1 Completion Order for Relationship Questionnaire

The Relationship Questionnaire screens are similar to those used in the Screener in that it is designed to be easily administered "at the door step." Except in **rare** circumstances, this short questionnaire should be asked **directly** after the Screener. CAPI will facilitate this process by providing the opportunity to move directly into the Relationship Questionnaire after the last question in the Screener is answered. An example of the screen facilitating this process appears on the next page.

NOTE: If you have conducted the Screener questionnaire at the door and have found eligible SPs, you know that you will need to conduct a number of additional questionnaires. At this point, we suggest that you **TRY** to continue with the remainder of the interviews, but move to a more comfortable interview setting inside the home.

PERFORM THE RELATIONSHIP INTERVIEW AT THIS TIME?

Yes

No

600-01-0006 SCQ v. 1.6 Do SFQ now? FSQCONT

Remarks HELP Turn On Pad ◀ ▶

In rare circumstances the Relationship Questionnaire can be administered during another interview session after the Screener is completed. For example, you may complete the Screener on Monday and return to the household the following day to complete the Relationship Questionnaire and the appropriate extended questionnaires (SP and Family). However, the Relationship Questionnaire must be finalized (completed, refused, etc.) **before any extended questionnaires are administered** in the household.

No SP or Dust Collection Questionnaire will be created in CAPI until the Relationship Questionnaire is accessed and either completed or otherwise finalized. This means the SP and Dust Collection Questionnaires will not appear on your case list until you finalize the Relationship Questionnaire. If you do not finish the Relationship Questionnaire, CAPI will display the screen below.

BYPASS AND FINALIZE THE RELATIONSHIP QUESTIONNAIRE IN ORDER TO COMPLETE THE SP QUESTIONNAIRE(S)?
 WARNING: IF YOU CHOOSE "YES", NO FAMILY QUESTIONNAIRES WILL BE CREATED FOR THIS CASE.

Yes
 No

999-07-0015 SFQ v. 2.01 *Finalize Module 2* **FINMOD2**

Remarks Español Turn On Pad ▶

If you choose to the YES option at this screen, you may continue with the SP Questionnaire(s), however, no Family Questionnaire will be created for the household.

4.2.2 Eligible Respondent for the Relationship Questionnaire

An eligible respondent for the Relationship Questionnaire must be a knowledgeable household member at least 18 years old or an emancipated minor (see Section 4.1.2). Since the Relationship Questionnaire should normally be administered directly after the Screening, an eligible respondent will most often be the same household member who answered the Screener interview.

4.2.3 Specifications for the Relationship Questionnaire

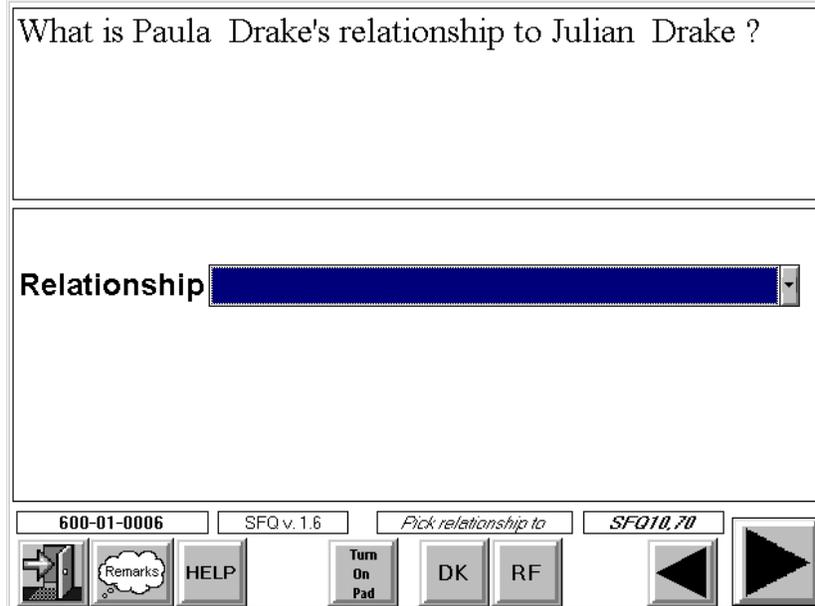
4.2.3.1 Relationship of All Household Members to the Reference Person

What is Paula Drake's relationship to Julian Drake ?

Relationship

600-01-0006 SFQ v. 1.6 Pick relationship to SFQ10,70

Remarks HELP Turn On Pad DK RF

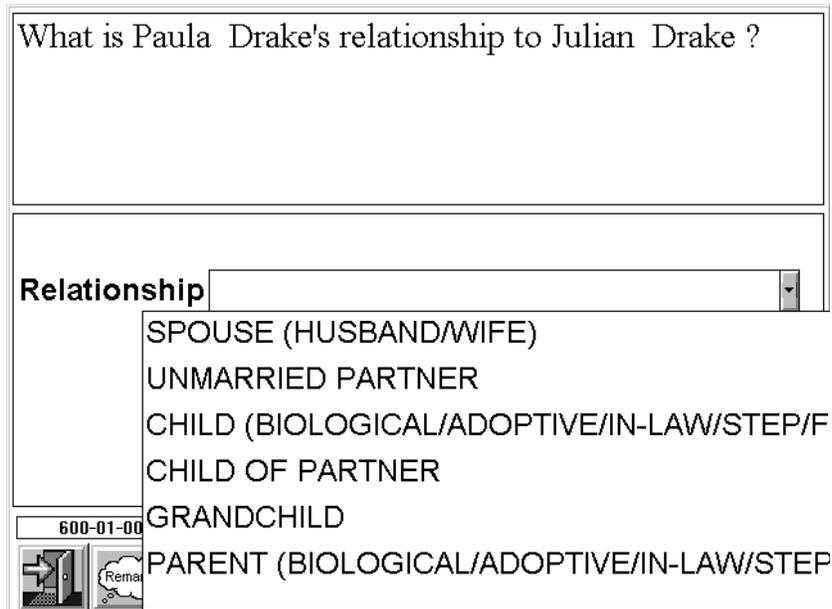
This screenshot shows the SFQ interface for question SFQ10,70. The question is "What is Paula Drake's relationship to Julian Drake?". Below the question is a dropdown menu labeled "Relationship" which is currently empty. The interface includes a status bar with "600-01-0006", "SFQ v. 1.6", and "Pick relationship to SFQ10,70". There are also several control buttons: "Remarks", "HELP", "Turn On Pad", "DK", "RF", and two arrow buttons.

What is Paula Drake's relationship to Julian Drake ?

Relationship

SPOUSE (HUSBAND/WIFE)
UNMARRIED PARTNER
CHILD (BIOLOGICAL/ADOPTIVE/IN-LAW/STEP/
CHILD OF PARTNER
GRANDCHILD
PARENT (BIOLOGICAL/ADOPTIVE/IN-LAW/STEP

600-01-00

This screenshot shows the SFQ interface for question SFQ10,70, similar to the first screenshot. The question is "What is Paula Drake's relationship to Julian Drake?". Below the question is a dropdown menu labeled "Relationship" which is open, displaying a list of relationship options: "SPOUSE (HUSBAND/WIFE)", "UNMARRIED PARTNER", "CHILD (BIOLOGICAL/ADOPTIVE/IN-LAW/STEP/CHILD OF PARTNER", "GRANDCHILD", and "PARENT (BIOLOGICAL/ADOPTIVE/IN-LAW/STEP". The interface includes a status bar with "600-01-00" and several control buttons: "Remarks", "HELP", "Turn On Pad", "DK", "RF", and two arrow buttons.

What is Paula Drake's relationship to Julian Drake ?

Relationship

BROTHER/SISTER (BIOLOGICAL/ADOPTIVE/IN-LAW)
 GRANDMOTHER/GRANDFATHER
 AUNT/UNCLE
 NIECE/NEPHEW
 OTHER RELATIVE
 HOUSEMATE/ROOMMATE

600-01-00

Rema

In this first series, you will record the relationship of all household members to the household reference person. The household reference person is the first household member, 18 years of age or older, listed on the Screener household member roster (the first person mentioned in the Screener who owns or rents the house).

Always read the question that appears on the screen exactly as it is written. "What is Jim's relationship to Alice?" (husband) is very different than "What is Alice's relationship to Jim?" (wife).

Relationships are generally reported based on self-identification. That is, the respondent selects the appropriate answer category from the options listed on the Hand Card.

There are 17 relationship categories. All categories are defined on the HELP screen in CAPI and in the Glossary (Chapter 15). When coding relationships, keep in mind the following points:

- All persons listed must be identified by their relationship to the reference person. If the respondent has already given you the relationship of the household members, you may record the relationship without asking. However, this information **must be verified**. Remember, we are interested in the relationship to the **reference person** and not necessarily to the respondent.
- For unmarried couples living together, ask about relationships and accept the response given, such as husband, wife, or partner. Keep in mind that this study expands the definition of related to accommodate partner relationships.

- The study is not interested in obtaining specific relationships other than the ones listed above. For example, if Johnny is the reference person's cousin, Johnny's relationship to the reference person should be coded as OTHER RELATIVE.
- The definition of "related" extends to everyone related to the reference person (blood, marriage, or adoption) either directly or through another relationship. Consider the example below.

David (reference person) and Karen are married. Johnny is Karen's brother and Mary is Karen's niece. Pete is Mary's cousin.

Karen's relationship to David = Spouse
 Johnny's relationship to David = Brother (in-law)
 Mary's relationship to David = Niece
 Pete's relationship to David = Other relative

Degree Questions

If you have entered a household member's relationship to the reference person as "Child", "Parent" or "Brother/Sister", you will ask the respondent to further specify the **degree** or the **kind** of relationship that exists between the Reference Person and the household member. For example:

Example: Jeremy Drake is Reference Person's (Julian Drake) son

Is Jeremy Drake, Julian Drake's biological (natural), adoptive, step, foster son or son-in-law?

BIOLOGICAL (NATURAL) SON

ADOPTIVE SON

STEP SON

FOSTER SON

SON-IN-LAW

600-01-0006 SFQ v. 1.6 Type of kid relation-son SFQ20, 80

←
Remarks
HELP
Turn On Pad
DK
RF
▶

Example: Lupita is Reference Person's (Tony Ramos) mother

Is Lupita Quintero, Tony Ramos's biological (natural), adoptive, step, or foster parent or mother-in-law?

BIOLOGICAL (NATURAL) PARENT
 ADOPTIVE PARENT
 STEP PARENT
 FOSTER PARENT
 MOTHER-IN-LAW

600-01-0007 SFQ v. 1.6 *Type of relation-mother* SFQ30,90

Remarks HELP Turn On Pad DK RF ◀ ▶

Example: Nancy Ramos is Reference Person's (Tony Ramos) Sister

Is Nancy Ramos, Tony Ramos's full, half, adoptive, step, or foster sister or sister in-law?

FULL SISTER
 HALF SISTER
 ADOPTED SISTER
 STEP SISTER
 FOSTER SISTER
 SISTER-IN-LAW

600-01-0007 SFQ v. 1.6 *Type of relation-sister* SFQ40,00

Remarks HELP Turn On Pad DK RF ◀ ▶

4.2.3.3 Questions for Individuals Who Are Not Related to the Reference Person

Persons living in the household who are **not** related to the reference person are interviewed as separate families. For example, the Jones family has a lodger and his wife who rent a room in their

home. If either the lodger or his wife is an SP, they will be treated as a separate family and administered a separate Family Questionnaire. CAPI will automatically divide people who are unrelated to the reference person into separate families using the responses to questions in the Relationship Questionnaire.

If there is more than one person in the household who is unrelated to the reference person, CAPI will present a series of questions to determine how these individuals should be grouped.

Consider the following example. Julian and Jeremy Drake and their daughter, Melanie, live at 54 Elm Street. Janet, Tamie and Allyson Marcus are sisters who rent rooms within the Drake household. Julian Drake is the reference person.

Now I would like to talk about those persons in the household who are not related to Julian Drake .
Is Allyson Marcus related to anyone in the household?

Yes
 No

999-15-0008SFQ v. 2.01*Talk to non-related-*SFQ050

Who is Allyson Marcus related to?

Name	Rel.
Paula Drake	<input type="checkbox"/>
Jeremy Drake	<input type="checkbox"/>
Melanie Drake	<input type="checkbox"/>
Janet Marcus	<input checked="" type="checkbox"/>
Tamie Marcus	<input checked="" type="checkbox"/>

999-15-0008 SFQ v. 2.01 SFQ060

The relationship categories that appear for these persons are defined exactly as in the initial relationship questions (see Section 4.2.3.1). In this example, Janet and Allyson would constitute a separate family because they are not related to Mr. and Mrs. Drake but they **are** related to each other.

4.2.3.4 Parent-Child Relationships

Next you will identify any parent-child relationships that may exist. Of course, some of these relationships may have already been identified. For example, if the Household Reference Person has any children, a parent-child relationship was identified when you entered the relationship of the child. Therefore, CAPI will not display any questions regarding that particular parent-child relationship. Other parent-child relationships can be inferred. For example, if the Reference Person has a spouse, it is reasonable to assume that there is some degree of parent-child relationship between the Reference Person's child and spouse.

The question shown on the next page is used when the Reference Person has both a spouse or partner and a child. The instrument will make the connection that there is some degree of parent-child relationship between the Reference Person's spouse and child.

I recorded that Paula Drake is the mother of Jeremy Drake.
Is Jeremy Drake her biological, adoptive, step, foster child, son-in-law or a non relative of Paula Drake?

BIOLOGICAL CHILD
 ADOPTIVE CHILD
 STEP CHILD
 FOSTER CHILD
 SON-IN-LAW
 NON-RELATIVE

600-01-0006 SFQ v. 1.6 *Type of child of* SFQ110a

The screens shown below and on the next page are used to identify parent-child relationships that don't include the Reference Person or that cannot be inferred by CAPI based on answers to previous relationship questions.

Is Eduardo Aguila-Rodrigas's mother a household member?
[Include mother-in-law]. IF OBVIOUS, VERIFY ONLY. CHOOSE MOTHER OVER MOTHER-IN-LAW IF BOTH PRESENT.

YES - MOTHER IN HOUSEHOLD
 NO - MOTHER NOT IN HOUSEHOLD
 LEGAL GUARDIAN IN HOUSEHOLD

601-01-0001 SFQ v. 1.7 *Person mother a HH* SFQ120

Who is that ? [SELECT PERSON FROM HOUSEHOLD MATRIX].

Name	
Linda Ledesma-Rayes	<input checked="" type="checkbox"/>
Blanca De La Puenta	<input type="checkbox"/>

601-01-0001 SFQ v.1.7 *Who is mother* SFQ130








Is Eduardo Aguila-Rodrigas's father a household member? [Include father-in-law].
 IF OBVIOUS, VERIFY ONLY.
 CHOOSE FATHER OVER FATHER-IN-LAW IF BOTH PRESENT.

YES - FATHER IN HOUSEHOLD
 NO - FATHER NOT IN HOUSEHOLD
 LEGAL GUARDIAN IN HOUSEHOLD

601-01-0001 SFQ v.1.7 *Father a HH member* SFQ150











Who is that ? [SELECT PERSON FROM HOUSEHOLD MATRIX].

Name	
Raul Aguila-Rodrigas	<input checked="" type="checkbox"/>
Pedro Ledesma-Rayes	<input type="checkbox"/>
Alberto De La Puenta	<input type="checkbox"/>

601-01-0001 SFQ v. 1.7 Who ? SFQ160








The questions above will be asked only if a person's father or father-in-law has not already been identified, and there is at least one female in the family that is at least 12 years old or older. The roster will only contain the females in the household who are at least 12 years old. Enter code 3 (LEGAL GUARDIAN) if the person has no mother in the household, but does have a legal guardian.

The questions above will be asked only if a person's father or father-in-law has not been identified, and there is at least one male in the family that is at least 12 years old or older. The roster will only contain the males in the household that are at least 12 years old. Enter code 3 (LEGAL GUARDIAN) if the person has no parent in the household, but does have a legal guardian.

4.2.3.5 Marital Status

You will determine **current** marital status for each person in the household **14 years of age or older**. You will usually know this by the time you get to this item, so you can simply verify this information with the respondent in most cases. If there is any doubt, however, ask. If a family member is either married or living with a partner, you will ask if they live in the household and who they are, the spouse or partner, thus identifying marital relationships. Note: These questions will not be asked if marital relationship for all household members have been recorded or inferred from answers to previous questions.

Is Jesus Rodrigas now married, widowed, divorced, separated, never married or living with a partner?

MARRIED
 WIDOWED
 DIVORCED
 SEPARATED
 NEVER MARRIED
 LIVING WITH PARTNER

601-01-0009 SFQ v.1.7 *Person married* SFQ180

4.2.3.6 Ending the Relationship Questionnaire—Entering Respondent Information

At the end of the Relationship Questionnaire, CAPI prompts you to select the name of the person who responded to the questions from the list of persons in the household and to enter information about an interpreter if one was used. These screens appear on the next page.

Note: These screens may appear twice; once for the Screener and once for the Relationship Questionnaire if they were administered on separate occasions.

SELECT RESPONDENT FOR THE SCREENER MODULE II
-- HOUSEHOLD RELATIONSHIPS

Respondent

- Julian Drake
- Paula Drake
- Jeremy Drake
- Melanie Drake
- Allyson Marcus
- Janet Marcus

999-15-0008 SFQ v. 2.01

Remarks Español On Pad

WAS INTERPRETER USED?

Yes

No

999-15-0008 SFQ v. 2.01 *interp. used* *R1Q090*

Remarks Español Turn On Pad

The options for "Interpreter Type" are "Living in Household," "Neighbor or Friend," or "Paid Interpreter."

Generally, we expect that you will be able to complete the Screener and Relationship Questionnaire with an English speaking household member 18+. If there is no one in the household who meets these qualifications, try to find someone in the neighborhood who could serve as an interpreter. If

no one is available, talk to your supervisor. S/he will find a professional/paid interpreter for you. If option "Neighbor or Friend" or "Paid Interpreter" is selected, you will be required to enter the person's name and phone number, in addition to the language in which the Screener and Relationship Questionnaires (see next pages for example of these screens) was conducted.

COMPLETE INTERPRETER ENTRIES BELOW
CODE TYPE OF INTERPRETER

Living in Household
 Neighborhood or Friend
 Paid Interpreter

600-01-0006 SCQ v. 1.6 *interp. type* *RIQ030*

Remarks HELP Turn On Pad [Left Arrow] [Right Arrow]

COMPLETE INTERPRETER ENTRIES BELOW
CODE TYPE OF INTERPRETER

Living in Household
 Neighborhood or Friend
 Paid Interpreter

600-01-0006 SCQ v. 1.6 *interp. type* *RIQ030*

Remarks HELP Turn On Pad [Left Arrow] [Right Arrow]

ENTER NAME OF INTERPRETER

First Name [REDACTED]

Last Name [REDACTED]

600-01-0006 SCQ v. 1.6 *interp. name* *RIQ050*










ENTER PHONE NUMBER OF INTERPRETER

Phone # () - [REDACTED]

600-01-0006 SCQ v. 1.6 *interp. phone* *RIQ060*










Note: The respondent selection screens that appear for the Screener (when the Screener and Relationship Questions are administered on separate occasions) are slightly different.

4.3 Administering the Household Sample Person Questionnaires

The SP questionnaires will be administered to each eligible SP. The actual questionnaire sections administered will depend upon the SP's age. (See Chapter 14 for an overview of the sections in the SP questionnaire).

4.3.1 Eligible Respondent for SP Questionnaires

To be eligible for the household SP questionnaire, the person must have been selected through the sample person selection procedures applied by CAPI in the screening interview. **SPs who are 16 years of age and older must respond to the SP questionnaire for themselves, unless they are physically or mentally unable to do so.** In these rare 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.). If you have any doubt about whether to use a proxy, call your supervisor prior to administering the interview.

On the other hand, **interviews for SPs birth to 15 years old should always be conducted with a proxy respondent.** In the unusual situation where the "youth" lives alone, only with persons who are under 16 years old, or is married, interview the youth and document the situation before starting the interview on the Respondent Information Screens (see Section 4.3.4).

A **proxy respondent** must be a family member 18 years old or older. For children (birth to 15 years old), the preferred proxy respondent is the most knowledgeable about the child (usually the mother or father). Generally, the proxy respondent for the child is a household member. In rare situations, this type of proxy may be a family member who does not live in the household (e.g., parents divorced, mother lives elsewhere). 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 SP, but if no such proxy is available, residence elsewhere is acceptable.

4.3.2 Sample Person Language Problems

NHANES will have an English and Spanish version of the CAPI questionnaire. In addition, the NHANES interviewing team includes bilingual (English/Spanish) interviewers. If you encounter a

situation where a Spanish language interview is needed for an SP, return the case to your supervisor. If you start an interview with an SP, who you believed to be bilingual, and find they have difficulty with the questions or concepts, stop the interview. Explain to the SP that we have Spanish speaking interviewers and set an appointment to have the interview completed in Spanish, and return the case to your supervisor. 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, present the respondent with a Language Identification Card so they may identify the spoken household language. Also, try to find a household translator or a friend or neighbor to assist in the conduct of the interview. This translator should be age 18 or older. If you cannot find an appropriate translator, discuss the case with your supervisor.

4.3.3 Obtaining Consent for the SP Interview

Each respondent for the Household questionnaires (SP and Family Questionnaires) must read and sign a Household Interview Consent Form (Exhibit 4-1) prior to the start of the interview. In addition, respondents who are 16 and 17 must also have a parent read and sign the Consent Form. **A respondent is only required to sign the form once regardless of the number of interviews s/he completes.** For example, a mother who responds for herself in one SP interview and for her child in another SP interview is **only required to sign one form.**

This consent form addresses several key survey issues. It:

- Explains the general structure and goals of the survey;
- Informs the respondent about the length of the household interview and provides an overview of the interview topics;
- Discusses data uses and confidentiality; and
- Explains the voluntary nature of participation and the rights of survey participants.

On the bottom of this consent form is an area for signatures. Use the following guidelines to complete the signature process.

- Enter the Household ID number on the appropriate lines – the Household ID consists of the Stand, Segment, Serial Number, and Family Number of the case. This number appears on the label on the front cover of your Household Folder.

Exhibit 4-1. Household Interview Consent Form

#1

FORM APPROVED: OMB # 0920-0237

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY HOUSEHOLD INTERVIEW CONSENT

Print name of respondent

First Middle Last

You have been chosen to take part in the National Health and Nutrition Examination Survey (NHANES) conducted by the National Center for Health Statistics (NCHS). This survey tells us about the health and nutrition of people in the United States. It combines an interview with a health exam. Our interviewer will ask questions about you and your family. Some questions are about your work and leisure and your health care. Others are about illnesses and health conditions and other health topics. Also, we will ask for your Social Security and Medicare numbers for linkage to other data sources to do research on health and health care. The interview will take about one hour. We may contact you again for further studies.

We use data collected in this survey to study many health issues. We use information only for research and statistical reports. All data collected will be kept strictly private. We gather and protect all information in keeping with the requirements of Federal Laws: the Public Health Service Act (42 USC 242k) authorizes collection and Section 308(d) of that law (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A) prohibit us from giving out information that identifies you or your family without your consent.

You may take part in the survey interview or not. That is your choice. No penalties or loss of benefits will come from refusing. If you choose to take part, you may choose not to answer any question.

Do you have more questions about the survey? You can make a toll-free call to Dr. Kathryn Porter at the U.S. Public Health Service office at 1-800-452-6115, Monday-Friday, 8 AM-6 PM EST. If you have questions about your rights as a survey participant, call the Research Ethics Review Board Chairperson at 1-800-223-8118.

I have read the information above. I freely choose to participate in the NHANES household interview.

Signature of person answering household questionnaire(s) Date

IF PERSON ABOVE IS 16 OR 17, PARENT/GUARDIAN MUST ALSO SIGN BELOW:
(Unless participant is an emancipated minor)

Signature of parent/guardian Date

Signature of staff member Date Witness (if required) Date

HOUSEHOLD ID _____ FAMILY # _____

Which questionnaire(s) did person respond to?

FAMILY SP (IF CHECKED, PRINT BELOW)

SP NAME SP ID

I agree to have my interview audiotaped.

Public reporting burden of this collection of information is estimated to average 7.7 hours per response for total participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0237).

04-0563 (10/04)

- Enter the Family Number on the appropriate line. This number will usually be "1". However, if there is more than one family in the household, this number will appear on your CAPI case list.
- Have the respondent sign and date the form. Ask the respondent to sign his/her full name.
- If the respondent is 16 or 17, one of the respondent's parents or guardians must sign and date the form on the line provided. Note: A parent or guardian must sign on the appropriate signature line unless the SP is an emancipated minor (a person who is under 18 who lives alone or only with persons who are under 18 or who is or has been married). If the SP is an emancipated minor, the “emancipated minor” box **must** be checked. This box appears under the general heading “IF PERSON ABOVE IS 16 OR 17, PARENT/GUARDIAN MUST ALSO SIGN BELOW:”.
- Sign your name on the line entitled "Signature of staff member."
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the entire form to him/her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and consents to participate in the interview. In both cases, print the full name of the witness on the appropriate line.
- Check the boxes and list the SP names that correspond to **all** questionnaires the person will respond to.
- Enter each SP six digit SP ID. (You will obtain this number from the field office when you call to make an appointment. Thus, this may need to be entered during your field edit).

For example, if the respondent (Jane Smith) completes her SP Questionnaire, her son Robert's and her daughter Lucy's SP Questionnaire and also completes the Family Questionnaire, her completed Household Interview Consent Form should look like the one displayed as Exhibit 4-2.

This form is printed on 3-part paper. Keep the top two copies and give the respondent the last page for his/her records.

4.3.4 Beginning the SP Questionnaire —The Respondent Information Questions

After selecting the appropriate SP interview and before administering the first set of questions, you will be asked to enter information about the respondent, the Household Consent Form, and Interpreter Information before CAPI will allow you to continue.

THIS PAGE INTENTIONALLY BLANK

Exhibit 4-2. Completed Household Interview Consent Form

#1

FORM APPROVED: OMB # 0920-0237

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY HOUSEHOLD INTERVIEW CONSENT

Print name of respondent Jane Ann Smith
First Middle Last

You have been chosen to take part in the National Health and Nutrition Examination Survey (NHANES) conducted by the National Center for Health Statistics (NCHS). This survey tells us about the health and nutrition of people in the United States. It combines an interview with a health exam. Our interviewer will ask questions about you and your family. Some questions are about your work and leisure and your health care. Others are about illnesses and health conditions and other health topics. Also, we will ask for your Social Security and Medicare numbers for linkage to other data sources to do research on health and health care. The interview will take about one hour. We may contact you again for further studies.

We use data collected in this survey to study many health issues. We use information only for research and statistical reports. All data collected will be kept strictly private. We gather and protect all information in keeping with the requirements of Federal Laws: the Public Health Service Act (42 USC 242k) authorizes collection and Section 308(d) of that law (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A) prohibit us from giving out information that identifies you or your family without your consent.

You may take part in the survey interview or not. That is your choice. No penalties or loss of benefits will come from refusing. If you choose to take part, you may choose not to answer any question.

Do you have more questions about the survey? You can make a toll-free call to Dr. Kathryn Porter at the U.S. Public Health Service office at 1-800-452-6115, Monday-Friday, 8 AM-6 PM EST. If you have questions about your rights as a survey participant, call the Research Ethics Review Board Chairperson at 1-800-223-8118.

I have read the information above. I freely choose to participate in the NHANES household interview.

Jane Smith 12-30-04
Signature of person answering household questionnaire(s) Date

IF PERSON ABOVE IS 16 OR 17, PARENT/GUARDIAN MUST ALSO SIGN BELOW:
 (Unless participant is an emancipated minor)

Signature of parent/guardian Date

Staff Member 12-30-04
Signature of Staff member Date Witness (if required) Date

HOUSEHOLD ID 555 02 1234 FAMILY # 01

Which questionnaire(s) did person respond to?

FAMILY SP (IF CHECKED, PRINT BELOW)

<small>SP NAME</small>	<small>SP ID</small>
<u>Jane Ann Smith</u>	<u>123456</u>
<u>Robert Michael Smith</u>	<u>234567</u>
<u>Lucy Michelle Smith</u>	<u>345678</u>
_____	_____
_____	_____
_____	_____

I agree to have my interview audiotaped.

Public reporting burden of this collection of information is estimated to average 7.7 hours per response for total participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0237).

Respondent for the Interview

First you must select the respondent for the interview from a list of household members.

The screenshot shows a software window titled "SELECT RESPONDENT FOR THE SP QUESTIONNAIRE". The window is divided into two main sections. The top section is a large empty rectangular box. The bottom section contains a list of names under the heading "Respondent". The names listed are Michelle Spencer, Tad Spencer, Laurie Spencer, Gregg Spencer, and Julia Lyle. Below these names is the option "NOT IN HOUSEHOLD". The list is currently open, and the top item, "Michelle Spencer", is highlighted with a black background. At the bottom of the window, there is a toolbar with several icons and buttons. From left to right, the elements are: a small box containing the ID "600-01-0017-01-03", a "Remarks" button with a speech bubble icon, a "HELP" button, a "Turn On Pad" button with a pad icon, a left arrow button, and a right arrow button. The ID "10010" is also visible on the right side of the toolbar area.

You may select a household member or "someone not in the household."

Following General Eligibility Rules – Selecting a Proxy for an SP Who is Age 16+

If you select a proxy for a person who should be the respondent, CAPI will display the following screen.

WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

SP has Cognitive Problems

SP has Physical Problems (Specify)

Other (Specify)

600-01-0017-01-03 HPQ v. 1.6 *proxy reason coded* *R10030*

Navigation buttons: Home, Remarks, HELP, Turn On Pad, Previous, Next

CAPI will require you to enter the reason for your selection in order to continue.

Following General Eligibility Rules – Selecting a Child Under Age 16 as the Respondent

If you select a child under 16 years old as a respondent for the SP interview, CAPI will display the screen below.

INTERVIEW SHOULD BE CONDUCTED WITH A PROXY
BECAUSE SP IS UNDER 16 YEARS OLD
ENTER ONE OPTION

SP is an Independent Minor

Person Selected as Respondent in Error

SP Age Entered in Error -- SP is AGE 16+

999-15-0008-01-04 HPQ v. 2.01 *proxy reason coded* *RIQ020*

CAPI will require you to enter the reason for your selection in order to continue.

Household Consent Form Information

You must acknowledge that the respondent has signed the consent form before CAPI will allow you to continue.

HAS RESPONDENT SIGNED A HOUSEHOLD INTERVIEW CONSENT FORM?

Yes

No

600-01-0017-01-03 HPQ v. 1.6 consent form RIQ036

Remarks HELP Turn On Pad

This screenshot shows a CAPI interface for a household interview. The main question is "HAS RESPONDENT SIGNED A HOUSEHOLD INTERVIEW CONSENT FORM?". Below the question are two radio button options: "Yes" and "No". The interface includes a header bar with the ID "600-01-0017-01-03", version "HPQ v. 1.6", the question ID "consent form", and a reference number "RIQ036". At the bottom, there are several control buttons: a navigation arrow, a "Remarks" button, a "HELP" button, a "Turn On Pad" button, and two large navigation arrows.

The screen below is an example of the message that will appear when the Interview Consent Form has not been signed.

EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOUSEHOLD INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED.

600-01-0017-01-03 HPQ v. 1.6 no consent notice RIQ037

Remarks HELP Turn On Pad

This screenshot shows a CAPI interface displaying a message: "EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOUSEHOLD INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED.". The interface includes a header bar with the ID "600-01-0017-01-03", version "HPQ v. 1.6", the message ID "no consent notice", and a reference number "RIQ037". At the bottom, there are several control buttons: a navigation arrow, a "Remarks" button, a "HELP" button, a "Turn On Pad" button, and two large navigation arrows.

Interpreter Information

INTERPRETER USED FOR THIS INTERVIEW?			
<input type="radio"/> Yes <input type="radio"/> No			
999-15-0008-01-04	HPQ v. 2.01	interp. used?	R1Q040
	 Remarks	 Español	 Turn On Pad
			

You must record whether an interpreter will be used for the interview, and if so, the type of interpreter (household member, paid, or neighbor/friend). If the interpreter is a household member, you will select his/her name from a household roster list. If the interpreter type selected is "paid" or "neighbor/friend," you will be required to enter his/her name and phone number.

CODE TYPE OF INTERPRETER			
<input type="radio"/> Living in Household <input type="radio"/> Neighborhood or Friend <input type="radio"/> Paid Interpreter			
600-01-0017-01-03	HPQ v. 1.6	interp. type	R1Q050
	 Remarks	 HELP	 Turn On Pad
			

SELECT NAME OF INTERPRETER FROM HOUSEHOLD ROSTER

Michelle Spencer
Tad Spencer
Laurie Spencer
Gregg Spencer
Julia Lyle
NOT IN HOUSEHOLD

600- HH RI0060

Remarks HELP On Pad



ENTER NAME OF INTERPRETER

First Name [REDACTED]
Last Name [REDACTED]

600-01-0017-01-03 HPQ v. 1.6 interz. name, text RI0070

Remarks HELP Turn On Pad



ENTER PHONE NUMBER OF INTERPRETER

() -

600-01-0017-01-03 HPQ v. 1.6 *interp. phone* R1Q080

Remarks HELP Turn On Pad DK RF

Interview Language

Lastly, you are required to enter the language in which the interview was conducted.

LANGUAGE OF INTERVIEW

English
Spanish
French
German
Italian
Japanese

600-01-0017-0 *language* R1Q090

Remarks HELP On Pad

4.3.5 Completion Order for the Household SP Interview

The household SP questionnaires are administered following the completion of the Screener interview and Relationship interviews with SPs who are available during that visit. The Family Questionnaire may also be completed during the same visit, although generally it is best to administer it after all SP questionnaires have been completed.

4.4 Administering the Family Questionnaire

A separate Family Questionnaire will be completed for each family that has at least one SP (i.e., one Family Questionnaire per family with eligible SPs). Therefore, if a household has two families and both families have an SP, two Family Questionnaires are completed. If a household has two families, but only one family has an SP, then only one Family Questionnaire is completed.

The Family Questionnaire is organized to ask questions about the non-SP head of the family, each SP in the family, and the household in general. (See Chapter 14 for a list of the sections in the Family questionnaire).

4.4.1 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 18 years old. In families where there is no one 18 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 an SP, 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.

4.4.2 Obtaining Consent for the Family Interview

As mentioned previously, each respondent for the household questionnaires must sign a Household Interview Consent (Exhibit 4-1 and 4-2). If the respondent for the Family Questionnaire has not previously signed a form (for example, s/he may be the head of the family but not an SP and be only responding for the Family Questionnaire), s/he must do so before the Family Questionnaire can be administered.

Use the basic instructions described in Section 4.3.3 for completing this form.

4.4.3 Beginning the Family Interview—The Respondent Information Questions

After selecting the appropriate family interview and before administering the first set of questions, you will be asked to enter information about the respondent, the Household Consent Form, and the use of an interpreter before CAPI will allow you to continue.

Respondent for the Interview

The screenshot shows a software window titled "SELECT RESPONDENT FOR THE FAMILY QUESTIONNAIRE". The window is divided into two main sections. The top section contains the title text. The bottom section contains a list of names: Tony Ramos, Nancy Ramos, Lupita Quintero, Olivia Quintero, and Rodolfo Quintero. A black rectangular box is positioned above the list, likely representing a selected or highlighted item. At the bottom of the window, there is a toolbar with several icons and buttons. From left to right, the elements are: a telephone icon with the number "600-01-00" above it; a "Remarks" button with a speech bubble icon; a "HELP" button; an "On Pad" button; a left-pointing arrow button; and a right-pointing arrow button.

CAPI will present a list of family members from which to select the respondent. CAPI will not allow you to select anyone outside the family as a respondent for this interview.

Household Consent Form Information

HAS RESPONDENT SIGNED A HOUSEHOLD INTERVIEW
CONSENT FORM?

Yes

No

600-01-0007-01 HFQ v. 1.6 consent form RIQ020

Remarks HELP Turn On Pad

You must acknowledge the respondent has signed the Household Consent Form before continuing. If he or she has not signed, a warning message will appear.

THE RESPONDENT MUST SIGN A HOUSEHOLD
CONSENT FORM BEFORE THE INTERVIEW IS
ADMINISTERED.

600-01-0007-01 HFQ v. 1.6 Consent Warning RIQWarn

Remarks HELP Turn On Pad

Interpreter Information

You must record whether an interpreter will be used for the interview, and if so, the type of interpreter (household member, paid, or neighbor/friend). If the interpreter is a household member, you will select his/her name from a household roster list. If the interpreter type selected is "paid" or "neighbor/friend," you will be required to enter his/her name and phone number. Lastly, you are required to enter the language in which the interview will be conducted.

INTERPRETER USED FOR THIS INTERVIEW?					
<input type="radio"/> Yes					
<input type="radio"/> No					
999-15-0008-01-04	HPQ v. 2.01	interp. used?	RIQ040		
		Español	Turn On Pad		

CODE TYPE OF INTERPRETER

- Living in Household
- Neighborhood or Friend
- Paid Interpreter

600-01-0007-01 HFQ v. 1.6 *interp. type* R1Q040

Remarks HELP Turn On Pad

ENTER NAME OF INTERPRETER

First Name [REDACTED]

Last Name [REDACTED]

600-01-0007-01 HFQ v. 1.6 *interp. name, text* R1Q060

Remarks HELP Turn On Pad DK RF

ENTER PHONE NUMBER OF INTERPRETER

() -

999-15-0008-01-04 HPQ v. 2.01 *interp. phone* RIQ080

Remarks Español Turn On Pad DK RF

LANGUAGE OF INTERVIEW

English
Spanish
French
German
Italian
Japanese

600-01-0007 *Language* RIQ080

Remarks HELP On Pad

4.4.4 Completion Order for the Family Questionnaire

The Family Questionnaire is completed for every family in the household with at least one SP. The Family Questionnaire may be completed on the same visit as the Screener and Relationship interview but ideally should be completed after all of the SPs have been interviewed.

Note: As discussed earlier in this chapter (Section 4.2.1), the Relationship Questionnaire must be completed in order for CAPI to identify families within the household and create Family Questionnaires for each eligible family. You must administer the Relationship Questionnaire or CAPI will not create Family Questionnaires.

THIS PAGE INTENTIONALLY BLANK

5. THE HOUSEHOLD FOLDER

For each dwelling unit (DU) you are assigned you will receive a Household Folder. The folder itself is used to store documents associated with the case. The Household Folder consists of the following sections:

Page 1

- Assignment Label;
- Directions to the Dwelling Unit;
- Address Changes;
- Screener Disposition Code;
- Household Contact or Other (specify) Phone #;
- MEC Exam Appointment Summary;
- Water Collection Results;

Page 2

- A Summary of Forms Used to Complete the Consent Form Process;

Page 3

- Missed DU Procedure and Missed DU Form;
- Translator Information;

Page 4

- The Household Call Record – Result of Contact;
- Primary Exam and Sub-study Exam Incentive Information;

Page 5

- Call Record Result Codes;

Page 6

- Household Language Use; 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.

5.1 Assignment Label

Each Household Folder you receive will have a large Assignment Label on the front page. This label contains the Household ID (Stand/Segment/Serial) number, address, any special message for the case and respondent incentive information. Section 3.2.2 contains a detailed discussion of the label and the information that can be found on it.

5.2 Directions

This area should be used when the dwelling unit is unusually difficult to locate. Record as much information as you think is appropriate. Information you record in this space will help you and any other interviewer who is assigned the case to locate the dwelling unit.

Address Changes

This area is to be used by field office staff to indicate that address modifications made by the interviewer on the household label have been documented in CAPI and ISIS appropriately.

5.3 Appointment Summary

The lower half of the front cover of the Household Folder is the MEC Exam Appointment Summary (Exhibit 5-1). Entries in this section should be made as the current interviewer appoints each SP. Note that this section can accommodate appointments for up to six SPs and report up to four appointments for **each** SP (in cases of "cancelled" or "no show" appointments).

The summary should be completed according to the following specifications:

- **Screener Disposition:** Enter final disposition code for completed screeners;
- **Household Contact Telephone #:** Enter telephone number or contact telephone number. You will find this telephone number on the SP list on your pentop;

Exhibit 5-1. Appointment Summary

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY HOUSEHOLD FOLDER

DIRECTIONS/OTHER INFO

Stand: 998 Seg: 16 Serial: 67

1450 Glenarm Place
Denver, Colorado 80205

Screener Disposition Code: _____ FO USE ONLY: Address Changed: _____

Household Contact Phone #: _____ HH Address _____ Mailing Address _____

Specify Other Phone Type: _____ Address Updated in CAPI _____ ISIS _____

MEC EXAM APPOINTMENT SUMMARY								WATER COLLECTED	
FAM #	PER #	INTER INITIALS	SP ID#	APPT DISP	MEC EXAM APPOINTMENT INFORMATION				Y N* NA
					DATE	TIME	TRANSPORT	SPECIAL CONSID	
1					NAME: _____ GENDER: _____ AGE: _____				
					NAME: _____ GENDER: _____ AGE: _____				
					NAME: _____ GENDER: _____ AGE: _____				
					NAME: _____ GENDER: _____ AGE: _____				
					NAME: _____ GENDER: _____ AGE: _____				
					NAME: _____ GENDER: _____ AGE: _____				
					NAME: _____ GENDER: _____ AGE: _____				

*FOR ALL WATER NONRESPONSE (EXPLAIN) _____

- **Other Phone Type:** Enter if other than a regular land line, the best phone number available to reach the SP and specify the location of phone (i.e., work number, mother's phone, cell phone, etc.);
- **Family #:** Enter the Family # generated by the Relationship Questionnaire. You will find this on your Case Assignment List on your pentop;
- **Person #:** Enter the SP's Person # generated by the Relationship module. Note: You **must** obtain this information from your Case Assignment List of SPs on your pentop. Never arbitrarily assign Person #s to SPs;
- **Inter Initials:** Enter your three letter interviewer initials for each SP in the household that you are working. Note that space is provided to allow the recording of information for up to four interviewers per SP;
- **SP ID:** Enter this six-digit number as soon as it is assigned by the field office staff;
- **APPT. DISP:** Enter the numeric code (MEC APPOINTMENT SCHEDULING CODE or REFUSAL/BREAK OFF CODE) from the Household Call Record Result Codes;
- **MEC Exam Appt. Information:** If an appointment has been scheduled (code 11), enter the date, time, mode of transportation for the SP's appointment (i.e., taxi, self-transport, or field staff transport), and any special consideration codes that should be noted. Special consideration codes are discussed in Section 8.3, Step 6 of this manual; and
- **Water Collected:** Enter "N/A" for all SPs who have not been selected for water sample participation. Enter "Y" for the successful collection of the water sample. Enter "N" when the sample was not collected and/or the SP refused participation. Record non-response details in space provided at the bottom of page 1.

5.4 Summary of Forms Used to Complete the Consent Process

This summary (Exhibit 5-2) was designed to guide you through the process of obtaining all the correct hard copy forms for each SP. The space below the summary will be used by the Field Office Staff to check that all necessary forms have been obtained and are properly signed.

5.5 Missed DU Procedure and Missed DU Form

Located inside of each Household Folder on page 3 is the Missed DU Form (see Exhibit 5-3). The specifications for completing this form and a detailed discussion of the Missed DU Procedures can be found in Chapter 12.

Exhibit 5-2. Summary of Forms Used to Complete the Consent Form Process

SUMMARY OF FORMS USED TO COMPLETE THE CONSENT PROCESS

	Household Interview Consent	Transport	MEC Consent/ Assent	MEC Child Assent	Future Research Consent/Assent	Water Collection Materials
SP 0-11 Months	Signed by Parent	Signed by Parent	Signed by Parent	N/A	N/A	N/A
SP 1-6 Years	Signed by Parent	Signed by Parent	Signed by Parent	N/A	Signed by Parent	N/A
SP 7-11 Years	Signed by Parent	Signed by Parent	Signed by Parent	Signed by Child	Signed by Parent & Child	N/A
SP 12-17 Years	Signed by Parent & Child (16-17)	Signed by Parent (12-15)	Signed by Parent & Child	N/A	Signed by Parent & Child	YES
SP 18+ Years	YES	N/A	YES	N/A	YES	YES

Place 1 consent/age group label for each SP below:

Exhibit 5-3. Missed DU Procedure

MISSED DWELLING UNIT PROCEDURE

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 de que cada hogar en esta area ha tenido la oportunidad de participar en esta importante encuesta. En esta dirección tenemos anotados ____ hogares en su estructura. ¿Hay algunas otras unidades de vivienda aquí que pudieemos 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 ADDRESSES. NUMBER CONSECUTIVELY (I.E., 1, 2, 3) ON FORM BELOW. IF NO ADDITIONAL DU'S, PLACE A CHECK IN THE BOX BELOW.**
4. **IF 1 TO 4 MISSED DU'S ARE DISCOVERED, CREATE A NEW MISSED DU CASE ON YOUR LAPTOP AND FILL OUT A CASE ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH (INSTRUCTIONS FOR HOW TO DO THIS ARE IN THE INTERVIEWER MANUAL). CONDUCT SCREENER INTERVIEW. ADD THE DISCOVERED DU'S TO THE LISTING SHEET.**
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. CREATE A NEW MISSED DU CASE FOR THE SELECTED CASES ON YOUR LAPTOP AND THEN FILL OUT A CASE ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH SELECTED SAMPLE DU AND CONDUCT SCREENER INTERVIEW.**

CHECK HERE WHEN MISSED DU
PROCEDURE IS COMPLETED

MISSED DU FORM

NUMBER CONSECUTIVELY (1, 2, 3)	ADDRESS OF DISCOVERED D.U.

TOTAL ADDITIONAL D.U.'S:

TRANSLATOR INFORMATION

TRANSLATOR'S NAME _____

ADDRESS _____

RELATIONSHIP TO HOUSEHOLD/SP _____
(i.e., family member, neighbor, friend, professional)

PHONE NO. |__|_|_|_|_| - |__|_|_|_|_| - |__|_|_|_|_|

TRANSPORTATION _____

Recorded
in EVM?

5.6 **Translator Information**

If you have arranged for a translator for the SP questionnaire, enter as much detail as possible about the translator on the appropriate lines under the heading "TRANSLATOR INFORMATION" (Exhibit 5-4). The check box is for field office use and should be marked when the translator is entered into the Employee and Visitor Management application. The field office staff may also enter information in this space if they are responsible for arranging a translator for the SP.

Relationship to Household/SP. Indicate whether the translator is a family member, a friend, or neighbor who lives outside the household, or a professional translator.

Phone Number and Transportation. If the translator is someone who lives outside the household (neighbor, friend, or professional), enter the translator's phone number and the mode of transportation s/he will be using to travel to the household for the interview.

5.7 **Incentive Information**

The Incentive Information Space (Exhibit 5-5) is printed below the Record of Calls on page 4 of the Household Folder. SPs who agree to the exam may qualify for several monetary incentives. The number of incentives that apply to each SP is determined by when s/he is scheduled for an exam, where s/he lives, if s/he has special transportation needs, and the number of special study components for which he/she qualifies. A discussion of monetary incentives associated with exams is contained in Section 8.3 of this manual.

The chart is divided into two sections, the primary exam incentives and the sub-study exam incentives. You are required to fill out the primary incentive chart as a means of documenting the incentives communicated to the SP. The sub-study incentive chart is available for your use but its completion is not required.

This space is designed to help you and the field office staff keep track of the type and amount of incentive offered to each appointed SP. Record the SP's name and enter an amount in each appropriate area. Enter total amount for each SP in the right hand column of the form and a total for the family in the space provided in the lower left hand corner of the page.

Exhibit 5-4. Household Language Use and Translator Information

MISSED DWELLING UNIT PROCEDURE

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 de que cada hogar en esta area ha tenido la oportunidad de participar en esta importante encuesta. En esta dirección tenemos anotados ____ hogares en su estructura. ¿Hay algunas otras unidades de vivienda aquí que pudieamos 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 ADDRESSES. NUMBER CONSECUTIVELY (I.E., 1, 2, 3) ON FORM BELOW. IF NO ADDITIONAL DU'S, PLACE A CHECK IN THE BOX BELOW.**
4. **IF 1 TO 4 MISSED DU'S ARE DISCOVERED, CREATE A NEW MISSED DU CASE ON YOUR LAPTOP AND FILL OUT A CASE ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH (INSTRUCTIONS FOR HOW TO DO THIS ARE IN THE INTERVIEWER MANUAL). CONDUCT SCREENER INTERVIEW. ADD THE DISCOVERED DU'S TO THE LISTING SHEET.**
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. CREATE A NEW MISSED DU CASE FOR THE SELECTED CASES ON YOUR LAPTOP AND THEN FILL OUT A CASE ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH SELECTED SAMPLE DU AND CONDUCT SCREENER INTERVIEW.**

CHECK HERE WHEN MISSED DU
PROCEDURE IS COMPLETED

MISSED DU FORM

NUMBER CONSECUTIVELY (1, 2, 3)	ADDRESS OF DISCOVERED D.U.

TOTAL ADDITIONAL D.U.'S:

TRANSLATOR INFORMATION

TRANSLATOR'S NAME _____

ADDRESS _____

RELATIONSHIP TO HOUSEHOLD/SP _____
(i.e., family member, neighbor, friend, professional)

PHONE NO. |__|_|_|_|_|-|__|_|_|_|_|-|__|_|_|_|_|

TRANSPORTATION _____

Recorded
in EVM?

Sample Person Incentives

SP Exam Incentives

SPs 16+ who agree to be examined at preselected time	\$100
SPs 16+ who refuse to be examined at preselected time	\$ 70
SPs 12-15 who agree to be examined at preselected time	\$ 50
SPs 12-15 who refuse to be examined at preselected time	\$ 30
SPs under age 12	\$ 30

Parental Incentive

Non SP parents of SPs under 16 years (one time payment)	\$ 20
---	-------

Other Exam Incentives

Child/Adult Care	\$ 5.25/hr
Dietary Phone Follow Up	\$ 30
Allergen Dust Collection	\$ 50 per family
Food Frequency Questionnaire	\$ 30
Physical Activity Monitor	\$ 40

SP Transportation Allowance

Mileage to MEC	Cities	Rural Areas
<15 Miles	\$25	\$20
16 – 30 Miles	\$35	\$30
31 – 59 Miles	\$45	\$40
>60 Miles	\$55	\$50

5.8 Call Record Result Codes

On page five of the Household Folder you will find the result codes to be used on the Household Call Record (Exhibit 5-6). These codes will be defined in the next chapter on Contact Procedures.

5.9 Language Use

Information recorded in this section (Exhibit 5-7) will help the supervisor make assignments and organize work efficiently. Record all the languages spoken or used in the household. We are interested in languages that are **spoken fluently** and **regularly** by household members—not languages that one or more household members may have studied in school. Indicate whether a translator will be needed to conduct any of the household interviews.

Exhibit 5-6. Household Call Record Result Codes

CALL RECORD RESULT CODES			
SCREENER CODES	RELATIONSHIP CODES	SAMPLE PERSON/ FAMILY CODES	MEC APPOINTMENT SCHEDULING CODES
Complete – No SP's..... 1	Complete..... 10	Complete..... 10	Scheduled..... 11
Complete – With SP's..... 2	Illness..... 20	Illness..... 20	Illness..... 20
SUPERVISOR USE ONLY:	Refusal/Breakoff..... 22	Consent Form Refusal..... 21	Consent Form Refusal..... 21
Complete – No SP's Based on Non-HH Information..... 3	Not at Home..... 23	Refusal/Breakoff..... 22	Refusal/Breakoff..... 22
Complete – With SP's Based on Non-HH Information..... 4	Unavailable During Field Period..... 24	Not at Home..... 23	Not at Home..... 23
Out of Scope..... 5	Language Problem..... 25	Unavailable During Field Period..... 24	Unavailable During Field Period..... 24
Unable To Enter Structure..... 6	Other (Specify)..... 26	Language Problem..... 25	Language Problem..... 25
Vacant..... 7		Other (Specify)..... 26	Other (Specify)..... 26
Not a Dwelling Unit..... 8			
New Construction..... 9			
Illness..... 20			
Refusal/Breakoff..... 22			
Not at Home..... 23			
Unavailable During Field Period..... 24			
Language Problem..... 25			
Other (Specify)..... 26			

REASONS FOR REFUSING SP QUESTIONNAIRE OR MEC APPOINTMENT		
HEALTH RELATED REASONS	PERSONAL REASONS	SAMPLE PERSON/ FAMILY CODES
None..... 01	HH INTERVIEW/DUST COLLECTION	MEC/HOME EXAM
Personal Ill Health..... 02	Not interested..... 12	Not interested..... 24
Family Illness or Death..... 03	Doesn't Want to Be Bothered..... 13	Lack of Time..... 25
Doctor Says No..... 04	Nervous/Tired..... 14	Work Conflicts..... 26
Hospitalized..... 05	Concerns About Privacy..... 15	Friends/Relatives Advise Against It..... 27
Disabled/Frail..... 06	Suspicious..... 16	Have Own Doctor..... 28
Suspect Cognitively Impaired..... 07	Language Problems..... 17	Fearful of Results..... 29
On Med/Alco/Dr..... 08	Length of Interview..... 18	Fearful of Leaving House..... 30
Blind or Deaf..... 09	Friends/Relatives Advise Against It..... 19	Suspicious..... 31
	Concerns About Medicare or Other Federal Programs..... 20	Length of Exam..... 32
	Never Spoke With SP, Only Intermediary..... 21	Distance to Exam Center..... 33
	Other (Specify)..... 22	Forgot to Fast..... 34
		Reminder Notice Not Sent..... 35
		Taxi Problem..... 36
		Weather Conditions..... 37
		Anti-Government Surveys..... 38
		Moved..... 39
		Out of Town..... 40
		Other (Specify)..... 41

5.10 Household Result of Contacts

The Household Result of Contacts (see Exhibit 5-7) is located on pages 4 and 6 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 Result of Contacts page has four basic purposes:

1. It serves as a permanent record of your work on each case;
2. It helps you 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 Result of Contacts and use the Call Record Result Codes in the next chapter on Contact Procedures.

THIS PAGE INTENTIONALLY BLANK

6. CONTACT PROCEDURES

This chapter provides a description of procedures you should follow 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

To complete the Screener, Relationship, Family and SP questionnaires and the Dust Collection Process, 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 that 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 here and you should record all attempts on 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 at 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 the following:

- Weekday evenings;
- Weekday afternoons;
- Weekend; and
- Weekday mornings.

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, your supervisor will usually allow a total of **four** attempts or visits to the household to complete the Screener. Upon completion of the Screener, if the household contains SP(s), you will usually be allowed up to **four** additional attempts to complete the household interviews. However, please note that the number of visits allowed is a judgment call made by your supervisor. Often he or she will require you to make several **more** attempts to contact the household in order to finalize a case.

For most of your assigned addresses, you will find four 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 an SP Card (see Chapter 10 for details about this form) and discuss the

case with your supervisor at your next conference. He or she may require several more attempts depending upon the likelihood of finalizing the case. **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 dwelling unit (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 perform the following:

- 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 as well as the name, position or description of, and the address for, the person you spoke to.

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 but also to 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 or any study specific materials with the neighbor you contact. You may 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 two attempts at the selected DU, it appears that you may not reach an eligible household member, be sure to attempt to complete the Neighbor Information Form with two knowledgeable neighbors. SEE SECTION 10.3 SPECIFICATIONS.

6.2 Using the Result of Contacts Page

It is essential that you keep the Result of Contacts page (Exhibit 6-1) current by making your entries immediately after each attempt. This page should be completed according to the following specifications:

- **Attempt Number:** All attempts are entered on the Result of Contacts page as they occur. All in-person attempts should be consecutively numbered in this column.
- **Interviewer Initials:** Enter your initials.
- **Day of Week:** Using abbreviations, enter the day of the week (e.g., Fri.).
- **Date:** Enter digits to represent the month, day and year (e.g., 10/6/99).
- **Time:** Enter the time of your attempt and specify AM or PM.
- **Result of Contact:** Enter a result code for **each contact attempt you make to complete any part of a case** (i.e., Screener, Relationship, Sample Person, Family, Dust Collection, or Appointment Scheduling). All of the result codes, as they appear on the Household Folder, and their definitions are provided in Section 6.3.
- **Remarks:** Enter all information that helps to describe what happened during a contact that does not have a final result.
- **WAS A NON RESPONSE LETTER SENT:** For field office use only.

6.3 Entering Result Codes on the Household Folder

Every attempt you make to locate, contact, and interview a household must be recorded on the Result of Contacts page and given a result code. All of the result codes are listed on page five of the Household Folder (see Exhibit 6-2).

Exhibit 6-1. Call Record

WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD? ENGLISH SPANISH OTHER _____

HOUSEHOLD LANGUAGE USE TRANSLATOR NEEDED? YES NO

ATTEMPT #	INTER INITIALS	DAY OF WEEK	DATE	TIME (SPECIFY AM OR PM)	SCREENER RESULT	RELATION RESULT	FAMILY RESULT	RESULT OF CONTACT						COMMENTS
								SP QUIEX RESULT		DUST RESULT		MEC APPOINTMENT SCHEDULING RESULT		
								1	2	3	4	5	6	
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										
				AM										
				PM										

Exhibit 6-2. Household Call Record

CALL RECORD RESULT CODES			
SCREENER CODES	RELATIONSHIP CODES	SAMPLE PERSON/ FAMILY CODES	DUST COLLECTION CODES
Complete - No SP's..... 1	Complete..... 10	Complete..... 10	Complete..... 10
Complete - With SP's..... 2	Illness..... 20	Illness..... 20	Illness..... 20
SUPERVISOR USE ONLY:			
Complete - No SP's Based on Non-HH Information..... 3	Refusal/Breakoff..... 22	Consent Form Refusal..... 21	Consent Form Refusal..... 21
Complete - With SP's Based on Non-HH Information..... 4	Not at Home..... 23	Refusal/Breakoff..... 22	Refusal/Breakoff..... 22
Out of Scope..... 5	Unavailable During Field Period..... 24	Not at Home..... 23	Not at Home..... 23
Unable To Enter Structure..... 6	Language Problem..... 25	Unavailable During Field Period..... 24	Unavailable During Field Period..... 24
Vacant..... 7	Other (Specify)..... 26	Language Problem..... 25	Language Problem..... 25
Not a Dwelling Unit..... 8		Other (Specify)..... 26	Other (Specify)..... 26
New Construction..... 9			
Illness..... 20			
Refusal/Breakoff..... 22			
Not at Home..... 23			
Unavailable During Field Period..... 24			
Language Problem..... 25			
Other (Specify)..... 26			

REASONS FOR REFUSING SP QUESTIONNAIRE OR MEC APPOINTMENT			
HEALTH RELATED REASONS	PERSONAL REASONS	SAMPLE PERSON/ FAMILY CODES	MEC/HOME EXAM
None..... 01	HH INTERVIEW/DUST COLLECTION		
Personal Ill Health..... 02	Not Interested..... 12		Not Interested..... 24
Family Illness or Death..... 03	Doesn't Want to Be Bothered..... 13		Lack of Time..... 25
Doctor Says No..... 04	Nervous/Tired..... 14		Work Conflicts..... 26
Hospitalized..... 05	Concerns About Privacy..... 15		Friends/Relatives Advise Against It..... 27
Disability/Frail..... 06	Suspicious..... 16		Have Own Doctor..... 28
Suspect Cognitively Impaired..... 07	Language Problems..... 17		Fearful of Results..... 29
On Med/Alco/Dr..... 08	Length of Interview..... 18		Fearful of Leaving House..... 30
Blind or Deaf..... 09	Friends/Relatives Advise Against It..... 19		Suspicious..... 31
	Concerns About Medicare or Other Federal Programs..... 20		Length of Exam..... 32
	Never Spoke With SP, Only Intermediary .. 21		Distance to Exam Center..... 33
	Other (Specify)..... 22		Forgot to Fast..... 34
			Reminder Notice Not Sent..... 35
			Taxi Problem..... 36
			Weather Conditions..... 37
			Anti-Government Surveys..... 38
			Moved..... 39
			Out of Town..... 40
			Other (Specify)..... 41

HOME EXAM APPT SCHEDULING CODES	HOME EXAM RESULT CODES
TO BE USED BY INTERVIEWERS/F.O. SCHEDULING THE HOME EXAM	TO BE USED BY HOME EXAMINER
Scheduled..... 11	Examined..... E
Illness..... 20	Canceled..... C
Consent Form Refusal..... 21	No Show..... NS
Refusal/Breakoff..... 22	
Not at Home..... 23	
Unavailable During Field Period..... 24	
Language Problem..... 25	
Other (Specify)..... 26	
Qualified/Not Offered..... 27	

The outcome for each Screener, Relationship, Sample Person, Family Questionnaire, the Dust Collection Process and scheduling the mobile examination center (MEC) appointment, should be assigned a one or two digit result code. Screener result codes will be used for **every** household; then, depending on the outcome of the Screener, you **may** also use Relationship, Sample Person, Family, Dust Collection and Exam Appointment Scheduling codes.

Screener Result Codes

The code should be recorded on the appropriate line of the Result of Contacts page under the Screener result column.

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

- 1 - **Complete, No SPs:** A Screener has been completed but no SPs have been selected for the study.
- 2 - **Complete, With SPs:** A Screener has been completed and the household has one or more SPs.
- 3 - FOR SUPERVISOR USE ONLY.
- 4 - FOR SUPERVISOR USE ONLY.
- 5 - FOR SUPERVISOR USE ONLY.
- 6 - **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.
- 7 - **Vacant:** The unit is unoccupied at the time of contact.
- 8 - **Not a Dwelling Unit:** The unit does not qualify as a dwelling unit (e.g., seasonal home, commercial, etc.). The unit has been demolished, destroyed, or cannot be found.
- 20 - **Illness:** A Screener cannot be completed because the person(s) living in the household have a **serious** health or physical problem that prevents them from being interviewed.
- 22 - **Refusal/Breakoff:** A Screener cannot 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).

- 23 - **Not At Home:** You were unable to find an eligible Screener respondent at home.
- 24 - **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.).
- 25 - **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.
- 26 - **Other:** A Screener cannot be completed because of a reason other than those listed above. SPECIFY in "Remarks" column.

Relationship Codes

If you have completed the Screener and there is at least one eligible person in the household, you will be required to ask several more questions about the relationship of household members to each other. Although these questions are considered to be part of the screening process on NHANES, they actually constitute a separate questionnaire. Therefore, you will need to assign a two digit result code to this Relationship questionnaire. The code is recorded when the relationship questions have been answered (complete) or when all attempts to complete the questionnaire have resulted in a final code. The code is recorded under the appropriate line of the call record under "Relationship Results".

- 10 - **Complete:** The Relationship Questionnaire have been completed.
- 20 - **Illness:** The Relationship Questionnaire cannot be completed because the person(s) living in the household have a **serious** health or physical problem that prevents them from being interviewed.
- 22 - **Refusal/Breakoff:** The Relationship Questionnaire cannot be started because the person refuses to answer any questions (REFUSAL). The Relationship questions cannot be completed because the respondent refuses to continue after answering one or more questions (BREAKOFF).
- 23 - **Not At Home:** You were unable to find an eligible respondent at home.
- 24 - **Unavailable During Field Period:** The Relationship 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.).
- 25 - **Language Problem:** The Relationship Questionnaire cannot be completed because all eligible respondents speak a language other than English or Spanish and a household translator is not available.

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

Family Result Codes

For eligible households you will need to assign a two digit result code for the Family Questionnaire. Note: You may be required to administer more than one Family Questionnaire in a household. If this is the case, start your Result of Contacts in a new row, leaving space between families, place the appropriate Family Number in the "Result Code" box. (See Example #3 on page 6-15.) The code is recorded on the appropriate line of the Call Record under the "Family Result" column.

- 10 - **Complete:** A Family Questionnaire has been completed with an adult family member.
- 20 - **Illness:** The Family Questionnaire cannot be completed because all adult family members have a **serious** health or physical problem that prevents them from being interviewed.
- 21 - **Consent Form Refusal:** The Family Questionnaire cannot be started because the respondent refuses to sign the Household Interview Consent Form.
- 22 - **Refusal/Breakoff:** The Family Questionnaire cannot be started because the respondent refuses to answer any questions for reasons other than the consent form (REFUSAL). The respondent begins the Family Questionnaire but refuses to continue before it is completed (BREAKOFF).
- 23 - **Eligible Respondent Not at Home:** There is no adult family member at home to complete the Family Questionnaire.
- 24 - **Eligible Respondent 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.).
- 25 - **Language Problem:** The Family Questionnaire cannot be administered because all family members speak a language other than Spanish or English and a household translator is not available.
- 26 - **Other:** A Family Questionnaire cannot be completed because of a reason other than those listed above. SPECIFY in "Remarks" column.

Sample Person (SP) Codes

If you have completed the Screener and there is at least one SP (Screener Result Code = 2), you will need to assign a two digit code for **each** SP selected in the household. The SP Result Code should be recorded on the appropriate line of the Call Record for the correct SP. The SP Quex box number on the Call Record should correspond to the SP's Person Number in the Participant ID.

- 10 - **Complete:** The SP Questionnaire has been completed with the SP or a proxy respondent.
- 20 - **Illness:** The SP Questionnaire cannot be completed because the SP (or the proxy) has a **serious** health or physical problem that prevents him/her from being interviewed and no proxy respondent is available.
- 21 - **Consent Form Refusal:** The SP Questionnaire cannot be started because the SP refuses to sign the Interview Consent Form.
- 22 - **Refusal/Breakoff:** The SP Questionnaire cannot be started because the SP refuses to answer any question for reasons other than the consent form (REFUSAL). The SP begins the SP Questionnaire but refuses to continue before it is completed (BREAKOFF).
- 23 - **Not at Home:** An attempt was made to contact the SP but s/he was not at home.
- 24 - **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.).
- 25 - **Language Problem:** The SP Questionnaire cannot be completed because the SP or proxy speaks a language other than English or Spanish and no household translator is available.
- 26 - **Other:** The SP Questionnaire cannot be completed because of a reason other than those listed above. SPECIFY in "Remarks" column.

Dust Collection Codes

If the household has been selected for the dust collection process, you will need to assign a two digit Dust Collection result code to indicate the final outcome of this process. These codes are specified below:

- 10 - **Complete:** The Dust Collection process has been completed with an adult household member.
- 20 - **Illness:** The Dust Collection process cannot be completed because all adult family members have a **serious** health or physical problem that prevents the interviewer from performing the dust collection process.
- 21 - **Consent Form Refusal:** The Dust Collection process cannot be started because the respondent refuses to sign the Dust Collection Consent Form.
- 22 - **Refusal/Breakoff:** The Dust Collection process cannot be started because the respondent refuses to allow the process to begin for reasons other than the consent form (REFUSAL). The respondent begins the Dust Collection process but refuses to continue before it is completed (BREAKOFF).
- 23 - **Eligible Respondent Not at Home:** There is no adult family member at home to complete the Dust Collection process.
- 24 - **Eligible Respondent Unavailable During Field Period:** The Dust Collection process 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.).
- 25 - **Language Problem:** The Dust Collection process cannot be completed because all family members speak a language other than Spanish or English and a household translator is not available.
- 26 - **Other:** The Dust Collection process cannot be completed because of a reason other than those listed above. SPECIFY in "Remarks" column.

MEC Exam Appointment Scheduling Codes

When you have completed all the necessary questionnaires for an SP you will need to assign a two digit MEC Exam Appointment Scheduling Code to indicate the result of your attempt to schedule the SP for an exam appointment.

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

- 11 - **Appointment Scheduled:** MEC appointment has been confirmed for an SP.
- 20 - **Illness:** The MEC exam appointment cannot be made because the SP has a **serious** health or physical problem that prevents him/her from being examined.

- 21 - **Consent/Assent Form Refusal:** The SP/parent refuses to make a MEC appointment because the SP/parent refuses to sign the MEC Consent Form.
- 22 - **Refusal:** The SP/parent refuses to make a MEC appointment for reasons other than the consent form.
- 23 - **Not At Home:** The eligible SP/parent is not at home to set up a MEC appointment.
- 24 - **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.).
- 25 - **Language Problem:** The MEC exam appointment cannot be made because the SP speaks a language other than English or Spanish and no household translator is available.
- 26 - **Other:** The questionnaire cannot be completed because of a reason other than those listed above. SPECIFY in "Remarks" column.

Note: Reason Codes (bottom left) are discussed in Chapter 10.

Examples of Entries on the Result of Contacts Page

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

6.4 Accessing Your Cases on the Pentop

When Screener cases are assigned to you, they are also loaded onto your pentop. For each Screener with an eligible SP, you will need to do several other interviews (modules). CAPI will create the necessary modules for you to work. Those modules are:

- A set of Relationship questions for each household.
- An SP Questionnaire for each eligible SP.
- A Family Questionnaire for each family with an SP.
- A Dust Collection Module. (If the household has a child age 1-5.)
- An Appointment Module to be completed for **each** SP when the MEC appointment is scheduled (see Chapter 8).

CAPI offers you several ways to view all the cases assigned to you and all the modules of each case. To view your list of cases, double tap on the Interview Management Icon and single tap on the "Interview" button in the upper left hand corner of the screen.

CAPI will automatically default to your list of Screener cases. A list of Screener cases is displayed in Exhibit 6-3. Note the following:

- The shaded bar near the top of the screen indicates the type of cases you have accessed. In Exhibit 6-3, the shaded bar is labeled "List Displayed: Screener Cases",
- The color of the rows representing each Screener case (light blue) corresponds to the button labeled "Screener" in the bottom left hand corner of your screen.
- You may view other lists of modules assigned to you (Relationship Questions, SP Questionnaires, Family Questionnaires, Dust Collection Questionnaire and Appointment Modules) by tapping **once** on the appropriate button at the bottom of the screen. (Exhibits 6-4 through 6-8.)
- You may view a list of **all** cases assigned to you (i.e., the Screener, Relationship Questions, SP Questionnaires, Family Questionnaires, Dust Collection Module, and Appointment Module) by tapping **once** on the "ALL CASES" button in the upper left corner above your case list (Exhibit 6-9).

Exhibit 6-3. List of Screener Cases

Interview Manager - Stand ID: 999 Emp ID: 1033 - [Interviewer Case List]

File View Tools Help

List Displayed: Screener Cases

All Cases				HH List	
06	0001	00	00	New Construction (final)	1117 PALMER RD #10 FT WASHINGTON, 20744
06	0002	00	00	New Construction (final)	1117 PALMER RD #14 FT WASHINGTON, 20744
06	0003	00	00	Not Worked	1201 PALMER RD #3 FT WASHINGTON, 20744
06	0005	00	00	Complete, No SPs (final)	N 1201 PALMER RD #11 FT WASHINGTON, 20744
06	0007	00	00	Complete, with SPs (final)	1203 PALMER RD #5 FT WASHINGTON, 20744
06	0008	00	00	Language Problem (reassign)	1203 PALMER RD #9 FT WASHINGTON, 20744
06	0009	00	00	Complete, No SPs (final)	1203 PALMER RD #13 FT WASHINGTON, 20744
06	0010	00	00	Not Worked	1205 PALMER RD #3 FT WASHINGTON, 20744
06	0011	00	00	Partially Worked	1205 PALMER RD #7 FT WASHINGTON, 20744
06	0014	00	00	Complete, with SPs (final)	1207 PALMER RD #7 FT WASHINGTON, 20744
06	0015	00	00	Not Worked	1207 PALMER RD #11 FT WASHINGTON, 20744

Screeners Relations Families Persons Appts Dust

Ready

- To see a list of modules for a **specific case**, tap once on the appropriate case from any case list then tap once on the "H.H. LIST" button in the upper right hand corner of the case list.

Exhibit 6-4 through 6-10 are examples of the various assignment lists you may access of your pentop.

6.5 Entering Final Result Codes (Dispositions) on Your Pentop

CAPI **automatically** assigns a "COMPLETE" result to the Screener when you administer it. CAPI also automatically assigns a "Complete" result for the other modules of the case (Relationship, SP, Family and Dust Collection) after you have completed them except for the appointment module.

A finalized or reassign result code must be entered for each module (Screener, Relationship, SP, Family Questionnaire, Dust Collection and the Consent/Appointment Module) when:

- The questionnaire is to be pulled from your pentop (you no longer will attempt to work on the questionnaire and you are turning it in to your supervisor), or
- When you exit the questionnaire before it has been completed and it is to be reassigned or finalized.

Specifications for entering results appear below.

- Go to any case list on your pentop (All Cases, H.H. List, Screener, Relations, Families, Persons, App, or Dust) by tapping **once** on the appropriate tab.
- Tap **once** on the Menu Item labeled "Tools" at the top of the screen.
- When the drop down list appears, tap **once** on "Turn on Disposition".
- You will then see an arrow next to each one of your cases. Tap **once** on this arrow to pull down a list of results.
- Tap once on the appropriate result. (Exhibit 6-11.)

These dispositions should only be entered after discussion with and specific direction from your SM.

Exhibit 6-4. List of Relationship Questionnaires

Interview Manager - Stand ID: 999 Emp ID: 1033 - [Interviewer Case List]

File View Tools Help

List Displayed: Relationship Cases

All Cases				HH List	
06	0007	00	00	Complete (final)	1203 PALMER RD #5 FT WASHINGTON, 20744
06	0014	00	00	Complete (final)	1207 PALMER RD #7 FT WASHINGTON, 20744
06	0017	00	00	Complete (final)	1115 PALMER RD #8 FT WASHINGTON, 20744
06	0019	00	00	Complete (final)	1117 PALMER RD #2 FT WASHINGTON, 20744
06	0020	00	00	Complete (final)	1117 PALMER RD #6 FT WASHINGTON, 20744
07	0009	00	00	Complete (final)	3444 BRINKLEY RD #303 TEMPLE HILLS, 20748
07	0012	00	00	Complete (final)	3126 BRINKLEY RD #202 TEMPLE HILLS, 20748
07	0013	00	00	Complete (final)	3142 BRINKLEY RD #304 TEMPLE HILLS, 20748
07	0014	00	00	Complete (final)	3138 BRINKLEY RD #104 TEMPLE HILLS, 20748
07	0015	00	00	Not Worked	3132 BRINKLEY RD #104 TEMPLE HILLS, 20748
07	0017	00	00	Complete (final)	3142 BRINKLEY RD #102 TEMPLE HILLS, 20748

Screeners Relations Families Persons Appts Dust

Ready

Exhibit 6-5. List of Person (SP) Questionnaires

Interview Manager - Stand ID: 999 Emp ID: 1033 - [Interviewer Case List]

File View Tools Help

List Displayed: Person Cases

All Cases					HH List
07	0013	01	01	Not Worked	Janice SMITH
07	0013	01	02	Not Worked	YOLANDA SMITH
07	0014	01	01	Not Worked	JAN TRABER
07	0017	01	01	Not Worked	ADAM SAUL
07	0017	01	02	Refusal (reassign)	AARON SAUL
15	0006	01	01	Language Problem (reassign)	ALBERT HAIRSTON
15	0008	01	01	Not Worked	JULIAN DRAKE
15	0008	01	02	Complete (final)	PAULA DRAKE
15	0008	01	03	Complete (final)	JEREMY DRAKE
15	0008	01	04	Complete (final)	MELANIE DRAKE
15	0008	02	01	Partially Worked	ALLYSON MARCUS

Screeners Relations Families Persons Appts Dust

Ready

Exhibit 6-6. List of Family Questionnaires

Interview Manager - Stand ID: 999 Emp ID: 1033 - [Interviewer Case List]

File View Tools Help

List Displayed: Family Cases

All Cases					HH List
06	0019	01	00	Not Worked	James Deadwyler
06	0020	01	00	Not Worked	Darius Posey
07	0009	01	00	Not Worked	Laisha Proctor
07	0012	01	00	Complete (final)	Shirley Boyd
07	0013	01	00	Complete (final)	Jan Smith
07	0014	01	00	Complete (final)	Jan Traber
07	0017	01	00	Refusal (reassign)	Adam Saul
15	0006	01	00	Language Problem (reassign)	Albert Hairston
15	0008	01	00	Complete (final)	Julian Drake
15	0008	02	00	Partially Worked	Allyson Marcus
15	0012	01	00	Not Worked	Eddie Lamb

Screeners Relations Families Persons Appts Dust

Ready

Exhibit 6-7. List of Appointment Cases

Interview Manager - Stand ID: 999 Emp ID: 1033 - [Interviewer Case List]

File View Tools Help

List Displayed: Appointment Cases

All Cases					HH List
07	0013	01	01	Scheduled (final)	Janice SMITH
07	0013	01	02	Scheduled (final)	YOLANDA SMITH
07	0014	01	01	Scheduled (final)	JAN TRABER
07	0017	01	01	Refusal (reassign)	ADAM SAUL
07	0017	01	02	Refusal (reassign)	AARON SAUL
15	0006	01	01	Language Problem (reassign)	ALBERT HAIRSTON
15	0008	01	01	Not Worked	JULIAN DRAKE
15	0008	01	02	Not Worked	PAULA DRAKE
15	0008	01	03	Scheduled (final)	JEREMY DRAKE
15	0008	01	04	Scheduled (final)	MELANIE DRAKE
15	0008	02	01	Scheduled (final)	ALLYSON MARCUS

Screeners Relations Families Persons Appts Dust

Ready

Exhibit 6-8. List of Dust Collection Questionnaires

Interview Manager - Stand ID: 999 Emp ID: 1033 - [Interviewer Case List]

File View Tools Help

List Displayed: Dust Cases

All Cases HH List

06	0020	01	03	Not Worked	SARA POSEY
07	0009	01	04	Complete (final)	JASMINE PROCTOR
07	0013	01	02	Not Worked	YOLANDA SMITH
07	0017	01	02	Refusal (reassign)	AARON SAUL
15	0008	01	04	Complete (final)	MELANIE DRAKE
15	0013	01	02	Complete (final)	ANTAR EVANS

Count: 6

Screeners Relations Families Persons Appts Dust

Ready Thursday, March 04, 1999

Exhibit 6-9. List of All Cases

Interview Manager - Stand ID: 999 Emp ID: 1033 - [Interviewer Case List]

File View Tools Help

List Displayed: All Cases

All Cases				HH List	
07	0013	00	00	Complete, with SPs (final)	3142 BRINKLEY RD #304 TEMPLE HILLS, 20748
07	0013	00	00	Complete (final)	3142 BRINKLEY RD #304 TEMPLE HILLS, 20748
07	0013	01	00	Complete (final)	Jan Smith
07	0013	01	01	Not Worked	Janice SMITH
07	0013	01	01	Scheduled (final)	Janice SMITH
07	0013	01	02	Not Worked	YOLANDA SMITH
07	0013	01	02	Scheduled (final)	YOLANDA SMITH
07	0013	01	02	Not Worked	YOLANDA SMITH
07	0014	00	00	Complete, with SPs (final)	3138 BRINKLEY RD #104 TEMPLE HILLS, 20748
07	0014	00	00	Complete (final)	3138 BRINKLEY RD #104 TEMPLE HILLS, 20748
07	0014	01	00	Complete (final)	Jan Traber

Screeners Relations Families Persons Appts Dust

Ready

Exhibit 6-10. List of Household Level Cases

Interview Manager - Stand ID: 999 Emp ID: 1033 - [Interviewer Case List]

File View Tools Help

List Displayed: HouseHold with Segment_no: 15 and serial_no = 8

All Cases				HH List	
15	0008	00	00	Complete, with SPs (final)	N 7200 LANDOVER RD #E LANDOVER, 20785
15	0008	00	00	Complete (final)	N 7200 LANDOVER RD #E LANDOVER, 20785
15	0008	01	00	Complete (final)	Julian Drake
15	0008	01	01	Not Worked	JULIAN DRAKE
15	0008	01	01	Not Worked	JULIAN DRAKE
15	0008	01	02	Complete (final)	PAULA DRAKE
15	0008	01	02	Not Worked	PAULA DRAKE
15	0008	01	03	Complete (final)	JEREMY DRAKE
15	0008	01	03	Scheduled (final)	JEREMY DRAKE
15	0008	01	04	Complete (final)	MELANIE DRAKE
15	0008	01	04	Scheduled (final)	MELANIE DRAKE

Screeners Relations Families Persons Appts Dust

Ready

Exhibit 6-11. Example of CAPI Screen Containing List of Results

Interview Manager - Stand ID: 999 Emp ID: 1033 - [Interviewer Case List]

File View Tools Help

List Displayed: Screener Cases

All Cases				HH List	
06	0001	00	00	New Construction (final)	1117 PALMER RD #10 FT WASHINGTON, 20744
06	0002	00	00	New Construction (final)	1117 PALMER RD #14 FT WASHINGTON, 20744
06	0003	00	00	Not Worked	1201 PALMER RD #3 FT WASHINGTON, 20744
06	0005	00	00	Illness (reassign)	1205 PALMER RD #7 FT WASHINGTON,
06	0007	00	00	Language Problem (reassign)	2 FT WASHINGTON, 20744
06	0008	00	00	Not a DU (final)	1 FT WASHINGTON, 20744
06	0009	00	00	Not at home after multiple attempts (reassign)	2 FT WASHINGTON, 20744
06	0009	00	00	Other Specify (reassign)	2 FT WASHINGTON, 20744
06	0010	00	00	Partially Worked	0 FT WASHINGTON, 20744
06	0010	00	00	Refusal (reassign)	2
06	0011	00	00	Partially Worked	1205 PALMER RD #7 FT WASHINGTON, 20744
06	0014	00	00	Complete, with SPs (final)	1207 PALMER RD #7 FT WASHINGTON, 20744
06	0015	00	00	Not Worked	1207 PALMER RD #11 FT WASHINGTON, 20744

Screeners Relations Families Persons Appts Dust

Ready

- After you are finished entering results, tap on the "Tools" menu item again and when the drop down list appears, tap **once** on "Turn Off Disposition".
- The results for each case module are identical to those listed on page 5 of the Household Folder. Note: Results on your pentop appear as text descriptions; they are not associated with a number code.
- The default result for a module is "NOT WORKED". This text will appear until you complete the module or change it to a finalized result.
- The finalized results you enter for the modules of each case in your assignment will appear on your Interviewer Conference Report (see Chapter 13). Your supervisor will review each result and decide what action to take next. If the case should no longer be assigned to you, all modules of the case will be removed from your pentop during the case transfer process.

6.6 Entering Results (Dispositions) for Cases That Have Been Started But Not Completed

Whenever you exit any of the household interviews **after they have been started** but **before** you have asked the last question, CAPI will present a screen containing a list of disposition codes prompting you to enter the **reason** you exited the interview before completing it. Exhibit 6-12 provides an example of this screen. A list of these results with definitions are provided below.

- **Partially Worked:** Started questionnaire. A questionnaire an interviewer is unable to complete but expects to complete at another time.
- **Illness (reassign):** An interview cannot continue because the person(s) living in the household have a serious health or physical problem that prevents them from being interviewed.
- **Language Problem (reassign):** An interview cannot continue because all household members speak a language other than English or Spanish and a household translator is not available.
- **Refusal (reassign):** The respondent refuses to continue with the interview.
- **Not at Home After Multiple Attempts:** You have already accessed the first screen in the interview, however, 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.

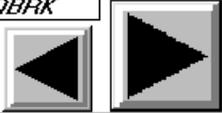
Exhibit 6-12. Example of CAPI Breakoff

PLEASE SELECT A DISPOSITION CODE.

Partially Worked
Illness (reassign)
Language Problem (reassign)
Refusal (reassign)
Not at home after multiple attempts (reassign)
Unavailable during field period (reassign)
Unable to enter structure (reassign)
 Other Specify (reassign)
 Refused Because of Consent (reassign)

RIQBRK

Pad



- **Unavailable During Field Period (reassign).**
- **Other Specify (reassign):** An interview cannot be completed because of a reason other than those listed above. SPECIFY in "Remarks" column.
- **Refused Because of Consent (reassign).**
- **Unable to Enter Structure (Screener only):** 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.
- **Vacant (Screener only):** The unit is unoccupied at the time of contact.
- **Not a Dwelling Unit (Screener only):** The unit does not qualify as a dwelling unit (e.g., seasonal home, commercial, etc.). The unit has been demolished, destroyed or cannot be found.

Always use the partially work code unless instructed to do so by your SM.

7. THIS CHAPTER OMITTED

THIS PAGE INTENTIONALLY BLANK

8. THE MEC EXAMINATION APPOINTMENT

After you have completed the medical history interviews, your next important NHANES task will be to set up examination appointments for all selected SPs in the household. It is this combination of interview information and physical examination data that makes the NHANES program unique in health research.

This chapter of the manual provides you with an overview of the mobile examination center (MEC) components, gives key definitions associated with the examination, and outlines each step in establishing a date and time for the MEC appointment.

8.1 Overview of MEC Operations

8.1.1 The MEC Unit

The NHANES examination is conducted in a specially equipped and designed MEC consisting of four trailers (Exhibit 8-1, page 1). Each trailer is approximately 50 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 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 measurements and tests conducted. The trailers are divided into rooms to assure the privacy of each study participant during the examinations and interviews. Many customized features have been incorporated including an audiometry room that uses a soundproof booth, a wheelchair lift, and a wheelchair-accessible bathroom available to participants with mobility problems. Exhibit 8-1, page 2, shows the locations of the various exams within the MEC.

Exhibit 8-1, page 1. Mobile Examination Center (MEC) exterior view

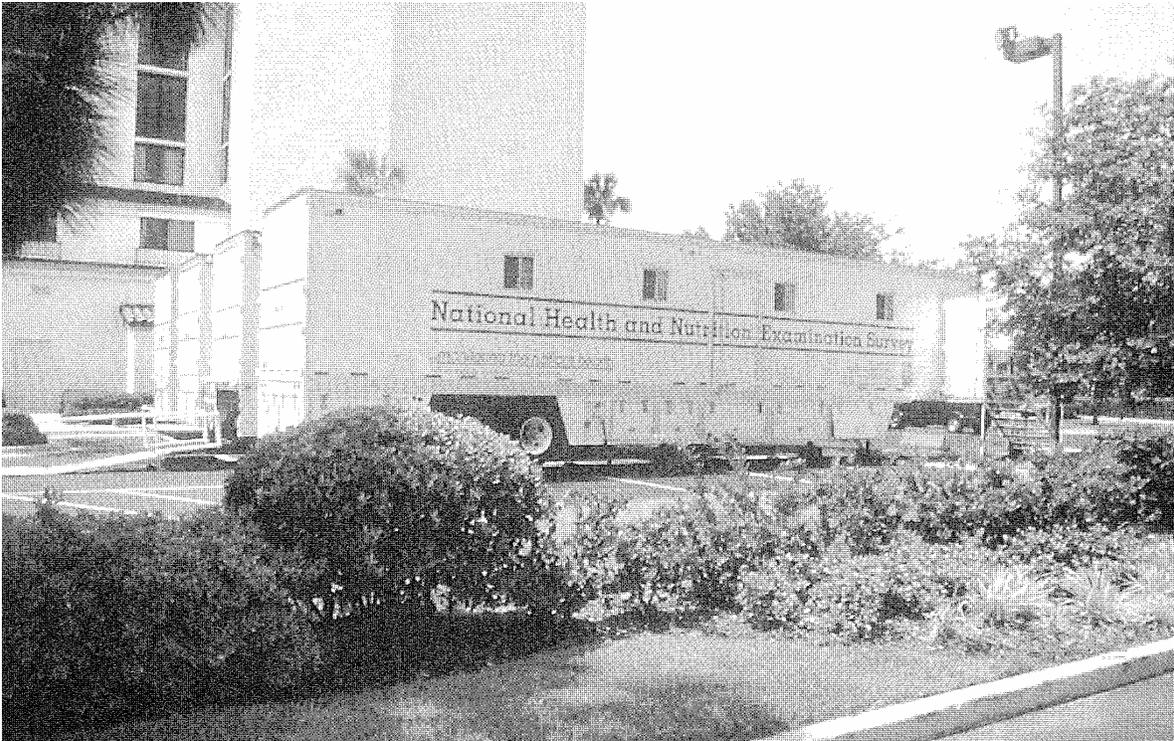
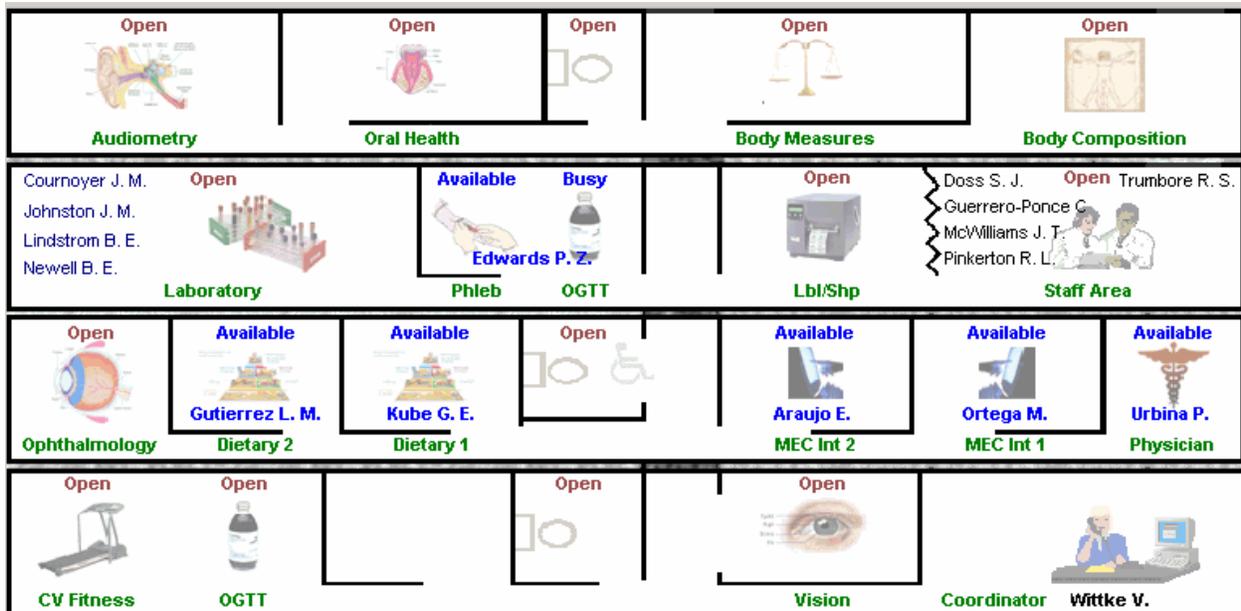


Exhibit 8-1, page 2. Mobile Examination Center (MEC) interior view



<u>Trailer</u>	<u>Room</u>	<u>Room Use</u>
Trailer 1	Coordinator Vision CV Fitness OGTT	Welcoming and waiting area for SPs Vision tests Cardiovascular fitness test Oral glucose tolerance Trutol administration
Trailer 2	Physician MEC Interview 1 MEC Interview 2 Dietary Interview 1 Dietary Interview 2 Ophthalmology	Physical examination Health interview Health interview Dietary interview Dietary interview Vision tests
Trailer 3	Phlebotomy/OGTT Laboratory Label/shipping area Staff area	Drawing of blood samples Oral glucose tolerance Trutol administration Processing of biological samples like urine and blood samples Lab area for labeling and shipping specimens Staff area that houses main computer system
Trailer 4	Body Composition Body Measures/PAM Oral Health Audiometry	Total body composition scans Body measurements and physical activity monitor Dental examination Hearing tests

8.1.2 MEC Staff

There are 2 examination teams. Each team is composed of 15 highly qualified, trained, health professionals. The team members include the following personnel:

- 1 MEC manager;
- 1 MEC coordinator;
- 1 licensed physician;
- 3 medical technologists certified by the American Society of Clinical Pathologists (ASCP);
- 2 MEC interviewers;
- 4 health technicians registered with the American Registry of Radiologic Technologists (ARRT);
- 2 dietary interviewers; and
- 1 phlebotomist certified by the American Society of Clinical Pathologists (ASCP).

In addition, local assistants will be trained at each stand to assist the exam staff. The MEC team has some bilingual staff (Spanish/English). In highly Spanish speaking stands a translator is also hired.

8.1.3 MEC Exam

The MEC exam consists of a variety of physical and dental examinations, biochemical measurements, dietary interviewing, and an interview that covers a range of health-related topics. The length of the exam varies by age of SP as follows:

- **SPs 5 and under:** The exam takes approximately 1 hour.
- **SPs 6-11:** The exam takes approximately 2 hours.
- **SPs 12+:** The exam takes approximately 4 hours.

The specific tests an SP will receive depend on his/her age and gender and selection into various subsamples. Exhibit 8-2 lists all of the MEC exam components and indicates which components are given to each age group. The major exam modules are described briefly here.

- **Physician's Exam**—An exam that includes blood pressure measurements. It does **not** include a gynecological exam. The physician also explains the STD and PSA tests and reporting of results for eligible SPs.
- **Body Measurements**—Height, weight, arm girth, and skinfold measurements.
- **Dietary Interview**—An assessment of the eating habits of adults and children including a 24-hour recall for all ages.
- **Health Interview**—An interview designed to obtain information about tobacco, drug, and alcohol use, reproductive health (birth control practices, pregnancy and reproductive history, sexual activity), health behaviors (physical activity, weight history), kidney conditions and bowel health, current health status and mental health, and exposure to certain chemicals. Children 8-11 years will only be asked questions about weight history.
- **Physical Activity Monitor**—An assessment of the physical activity levels of NHANES examinees. Data are linked to other household interview and health component data and are used to track changes that occur in body weight, functional status, bone status, and health status over time.
- **Venipuncture**—Blood tests are performed to determine biochemistry profiles such as kidney and liver function, serum electrolytes, and blood glucose as well as a complete lipid profile (including HDL and LDL), and tests for infectious diseases such as hepatitis and HIV.
- **Oral Health Exam**—A limited dental exam that checks for tooth loss, cavities, restorations, and sealants.
- **Urine Collection**—Urine is collected to assess kidney function, measure levels of mercury, heavy metals, iodine and arsenic, and assess environmental exposures to pesticides such as organophosphates, phthalates, polyaeromatic hydrocarbons, phytoestrogens and perchlorates.
- **Oral Glucose Tolerance Test (OGTT)**—An assessment of impaired glucose tolerance, which is an indicator for the risk of developing diabetes.
- **Body Composition or Dual Energy X-Ray Absortiomerty (DXA)**—An assessment of total body composition and skeletal health.
- **Cardiorespiratory Fitness**—An assessment of overall physical fitness as measured by a submaximal treadmill test. This is not a stress test.

Exhibit 8-2. MEC exam components by age

Components	Age group
*Doctor's Exam	All ages
*Blood Pressure	8+
*Bone Density	8+
*Oral Health Exam	5+
*Vision Test	12+
Ophthalmology	40+
*Hearing Test	12-19 and 70+
*Fitness Test	12-49
*Height, Weight, and Other Body Measures	All ages
Physical Activity Monitor	6+
*Blood Draw	1+
Urine Sample	6+
Health Interview	8+
Dietary Interview	All ages
Glucose Tolerance	12+
Water Sample	12+

*Results reported to you or to your child and you

- **Vision**—An assessment of the national prevalence on eye disease and visual acuity impairment.
- **Ophthalmology**—An assessment of the presence of diabetic retinopathy, age-related macular degeneration, and other retinal diseases.
- **Audiometry/Tympanometry**—An assessment of hearing loss. Hearing tests for SPs 12-19 and 70+.
- **Volatile Organic Compounds**—An assessment of exposure to air toxics.
- **Dietary Phone Follow-up Interview and Food Frequency Questionnaire**—All SPs are eligible for the dietary phone follow-up interview and Food Frequency Questionnaire which takes place after the MEC exam. SPs will be scheduled for the phone interview, which is a repeat of the MEC dietary interview by telephone, by the dietary interviewers during the MEC visit. The Food Frequency Questionnaire is a 24 page self-administered questionnaire that is mailed to SPs after their MEC visit. FFQs are returned to the home office.
- **Allergen Exposure**—An assessment of bed and floor dust and blood to measure exposure to indoor allergens and endotoxins.

It is important for you to become very familiar with the MEC examination. In the SP Consent/Assent Brochures (which will be discussed later in this chapter) 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 8-2 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 SP Consent Brochure or the hand cards can be referred to the field office staff. Respondents can discuss the examination with the Study Manager or the MEC Manager directly from the respondent's home. If more detail is required, the field office can also ask a MEC staff member to contact the respondent. Remember that respondents will also get very detailed information during their actual visit to the MEC.

8.1.4 MEC Exam Schedule

The examination centers are open five days each week, with closed days changing on a rotating basis so that appointments can be available on any day of the week. There are two 4-hour examination sessions a day, held morning and afternoon or morning and evening for the convenience of participants. Approximately 10-12 SPs should be scheduled for each exam session.

The weekly schedule for MEC exams varies. During half of the stand exam period, MEC sessions are scheduled Thursday through Monday. During the other weeks, exams are scheduled Saturday through Wednesday. Evening exams are offered twice a week (Mondays, Tuesdays, or Thursdays). When you receive your first assignment at a stand, your supervisor will give you a stand specific MEC exam schedule. SPs under age 12 can be scheduled throughout the day (morning, afternoon or evening). SPs age 12+ should be given appointments either in the morning, afternoon or evening depending on whether the household has been randomly assigned to a morning or afternoon/evening session. (See step #2 in Section 8.3.) Try to schedule as many appointments as possible for weekdays 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 appropriate exams for his/her gender and age. The SP changes from street clothes into a paper gown, trousers, and slippers provided by the MEC. S/he is then given an ID bracelet with an identification number and escorted from the reception area to each of the exam locations within the MEC.

8.2 General Procedures for Making MEC Appointments

Each eligible household can contain one or more SPs. If all SPs 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 SP IN THE HOUSEHOLD. This is the simplest household situation. You administer the SP and Family Questionnaires to the respondent or to a proxy (as applicable), and set up the examination appointment at the conclusion of the interview.

2. TWO OR MORE SPS IN THE HOUSEHOLD—ALL SPS AT HOME DURING YOUR VISIT. Scheduling appointments for two or more SPs when all SPs are present at the time of contact is similar to scheduling appointments for one person. After completing the SP interview with each respondent, **informally** arrange possible appointment times for the examination with the SP, pointing out that s/he should choose a day(s) that is convenient for the other SPs in the family (and, if possible, in the household). You should encourage SPs to come together to the examination center.

Experience indicates that SPs are more likely to keep their appointments if they come with other household members.

Then, upon completion of the questionnaires for **all** SPs, **formally** schedule a time and date by completing the Appointment Module (see step #6 in Section 8.3) and telephoning the field office to arrange for all SPs to come to the examination center together. Keep in mind the importance of appropriate scheduling for fasting. If it is not possible to schedule all the SPs for one session, schedule appointments when it is most convenient for each SP to get to the MEC.

3. TWO OR MORE SPS IN THE HOUSEHOLD—NOT ALL SPS AT HOME DURING YOUR VISIT. When one or more SPs are not at the household at the time of your contact, complete the SP Questionnaires for all SPs who are present and set up examination appointments for those interviewed.

On occasion the SP(s) interviewed may indicate that s/he would like to set up an appointment for one or more absent SPs (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 daughter who is not at home). Go ahead and schedule a tentative appointment with the stand field office. Be sure to inform the office of this situation (tentative appointment) and remember that you must set up an appointment to conduct the SP 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 SPs, 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 SP is only mandatory for those 16 years of age or older. For SPs birth through 15 years old, an eligible adult family member must respond to the SP Questionnaires. An adult may schedule MEC appointments for an absent SP birth through 15 years old but older youths (7-17 years old) must sign an assent form in the presence of either the interviewer or MEC staff, so you will need to verify the appointment by telephone and make sure the respondent knows that the assent form must be signed in the MEC.

8.3 Specific Procedures

Whether you establish an appointment with all SPs during 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 interviews.
- **Inform** the respondent that the CDC cannot learn all they need to know about the health of the U.S. population from interview questions alone. Actual measurements and test results obtained through a physical examination are also needed. (REFER RESPONDENT TO APPROPRIATE SP CONSENT BROCHURE.)
- Remind the respondent that the second phase of this important study consists of a **free examination** for the preselected household members (NAME SPS). 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 s/he will be **furnished with pre-paid taxi service or reimbursed for transportation to and from** the MEC and establish what the transportation needs for each selected household member will be. The transportation compensation plan is detailed in Section 5.7.

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 SP at the MEC upon completion of the examination. (REFER RESPONDENT TO THE APPROPRIATE SP CONSENT BROCHURE.) This compensation plan is detailed in Section 5.7.

As noted in the brochure, this compensation is paid in appreciation of the respondent's time and interest in the examination and his/her availability during the preselected 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.

In certain situations we may also pay for adult care of elderly or serious handicapped persons who cannot be at home by themselves.

- A family is eligible for the **Non Parental SP incentive** (\$20) if neither parent is an SP. This one time payment is to encourage parents who have not been chosen to complete the questionnaire and escort their children to the examination.

FOLLOW-UP STUDIES WITH ADDITIONAL COMPENSATION

- A **physical activity monitor (PAM) assessment** will be conducted for examinees age 6+ to assess their physical activity levels. SPs will be asked to wear the "monitor" for 7 days. SPs mailing the monitor to the Westat home office will be paid \$40.
- A **dietary phone follow up** (about 30-40 minutes) will be conducted for all English and Spanish speaking examinees three to ten days after their MEC dietary interview. They will be asked the same questions that they were asked during their primary exam. An incentive of \$30 will be paid for each completed interview.
- Examined SPs 2 years of age and older will also be asked to complete a 20-30 minute **food frequency questionnaire** (English or Spanish). These SPs will be contacted by mail and asked to complete the questionnaire at home and mail it to the Westat home office. An incentive of \$30 will be paid for each completed interview.
- **Allergen dust collection** will be undertaken in every household containing examined SPs. Allergen technicians will visit eligible households and collect bed and floor dust samples and provide each participating family with a \$50 incentive.

- 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**. (Details are in Section 8.3, step #8.)

- Collect a water sample for every SP age 12+. (The VOC procedure is detailed in Chapter 9.)

2. Inform the SP That Their Household Has Been Randomly Selected for Morning or Afternoon/Evening Session

The Household ID Label on the Household Folder will indicate the randomly selected sample for which the household has been selected (Exhibit 8-3). Households have been randomly divided into the morning and afternoon/evening samples to promote an even distribution of SPs per session. You should look at this label to note the sample in which the household falls **before** beginning discussion with the SP or SPs about appointment times. The label will contain an "M" for a morning appointment and an "A/E" for an afternoon or evening appointment. It is extremely important that **SPs 12+ years** who are in the morning sample schedule a morning appointment, at approximately 8:30 a.m. Further it is extremely important that **SPs 12+ years** who are in the afternoon/evening sample schedule an afternoon appointment at approximately 1:30 p.m. or an evening appointment at approximately 5:30 p.m. Children

Exhibit 8-3. Household ID Label on Household Folder

ASSIGNMENT BOX	
Stand: 998 Seg: 4 Serial: 6 82 Market St Rose Hill MD 20858 MISSED DU:	M

ASSIGNMENT BOX	
Stand: 998 Seg: 1 Serial: 9 8724 Drexel Hill PL Deal MD 20879 MISSED DU: Check for any DUs in this building that are not on the listing sheet.	A/E

under the age of 12 may schedule an exam at any time of the day, although SPs within a family are encouraged to come to the MEC together if at all possible. Allow SPs 12+ to make appointments at nonpreselected times only if they refuse to come in during the preselected times.

3. Ask the Respondent to Read and Sign the Appropriate SP Consent/Assent Brochure

The brochure consists of several pages of informational text and a Consent/Assent Form, which is the last page of the brochure. There are **two** separate SP Consent/Assent Brochures:

- A MEC Consent/Assent/Parental Permission Brochure for SPs 12 years or older and parents of SPs under 18; and
- A Child MEC Assent Brochure for SPs 7-11 years old.

The sequence of pages within the brochure and the placement of the consent/assent form as the last page ensures that the SP and/or the parent of the SP has read the text of the brochure before s/he signs the Consent/Assent form. The paragraphs that follow provide a specific explanation of each brochure and form.

<p>SP Consent/Assent/Parental Permission Brochure (SPs 12+ and Parents of SPs under 18) – Exhibit 8-4</p>
--

The text of this brochure addresses 3 general topics:

- Questions and answers directed towards a general explanation of the structure and goals of the survey;
- Questions and answers directed towards the examination process, how they will be used and the voluntary nature of the study; and
- An explanation of the health examination including the specific examinations SPs in each age group will receive and which exam results will be reported to the SP.

The brochure contains pictures of a diverse group of people in various interview and examination situations.

The **Consent/Assent and Parental Permission for the Examination at the Mobile Examination Center** is the back page of this brochure and is printed on 3-part paper. An example of the text of this appears on page 8-26.

The Form has several areas **for signatures**. Use the following guidelines to complete the signature process.

For SPs 0-6 Years Old

- **Print** the name of the SP on the line provided.
- Have the **parent or guardian** of the SP read the statement, **sign** and date the form, in the area labeled "**For the Parent or Guardian of the Survey Participant who is Under 18 Years Old**".
- If the parent does **not** wish to receive the results of the exam, s/he must check the box next to the statement provided.
- Sign your name on the line entitled "Signature of staff member" and date the form.
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the whole brochure 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, print the full name of the witness on the appropriate line and date the form.
- Record the SPs 6 digit SP ID number. You will obtain this number from the field office (usually when you call to make an appointment). Note that SPs who are 12-17 years old must sign the form in the **presence of the interviewer**. The form **cannot** be left with the respondent for the child to sign and bring to the MEC. If the child is not at home, he or she must sign the form in the MEC before the exam can take place. Under these circumstances it is acceptable for the child to sign a separate (new) form when he/she arrives at the MEC.

For SPs 7-11 Years Old

Follow the signature rules mentioned previously for SPs 0-6 in gaining parental/guardian permission for SPs 7-11 to be examined. Note: In addition, an SP who is 7-11 years old must read and sign a separate Child Assent Brochure and Assent Form tailored to younger children. This brochure is explained on page 8-16.

For SPs 12-17 Years Old

- **Print** the name of the SP on the line provided.

- Have the **parent or guardian** of the SP read the statement, **sign** and date the form in the area labeled "**For the Parent or Guardian of the Survey Participant who is Under 18 Years Old**". This form must be signed by the parent or guardian unless the SP is an emancipated minor (a person under 18 who lives alone or only with other persons under 18 or a person who is or has been married). If the SP is an emancipated minor, the "emancipated minor" box **must** be checked. This box appears next to the statement in parentheses that says, "Unless the participant is an emancipated minor" next to the general heading for the parents and guardian signature.
- If the parent does **not** wish to receive the results of the exam, s/he must check the box next to the statement provided.
- Have the **SP** read the statement, **sign** and date the form in the area labeled "**For the Survey Participant who is 12 Years Old or Older**".
- If the SP does **not** wish to receive the results of the exam, s/he must check the box next to the statement provided.
- Sign your name on the line entitled "Signature of staff member" and date the form.
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the whole brochure 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, print the full name of the witness on the appropriate line and date the form.
- Record the SPs 6 digit SP ID number. You will obtain this number from the field office (usually when you call to make an appointment). Note that SPs who are 12-17 years old must sign the form in the **presence of the interviewer**. The form **cannot** be left with the respondent for the child to sign and bring to the MEC. If the child is not at home, he or she must sign the form in the MEC before the exam can take place. Under these circumstances it is acceptable for the child to sign a separate (new) form when he/she arrives at the MEC.

For SPs 18+

- **Print** the name of the SP on the line provided.
- Have the **SP** read the statement, **sign** and date the form in the area labeled "**For the Survey Participant who is 12 Years Old or Older**".
- If the SP does **not** wish to receive the results of the exam, s/he must check the box next to the statement provided.
- Sign your name on the line entitled "Signature of staff member" and date the form.

- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the whole brochure 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, print the full name of the witness on the appropriate line and date the form.
- Record the SPs 6 digit SP ID number. You will obtain this number from the field office (usually when you call to make an appointment).

<p>Child SP Assent Brochure (SPs 7 through 11) – Exhibit 8-5</p>

The purpose of this brochure is to inform the child SP who is between the ages of 7-11 about the health interview and health examination and to ensure that s/he **agrees** to be examined. You should give the brochure to the child. The text of the brochure must be reviewed by the child OR the interviewer must review the brochure with the child.

This brochure is much shorter than the Consent/Assent/Parental Brochure. The basic concepts of the study are very simply stated and the language in the text has been simplified so that it is more appropriate for young children.

The **Assent Form** that appears on the back of the brochure should be read and signed by **the child**. The rules for signing the form are the same as those for the Adolescent Assent Form. The form must be signed in the presence of the interviewer or the MEC staff. It **cannot** be left with the parent for the child to sign and bring to the MEC. The Child Assent Form appears on page 8-33.

The back page of the Child Assent Form is an area for signature. Use the following guidelines to complete the signature process:

- Have the child sign the form on the line entitled "Signature of participant 7-11 years old";
- Print the full name of the child on the lines provided;
- Sign and date the form on the appropriate line; and
- Print the child's SP ID in the space provided.

Allow the respondent adequate time to read the appropriate brochure including the Consent Form **thoroughly**. After the respondent has completed the form, review it carefully to assure that all appropriate information has been filled out completely.

Remember the **parent** or **guardian** of the child must read the SP Consent/Assent/Parental Permission Brochure and sign the Consent/Assent and Parental Permission Form before the child is examined.

We are not allowed to conduct any examination module on any person who has not had an opportunity to read the appropriate consent brochures and signed the appropriate consent/assent/parental permission forms.

THIS PAGE INTENTIONALLY BLANK



SAFER • HEALTHIER • PEOPLE™



National Health and Nutrition Examination Survey, 2005-2006

Examination Consent Brochure



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

Exhibit 8-4. SP Consent/Assent/Parental Brochure (continued)

This booklet contains facts for you about the
National Health and Nutrition Examination Survey

What is the National Health and Nutrition Examination Survey (NHANES)?

NHANES is a survey conducted by the National Center for Health Statistics (NCHS). NCHS is a part of the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

We select a sample of people in towns and cities across the country to be part of the survey. Each year of the survey, we will examine about 5,000 people in 15 different sites. NHANES programs began in the early 1960s. The current survey began in 1999 and will now be an ongoing program. More than 160,000 persons have been part of past NHANES programs.



We have designed the study to learn about the health and diet of people in the United States.

Our survey is unique. It combines a home interview with health tests, which we do in mobile units. These special exam centers travel the country with a highly trained medical team. Our team conducts an exam that looks at special health topics. They use the most up-to-date methods and equipment for medical and dental exams, and other lab tests.

We will use the data gathered in this survey to assess the number of people with certain health problems — for example, diabetes and high blood pressure. We will look at diet and other habits that affect health, such as smoking and exercise. NHANES data will describe the health and nutrition of people of all ages. It will also help design health programs and services, and expand our knowledge about the health of people in the United States.

2

Why were you selected?

We picked you and your household in a carefully designed sample of people living in the United States. We cannot choose someone in your place because no one has the same health profile as you. Having you as part of our survey will help make our information complete. We will add the data from your interview and exam to that from all others who join in this study. That data will give us a big picture of our nation's health.

You may choose to take part in the survey and you may permit your child to join in. That is your choice. No penalties or loss of benefits will come from refusing to take part. You may refuse any part of the exam and are free to drop out anytime. Also, during the interviews you may choose not to answer any question.

What do you gain by taking part in the survey?

- Free health test results, perhaps some of major value to you
- The chance to help learn more about the health of the nation
- A cash payment to thank you for your time and effort

Are the data we collect confidential?

We respect your privacy. Public laws keep all information you give confidential.

We will hold all data we collect in the strictest confidence. We gather and protect all data in keeping with the requirements of Federal laws: the Public Health Service Act (42 USC 242k) authorizes collection and Section 308(d) of that law (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A) prohibit us from giving out information that identifies you or your family without your consent. This means that we cannot give out any fact about you, even if a court of law asks for it. However, if we find signs of child abuse during an exam, we will report it to the local department of social services or appropriate law enforcement agency.

We will keep all survey data safe and secure. Sometimes certain collaborators, such as the U.S. Department of Agriculture and the National Center for Environmental Health, assist us in data preparation, analysis, and research. When they do, the information is handled with strict requirements to protect your confidentiality as guaranteed by NCHS. When we allow other collaborators and researchers to use survey data, we protect your privacy. We assign code numbers in place of names and never reveal other facts that could directly identify you.



What about the exam?

Our interviewer will ask you to make an appointment for the exam at the mobile exam center. Our medical team will collect health data by examining you, doing testing, and asking questions about diet and health. No internal exam is included. No drug testing will be done. We will ask you to fast overnight for a morning exam. You will change into special exam clothes at the exam center. The exam may take from 2½ to 4 hours for those 12 and older and 1-3 hours for younger children. The time depends on the age of the person examined, since some procedures are done only for certain ages. (For a full list of procedures, see page 5.)

Reports of Exam Findings

The survey exam does not replace regular health care. However, you will get some exam results at the exam site. If the exam reveals urgent health problems, we will notify you at once and refer you for treatment. If some urgent problem is found through your lab tests, right away we will send that information in a



letter to your home address. If you wish, we will mail the routine findings report to you about 12-16 weeks after the exam. In general, we give results only to the person examined or to the parents/guardians of children. Some results, such as sexually transmitted disease (STD) tests, are given in special ways explained below. We will not give you results from some tests because they will be used only for research. Better ways to look at some of the tests may be developed in the future. Some of the tests such as the digital image of your eye, the bone density test, or the tests on dust in your home may be read again. We will not report the results of future tests to you. NHANES does not cover the cost of any health care you may decide to seek after the exam.

Safety of Tests

We chose the tests and measurements because they are safe. Some of the exams or procedures may cause you slight discomfort. Examples are collecting a blood sample or fasting for 9 hours. For the blood sample, a person will have a small amount of blood drawn from a vein in his/her arm with a needle. Participants 12 years and older with a morning appointment will be asked to drink a sugar solution and have blood taken a second time. Although rare, the sugar solution can cause nausea, vomiting, bloating, or headache. We will not ask you to have any test or procedure that is wrong for you because of a health problem or condition.

We will give bone density tests that involve low-dosage x-rays to persons 8 years old and older. Radiation exposure during this test is equal to a cross-country airline flight or a few days of natural background radiation. But because the bone density scan involves x-rays, no one who is pregnant should get this exam. We will obtain information about periods from girls and women, and those who have started their periods will have a urine pregnancy test. We report positive test results only to the person tested if she is 14 years or older. If a girl is under 14 and has a positive pregnancy test, we will inform both her and her parent/guardian. Those with a positive test will not have the bone density scan. Also, pregnant women and girls will not have fitness testing if they are in their second or third trimester.



Private Health Interview

At the exam center you will be asked some personal questions. A trained interviewer will ask some of these questions. Others, like those about sexual experience and drug use, will be

4

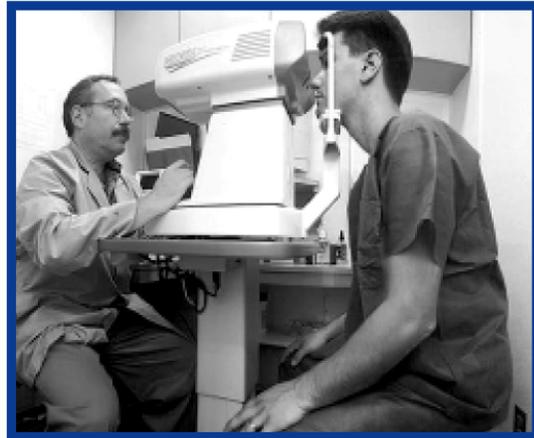
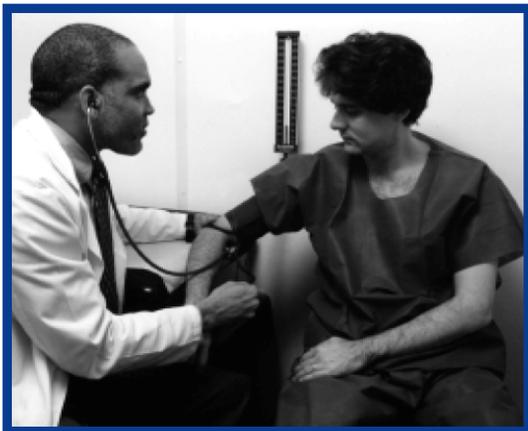
asked in complete privacy. The interviewer will leave the room. The questions will be on a computer screen. You respond by touching an answer on the screen. Like all of the other information we collect, the responses you give us are kept strictly confidential. If you are under 18 years of age, we may notify your parents if we have reason to believe you are a danger to yourself.

Doctor's Assessment of Puberty

Our doctor will determine the physical maturity of children 8-19 years. The doctor will quickly look at females' breasts and the genitals of males and females. No touching is involved. Parents may ask to be present during the assessment if they choose. A chaperone will be present during the exam.

Tests for Sexually Transmitted Disease (STD)

Females aged 14- 59 years will be asked to do a private, self-administered, vaginal swab for STD testing. In addition, all persons 14-49 years will have their blood and urine tested for STDs. We will not put these results in writing, but you can get STD test results a few weeks after the exam. Before leaving the exam center, you will receive a toll-free number, a password, and the dates to call for your results. Only you will get your test results by calling in and telling us your password. Parents will not be informed of their child's



STD test results. If your test results show that you have a current health problem, we will talk with you about the results and tell you how to seek treatment. We will keep all STD test results completely private, just like all other test results. If you do not want to be tested, you can tell a staff member.

After your visit to the NHANES exam center:

Persons asked about the foods they eat will receive a phone call 3-10 days after their exam for a similar interview. In addition, a food questionnaire will be mailed to your home. Persons two years old and older are asked to complete this questionnaire and return it to our office in a prepaid envelope provided. Parents or guardians will answer for children 2-5 years and assist children 6-11. The questions will take 20-30 minutes to answer.

Persons six years old and older will be asked to wear a physical activity monitor. Exam staff will give you the monitor at the exam. You will wear the monitor at home for seven days. Parents or guardians will assist children 6-11 years old. You will be asked to return the monitor to our office in a prepaid envelope provided.

A few weeks after your exam, a technician will visit your home to ask a short set of questions and collect a dust sample by vacuuming areas in the room where you sleep. The dust sample will be sent to a lab where it will be measured for allergens. Allergens are substances

(continued on page 6)

The NHANES Exam

Health Measurements

- * Doctor's exam - all ages
Doctor's assessment of puberty
- ages 8-19 years
- * Blood pressure - ages 8 years and older
- * Body fat - ages 8-69 years
- * Bone density scans
Whole body, hip, and spine - ages 8-69 years
Hip and spine - ages 70 years and older
- * Oral health - ages 5 years and older
- * Vision test - ages 12 years and older
- * Hearing test - ages 12-19 and 70 years
and older
- * Fitness test - ages 12-49 years
(only afternoon/evening exams)
- * Height, weight, and other body measures
- all ages
- * Eye conditions - ages 40 years and older
Visual field test
Retinal photographs

Lab Tests on Urine: (6 years and older)

- Kidney function tests - ages 6 years and older
- *** Sexually transmitted disease (STD)
Chlamydia and gonorrhea - ages 14-39
Human immunodeficiency virus (HIV)
- ages 18-49 (only if no blood is drawn)
- ** Exposure to environmental chemicals
- selected persons ages 6 and older
- ** Pregnancy test - females 12-59 and girls
8-11 who have periods
- * - ages 13 and under
- *** - ages 14 and over

Lab Tests on Blood: (1 year and older)

- * Anemia - all ages
- * IgE Allergens - ages 1 and older
- * Lipids - ages 6 and older
- * Glucose measures - ages 12 and older
- ** Infectious diseases - ages 2 and older
- * Kidney function tests - ages 6 and older
- * Lead - all ages
- ** Cadmium - all ages
- ** Mercury - all ages
- * Liver function tests - ages 12 and older
- Nutrition status - all ages
- * Hormone tests - ages 6 and older

- * Prostate Specific Antigen (PSA)
- males ages 40 years and older

Lab Tests on Blood: (1 year and older) ... continued

- Sexually transmitted diseases (STD)
- *** Herpes type 2 - ages 14-49 years
- *** Human immunodeficiency virus
(HIV) - ages 18-49 years
- Human papillomavirus (HPV) antibody
ages 14-59 years
- ** Exposure to environmental chemicals
- selected persons ages 6 years and older

Lab Tests on Water

- ** Environmental chemicals - selected persons
ages 20-59 years

Other Lab Tests

- *** Vaginal swab (self-administered) for
Human papillomavirus (HPV)
- females ages 14-59 years

Private Health Interviews

- Body image and eating behaviors
- ages 8-15 years
- Depression Screening - ages 12 years
and older
- Tobacco use - ages 12-59 years
- Drug and Alcohol use - ages 12-59 years
(No drug testing will be done)
- Sexual experience - ages 14-59 years
- Reproductive health - females ages
12 years and older
- Bladder and bowel health - ages 20
years and older
- Exposure to chemical products - ages 6
years and older

Dietary Interview

- Questions on what you eat - all ages

- * Results reported to you or to your child and you
- ** Results reported only if positive (or abnormal)
- *** Results reported only to person tested

6

that can cause allergies. Results of the household dust testing will be provided. A date and time to collect a dust sample will be set up after your exam is finished. Persons who test positive for hepatitis C will be called to request participation in a brief phone interview six months after the exam. Parents will respond for children.

Men with a high PSA test result will be called to request participation in a brief phone interview six months after the exam.

Taking part in these interviews and health exams after your visit to the exam center is voluntary.

How are NHANES data used?

What you tell us, your exam findings, and samples you give are a rich resource for health science. Many Federal agencies, universities, and other public and private groups use NHANES data. They use it to help find new cures and treatments for diseases and disabilities. The aim is to enhance the health of all people. Results of this survey may be reported in journals, at major meetings, or through other news media. None of these reports will ever name or use data that can point to any person who took part in the survey.

Many of the National Institutes of Health help us in this survey. The U.S. Department of Agriculture is our partner in planning how to get data on the foods you eat. We share with them the task of looking at people's diets in the U.S. The U.S. Environmental Protection Agency is another of our many partners. Your survey data helps study harmful effects of being exposed to environmental hazards.

Combining NHANES results with other facts about you can be useful. An example of this is using Social Security numbers to link survey data with vital statistics and other health records. Also, we may need to contact you in the future. To do this we would ask public or private agencies, such as the Post Office, to provide changes in your address.

In the past, we have had the chance to call or revisit people who took part in this survey. We may contact you in the future to ask you to be part of other research projects.

More questions?

Our survey representative can discuss other questions or concerns or give you other printed matter that can help. She or he can give you a phone number in your area that you can call for more facts about the survey. Also, you can make a free call to Dr. Kathryn Porter of the U.S. Public Health Service to discuss any aspect of the survey. She can be reached at 1-800-452-6115, Monday-Friday, 8 AM - 6 PM EST. You may also contact her regarding any survey-related injury. You can also get answers to your questions by mail (Room 4322, 3311 Toledo Rd., Hyattsville, MD 20782). If you have questions about your rights as a participant, call the Research Ethics Review Board Chairperson at 1-800-223-8118.

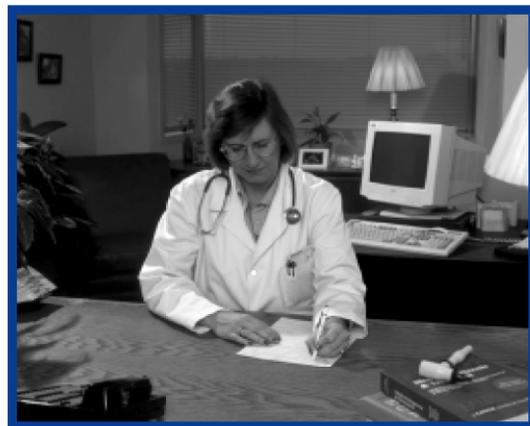


Exhibit 8-4. SP Consent/Assent/Parental Brochure (continued)

If you agree to take part in NHANES, we ask you to sign the attached consent form to show that you know the nature and purpose of the survey. Please be sure you understand the facts we have given you and that all questions are answered.

Exhibit 8-4. SP Consent/Assent/Parental Brochure (continued)

#3

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAMINATION AT THE MOBILE EXAMINATION CENTER

Print name of participant _____
First Middle Last

The attached brochure gives the details about National Health and Nutrition Examination Survey (NHANES). After reading the information provided, please complete the form below.

For the Parent or Guardian of the Survey Participant who is Under 18 Years Old: (unless the participant is an emancipated minor):

I have read the information in the attached NHANES brochure, which explains the nature and purpose of the survey. I freely choose to let my child take part in the survey.

Signature of parent/guardian of participant Date

If you **do not want a written report** of your child's exam results, check here .

For the Survey Participant who is 12 Years Old or Older:

I have read the information in the attached NHANES brochure, which explains the nature and purpose of the survey. I freely choose to take part in the survey.

Signature of participant Date

If you **do not want a written report** of your exam results, check here .

Signature of staff member Date Witness (if required) Date

SP ID

Mobile Examination Center (MEC) Diagram

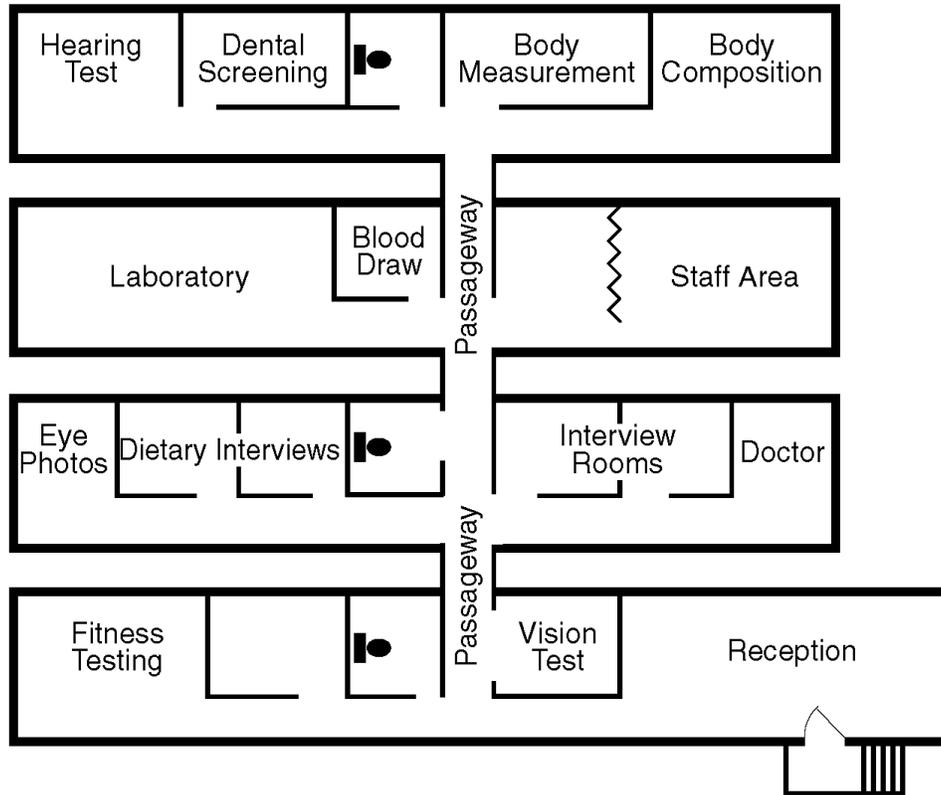


Exhibit 8-4. SP Consent/Assent/Parental Brochure (continued)

For more information about the National Center for Health Statistics, contact:

Information Dissemination Staff
National Center for Health Statistics
3311 Toledo Road, Room 5412
Hyattsville, Maryland 20782

Telephone: (301) 458-INFO (4636)

E-mail: nchsquery@cdc.gov

Internet: www.cdc.gov/nchs

For more information about the National Health and Nutrition Examination Survey you may visit the NHANES web site at: www.cdc.gov/nhanes.



SAFER • HEALTHIER • PEOPLE™



National Health and Nutrition Examination Survey, 2005-2006

Examination Assent Brochure, 7-11 years of age



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

The National Health and Nutrition Examination Survey (NHANES) studies the health and diet of people in this country.



We go all over the United States in these vans.

The survey will look at how young people grow and develop. We will look at special health problems that may affect kids.

2

Our survey wants you to come to this exam center. The exam is like going to the doctor. Your exam will help us find out more about the health of children your age.

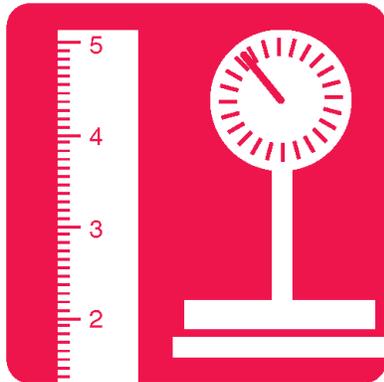


We will ask questions about what you eat and drink.

You will change into special exam clothes at the exam center.



Our doctor will take your blood pressure.



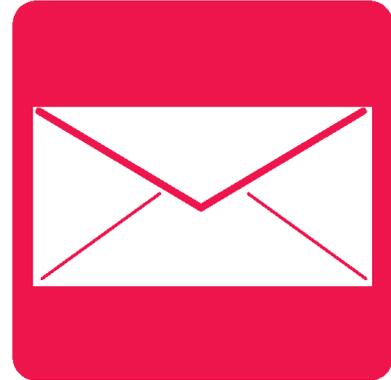
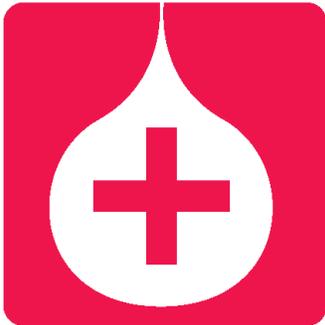
We will see how much you weigh and how tall you are.

We will look at your teeth.



4

We will check your blood and urine in our lab.



We will send you and your parents a report on your exam.



We will give you money to thank you for helping us with our survey.



Our staff will answer any questions you have.

We would like you to go to our mobile exam center vans for an exam. You will help us learn more about all children in the United States.

If you are 8 years or older, we will ask you about your feelings and about how you have been doing at home and school. Your mother (or other grown-up) will be called to answer these same questions about you.

Exhibit 8-5. Child SP Assent Brochure (continued)

#4

National Health and Nutrition Examination Survey (NHANES)

Your parents say that you can take part in this special survey. You have just read about the survey in this book. The survey tells us about the health of people. We will ask you to have an exam at our vans that are here in your town. This exam is a little like going to the doctor. Other kids and their families will be at the center. You do not have to do this if you do not want to. If you take part, you will learn some things about yourself. You will help us learn a lot about other kids in the United States.

If you want to take part in the survey, write your name below.

Signature of participant 7-11 years old

Print name of participant

Signature of staff member

Date

SP ID

Exhibit 8-5. Child SP Assent Brochure (continued)

For more information about the National Center for Health Statistics, contact:

Information Dissemination Staff
National Center for Health Statistics
3311 Toledo Road, Room 5412
Hyattsville, Maryland 20782

Telephone: (301) 458-INFO (4636)

E-mail: nchsquery@cdc.gov

Internet: www.cdc.gov/nchs

For more information about the National Health and Nutrition Examination Survey you may visit the NHANES web site at: www.cdc.gov/nhanes.

4. Ask the Respondent to Read and Complete the Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies (Exhibit 8-6)

As scientists learn more about health, important new research projects can be conducted using specimens (blood and urine) that are stored in a controlled environment. For this reason, we will ask to keep some of the SP specimens given during the time of the MEC examination for continuing studies. No specific studies are planned at this time, however, as new ways to measure health and disease are discovered, other studies may be conducted that will add to the knowledge of the treatment and causes of disease.

All SPs who consent to the examination that includes blood and urine collection will be asked permission to keep blood and urine samples collected during the MEC examination for continuing studies.

The rules for signing this form are similar to those used for signing the MEC Examination Consent/Assent/Parental Permission Forms. However, **in rare situations**, if the respondent refuses to check the items on the form or sign the form, s/he **should continue to be appointed to the MEC**. In this case the SPs specimens will not be kept.

The text that follows provides a specific explanation of the form.

The form is divided into three general areas:

- **Questions and answers directed toward the goals and procedures of specimen storage**—Allow the SP time to read the text of each question and answer.
- **Statements and Required Check Boxes**—This part of the form contains two separate statements:
 - Two regarding permission to keep the SP's specimens for future health studies—one worded for the SP and the other worded for the parent of the SP.

The SP and/or parent should read the appropriate statement and indicate whether s/he agrees to each by checking the box next to the statement. The SP and/or parent should then sign the form. **Note: If the SP or parent does not grant permission to keep specimens (box is not checked), then no signature is required. In this instance, the interviewer should record "Refused" in the space provided for the appropriate signature.**

Specific rules for completing the form are discussed below.

For SPs 0-6 Years Old

- The text of the form must be fully reviewed by the parent.
- Have the parent or guardian of the SP read the statement printed under the label "For parent/guardian of child under the age of 18, check this box". If the parent/guardian **agrees** to have the child's specimen kept, s/he should **check** the box provided.
- If the box is checked, have the **parent/guardian sign** on the appropriate signature line ("Signature of parent/guardian of participant under 18") and record the date. If the box is **not** checked, record "Refused" in the space provided for the signature and record the date.
- Sign your name and date the form under the line entitled "Signature of staff member".
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the text of the form to him/her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and the appropriate statements. In both cases, print the full name of the witness on the appropriate line.
- Record the 6 digit SP ID on the lines provided. You will obtain this number from the field office (usually when you call to make an appointment).

The form is considered complete when all appropriate signatures have been obtained or when the word "Refused" is recorded in the space for the signatures. The SP specimens will not be kept if the appropriate box is not checked.

For SPs 7-17 Years Old

- The text of the form must be reviewed by the child or the interviewer must review the text with the child. The text must also be reviewed by the parent/guardian of the SP.
- Have the SP read the statement printed under the label "For persons ages 7 and over, check this box". If the SP **agrees** to have his/her specimens kept, s/he should **check** the box provided.
- Have the parent or guardian of the SP read the statement printed under the label "For parent/guardian of child under the age of 18, check this box". If the parent/guardian **agrees** to have the child's specimen kept, s/he should **check** the box provided. Note a parent or guardian must check this box unless the SP is an emancipated minor (see instructions for emancipated minors under the instructions for the parent/guardian signature).

- If the SP's box is checked, have the **SP sign** on the appropriate signature line ("Signature of participant age 7 and over") and record the date. If the appropriate SP's box is not checked, record "Refused" in the space provided for the SP's signature and record the date.
- If the parent's box is checked, have the **parent/guardian sign** on the appropriate signature line ("Signature of parent/guardian of participant under 18") and record the date. If the parent's box is not checked, record "Refused" in the space provided for the parent's signature and record the date. Note that this form must be signed by the parent/guardian unless the SP is an emancipated minor (a person under 18 who lives alone or with other persons under 18 or who is or has been married). If the SP is an emancipated minor, the "emancipated minor" box **must** be checked. This box appears in parentheses next to the statement, "Unless the participant is an emancipated minor" under the parent/guardian signature line.
- Sign your name and date the form under the line entitled "Signature of staff member".
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the text of the form to him/her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and the appropriate statements. In both cases, print the full name of the witness on the appropriate line.
- Record the 6 digit SP ID on the lines provided. You will obtain this number from the field office (usually when you call to make an appointment).

Note: The form must be signed by the child in the presence of the interviewer or MEC staff in order to be considered complete. The form cannot be left with the parent for the child to answer and sign. It is acceptable for the child to sign a separate (identical) form in the MEC if s/he was not present to sign it in the presence of the interviewer. Also note that in order to keep the child's specimens for future research, **both** statements (one for the child and one for the parent/guardian) **must be checked**. The form is considered complete when all appropriate signatures and dates have been obtained or when the word "Refused" is written in the space for signatures.

For SPs 18 Years or Older

The text of the form must be fully reviewed by the SP.

- Have the SP read the statement printed under the label "For persons ages 7 and over, check this box". If the SP agrees to have his/her specimens kept, s/he should check the box provided.
- If the "7 or over" box is checked, have the **SP sign** on the appropriate signature line ("Signature of participant age 7 and over") and record the date. If the box is not

checked, record "Refused" in the space provided for the SP's signature and date the form.

- Sign your name and date the form under the line entitled "Signature of staff member".
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the text of the form to him/her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and the appropriate statements. In both cases, print the full name of the witness on the appropriate line.
- Record the 6 digit SP ID on the lines provided. You will obtain this number from the field office (usually when you call to make an appointment).

This form is considered complete when all appropriate signatures are obtained or when the word "Refused" is recorded in the space(s) provided for the signature. **The SPs specimens will not be kept if the appropriate box(es) is not checked.**

The SP should continue to be appointed to the MEC **regardless of whether s/he has agreed to specimen storage.**

A summary of the forms you should use to complete the examination consent process appears as Exhibit 8-7. This summary also appears on page 2 of the Household Folder and in your hand cards.

Exhibit 8-7. Summary of Forms Used to Complete the Consent Process

SUMMARY OF FORMS USED TO COMPLETE THE CONSENT PROCESS

	Household Interview Consent	Transport	MEC Consent/ Assent	MEC Child Assent	Future Research Consent/Assent	Water Collection Materials
SP 0-11 Months	Signed by Parent	Signed by Parent	Signed by Parent	N/A	N/A	N/A
SP 1-6 Years	Signed by Parent	Signed by Parent	Signed by Parent	N/A	Signed by Parent	N/A
SP 7-11 Years	Signed by Parent	Signed by Parent	Signed by Parent	Signed by Child	Signed by Parent & Child	N/A
SP 12-17 Years	Signed by Parent & Child (16-17)	Signed by Parent (12-15)	Signed by Parent & Child	N/A	Signed by Parent & Child	YES (12+ IF SELECTED)
SP 18+ Years	YES	N/A	YES	N/A	YES	YES (12+ IF SELECTED)

Place 1 consent/age group label for each SP below:

5. Arrange a General Appointment Date and Time for the Examination

Exams will start approximately three weeks after household interviewing begins. Thus, SPs 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 SPs for exams about 1 week following the SP interview. This allows the field office time to process the case and follow up with a reminder letter 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.

- As noted above, the MEC is not in operation for the first few weeks of the interviewing period.
- The respondent may not be available during the period in question.
- As the field period progresses there will be fewer appointment slots available and respondents will have to be seen as the MEC schedule permits.

6. Complete the Appointment Process for the SP Using the CAPI Appointment Module

Once you have discussed some general appointment times and dates with the respondent, you are ready to access the CAPI Appointment Module screens. The items entered in this module are transmitted to the MEC when you upload information from your pentop during your visit to the field office. Many of these items are **critical** to the SP examination process. This module **must** be completed for each SP appointed during the appointment process, **before** your next visit to the field office. To access the module on your pentop, follow the steps below.

- Tap on the "INTERVIEWS" tab. This will bring you to the list of Screeners assigned to you.
- Tap on MEC Appts cases.
- Select the appropriate SP from your list of SPs by double tapping on the appropriate SP name.
- Double tap on the "Appointment" tab at the bottom of the screen.

The Appointment Module consists of four screens:

- Consent Screen;
- Name Check Screen;
- Report of Findings Screen; and
- Appointment Screen.

Each of these screens are designed to meet specific objectives related to the appointment process.

Consent Screens—Exhibit 8-8

The two Consent Screens have several purposes:

- They provide information to the field office and MEC about whether the SP wishes to receive a report of findings.
- They provide information to the field office and MEC about whether the SP is an emancipated minor (a person under 18 who lives alone or only with persons who are under 18 or who is or has been married).
- They provide a check to ensure the paper Consent Forms have been signed. CAPI will display only those forms applicable to the SP's age.
- They provide information to the Field Office and MEC about which consent forms are signed and, if applicable, which are missing.
- They provide information to the MEC about whether the SP (or parent) has agreed to specimen storage.
- If applicable, they document any modules of the exam the respondent does not want.

Exhibit 8-8. Consent Screens

MEC Appt., Exclusion Module

Report Of Findings:

Do you wish to receive a report of findings?

IS SP AN EMANCIPATED MINOR?

Help Spanish Next Page Print Close

Row: 0 Definition:

MEC Appt., Consent Module

Participant #: 601- 01-0001 - 01- 03 **Age:** 14

Type of Consent		Consent Comment
MEC Consent/Assent Signed By Parent?	<input type="text" value="Yes"/>	<input type="text"/>
MEC Consent/Assent Signed By SP?	<input type="text" value="Yes"/>	<input type="text"/>
Future Research Consent Signed By Parent or REF?	<input type="text" value="Yes"/>	<input type="text"/>
Future Research Box Checked By Parent?	<input type="text" value="Yes"/>	<input type="text"/>
Future Research Consent Signed By SP or REF?	<input type="text" value="Yes"/>	<input type="text"/>
Future Research Box Checked By SP?	<input type="text" value="Yes"/>	<input type="text"/>
Authorization for Transportation Form Signed?	<input type="text" value="No"/>	<input type="text"/>

WARNING - SP CANNOT BE EXAMINED WITHOUT SIGNED MEC CONSENT FORMS.
MEC CONSENT FORMS SHOULD BE SIGNED BEFORE APPOINTMENT IS MADE.

Help Previous Page Next Page Print Close

Row: 6 Definition:

Specifications for Completing the CAPI Consent Screens

DO YOU WISH TO RECEIVE A REPORT OF FINDINGS?

This item appears on the hard copy MEC consent form. Record whether the SP wishes to receive the ROF by selecting “YES” or “NO”.

IS SP AN EMANCIPATED MINOR?

This item appears on the MEC consent form. Record whether the SP is an emancipated minor (“emancipated minor” box checked on the MEC consent form) by selecting “YES” or “NO”. An emancipated minor is a person under 18 years old who lives alone or only with persons who are under 18 or a person under 18 years old who is or has been married.

TYPE OF CONSENT

Only the forms applicable will appear on the screen. Check that each applicable form is signed.

FUTURE RESEARCH BOX CHECKED

This item appears on the Consent/Assent/Parental Permission for Specimen Storage and Continuing Studies. Only those items applicable will appear. Record whether the SP/Parent **checked** the item by selecting "YES" or "NO" for each item.

CONSENT COMMENT

In the rare situations where a respondent consents to the exam, but refuses one or more of the modules of the exam (i.e., the eye exam), this should be noted here. Comments that could affect the SP's visit to the examination center (i.e., requires wheelchair, currently pregnant) should be recorded on the **appointment screen** which will be discussed later in this section.

When you have completed this screen, tap on the "NEXT PAGE" tab at the bottom of the screen to move forward.

Name Check Screen—Exhibits 8-9 and 8-10

The purpose of this screen is to ensure that the SP's name has been recorded as completely and accurately as possible. The name of the SP as you have recorded it in the SP Questionnaire will appear at the top of this screen. Check the SP's signature on the Consent Forms against this information and resolve any discrepancies.

Specifications for the Name Correct Screen

NAME MATCHES/CORRECTION REQUIRED

If the SP name as entered in the SP Questionnaire needs no correction, tap on the NAME MATCHES button. If the name needs correction, tap on "CORRECTION REQUIRED" button and an overlay screen will appear (Exhibit 8-14).

ADD/EDIT PERSON NAME

If you have selected "CORRECTION REQUIRED", this screen will display each part of the SP's name in separate fields. You may correct or add to the name by tapping on the appropriate field and using the keyboard to enter the correction. When you are finished making the correction, you **must tap on the "OK"** button to ensure that CAPI accepts the correction.

Exhibit 8-9. Name Check Screen

MEC Appt., Name Check Module

Participant #: 601- 01- 0001- 01- 03

GERTRUDE		STEIN	
----------	--	-------	--

INTERVIEW CHECK:
MATCH SIGNATURE ON CONSENT FORMS AGAINST ENTRY OF NAME IN SP
QUESTIONNAIRE DISPLAYED ABOVE. RECONCILE WITH SP/PARENT/PROXY.

Row: 0 Definition:

Exhibit 8-10. Name Check Screen

MEC Appt., Name Check Module

Participant #: 601-01-0001-01-03

GERTRUDE STEIN

INTERVIEW

MATCH SIGNATURE QUESTION

Add/Edit Person Name

Name Prefix: MISS

First Name: GERTRUDE

Middle Name 1: ELEANOR

Middle Name 2:

Last Name 1: STEIN

Last Name 2:

Name Suffix:

OK

Cancel

Help Previous Page Print Close

Ready

The Appointment Screen—Exhibit 8-11

So far you have discussed some general appointment times with the SP, checked that all the necessary consent forms are signed and that the SP's name has been accurately recorded, and have confirmed the SP's request to receive a report of findings. You are now ready to call the field office to make the appointment. Ask the respondent if you may use his/her telephone to call the office and establish a final date and time for the appointment. During this call you will use the Appointment Screen.

The purpose of this screen is to ensure you have discussed all items necessary in the appointment process with the SP and that the telephone call you make to the field office for the appointment is conducted in an organized and efficient manner.

This screen contains all the key pieces of information needed to make a MEC appointment. You will be asked to provide the office with this key data during the appointment process. You must have the Appointment Screen in front of you during the appointment call, however, items should **not** be checked on the screen until you have **confirmed it with the SP and the field office**.

- **Participant Number, Fasting Requirements, Name, Age, and Gender** are prefilled from data previously obtained either as part of the stand survey control file or the household interview process.
- **Telephone Number, Language, and DOB (Date of Birth)** may also be prefilled if the SP questionnaire has been completed.
- **SP Type**—This will be prefilled with "Primary."
- **Session Booked**—Select the date and time (morning, afternoon or evening) of the appointment. Remember this information cannot be entered **until you have confirmed it with the SP and the field office**.
- **Child Care Needed**—Note if the SP will require child care reimbursement to attend the MEC session.
- **Transportation Type**—Enter the type of transportation the SP will use—If by taxi, you must give the appointment taker the address (home, work place, school, etc.) where the SP will be picked up and the approximate pick up and take home time so the taxi pick up can be scheduled accurately. As you give the appointment taker this information, check the appropriate box.
- **Transportation Payment**—If SP is driving him/herself to the MEC.

Exhibit 8-11. Appointment Screen

MEC Appt., Appointment Maker [X]

Participant #: 601 - 01 -0001 - 01 - 03 **SP Name:** STEIN, GERTRUDE ELE
Telephone #: - - **Language:**
Gender: Female **Age:** 14 **Fasting Req:** Afternoon/Evening
SP Type: Primary **DOB:**

Appointment Check List **Session Booked:** 12/13/99 Afternoon [v]

Appointment Slip Reviewed: **Interpreter Type:** None [v]
Trans. Type: Self [v] **Trans. Payment:**
Non-SP Payment:

Trans Authorization Form:
Child/Adult Care:
Escort:

Special Considerations

Row: 0 Definition:

- **Non-SP Payment**—If no parent of a child aged 15 years or younger has been selected as an SP, the family is eligible for the Non Parental SP incentive. This one time payment is to encourage parents who have not been chosen to complete the questionnaire and escort their child/ren to the examination.
- **Special Considerations**—Note any special information about the SP that could affect his/her visit to the examination center. For example, the respondent has a physical or mental handicap (e.g., is extremely overweight, requires wheelchair, has dementia).

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 SP. In addition, this information is known by you either through observation or because you were told by the SP. **DO NOT ASK ABOUT THIS TYPE OF SENSITIVE INFORMATION.**

BL = Blind
 CN = Cane Needed
 CR = Crutches
 DF = Deaf
 HI = Hearing Impaired
 LN = Lift Needed
 MI = Mental Impairment
 OB = Obese
 OP = Other Physical Impairment
 SA = Substance Abuse
 WL = Walker
 WC = Wheelchair

To add special considerations, first tap once on the box labeled 'Add Considerations'. The drop down list will appear. Select the appropriate code. You may access a description of each code by tapping once on the 'Help' button at the bottom of the screen.

- **Interpreter Type**—If an interpreter is needed, enter whether the interpreter is an NHANES employee (a professional interpreter) or Personal (someone who is not a professional—for example, someone in the family or a neighbor).
- **Authorization for Transportation**—If the SP is under 16 years old, check whether the Authorization for Transportation form has been completed.
- **Appointment Slip Reviewed**—After you have made the appointment and confirmed it with the field office, check that you have reviewed the information on the appropriate Appointment Slip with the respondent.
- **Phone**—Give the supervisor the SPs phone number.
- **Escort**—Note whether the SP will require an escort.

During the call you will **need to obtain** the SP ID # from the field office. This is a unique six-digit number given to each SP. This number must be placed on **every SP hard-copy form.**

If there is **no telephone available in the household** to make the appointment, 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 field 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 that is convenient for both the SP and the office. Return to the household and confirm the appointment with the respondent and then enter the information on the Appointment Screen. In the unusual situation where upon returning to the household you find that the respondent is unavailable for the appointment scheduled, repeat the process.

NOTE: During the initial 2 to 3 weeks of interviewing the office will open early and close late to facilitate the scheduling of MEC appointments. Your supervisor will provide you with the official office hours and telephone number information for each week of the survey.

7. 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 8-12). This form must be signed before a child can come to the MEC. This form **cannot** be signed at the MEC.

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 so, the SP will be sent home immediately in a taxi. Otherwise, the SP will remain at the MEC until the closing time of the session. If someone 12+ is at home at that time, the SP will then be sent home. Otherwise, the SP will be driven to the field office until someone 12+ at the SP's home can be reached.

Be sure that the parent/guardian reads carefully the statement on the form for 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.

Exhibit 8-12. Authorization for Transportation Form



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

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

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

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 Mobil Exam Center/Field Office 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/Field Office 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 and over. 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 12 and over will accompany _____ Specify
- Will come alone (only for children ages 12-16).

(Date)

(Signature of Parent or Guardian)

(Witness)

SP ID _____

CDC 62.27
8-0320 (3/98)

8. If Necessary, Tell the Respondent That the Field Office Will Provide Him/Her With a School Excuse Letter

As discussed earlier in this section, children 12+ should be scheduled for exams according to whether they have been randomly selected for the morning or the afternoon/evening samples. 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 8-13) can be sent along with a reminder letter. The school excuse form should be completed by the parent/guardian and sent to the school. If further contact is necessary, the field office can make arrangements to do so upon notification.

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

There are **three different appointment slips**. You should select the appointment slip that corresponds to the SP's age and exam session appointment (morning for SPs 12+, morning for SPs under 12, evening/afternoon). These forms contain the date and time of the appointment, detailed instructions for the SP, and any special instructions needed for specific exams.

For **every** SP for whom an examination appointment is scheduled you must complete and leave at the household a separate appointment slip. To complete the front of the appointment slip (Exhibit 8-14), fill in the SP ID (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.

10. Read and Review the Instructions on the Appointment Slips With SPs

SP instructions appear on the back of each appointment slip. You should read and review the instructions with the SP and make sure that s/he understands them. There are separate appointment slips in Spanish.

KEEP IN MIND THAT ALL RESPONDENTS BEING ASKED TO FAST SHOULD BE REMINDED NOT TO FAST MORE THAN 16 HOURS.

The back page of each appointment slip and its corresponding instructions appear in Exhibit 8-15.

Exhibit 8-13. School Excuse Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics

6525 Belcrest Road

Hyattsville, Maryland 20782

Dear Principal:

Please excuse the below named student from class to participate in the National Health and Nutrition Examination Survey. 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 yours,

Field Operations Coordinator

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

Signed (Parent/Guardian)

Exhibit 8-14. Front of Appointment Slip

APPOINTMENT FOR EXAMINATION

Appointment for _____
(NAME)

(SPID NUMBER)

Day of week _____

Date _____ Time _____

Taxi will arrive at _____
(TIME)

SEE INSTRUCTIONS ON BACK.

**WHAT TO DO FOR YOUR MORNING EXAM APPOINTMENT.
(YELLOW)**

The night before:

- Don't eat anything other than water after 11:30 PM.

The morning of:

- Don't eat or drink anything other than water (you **can** have coffee or tea **without** sweetener or milk). (Don't chew gum, or use breath mints, or cough drops)
- Take your prescriptions with water (other than pills for diabetes—see below).
- If you take vitamins, other supplements or non-prescription medicines don't take them before your exam.
- Bring your eyeglasses. If you wear contact lenses, you may wear them and bring your own rinsing and wetting solution.
- Avoid wearing watches or jewelry such as rings, earrings, bracelets, or necklaces to your exam. Also, avoid wearing hair ornaments such as barrettes, beads, bands, or bobby pins. **You will be asked to remove all jewelry and hair ornaments for some of the tests.**

Why do we ask you not to eat or drink for 9 hours?

- The test for diabetes and pre-diabetes can't be done if you eat.
- The tests looking for high cholesterol in your blood are best if you haven't eaten.
- We want you to be able to find out if you have diabetes or high cholesterol. Please remember not to eat after 11:30 the night before your exam.

What if you have diabetes and take pills or insulin to treat it? (Or take insulin for other reasons).

- Please don't take your diabetes pills or insulin before your exam. Bring them with you so that you can take them after your blood test. You may bring food to the exam center to have after your tests.
- We will be testing to see how well your medicines are working to treat your diabetes. We get a better idea of how well you are doing with your diabetes and cholesterol if you don't eat for 9 hours before the tests.

What food will we give you at the exam?

- We provide juice and crackers when we have finished the tests for blood sugar and cholesterol.

**WHAT TO DO FOR YOUR MORNING EXAM APPOINTMENT.
(BLUE)**

The day of your exam:

- Since you are under 12 years of age, no fasting is required for your exam. Eat as you normally would.
- Take your prescriptions, vitamins, other supplements or non-prescription medicines as you normally would.
- Bring your eyeglasses. If you wear contact lenses, you may wear them and bring your own rinsing and wetting solution.
- Avoid wearing watches or jewelry such as rings, earrings, bracelets, or necklaces to your exam. Also, avoid wearing hair ornaments such as barrettes, beads, bands, or bobby pins. **You will be asked to remove all jewelry and hair ornaments for some of the tests.**

What food will we give you at the exam?

- We provide juice and crackers when we have finished the blood draw.

**WHAT TO DO FOR YOUR AFTERNOON/EVENING EXAM APPOINTMENT.
(GREEN)**

The day of your exam:

- No fasting is required for your exam. Eat as you normally would.
- Take your prescriptions, vitamins, other supplements or non-prescription medicines as you normally would.
- Bring your eyeglasses. If you wear contact lenses, you may wear them and bring your own rinsing and wetting solution.
- Wear shoes that are comfortable (sneakers, tennis or jogging shoes are preferred.)
- Avoid wearing watches or jewelry such as rings, earrings, bracelets, or necklaces to your exam. Also, avoid wearing hair ornaments such as barrettes, beads, bands, or bobby pins. **You will be asked to remove all jewelry and hair ornaments for some of the tests.**

What food will we give you at the exam?

- We provide juice and crackers when we have finished the blood draw.

11. Record all Appointment Information on the Front Cover of the Household Folder

After you complete the appointment process, write the appointment information for each SP on the Summary Table located on the front cover of the Household Folder (Exhibit 8-16). Enter complete information because this is your only hard copy documentation of this data.

If the SP has refused to make an appointment, enter the refusal code in the APPT DISP column and complete a Nonresponse Card detailing the reason for the refusal.

12. Make Sure to Collect Water Sample if Appropriate

Follow the procedures specified in Chapter 9 of this manual.

13. 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. Prepare an **Outreach Folder**. As you may recall the Outreach Folder is a two-pocket folder designed for NHANES.

One folder should be given to each eligible **household** at the conclusion of the appointment process. Place copies of the Consent/Assent Form and other study materials in the folder. Remember that a **Certificate of Appreciation** (Exhibit 8-17) will be sent to the SP after their appointment is made with the field office.

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.

- Restate the **date, time, and transportation** arrangements for the examination appointment. As necessary, remind the SP to bring the water sample to the MEC on the date of their appointment.

A summary of all the steps (1 through 10) to be followed when making a MEC appointment is contained in your Hand Card Booklet.

Exhibit 8-16. Summary Table of Household Folder

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY HOUSEHOLD FOLDER

DIRECTIONS/OTHER INFO

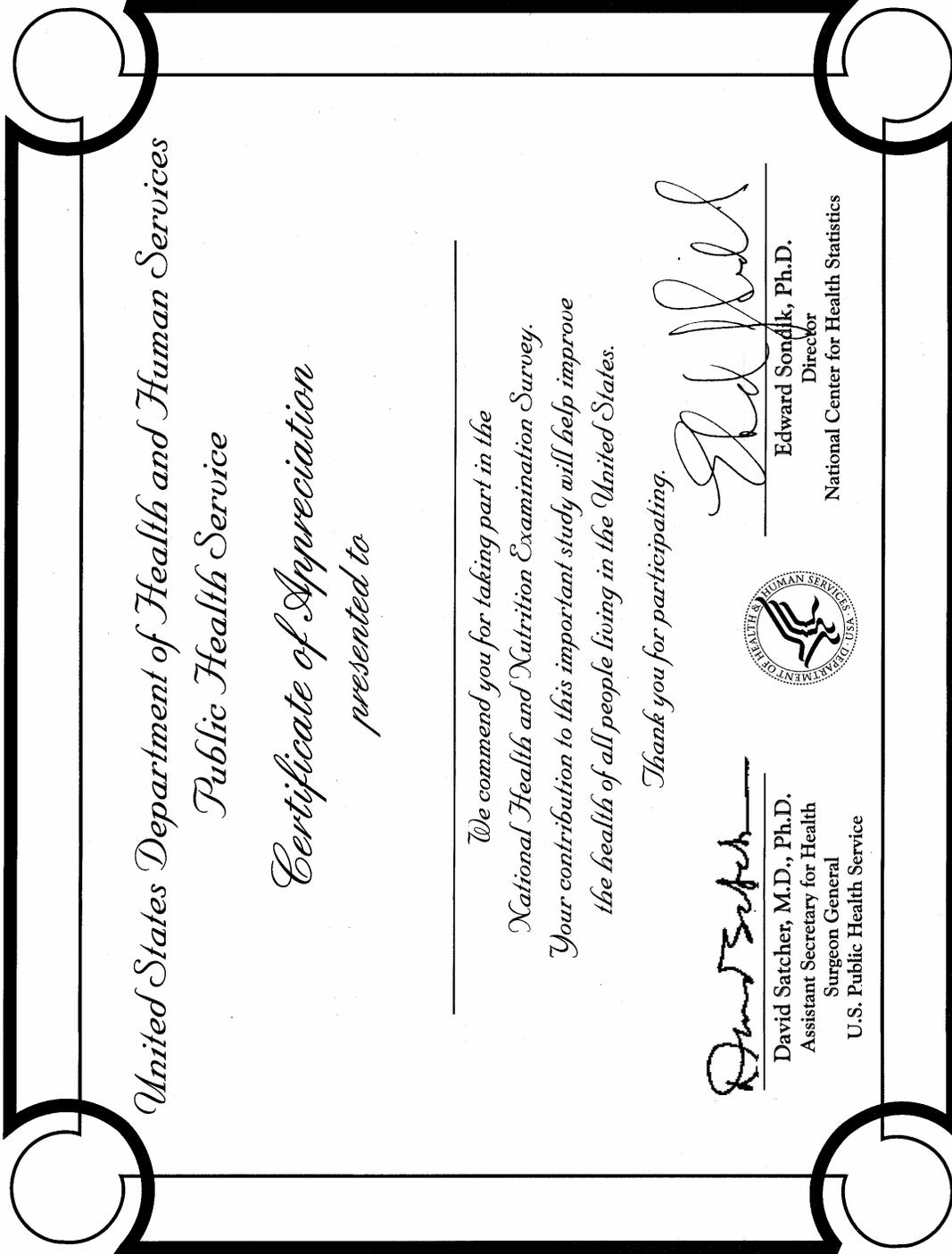
Screener Disposition Code: _____ FO USE ONLY: Address Changed: _____
 Household Contact Phone #: _____ HH Address _____ Mailing Address _____
 Specify Other Phone Type: _____ Address Updated in CAPI _____ ISIS _____

MEC EXAM APPOINTMENT SUMMARY								WATER COLLECTED	
FAM #	PER #	INTER INITIALS	SP ID#	APPT DISP	MEC EXAM APPOINTMENT INFORMATION				Y N* NA
					DATE	TIME	TRANSPORT	SPECIAL CONSID	
1									

*FOR ALL WATER NONRESPONSE (EXPLAIN) _____

REV. 11/04

Exhibit 8-17. Certificate of Appreciation



8.4 Reporting Medical Findings to SPs

When questions about the results of examinations arise, explain to the respondent that findings reflecting most of the tests conducted as part of the MEC exam will be reported to the SP either during the time of the exam or sent to the SP 12-16 weeks after the exam is completed. Most results will be reported to the SP in writing regardless of when they are reported. An example of the Preliminary Report of Findings the SP receives for some of the exams at the time of the MEC visit appears as Exhibit 8-18. The report the SP receives on other exams 12-16 weeks later is very similar in format to this preliminary report. As necessary, use the Summary of MEC Examination Survey Measurements and Findings to show the SP which exams are reported (Exhibit 8-19). This exhibit will also be part of your Hand Card Booklet.

NOTE: TALKING WITH RESPONDENTS ABOUT THE DISCOVERY OF SERIOUS HEALTH PROBLEMS OR ABNORMAL TEST RESULTS MAY HAVE A NEGATIVE IMPACT ON PARTICIPATION. FOR THAT REASON, THE TEXT THAT FOLLOWS IS FOR YOUR INFORMATION ONLY.

If a member of the examination staff determines that there are major medical findings that should be evaluated soon by a health care provider, the staff physician will explain the condition to the SP, provide him/her with a written report and urge him/her to make an appointment with a medical care provider. If the SP has no medical care provider, the physician will have him/her choose from a list of providers obtained at the stand for this purpose.

When extremely abnormal findings are discovered by the laboratory after the examination has been completed, the lab will contact NCHS who in turn will send the SP (or parent) a letter describing the findings and strongly urging him or her to see a medical provider for a complete evaluation. This letter will usually be sent within two to three weeks of the exam.

If an emergency situation is discovered in the MEC, the MEC staff will contact a local rescue squad, ambulance service, or hospital emergency room whose telephone numbers will be kept posted in the MEC.

Exhibit 8-18. Preliminary Report of Findings

National Health and Nutrition Examination Survey

Preliminary Report of Findings

These measurements were obtained as part of a survey and do not represent a medical diagnosis. Interpretation of these measurements must be made by a physician.

Date of Examination: December 30, 1998
Participant Name: Hilda Smith
Participant Age: 44 years
Participant Gender: Female
SP ID: 405279 PR

Body Measurements

Height/Length: 5 ft. 7 in.
Weight: 154.3 lbs
Body Mass Index: 59.03

For a person of your height, your weight is above the range of a healthy weight, and you may be overweight.

Blood Pressure and Heart Rate

		Optimal	Normal	Acceptable
Systolic Blood Pressure:	108 mm Hg	< 120	< 130	< 140
Diastolic Blood Pressure:	80 mm Hg	<80	< 85	< 90
Resting Pulse Rate:	80 bpm			

Your blood pressure is normal. Based on the 6th Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure.

Dental

Exhibit 8-18. Preliminary Report of Findings (continued)

National Health and Nutrition Examination Survey

Preliminary Report of Findings

Vision

We have done a quick check of your vision today. Our exam is not as precise as an eye exam done by an eye doctor. These values may differ from a vision exam you may have by an ophthalmologist, optometrist or optician.

Your distance vision is **20/20** in your **right eye** and **20/25** in your **left eye** with contact lens.

This is a good level of vision. We have not done a full eye examination, so you should continue your usual schedule of periodic examinations by your eye doctor.

Cardiovascular Fitness

Your fitness test was done on a treadmill. The test consisted of a warm-up, two exercise periods (stage 1 and stage 2), and a recovery period. The table below shows your test results.

Stage	Required Time	Your Time	Your Heart Rate
Warmup	2 min	2 min	100 pm
Stage 1	3 min	3 min	110 pm
Stage 2	3 min	3 min	120 pm
Recovery	2 - 3 min	3 min	100 pm

During this exercise your maximum incline on the treadmill was 6% and your maximum speed was 2.7 mph.

Compared with other people your age and sex, your cardiovascular fitness level is high..

Audiometry

The softest sounds you are able to hear are called hearing thresholds. Your thresholds at different frequencies (pitches) are reported in the table below. The lower pitched sounds are towards the left of the table and the higher pitched sounds are towards the right. Values of 25 dB or less are considered normal hearing.

Hearing Levels by Ear and Frequency (Air Conduction)

	Frequency (Hz)						
	500	1000	2000	3000	4000	6000	8000
Right Ear (dB)	10	10	10	10	10	10	10
Left Ear (dB)	10	10	10	10	10	10	10

Thresholds reported in dB HL

Your hearing was tested by a trained examiner. Results indicate that your hearing is entirely within normal limits in both ears.

Exhibit 8-19. Selected MEC Examination Survey Measurements and Findings

SP Receives Results

Blood Pressure*
Body Composition*
Bone Density
Oral Health Exam*
Eye Exam – Ages 12 and older*
Fitness Test*
Hearing – Ages 12-19, 70+*
Height, Weight and Other Body Measurements*
Pregnancy Tests (Females 12-59)
Sexually Transmitted Diseases (Reported Via a Toll Free Phone Line)
Human Immunodeficiency Virus (HIV) (Reported Via a Toll Free Phone Line)
Complete Blood Count*
Lipid Profile
Glucose Measures
Kidney Tests
Lead Levels
Liver Tests
Nutritional Status
Hormone Tests

SP Receives Results Only If Abnormal

Infectious Diseases
Blood Sample for Mercury
Cadmium

*Reported at the time of the examination.

8.5 Answering Questions About Child Abuse

The fourth paragraph on the MEC Consent Form informs the respondent of the strict confidential nature of the study except in cases where there are clear signs of child abuse.

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 statement about child abuse and related questions and answers respondents may have (Exhibit 8-20). These will be part of your Hand Card Booklet. In most situations, providing the respondent with this information will end the child abuse conversation. If the respondent asks you **other** specific questions (not in your Hand Card Booklet) about child abuse issues, provide him/her with the appropriate telephone number which will be given to you when you arrive at the stand. 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 any child abuse questions based on your own knowledge.** Your supervisor will give you the appropriate local agency number at the beginning of each stand.

8.6 Answering Questions About AIDS Testing

AIDS is one of the health issues to be studied in NHANES. The MEC Brochure informs respondents of this. Based on past 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, we would like you to do the following:

1. Hand the respondent the AIDS Brochure (Exhibit 8-21), which contains information on the blood test given in the MEC and on the AIDS virus. Note that the brochure includes an 800 number that respondents can call for additional information.

Exhibit 8-20. Child Abuse Pages

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

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.

**QUESTIONS AND ANSWERS ABOUT THE
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY**

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

This card contains information about and definition of "child abuse" obtained from two publications produced by the American Medical Association entitled "Diagnostic and Treatment Guidelines on Child Sexual Abuse" and "Child Physical Abuse and Neglect."

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 Examination Survey questionnaire. However, the physicians in the Mobile Examination Center are mandated by federal law to report such cases.

What actions are taken in suspected cases of child abuse?

Investigations of suspected cases of child abuse are dependent upon the specific 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 two publications produced by the American Medical Association entitled "Diagnostic and Treatment Guidelines on Child Sexual Abuse" and "Child Physical Abuse and Neglect."

Exhibit 8-20. Child Abuse Pages (continued)

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 National Health and Nutrition Examination Survey project?

My supervisor can give you more information and can be reached at (Give current phone number of Field Operations Coordinator).

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

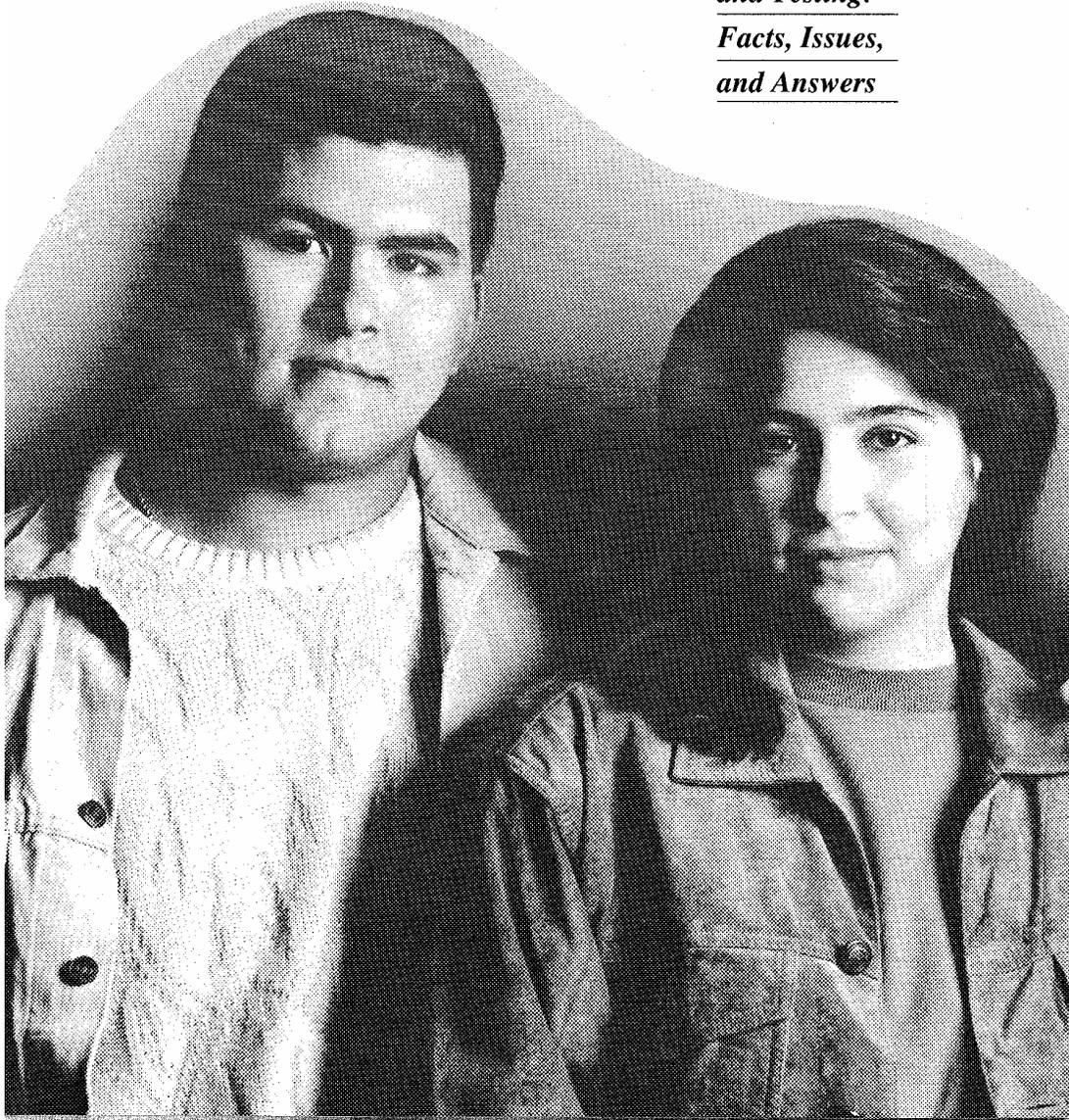
You may call the agency in your state that deals with child abuse cases (Give agency number) or the person to contact on a national level is Dr. Kathryn S. Porter at the National Center for Health Statistics. Her toll free number is 1 800 452-6115.

Exhibit 8-21. AIDS Brochure



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
NAIEP/10-90/11

Voluntary HIV
Counseling
and Testing:
Facts, Issues,
and Answers



Show the respondent the AIDS Information Sheet that appears as one of your Hand Cards in the "MEC" portion of the Hand Card Booklet (Exhibit 8-22).

In most situations this will end the AIDS conversation, and you will proceed with the appointment making process.

2. 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.
3. If the respondent would like to get the results of his/her AIDS test, they may call the special NCHS telephone number provided in the Consent Brochure.
4. If the respondent **insists** that s/he will participate in the MEC exam except for the AIDS testing, grant this concession and note it in the Consent Form Module.

8.7 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 has been produced to aid the health representative in answering these questions. This document appears as Attachment A.

8.8 Motivating the Respondent to Participate in the Examination

The face-to-face SP 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 module of NHANES.

However, situations will certainly arise where you sense that the respondent is apprehensive or reluctant about the examination. In such cases of noncooperation (short of an outright refusal) there are a number of techniques that should be employed once you have determined the reason for the reluctance. Some of the techniques are the same as those used to convince SPs to participate in the household interview, others are unique to the examination phase. These techniques are discussed in the Obtaining Respondent Cooperation Manual (Part II of your manual).

AIDS INFORMATION SHEET

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 18-49 years for AIDS infection.

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.

8.9 Making Field Reminders

Within 48 hours of their MEC appointment, all SPs will receive a reminder telephone call. This call is made from the stand field office. SPs 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 **Appointment History** of the SP who requires the field reminder (Exhibit 8-23);
- A xerox copy of the **Household Folder Call Record** to serve as a contact reference. This report also displays whether or not the SP has been selected as a VOC study participant; and
- A copy of the Household Composition Report which lists all members of the household.

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. SPs not receiving in-person field reminders may be more likely not to show for their MEC appointments.

In making field reminders to SPs, 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 the SP that a health representative made an appointment for him/her to come to the MEC 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 to the MEC on his or her own, remind the SP what time s/he needs to be there.

Exhibit 8-23. Appointment History

Appointment Detail Appointment: 8 of 10

SP: JONES, KATIE Participant ID: 107-17-0030-01-02 Session: Morning - 07/06/1999 - Start Time: 08:30

Address: 814-804 W Lakeside Pl, Apt 2S, Chicago, IL 60640

Type: Primary Status: Scheduled Status Date: 5/16/2001 Scheduled By: 1280: Hogan, Katie

Arrival Time: 08:30 Language: VOC Sample: Yes Interviewer: 0000: None Found

Assigned Fast: Morning Sched Fasting: Morning - 9 Hour Field Reminder: Hold: No

Transportation
 Interpreter
 Considerations/Incentives
 History
 SP Addresses
 Comments
 SP Info
 Consents

Sample Person Name	Status	Type	Session	Rescheduled By	Status Date	History Date
Jones, Katie	Scheduled	Primary	07/06/1999 - Morning	1031: Carter, Deloris	5/16/2001	5/16/2001 16:23:05
Jones, Katie	Cancelled\SP Resche	Primary	08/10/1999 - Morning	1031: Carter, Deloris	5/16/2001	5/16/2001 16:23:04
Jones, Katie	Scheduled	Primary	08/10/1999 - Morning	1031: Carter, Deloris	5/16/2001	5/16/2001 11:12:36

Nbr of Rows: 3

5. Review the appointment instructions with the SP thoroughly.
6. Collect a water sample if the SP is 12+.

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 since it will surely affect the next module of the study, in this case, participation in the examination.

8.10 Rescheduling Broken MEC Appointments

Interviewers will support the field office staff efforts to reschedule respondents who cancel or do not appear for their MEC examination appointments. The study manager will assign these cases.

A **broken appointment assignment package** will include:

- A **Segment Folder** (Chapter 3) to help locate the address;
- The **Non Response Card** to record the results of rescheduling the broken appointment;
- A **SP Appointment History Report**, which provides appointment history data on all SPs in a household.
- A photocopy of the Household Call Record from the Household Folder to provide contact information about the household.
- A copy of the Household Composition Report listing all members of 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).

9. SAMPLE WATER COLLECTION

9.1 Overview

The NHANES household interviewers will collect a tap water sample from SPs age 12+. The water sample will be collected from a non filtered/aerated faucet in the respondent's home. For a random half-sample of these SPs, the tap water will be examined together with blood obtained from the SP during the MEC exam to assess the SP's exposure to numerous volatile organic compounds (VOCs). The remaining SPs 12+ will have their urine and water sample tested only for perchlorate.

NHANES has been examining environmental chemical exposures for close to 30 years (1976 blood lead). Since 1999, NHANES has been studying about 150-200 environmental toxicants in blood, urine, and water samples of NHANES participants. Beginning in 2005, the number of environmental chemicals being studied will more than double to approximately 450. These data, collected for NCHS in collaboration with the National Center for Environment Health (NCEH), are the cornerstone of the CDC publication, The National Report on Human Exposure to Environmental Chemicals.

VOCs are one of the major classes of environmental exposure chemicals being studied by NHANES. VOCs exist everywhere, however, chronic exposure to extremely high levels of certain VOCs can lead to cancer and neurocognitive dysfunction. NHANES VOC exposure assessment of blood will include examining selected chemicals that are on priority toxicant or critical contaminant lists (e.g., chemicals used in solvents, the plastic or rubber industry, in soil fumigants, etc.). VOC exposure assessment of blood and water will include examining chemicals formed by water disinfection and fuel oxygenate ethers.

In addition to VOC exposures, urine and water samples will be used to measure perchlorate, a chemical used primarily in the production of solid fuel propellants for rockets and missiles but also used to produce everyday items such as matches, fireworks, and automotive airbags. Industries using perchlorate have dumped this substance so that there are large areas of contamination in many parts of the U.S. Perchlorate is currently found in tap water samples from 4% of communities nationwide. Long term exposure to high levels of perchlorate can inhibit the thyroid gland and possibly compromise fetal brain development.

This chapter describes the procedures to be used in the VOC water collection component conducted by the household interviewers.

9.2 Additional Background Information

NCHS has developed the following "talking points" to describe the VOC/perchlorate component.

Component: Volatile Organic Compounds (VOCs) and Perchlorate exposure assessment

Who Examined: Selected participants aged 12+

Examination: A water sample in the home
A blood and urine sample on the MEC
A questionnaire on the MEC

Results: No reporting as of now

In addition, use the following information to encourage SPs to participate.

- This component is part of an epidemiologic analysis of personal exposures to volatile organic compounds among a subset of participants in a statistically designed national survey.
- The NCEH is collaborating with NCHS on this component to collect environmental exposure data for a subset of the U.S. population, as part of a comprehensive nationally-based health study.

The primary aims of this component are:

1. To characterize the distribution of exposures to selected VOCs and perchlorate within the population;
2. To examine the relationship between exposures to VOCs/perchlorate, and socioeconomic, demographic, and other characteristics; and
3. To investigate possible associations between exposures to VOCs and some selected indicators of health status which are collected as part of the larger study.

The purpose of the VOC analysis will be to assess exposures to the group of VOCs being monitored, as well as exposures to particular VOCs, and to explore potential linkages between exposures and economic, behavioral, and other factors. A tap water sample is needed for the measurement of a subset of VOCs, which may be present in water. These include byproducts from disinfecting water (for example, chlorination) and oxygenates added to gasoline. The latter can sometimes contaminate ground water and end up in water supplies. An example is MTBE. For another subsample, perchlorate will be measured in the home water sample.

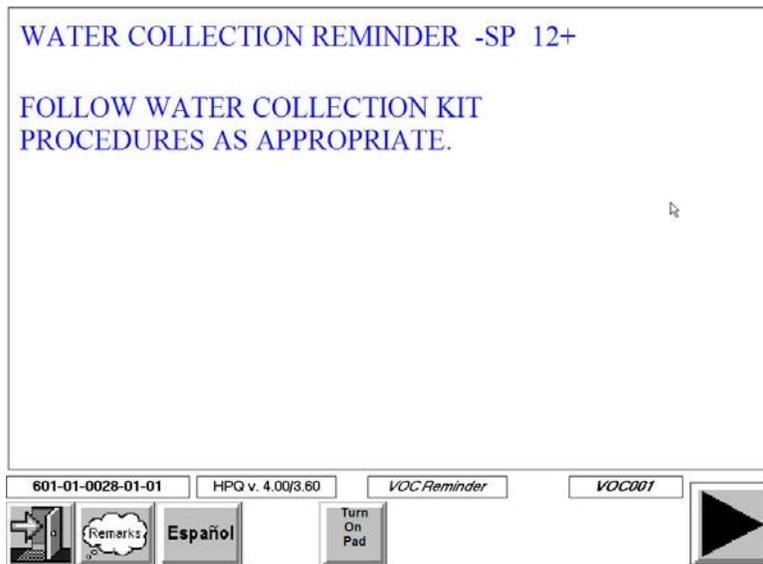
Associations of VOC and perchlorate exposures with potential health outcomes may not be possible to demonstrate because of the size of the sample. However, the opportunity exists to investigate health status markers among the data points collected as part of the larger study to elucidate any patterns, which are consistent with published studies of health outcomes.

9.3 Eligibility

Approximately 3,550 SPs per year will be eligible for the VOC/Perchlorate component. The average number of water collections per stand will be 237. As noted earlier, half of the SPs 12+ will be in the perchlorate sample (urine and water) and the remaining half will be assessed for seven other chemicals in blood and water (disinfection byproducts and fuel oxygenates).

9.4 When to Collect the Water Sample

Generally, water collection should be conducted immediately following the SP interview. Interviewers will be prompted by CAPI to collect the SP water sample at the end of the SP questionnaire.



Because water collection is so easy and short, we expect that few respondents will postpone or refuse this task. In the **rare** situations when water cannot be collected during the interview/ appointment making visit, collect the sample if you need to complete another task in the household. We want to avoid making trips to a household or neighborhood simply to collect a water sample.

9.5 Supplies

At the start of each stand, the home office warehouse will ship 325 water collection kits to the field office. Each kit contains everything an interviewer will need to complete the water collection for each SP. Each kit contains the following:

- 10-mL vial;
- Instructions (English and Spanish versions in all kits); and
- Small zip closable bag with identification label (name, date, time).

In addition each interviewer will receive a set of 10 household ID labels for every household in his/her assignment. These labels are attached to the Household Folder.

Whenever you are in the field you should always have 10 water collection kits and the assignment specific labels. This will ensure that you are fully prepared for any situation encountered on a given day. Inventory your water collection supplies on a regular basis so that you always have 10 complete kits on hand. Remember to pick up additional kits from your supervisor when you are running low.

9.6 Water Sample Collection Process

1. To assist you in introducing this component to the SP, we have provided a sample introduction in your Hand Card set. It is available in English and Spanish.

"When you come to the examination center some of the tests you will have look at chemicals that are in your body. We'd also like to check your home water for a few of these chemicals. For this I need to collect a sample of tap water. I need to get the water sample from a faucet that doesn't have a water filter or aerator. The best one is usually a bathroom sink. I need to let the cold water run for about 3 minutes and then fill this little bottle with water. I will take the water sample with me when I leave. Can you take me to the bathroom to collect this sample?"

2. Prior to collecting the water sample for an SP, enter the required information on the pink label (SP name and sample collection date and time) on the water collection kit and place the correct Household ID label on the kit plastic bag (never the vial) as well. The latter label will have the stand, segment, and serial number appropriate to the case preprinted. However, you will need to enter the correct family and person number for each water sample. You can obtain these numbers by viewing the MEC appointment consent screen in the "consent module" or the case list in "interview manager" (see below).

3. Collect the water sample for each SP 12+, using the instructions in the water collection kit (Exhibits 9-1 and 9-2).

If the bathroom sink is not available, collect it from the following non aerated/non filtered sources in this order – bathtub, kitchen sink, outside faucet minus hose, apartment building faucet.

Use your watch to time the running of cold water for 3 minutes.

If the SP prefers to collect the water him/herself, ask the SP to follow the instructions in the kit.

The liquid in the vial is a mixture of two nonhazardous chemicals. Both of the chemicals dechlorinate water. If you spill some of the liquid, wash your hands and/or wipe the spill.

NOTE: It's critical that the water vial be filled to the top of the vial. Headspace introduces error into the water analysis and renders the samples non-analyzable. However, they should not be filled to overflowing.

4. Complete the "WATER COLLECTED" column on the front cover of the case Household Folder for each SP water sample collected (see Exhibit 5-1).
5. Give the water sample(s) to your supervisor during your next visit to the field office. S/he will place an SP ID label on the plastic bag for all samples collected and then store the samples in the field office refrigerator until they are picked up by the MEC Manager. Pick up by the MEC Manager will occur about once per week once s/he arrives at the stand.

Exhibit 9-1. Water collection instructions

Water Collection Instructions

Instructions for collecting tap water sample:

1. Collect the water sample from a faucet that isn't filtered or aerated. The first choice is the bathroom sink, the second the bathtub. If for some reason you can't get water from one of these or if they are filtered or aerated, we suggest the kitchen sink (if no filter/aerator) or an outside faucet without a hose attached.
2. Turn on the cold water (all the way on).
3. Let the cold water run for 3 minutes (all the way on) and then decrease the flow to a trickle.
4. Take the black cap off the glass tube. (If the white liner in the cap falls out, put it back into the cap. The shiny side should be facing up.)
5. Carefully fill the glass tube with water until it is almost full.
6. Screw the black cap tightly and carefully on the tube.
7. Turn the tube upside down to make sure it does not leak. (If the tube does leak, then remove the cap and try tightening the cap again.)
8. Put the water vial back into the plastic bag.

10. NON-INTERVIEW AND NONRESPONSE

Any non-interview and nonresponse to the survey's questionnaires or procedures must be fully documented. For NHANES, we will use two forms when dealing with non-interview and nonresponse problems.

- The **Screener Vacant/Not a DU Form** is used to record information on screeners identified as vacant or not a dwelling unit; and
- The **Nonresponse Card** is used to document nonresponse to the Screener, SP questionnaire, Family questionnaire, the Dust Collection process, or nonresponse to the MEC appointment (an initial refusal, cancellation or no-show).

In this chapter we will discuss non-interview and nonresponse problems/situations, as well as the completion of Screener Vacant/Not a DU and nonresponse forms.

10.1 Non-Interview Cases

You may sometimes encounter circumstances that prevent you from completing a Screener at the assigned address. These problems can occur in the following scenarios:

- The unit is vacant;
- The address does not qualify as a DU; or
- The sampled DU does not exist.

10.1.1 Problems Making Contact at the Dwelling Unit

You may encounter problems associated with sampled addresses you have been assigned. While they occur rarely, you should be prepared for them. This section provides a description of the most common problems and what you are to do when you encounter them.

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. Once you are satisfied that the unit is vacant, fill out the Screener Vacant/Not a DU Form. A copy of this form appears as Exhibit 10-1. Be sure to include in your comments all signs of vacancy. 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.

Your supervisor may ask you to 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 what further activity is necessary.

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 DUs may no longer qualify as DUs. 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 that qualify as DUs. Therefore, it is your responsibility to make sure that the address you have been assigned is a DU.

You should use Section 3.1, "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 the Screener Vacant/Not a DU Form, and return the case to your supervisor at your next scheduled conference. Note that your supervisor may ask you to verify with a neighbor or building manager that the address is not a dwelling unit as defined by this study.

Exhibit 10-1. Screener Vacant/Not a DU Form

SCREENER VACANT/NOT A DU FORM

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

- VACANT (B)
- 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.

END

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 on the Screener Vacant/Not a DU Form. Return the case to your supervisor during your next scheduled conference.

10.2 Nonresponse

You may sometimes encounter problems that prevent you from completing critical components of a case. These problems can occur in the following scenarios:

- When you are trying to conduct the Screener with a household adult;
- After you have screened a household and have selected SP(s), and are unable to interview an SP;
- When you need to make an appointment or obtain signed consent for the MEC examination;
- When you are trying to reschedule a broken MEC appointment; and
- When you are unable to complete the Dust Collection process.

10.1.2 Problems Obtaining the Interview (Screener Relationship, SP, Family Interviews, or the Dust Collection Procedure)

Once you have located the DU, you are ready to make contact with the household to complete the Screener, and if there are selected SPs, a number of other interviews. There are several situations in which an attempt to conduct the Screener, an extended interview with an SP, or the Dust Collection Procedure may result in an outcome other than a completed questionnaire.

The following are the problem situations that you may encounter. Any of these problems could occur when you are attempting to contact an eligible respondent for interviews.

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 may complete a **Sorry I Missed You/Call Back** card and put it under the door of the assigned unit. Do not leave study 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. A copy of this card appears as Exhibit 10-2.

Note: Do not leave other materials about the study. At this stage, the goal is to complete the screener to see if there are eligible SPs in the household.

Then, make a deliberate effort to contact a neighbor to obtain information about the household's or SP's availability.

You should perform the following tasks:

- 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
- Record any information obtained about the household composition on the Neighbor Information Form.

Special considerations for neighbor contacts are discussed in Section 6.1.3. If you have what your supervisor considers to be the maximum number of attempts and have been unable to find an adult at home to administer the Screener, complete a Nonresponse Card. Explain thoroughly why you were unable to complete the Screener interview and try to complete the household enumeration as thoroughly as possible, using the Neighbor Information Form, with sources such as resident managers, children from the sampled DU, neighbors, mail carriers, and other similar knowledgeable sources. (Specifications for this form are in Section 10.4 of this chapter.) Return the case to your supervisor during your next scheduled conference.

Exhibit 10-2. Sorry I Miss You/Call-Back Card

National Health and Nutrition Examination Survey

I stopped by your home today to talk with you about the National Health and Nutrition Examination Survey. You were recently contacted about the study and the importance of your participation in it.

I am sorry that I did not find you at home today. I will return within the next several days. Thank you for your cooperation.



DEPARTMENT OF HEALTH & HUMAN SERVICES

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 the following:

- 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: Emphasize the importance of the study, persuade respondents that we do appreciate their contribution to the project, and indicate 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 policymaking process, 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.
- 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 Nonresponse Card 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 conduct any household interview**, you should remain there 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, 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.
- 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. Before you leave the area, drop by the respondent's home again. 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.

- Through experience, we have found that the elderly may not answer the door simply because they don't hear or may take longer than most people to get to the door. Knock or ring several times.

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 Nonresponse Card.

Unavailable During the Field Period

If you learn that all the adults in the 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 3 or 4 months; that they are traveling for an extended period of time; etc.), and are therefore unavailable for the screening, do not make further attempts. Record the details on the Nonresponse Card and complete the Neighbor Information Form. 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 Nonresponse Card for that SP.

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 II on the Screener Non-Interview Form. 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.

Language Problem

We will be conducting Screeners with respondents who speak English and Spanish. If you encounter a household where all the household members speak some other language, you may use a neighbor to translate for the Screener interview. If you cannot find a translator, have the respondent complete the Language Identification Card. Next, complete a Nonresponse Card 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, try to find an adult (18+) household translator to assist you during the interview. If none exists, return the case to your supervisor. S/he will try to help you find a professional translator.

Other Situations

Any other type of incomplete interview situation that does not fit into any of the categories mentioned previously should be described in detail on the Nonresponse Card. Discuss all “other” situations with your supervisor during your conference.

Respondent Confidentiality Issues

On occasion, study participants may be asked to serve as translators, endorsers of the study or as escorts in dangerous segments or gated communities. In previous years, study participants have also served as field interviewers or MEC/field office local clerks. When participants volunteer or are hired in this manner, they must sign the nondisclosure agreement and Westat employment forms as necessary. Only when they agree to these terms and sign the forms will they begin work as employees or volunteers of the study. It is also important to note that they should not be prompted to divulge their own names and experiences as study participants unless they do so on their own volition.

10.1.3 Obtaining the MEC Examination Appointment, Informed Consent, or Rescheduling Broken Appointments

If you have any difficulties making a MEC examination appointment, obtaining signed consent forms, or rescheduling a broken MEC appointment, record the disposition code on both the front and back of the Household Folder and complete a **Nonresponse Card**. Specifications for completing this card are in Section 10.4 of this chapter.

10.2 Completing the Screener Vacant/Not a DU Form

If the answer to question 1 on the Neighbor Information Form is “No” (the address is not currently occupied), follow the skip instructions and turn to page 2, the Screener Vacant/Not a DU Form. This form (Exhibit 10-1) is to be completed when you encounter vacant/not a DU situations. This form will provide your supervisor with an accurate description and documentation of the circumstances encountered.

If the DU is vacant or not considered a DU for this study, complete the appropriate sections on the Screener Vacant/Not a DU Form. 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 and is expected back before the stand closes, consider the unit as occupied.

Note the following:

Section I – Vacant/Not a DU

- Item A. If you have checked the box for “NOT A DU, OTHER REASON,” be sure to specify in **as much detail as possible**.
- Item B. Record completely all signs of vacancy including verification (e.g., from neighbor or resident manager if obtained).
- Item C. Record any and all signs of information that the DU does not qualify as a sample unit.

10.3 Documenting Nonresponse and Completing the Nonresponse Card for Screener, SP Interview, Family Interview, Dust Collection, and MEC Appointment Nonresponse

It is important to stress that on the basis of the nonresponse information you provide, your supervisor will decide whether to refiled the case. If a case is refiled, the interviewer to whom the case is reassigned will also use this information. It is, therefore, very important for you to fill out the Nonresponse Card as completely and accurately as possible to give your supervisor and any future interviewer a full description of the problem and any suggestions you have about how to deal with it. Whenever necessary, make any additional notes you feel are pertinent.

The Nonresponse Card (Exhibit 10-3) is used if an interviewer has been unable to complete either a Screener, SP interview, Family interview, the Dust Collection process, or schedule or reschedule a MEC exam appointment. The **first** interviewer who experiences any one of these situations must:

- Document the situation in detail on the Result of Contacts page on the back of the Household Folder.
- Enter case specific information on the top of the Nonresponse Card.

- Enter the SP specific information in the appropriate area of the card.
- Enter the type of nonresponse (code) and the result code from the back of the Household Folder Result of Contacts page in the first available row of the Nonresponse Card.
- Enter the nonresponse code in the appointment disposition column on the front of the Household Folder.

The conversion interviewer assigned the nonresponse case must document his or her efforts on the remainder of the Nonresponse Card using the following specifications.

10.3.1 Specifications for Completing the Nonresponse Card

The Nonresponse Card is somewhat similar to the Household Record of Calls. The first interviewer who experiences nonresponse must record the case-specific information (Stand, Segment, Serial and Family #) and if SPs are identified, record the SP specific information (SP name, SP ID, Person #, Age, Gender, and Race/Ethnicity) in the appropriate areas of the card. Note: There is room on the card to record information about 6 SPs from a family.

Screener Not Complete/Information Only Box

A Nonresponse Card should be included with each screener submitted with an interim disposition (i.e., Language Problem, Not home After Multiple Attempts, etc.). Place a check mark in the “Information Only” field and document information gathered while attempting to screen the household (i.e., “teenage male approx. 14 years old answered door and explained that his parents work late. I’ve tried to reach them as late as 8 p.m. Try weekend mornings after 8 a.m. Father drives a green pickup.”).

Documenting Non Response

The first attempt line on the Nonresponse Card is used to record information from the last row of the Result of Contacts page on the back of the Household Folder. Enter the interviewer ID, the Day, Date and Time, and the type of nonresponse. Use the type of nonresponse codes from the box at the top of the Nonresponse Card. Then enter the result code from the Result of Contacts page on the back of

the Household Folder. Enter a 'C' for Cancel or a 'NS' for No Show in cases of broken MEC Exam appointments (first interviewer).

The interviewer who is assigned the case to convert the nonresponse must document his or her efforts on the remainder of the Nonresponse Card using the following specifications.

- ATTEMPT #: Enter all attempts on this card as they occur. All attempts should be consecutively numbered.
- INTERV. ID: Enter your identification.
- DAY OF WEEK:
DATE:
TIME: Complete just as on Household Folder.
- SP QUEX – DUST COLLECTION – APPOINTMENT: Check the box, according to the type of nonresponse.
- RESULT CODE: Enter the appropriate result code for the SP Questionnaire, the Dust Collection process, or the MEC Appointment scheduling or rescheduling process. These codes are listed (Exhibit 10-4) on page 5 of the Household Folder.
- REASON CODE: Enter the reason code(s) for the nonresponse. Enter all codes applicable. All reason codes (01 through 41) are listed on the bottom of page 5 of the Household Folder (Exhibit 10-4).
- TYPE OF NONRESPONSE: Enter the type of nonresponse from the codes listed on the top of the Nonresponse Card.
- PERSON: Enter the Person number(s) to whom the nonresponse information applies.

10.3.2 Documenting Nonresponse Using “Remarks”

Whenever documenting nonresponse, whether you are the first interviewer who experiences a problem, or you have been given a nonresponse case to work, you should provide the following information in the “Remarks” column of the Record of Calls or the Nonresponse Card.

1. Physical appearance/health—size, weight, condition (normal/frail, handicapped, any physical/mental condition which would keep respondent from coming to MEC)
2. Attitude (normal, scared, angry)
3. Details on conversation between you and respondent—what respondent said/what you said

4. Details on conversations between you and neighbors when a screener has not yet been completed
5. Type and condition of DU (apartments, single homes, well-kept lawns, rundown, high security)
6. Type of neighborhood (low income, middle income, high income, singles, families, professionals)

Keep the remarks legible, complete and pertinent. Complete means documenting what happened; it does not necessarily mean complete sentences. Good phrases are adequate. Note that your best guess or estimate will do in cases where you do not have data.

The following pages contain examples of accurately completed Nonresponse Cards.

EXAMPLE 1:

John Jones is the only SP in the household. He completed the Screener and Relationship questionnaires but says he is too busy to do anything else for us. He works two jobs and those jobs keep him busy day and night. He also is very suspicious of anything the government is doing. The interviewer tries to talk him into completing the SP questionnaire but does not succeed. On the first refusal conversion attempt, the interviewer talks John into completing the SP questionnaire and making a MEC appointment.

NONRESPONSE CARD

INFORMATION ONLY

STAND #	SEG #	SERIAL #	FAM #
555	10	12	01

<small> CODES FOR TYPE OF NONRESPONSE: SCREENER NONRESPONSE = SCR SP QUEX NONRESPONSE = SP MEC APPOINTMENT NONRESPONSE = MEC DUST COLLECTION NONRESPONSE = DC FAMILY = FAM </small>

NAME	SP ID	PER #	AGE	GENDER	RACE/ETHNICITY
John Jones	123456	01	28	M	WHITE

ATTEMPT #	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
LAST ROC ATTEMPT	JMS	THU	6/10	7:10pm	22	25, 16	SP/MEC	01	Sp says he's too busy - works 2 jobs day and night. Very suspicious of government involvement
01	AKL	SUN	6/13	3pm	11			01	Interview completed, MEC appt scheduled 6/19 at 1:30pm.

EXAMPLE 2:

Mr. (SP #1) and Mrs. (SP #2) Smith are an elderly couple who are both SPs. They completed the Screener, Relationship, and both SP questionnaires. However, they will not make a MEC appointment. They are afraid to go out of their house because they are both somewhat frail and they worry that this study may be some sort of a scam. They have heard a lot about sales people who prey on the elderly and suspect this study may not be legitimate. After a somewhat lengthy discussion, the interviewer decides someone else may have more success in convincing Mr. and Mrs. Smith to participate. The conversion interviewer goes out to talk to the Smith's but no one answers the door. On the second visit, the conversion interviewer persuades Mr. and Mrs. Smith to appoint to the MEC.

NONRESPONSE CARD

INFORMATION ONLY

STAND #	SEG #	SERIAL #	FAM #
555	10	04	01

CODES FOR TYPE OF NONRESPONSE: SCREENER NONRESPONSE = SCR MEC APPOINTMENT NONRESPONSE = MEC
 SP QUEX NONRESPONSE = SP DUST COLLECTION NONRESPONSE = DC
 FAMILY = FAM

NAME	SP ID	PER #	AGE	GENDER	RACE/ETHNICITY
Mr. Smith	234567	1	82	M	WHITE
Mrs. Smith	890123	2	79	F	WHITE

ATTEMPT #	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
LAST ROC ATTEMPT	SLO	MON	9/2	10:30am	22	06,30 31	MEC	01/02	The Smiths refused the MEC exam for fear of being scammed. They've heard stories of salesmen preying on the elderly and they're convinced we're part of the conspiracy. Both SPs seem frail.
01	MNP	WED	9/4	11:15am	23	41	MEC	01/02	No one answered the door. Sps may be hiding inside.
02	MNP	FRI	9/6	6pm	11			01/02	Sps scheduled for the MEC exam on Monday, 9/9 at 8:30am.

EXAMPLE 3:

Mr. and Mrs. Logan are both SPs. Mrs. Logan completed the Screener and Relationship questionnaires and the SP questionnaire. However, she will not make a MEC appointment because her husband does not want her to and she has her own doctor so she doesn't see why she needs to. Mr. Logan refuses to do his SP questionnaire. He says the whole process will take too much time and he doesn't trust anything the government does. The conversion interviewer visits the next week. She appoints Mrs. Logan to the MEC but has no luck with Mr. Logan.

NONRESPONSE CARD

INFORMATION ONLY

STAND #	SEG #	SERIAL #	FAM #
555	02	54	01

<small> CODES FOR TYPE OF NONRESPONSE: SCREENER NONRESPONSE = SCR SP QUEX NONRESPONSE = SP MEC APPOINTMENT NONRESPONSE = MEC DUST COLLECTION NONRESPONSE = DC FAMILY = FAM </small>

NAME	SP ID	PER #	AGE	GENDER	RACE/ETHNICITY
Mr Richard Logan	369482	1	42	M	Black
Mrs Betty Logan	182945	2	43	F	Black

ATTEMPT #	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
LAST ROC ATTEMPT	KLS	Sat	3/19	4pm	22	19, 28	MEC	02	Mrs Logan's husband, Richard, does not want her to participate any further. She also insists that she doesn't need our exam because she has her own doctor.
	"	"	"	"	22	25, 16, 20	SP/MEC	01	Mr Logan is too busy and distrusts the govt.
01	ADW	Tue	3/22	6:15pm	11			02	Mrs Logan appted for 3/29 at 1:30pm
	"	"	"	"	22	12, 22		01	Mr Logan would not speak with me. May be interested after his wife's exam is completed.

10.4 Completing the Neighbor Information Form

If after two visits, it appears that you may not reach an eligible household member, you should attempt to complete the Neighbor Information Form with two knowledgeable neighbors. An example of this form appears as Exhibit 10-5. There are a number of considerations to keep in mind whenever you contact a neighbor. These considerations are detailed in Section 6.1.3 of this manual.

Document household member data obtained from two “neighbors” or other knowledgeable informants.

Item Specifications

Sampling Box. The information in this box tells you which persons in the household will be selected as SPs. The information is first organized by race/ethnicity. The information is then organized into specific gender and age categories. Your supervisor will use this sampling information, along with the remainder of the information you collect on the NIF, to determine if the household is eligible and what further action will be taken for the case.

Introduction. Use the introduction printed on the form to begin asking the questions.

1. First determine whether the sampled dwelling unit is occupied.
2. If the dwelling unit is occupied, obtain the best time to reach the household. This could be a specific day and time or a general time (for example, weekdays after 7 p.m.).
3. Obtain the total number of people who **usually** live at the dwelling unit.
4. **Household Demographic Information**—Record as much information as you need to apply the sampling message from neighbor #1 and #2 on this grid.
 - **NAMES.** Include the names of household members. If you cannot obtain names, list the family structure (e.g., Father, Mother, Son #1, Son #2) as completely as possible.
 - **GENDER, AGE, ETHNICITY, AND RACE.** This information will enable the sampling message to be applied.

Exhibit 10-5. Neighbor Information Form

Household ID (Stand-Seg-Serial): _____

Sample Dwelling Unit Address: _____

Interviewer ID: _____

NHANES NEIGHBOR INFORMATION FORM

SAMPLING MESSAGES

INTRODUCTION: Hello, I'm (NAME) and we are conducting a survey for the U.S. Public Health Service (SHOW ID BADGE). I have tried to contact the people who live at (ADDRESS).

	NEIGHBOR #1	NEIGHBOR #2		
1. Is (ADDRESS) currently occupied?	YES..... 1 NO.....2 (GO TO PAGE 2) DK (GO TO ANOTHER NEIGHBOR)	YES.....1 NO.....2 (GO TO PAGE 2) DK (GO TO ANOTHER NEIGHBOR)		
2. When is the best day and time to reach them at home?	_____	_____		
3. How many people usually live at (ADDRESS)? (Include babies, small children, relatives, lodgers, boarders, and any other persons who usually live there but are now away from home.)	_ _ NUMBER	_ _ NUMBER		
4. RECORD AS MUCH INFORMATION ABOUT THE SAMPLE HOUSEHOLD AS POSSIBLE FROM NEIGHBOR #1 AND #2 ON GRID BELOW.				
PERSONS IN HH (NAME OR #)	GENDER	AGE (OR AGE RANGE)	HISPANIC/LATINO ORIGIN (MEX/OTHER HISP/NO)	RACE (W, B, O)

	NEIGHBOR #1	NEIGHBOR #2
5. My supervisor may need to contact you to verify my work. What is your name, address and phone number?	NAME: _____	NAME: _____
	ADDRESS: _____	ADDRESS: _____
	TELEPHONE: _ _ - _ _ - _ _	TELEPHONE: _ _ - _ _ - _ _
	DATE COMPLETED: _ - _ MO DAY	DATE COMPLETED: _ - _ MO DAY
6. AFTER YOU HAVE COMPLETED THIS FORM WITH 2 NEIGHBORS AND OBTAINED EQUIVALENT INFORMATION FOR THE SAMPLED DWELLING UNIT, CHECK WITH YOUR SUPERVISOR FOR INSTRUCTIONS. DATE APPROVED BY SUPERVISOR: _ _ - _ _ MO DAY		

Collect only as much information as you need to enable the sampling procedures to be applied. Example: If the sampling message indicates that only females should be selected and you are told that only males live in the household, you should not ask about age, ethnicity and race because you already know that no one in this household has a chance of being selected. If the sampling message indicates that only individuals who are age 60 or over should be selected and you learn that all members of the household are under 60 years old, you should not ask about ethnicity and race because you know at that point that no one in the household has a chance of being selected.

5. Provide the details on the **two** sources of information (name, address, telephone number, and date completed). We must have complete contact information for the two “neighbors” providing the data. If the case falls into the validation sample, we must be able to confirm the data.
6. After the form is completed and you have obtained **equivalent** information for the DU, check with your supervisor for further instruction.

You are Unable to Enter the Structure

You may encounter a building that 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:

- 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 on the back of the Household Folder and inform your supervisor. Your supervisor will send the building manager a Resident Manager’s Package. This package contains several items: a letter briefly explaining the purpose of the study, printed on NCHS letterhead; one or two newspaper articles from prominent publications and, if available, a local newspaper and the Screener Brochure. This package is usually sent using a mail express service to ensure timely delivery. Your supervisor may ask you to make an in-person follow-up visit to the manager a few days after the package is sent.

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 code the Household Folder with the one-digit code (6) and return the case to your supervisor during your next scheduled conference.

Note: You may be assigned cases that 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.

THIS PAGE INTENTIONALLY BLANK

11. QUALITY CONTROL

Data quality is an ongoing process that begins at training and continues throughout the course of the study. Collecting and recording data accurately is a vital aspect of your role as an interviewer. It is your responsibility to listen carefully to the respondent, record information accurately, and review all aspects of your work.

A variety of quality control techniques will be used during the field period to assure the quality of the study:

- Field observations;
- Field editing;
- Field office review of cases for errors and discrepancies; and
- Validation.

11.1 Observations

Observations are normally conducted by Westat or National Center for Health Statistics (NCHS) staff. The purpose of the observation is to assess all aspects of interviewer performance, such as appropriately reading questions, probing for responses, and smooth management of the computer-assisted personal interview (CAPI) system and paper documentation. Other skill areas that will be observed are your ability to follow the data collection protocol, obtain cooperation for all modules, explain the study, answer questions, and maintain rapport with the respondent.

The observer typically meets the interviewer prior to the appointment. The interviewer will introduce the observer as a colleague who is coming along to observe interviewer procedures. The observer may follow along with the interview using his or her own CAPI system. Keep in mind that when observers maintain a low profile, respondents usually assume that they are newcomers being introduced to the survey and are not greatly distracted by them. Once you have left the respondent's home, the observer discusses your performance and, if needed, methods of improvement.

11.2 Field Edit

Before turning in a case to your field manager you should carefully review each hard-copy case document. This review is called field editing and should take place shortly after you have completed a case. Edit during times when you cannot be interviewing.

Editing procedures for CAPI differ from traditional questionnaires. In a CAPI study, the computer automatically follows the programmed skip logic and an item-by-item proofreading of the case is not possible. Once you complete a case you will not be able to access it again. Therefore, the field editing is limited to three main parts:

- An accounting of all required materials for the case;
- An item-by-item proofreading of all the hard-copy forms associated with each case; and
- A review of certain screens on your pentop.

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.

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.

11.2.1 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 forms immediately after leaving the household. During your edit, make a final check to verify that the proper form of identification information is in place and is correct.

You should have the following materials for each case:

- Household Folder with a Household Assignment Label; and
- Neighbor Information Form/Screening Interview Non Response form.

If the household has Sample Persons:

- Appropriate Household Interview Consent Forms.

If the household has been selected for the Dust Collection procedure and the procedure has been undertaken:

- Completed Lead Dust Sampling Form;
- Signed Dust Collection Consent Form; and
- Labeled sample tubes.

If SPs have been appointed:

- Appropriate Consent/Assent Forms for each SP.

If there are children under 16 years old who need to be transported to the MEC:

- Authorization for Transportation Form.

If there are SPs 20-59 years old who fall into the VOC sample:

- VOC water collection kit.

If the case involves SP, Dust Collection or MEC appointment non response:

- Nonresponse Card.

11.2.2 Editing Hard-copy Materials

During your edit, review each hard-copy form associated with a case (Household Folder, the Nonresponse Card, the Neighbor Information Form, the Screener Non-Interview Form, Consent Forms, the Lead Dust Sampling Form, Authorization for Transportation Form, etc.). Corrections on any hard-copy materials should be made using the following guidelines:

1. Check instructions and delete extraneous information and note any omissions;
2. Make sure the participant ID appears on every hard-copy item associated with the case and your ID is recorded on appropriate forms;
3. Enter missing items on administrative forms (e.g., disposition codes, SP ID, etc.);
4. Clarify sloppy coding and illegible handwriting; and
5. Spell out abbreviations other than those commonly used.

11.2.3 Reviewing Certain Screens on Your Pentop

Before you turn in finalized cases to your supervisor, you are required to complete key CAPI screens in your pentop. More specifically:

- Each finalized **module** (Screener, Relationship Module, SP Questionnaire, Family Questionnaire, Appointment and Dust Collection Module) of the case must have a finalized deposition entered on your pentop case assignment screen (see Chapter 6).
- If MEC appointments have been made, the MEC Appointment/Consent Module must be completed **for each SP** (see Chapter 8).
- If you have discovered a missed dwelling unit, a new case must be created in your pentop for each unit discovered (see Chapter 12).

11.3 Field Office Review of Cases

In addition to your field edit, your work will be reviewed in the field office. You will be notified by your supervisor of any problems are discovered with your work.

11.4 Validation

Validation is used to make sure that an interview was conducted with the assigned household according to procedures. Persons working in the field 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 NCHS that the data collected are valid.

11.5 The Importance of Entering Accurate Key Information

There are certain key items that are collected both on the Screener and the SP questionnaire. These include age, birthdate, gender, spelling of last name, and address. This information is used to ensure that SPs get appropriate examination modules, 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 that have arisen on gender, age, birthday, and name. Name, age, birthdate, and gender are currently recorded in the CAPI Screener. 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 any hard-copy materials on which this information is recorded. When you upload your completed interview, corrections to any demographic errors will be made automatically in ISIS.

Addresses

As you know, when you administer the Screener in a household, 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 and for forwarding reports of findings to SPs.

11.6 Checks for Key Information

At the field office, the editors check all key items again carefully, and data retrieval will be carried out as necessary. In addition, the MEC Coordinators also compare the data furnished in ISIS 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 record missing items and resolve inconsistencies before materials are turned into the field office.

11.7 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 field work. 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:

- 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.
- The lister made an error;

Since it is important that every household has a chance of being selected, it is necessary to represent each DU. Procedures, therefore, have been developed to pick a sample of those DUs that should have been listed originally but for some reason were not.

There are two procedures designed to do this: the Missed DU procedure and the Missed Structure procedure. These allow staff, while in the field, to select and interview at a sample of DUs that have been missed during listing. You will perform the Missed Structure procedure when instructed to do so by your supervisor. At that time he or she will explain the procedure to you.

This chapter explains the Missed DU procedure, how to deal with completing the necessary forms, selecting the DUs, and interviewing additional households.

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 household identification label under the heading '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 follow the procedure written at the top of page 3 of the Household Folder (see Exhibit 12-1). Those procedures appear below:

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 (SP) selected or the SP 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 SP 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 process of listing household members in the Screener leads you to believe that there is more than one DU, you will be required to determine the status of the household at that point. (See instructions on page 4-7 through 4-9.)

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 the Listing Sheets in your Segment Folder (see Chapter 3). 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.

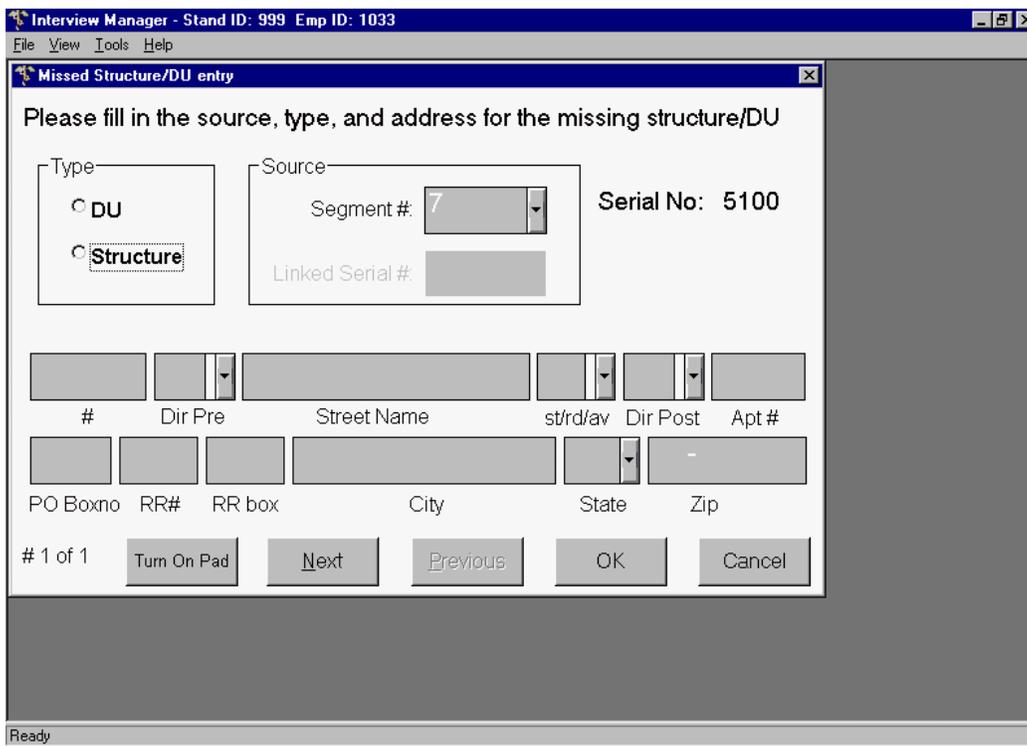
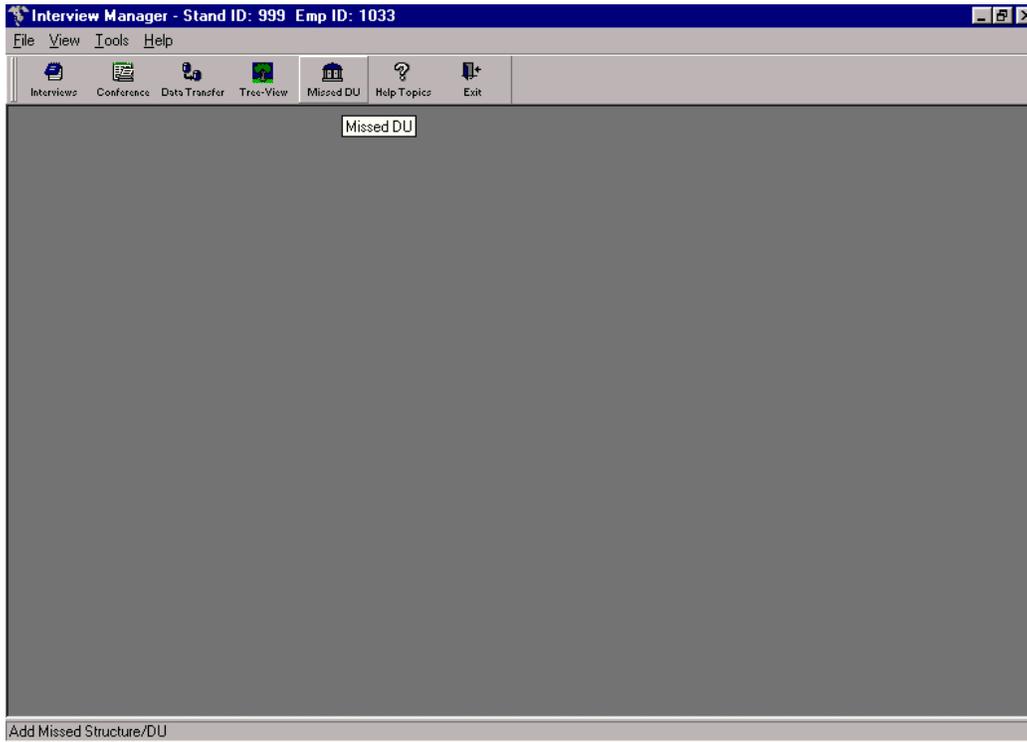
Once you have checked the DUs against the Listing Sheet and verified that they are missed DUs, you will need to complete the Missed DU Form located at the bottom of page 3 of the Household Folder (see Exhibit 12-1). You should complete this form according to the following specifications.

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. Number each case consecutively (i.e., 1, 2, 3, . . .).
 3. If four or fewer missed DUs are discovered in a particular structure, enter the address of each DU in your pentop, using the Missed DU Screen (see Exhibit 12-2).
 - This will create a separate case on your pentop for each DU. The procedure for entering addresses of Missed DUs appears below:
 - Tap on the Interview Manager Icon;
 - Tap on the "MISSED DU" tab;
 - Enter the Segment;
 - For missed DUs, enter the serial number of the DU at which you discovered the missed DU;
 - Indicate whether the new dwelling unit was discovered as a result of a Missed DU or Missed Structure procedure message;
 - Use the 'Turn On Pad' button to access the keypad and enter the address of the dwelling unit; and
 - Tap on the 'Next' button to enter another address or the 'Next' button to accept your entries and exit the Missed DU screen.

Exhibit 12-2. Missed DU Screen



- CAPI will then create a new case for the new unit.
 - The case will be added to the bottom of your case assignment list on your pentop. It will always be assigned a 5000 serial number.
 - Using the information on your pentop, fill out the Household Assignment Box on a blank Household Folder for each new case created.
 - If you have another new DU to enter, tap the "NEXT" button.
 - When you are finished entering all new DU addresses, tap the "OK" button.
4. If five or more missed DUs are discovered in a particular structure, follow the procedures described below:
- Call the field office before doing any additional work. The field office will select those DUs that should be added to the sample and contacted for screening.
 - For each new **selected** DU, create a new case in CAPI using the steps described above.
 - The case will then be added to the bottom of your Case Assignment List on your pentop.
 - Using the information on your pentop, create a Household Folder for each new case (see Section 12.3).

REMEMBER: You are only to add newly discovered DUs to the sample if there is a message on the Household Folder address label to perform the Missed DU procedure. If you discover a missed DU at an address that 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 Household Folder address label and a message in CAPI to do the Missed DU procedure, and have asked the respondent and checked the premises for additional DUs, **place a check in the box located in the middle of page 3 of the Household Folder. You must check this box even if you do not discover any missed DUs. This is the only way we will know that you have carried out the procedure.**

12.2 Creating a Household Folder for Missed DUs

You should always carry several blank Household Folders with you in case additional DUs are discovered as a result of the Missed DU procedures. You will need to create a Household Folder for each discovered DU that is selected. To do this:

- Access your **Screener** Case Assignment List on your pentop;
- Locate the address of the newly created unit at the bottom of the screen;
- Record the stand number, segment number and newly assigned serial number in the Household Assignment area; and
- Record the address and/or location description in the Household Assignment area.

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.

12.3 Sampling Messages for Missed DUs

When screening Missed DUs, you should use the sampling message associated with the assigned address where you are instructed to perform the Missed DU procedure.

12.5 Creating a Missed Structure or Dwelling Unit

Your supervisor may ask you to perform the Missed Structure procedure in certain segments. When you discover a missed DU (defined as a single room or groups of rooms that is intended for separate living quarters and has a separate entrance directly from the outside of the building or through a common hall), you can create these cases on your pentop and proceed with screening and interviewing.

When a missed structure (defined as a building that contains one or more dwelling units), is discovered you can create these cases on your pentop as well. However, not all missed structures are selected to be part of the sample. The case/s will appear in the screener module of CAPI if the case is available for screening and interviewing.

In the event that you are working in a segment in which the missed structure procedure is being applied and you discover five or more missed structures, you will have to call the FO in order to proceed and the FO will contact the HO.

When the HO receives a call from the field to report an interviewer having identified five or more missed DUs, information will be collected about the missed DUs (including the number identified) and a sampling algorithm will be run. The end result of this process will be the identification of those households that should be added to the sample (e.g., of the 20 missed DUs, select 2, 5, 7, 9, 12, 14, 16 to be screened).

Until the screener(s) associated with the missed DU/structure procedure have been uploaded to ISIS, it will not be possible to schedule a MEC exam appointment in the Appointment Management module. In the event that you call the FO to schedule an SP from a missed DU/structure before you have done a data transfer, the details of this appointment must be recorded on hard copy.

13. REPORTING

To monitor the results of your work and assign you new work, it is necessary for you to report to your study manager, in person, several times per week. In addition to the various records to be kept in connection with completing forms, 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 Trip Expense Report. In addition, each time you report to the study manager you will be required to print the Interviewer Conference Report from your pentop. The procedures for completing these forms and for preparing for your conference with your field manager are discussed in this chapter.

13.1 Report Forms

13.1.1 Overview

It will be necessary for you to produce three forms for reporting purposes.

- Time and Expense Report
- Trip Expense Report
- Interviewer Conference Report

The Time and Expense Report and the Trip Expense Report will always cover a 1-week period. This 1-week period always begins on Thursday morning and ends on Wednesday evening 1 week later. The Interviewer Conference Report does not cover any particular time period but should be completely updated each time you report to your study manager during a stand.

The study manager will use these forms in addition to other reports at his/her disposal 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 each form be completed correctly.

13.1.2 The Time and Expense Report

In order to receive a weekly paycheck, field staff must submit to Westat a completed and signed Interviewer Time and Expense Report each week. For accounting purposes, the week for field personnel begins on Thursdays and ends on Wednesdays. Time and Expense sheets must be turned in to your field manager on Thursday afternoons. Pay checks are written and distributed on Fridays for time sheets received the previous week.

The T&E Report has five copies in five different colors. After filling out your T&E you should tear off and keep the bottom (gold) copy for your records and submit the others to your field manager.

Carefully complete, check, and double check your Time and Expense (T&E) Report for accuracy before submitting it to your field manager. Reports with errors will be returned to the field staff member for correction, and may result in a delay of payment.

Specific Instructions for Completing Time and Expense Report

The following are instructions for completing the Time and Expense Report. (Refer to Exhibit 13-1.)

Information Across
Top of Page:

Be sure to print the following information across the top of your T&E Report:

- WINS number;
- Name; and
- City and state of residence.

Also indicate the Wednesday through which your T&E is being submitted. A T&E must be submitted each week if you worked during that week. A T&E must also be submitted for vacation weeks at Christmas and in the summer.

Time:

Time, by activity, is to be reported for each day worked. FW: Field Work and T: Time spent traveling between stands. Record the Month and Date for each day of the week. Time is entered to the nearest quarter hour. Enter the total number of hours worked.

Project/Account Name:	Enter project name, "NHANES."
Charge Code:	Record the stand charge number. Refer to the 10-digit cost point number assigned to the stand.
Type or Rate:	Always circle "P" for special rate.
Summary of Expenses by Project Code:	Leave blank. Expenses should be submitted on Trip Expense Reports.
Production Report:	Leave blank.
Type of Pay/Rate/Hours:	Hours are transferred to the Summary Box on "Hours" leave rate blank. The total amount will be calculated in the home office. The total number of hours should be no more than 40 each week.
Payroll Authorization:	This must be completed and signed for the T&E to be approved and paid. Always check the box "have not" charged Westat for more than 40 hours.
Copies:	Turn in the first four copies to your field manager. Keep the final gold copy for your records.

13.1.3 Trip Expense Report

The Trip Expense Report will be used for reporting all allowable expenses you incur while you are working on the project. It is essential that you report your expenses by day. If expenses are left uncompleted for a couple of days or until the end of the week, accurate reporting will be difficult. This report should be used for reporting all cash and charged expenditures other than expenditures billed directly to Westat.

When filling out the Trip Expense Report, use a black ball point pen and print legibly. After completing the form, save the pink copy for your own records and give the other copies to your supervisor.

A field accounting week begins on Thursday and ends on Wednesday. Reimbursement checks are issued by our accounting office on Friday for the previous week's Trip Expense Report.

In order to update advance accounts and your expenses on a weekly basis, it is imperative that you submit a Trip Expense Report.

Instructions for completing the Trip Expense Report are as follows. (Refer to Exhibit 13-2.)

- WINS NUMBER:
NAME:
ADDRESS:
- In the upper left corner fill in your WINS number, name, and permanent address.
- LEAVE/RETURN:
- In the upper right hand corner, record the pay period begin and end dates. Leave the time fields blank.
- PROJECT NUMBER:
- Record the 10 digit cost point number assigned to the stand.
- PROJECT NAME:
- Write "NHANES".
- DESTINATION CITY:
- Record the city and state for the stand in which you are working. If traveling, record the city and state you are traveling to.
- SIGNATURE:
- You must sign and date every Trip Expense Report. Westat will **not** process unsigned Trip Expense Reports.
- DAY OF WEEK:
- Record the days of the week and the date in each column. Since field accounting weeks begin on Thursday and end on Wednesday, your Trip Expense Report should also start with Thursday and end on Wednesday.
- COSTS:
- Record costs incurred for each day of travel and for days that you are in the field. If an expense is charged on your personal credit card, the expense should be treated as a cash expenditure and therefore shown on your report.
- Meals.** Enter the per diem amount allotted for each day on the "Meals and Incidentals Per Diem" line.
- Lodging.** For between-stand travel, enter the total cost of lodging including tax. If the office has made arrangements for the hotel to direct bill us, write "direct" on the line for lodging. The shared housing allowance (not to exceed \$15/day) is also recorded on this line.
- Employee Paid Airfare/Auto Rental.** These expenses are typically direct-billed and should not be claimed by the employee.

Mileage. The flat allowance for gasoline for between stand travel and allowable within stand travel is requested here. Interviewer gas expenses should be listed under “Miscellaneous.”

Ground Transportation. Enter amount for any approved ground transportation expenses on this line.

Telephone. With supervisor approval, enter amount of business-related long distance and local telephone calls.

Miscellaneous. Enter any miscellaneous expenses in this section. This would include gas expenses for interviewers. You must attach a receipt for gas and other allowed expenses. If additional space is needed for itemizing, attach a sheet of paper making certain that expenses are reported by day and date incurred.

Total Claimed. Add up each day’s total expenses and enter the totals on this line.

Total. Add up each type of expense by adding horizontally across each line. Enter the weekly total for each type of expense in the last column on the far right side of the form.

Add the Total Claimed for each day of the week by adding vertically and enter the total of each day on the bottom line. Next, add both total columns separately, adding the “Total” column on the far right corner of the page and the “Total Claimed” line on the bottom of the page.

The total for “Totals Claimed” when adding horizontally should be the same number as the total for weekly types of expenses.

ATTACH RECEIPTS TO FORM. Do not forget to attach the receipts for the non-food related expenses that you have recorded. Receipts should be attached to the back of the lower left hand corner of the first (white copy) of your Trip Expense Report.

You will be reimbursed for all **allowable** expenses you incur while conducting project business. In addition to routine expenses such as per diem and hotels, there may be other out-of-pocket expenses that you incur. Some examples follow.

- **Tolls:** Tolls or road fees on bridges, expressways, tunnels, etc., are acceptable and should be shown on the Trip Expense Report.
- **Parking:** While on Westat business in congested urban areas where free parking is not available, Westat will pay for parking. To obtain reimbursements for parking, enter the amount of a meter fee or parking charges on your Trip Expense Report.

13.1.4 The Interviewer Conference Report

The Interviewer Conference Report is a record of the cases currently assigned to you and the results of your work on those cases. The Conference Report can be viewed from your pentop by using the following procedure:

1. Turn on your machine,
2. Access Interview Manager, and
3. Tap on the “Conference” button at the first Interview Management screen.

Your cases will be divided into specific areas on the report depending on the status of the case. You may look at each area by tapping on the correct tab. The report is printed from your pentop at the Field Office immediately prior to your conference with the study manager. To print the report:

1. With pentop turned off, insert the network card and dock your pentop (you will be shown how to do this at the field office),
2. Access your Conference Report on your pentop using the steps described above, and
3. Tap on the “PRINT ALL” button at the Conference Report screen.

13.2 Conference With Your Study Manager

You will have regularly scheduled appointments to report to your study manager. Your study manager is responsible for a number of interviewers, so it is very important that you **do not change your reporting time** and that you **report on time**. You must plan on being in the office approximately 1½ hours for each conference. If you cannot report at your scheduled time, phone your study manager as far in advance of your regularly scheduled conference as possible. S/he will reschedule your conference and discuss any problems that require immediate action.

During your regular in-person 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.

13.2.1 Preparing for the Conference

Since you will discuss each case in your possession with your study manager, 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 the study manager.

- **Complete the cover of the Household Folder** as interviews and cases are finalized. This will be very important since hard-copy questionnaires will no longer be available to remind you of what you have completed.

Enter complete taxi/appointment/consent form information on the cover of the Household Folder since there is no other hard-copy documentation of the data.

Record the VOC kit placement results and detail any non-response information on the space provided at the bottom of page 1.

- **Edit all hard-copy documents.** All work being turned in should be completely filled out and edited, including Household Folders, Call Records, consent/assent forms, and Nonresponse Cards.
- **Bring in all of your assignments**—This includes cases you have not worked as well as cases you have worked and your pentop computer.
- **Enter all case dispositions in your pentop that are not automatic.** (See Chapter 6.)
- **Arrange your hard copy materials into two groups:** eligible households and noneligible households.
- **Arrange your hard-copy materials** in segment and serial order.
- **At the field office, print your Interviewer Conference Report from your pentop and review it** for completeness and correctness. (Printing instructions are discussed in Section 13.1.4. Field office staff will go over this process with you in detail before printing your first report.)

Always feel free to discuss any problems you may be having concerning your work with the study manager. Do not be afraid to discuss mistakes you think you have made or to ask for advice on how to handle certain types of respondents or interviewing situations. When you encounter a problem you think needs an immediate solution you should talk to a study manager in the field office (in person or by telephone) without waiting for your next regular conference.

THIS PAGE INTENTIONALLY BLANK

14. SPECIFICATIONS AND DEFINITIONS FOR THE SAMPLE PERSON AND FAMILY QUESTIONNAIRES

14.1 Overview of the SP and Family Questionnaires

14.1.1 SP Questionnaire

The SP questionnaire is divided into 30 sections that collect information about the SPs medical history. The questionnaire is administered to all SPs, however the actual sections administered depend on the SP's age. Exhibit 14-1 provides the name and order of the sections and the applicable age category for each section.

On average, the questionnaire should take approximately 40 minutes to administer. The actual administration time will vary depending on the respondent's age and answers.

14.1.2 Family Questionnaire

One Family questionnaire will be administered to each family containing at least 1 SP. The 6 sections in this questionnaire collect information about a broad range of topics. Exhibit 14-2 provides the name and order of the sections.

On average, the questionnaire should take approximately 10 minutes to administer, although administration time may vary depending on the respondent's answers and the number of SPs in the family.

Exhibit 14-1. Sections in the SP Questionnaire

Section	Target Group
INTRODUCTION AND VERIFICATION	Birth +
EARLY CHILDHOOD	Birth to 15
HOSPITAL UTILIZATION AND ACCESS TO CARE	Birth +
IMMUNIZATION	Birth +
PHYSICAL FUNCTIONING	1+
MEDICAL CONDITIONS AND HEALTH STATUS	1+
KIDNEY CONDITIONS	20+
DIABETES	1+
BLOOD PRESSURE	16+
CARDIOVASCULAR DISEASE	40+
OSTEOPOROSIS	20+
RESPIRATORY HEALTH AND DISEASE	1+
ALLERGY	1+
VISION	12+
AUDIOMETRY	1+
DERMATOLOGY	20-59
ORAL HEALTH	18+
PHYSICAL ACTIVITY AND PHYSICAL FITNESS	2+
SLEEP	16+
DIETARY BEHAVIOR	Birth +
CARDIOVASCULAR FITNESS	8+
WEIGHT HISTORY	16+
SMOKING	20+
OCCUPATION	16+
SOCIAL SUPPORT	40+
ACCULTURATION	12+
DEMOGRAPHICS	Birth +
HEALTH INSURANCE	Birth +
DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION	Birth +
MAILING ADDRESS VERIFICATION	Birth +

Exhibit 14-2. Sections in the Family Questionnaire

Section	Target Group
DEMOGRAPHICS	Non-SPs Heads of Household & Spouses
HOUSING CHARACTERISTICS	All SPs in Family
SMOKING	Household
INCOME	Family/Household
FOOD SECURITY	Household
TRACKING/TRACING	Family/Household

14.2 General Questionnaire Specifications

This section reviews some general instructions related to administering the NHANES household questionnaires. Many of these have been discussed in your General Interviewing Techniques Manual.

- 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 advance letter and the Screener brochure to introduce the study.
- 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.
- Brackets and parentheses indicate optional reading. Introductions to questions in brackets or phrases in parentheses are to be read when the respondent has lost the meaning of the question or does not understand the intent of the question.
- Words/statements in all capital letters are interviewer instructions or response categories that are not to be read to the respondent.
- Highlighted or bolded 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 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 a range is given, try to narrow it down as much as possible.
- 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). At no time, however, should you question a response s/he provides simply because it does not seem reasonable to you.

- 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.

14.3 Using Remarks

Sometimes, in the course of the interview, a respondent will give you information that would change or add to a previous response. For situations which you are not able to correct, it is extremely important to use comments when there is a need to clarify or correct a response. Remarks 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 (invalid answers). Using comments to enter the response is the only way to capture the information. Remember, comments are **not** made in soft range checks (unlikely answers).
- You don’t know how to record a response. Record the comment, explaining clearly the problem you encountered and sufficient detail to allow the data preparation staff to categorize the response.

Remarks 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 remark should be made. The client is not interested in specifying this “OTHER” response.

14.4 Detailed Specifications

14.4.1 The SP Questionnaire

The SP questionnaire will be administered to each eligible SP. It is divided into 30 sections that collect information about the SP's medical history. While the SP questionnaire is administered to all SPs, the actual sections administered vary, depending on the SP's age (see Exhibit 14-1, "Order of Sections in the SP Questionnaire").

Below is a description of each of the sections comprising the SP questionnaire and question by question specifications for each.

INTRODUCTION AND VERIFICATION (DMQ -- SPIV)

The IVQ section begins with screens that verify information collected in the screener that is critical to the flow of the SP questionnaire: date of birth, age, and gender. In addition, this section collects the complete name of the SP, including a prefix, the first, middle, and last name and a suffix, if relevant.

EARLY CHILDHOOD (ECQ)

This section contains questions about the smoking habits of the mother of the SP while she was pregnant with the SP. It collects information about the kind of care the SP received at birth, birth weight, and the amount of time the SP spends away from home. The target group is SPs from birth to 15 years old.

ECQ.010 First I have some questions about John Smith's birth.

How old was John Smith's biological mother when he was born?

_____|_____
ENTER AGE IN YEARS

Many mothers tend to think of the age they became pregnant. If necessary, emphasize that you are interested in the age of the mother at delivery.

ECQ.020 Did John Smith's biological mother smoke at any time while she was pregnant with him?

1. YES
2. NO

Smoking during pregnancy includes the time in early pregnancy before the mother may have known she was pregnant.

ECQ.030 At any time during the pregnancy, did John Smith's biological mother quit or refrain from smoking for the rest of the pregnancy?

1. YES
2. NO

Code "NO" if the mother stopped smoking during her pregnancy but started again while she was pregnant with the SP.

ECQ.071 How much did John Smith weigh at birth?

ENTER WEIGHT IN POUNDS,
KILOGRAMS OR GRAMS.

IF ANSWER GIVEN IN POUNDS ONLY,
PROBE FOR OUNCES. IF ANSWER
GIVEN IN EXACT POUNDS, ENTER
NUMBER OF POUNDS AND 0 OUNCES.

1. ENTER NUMBER OF POUNDS AND OUNCES.
2. ENTER NUMBER IN KILOGRAMS.
3. ENTER NUMBER IN GRAMS

This is a gate question. Select the measurement you will use to record and then follow these general rules when recording birth weight.

If the response is reported in whole pounds only, probe for ounces.

If the response is reported in exact pounds (for example, "exactly 6 pounds"), enter the number of pounds in the "LBS" field and a "0" in the ounces ("OZ") field.

If the exact number of ounces is not known (for example, “He weighed 6 pounds and I’m not sure of the ounces”), enter the exact number of pounds in the “LBS” field and “DK” in the “OZ” field.

HOSPITAL UTILIZATION AND ACCESS TO CARE (HUQ)

This section consists of questions to determine the overall utilization of health care services by the SP. It is asked of all SPs and the type of questions asked depend on the age of the SP. Definitions for terms used in this section are on the Help Screens.

HUQ.030 Is there a place that you **usually** go when you are sick or you need advice about your health?

1. YES
2. THERE IS **NO** PLACE
3. THERE IS **MORE THAN ONE** PLACE

The response categories to this question are designed to acknowledge various types of situations. If the respondent goes to a particular place (for example, a clinic, a general practitioner or an internist) the coded response should be “YES” (1).

If the respondent states that he/she goes to a particular place for routine care and a particular specialist, depending on the nature of the problem, the coded response should be “THERE IS MORE THAN ONE PLACE” (3).

A “NO” response indicates there is no regular place the SP goes.

Consider the following examples:

“I don’t get sick but if I were sick or needed medical advice, I would go to Dr. Brown – my mother’s doctor.” The coded response should be “YES” (1).

“It depends on what the nature of the illness is. If it was allergies, I would go to Dr. Valdez. If it were anything else, I would go to my internist – Dr. Logan” The coded response should be “THERE IS MORE THAN ONE PLACE” (3).

“If I got sick I would just go to the nearest emergency room or walk-in clinic.” The coded response should be “THERE IS NO PLACE”, (2).

Do **NOT** probe a simple “YES” response to determine if there is more than one place.

Note that the response to this question is not necessarily the doctor most recently contacted (for example, the most recent contact may have been with a specialist never seen before.) Also, it need not be a doctor or clinic the SP has **ever** contacted. Rather, this question refers to the doctor or place the SP **would** contact if he/she is sick or needed advice about his/her health.

HUQ.071 During the **past 12 months**, were {you/SP} a patient in a hospital **overnight**? Do not include an overnight stay in the emergency room.

1. YES
2. NO

Only persons who were admitted to a hospital and stayed overnight or longer should be included. Exclude persons who visited emergency rooms or outpatient clinics, **unless that person was admitted and stayed overnight**. Exclude stays for non-medical reasons such as staying with a sick family member.

For an SP questionnaire being completed for an SP who is less than one year old, do **not** include hospitalization covering his or her birth. 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.

MEDICAL CONDITIONS AND HEALTH STATUS (MCQ)

This section is designed to ask questions about specific medical conditions in order to produce estimates of the prevalence of these conditions in the general public. It is asked of all SPs age 1 or older. The types of conditions asked about will depend on the age of the SP. The fewest number of conditions are asked of infants, the most of adults age 20 or more. In most cases, a “YES” response to the condition will trigger several follow-up questions.

If you are asked the definition of any condition, use the definitions on the Help Screen. Do **not** attempt to explain or define any of the conditions further.

“Has a doctor or other health professional ever told you that you had {CONDITION}?”

In order to answer “YES” to this question, the SP should have been **diagnosed** with the condition. If the SP thinks he/she has the condition but has never been told by a doctor or health professional that he/she has it, the response entered should be “NO”. If a doctor or health professional told the SP that he/she is likely to develop the condition or that it is likely he/she has the condition, the response entered should be “NO”. If the respondent answers something like, “Yes, the doctor says it probably is {CONDITION} but she has to run more tests,” probe to determine **if the condition has been diagnosed** by a doctor or health professional.

Throughout this section, the reference period for these conditions goes back and forth between “**ever**” and “**during the past 12 months**”. If the respondent says “YES” to one (or more) of these conditions, assume that the qualification has been met and enter a “YES”. However, if the respondent gives a modified answer such as “Yes, I’ve had trouble with that for years,” re-ask the question with emphasis on the reference period being asked about.

MCQ.220 Have you **ever** been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

1. YES
2. NO

For an SP who answers “YES” to this question, there are two follow-up questions that ask what kind of cancer it was and how old the person was when the cancer was first diagnosed.

MCQ.230 What kind of cancer was it?

ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3, ENTER 66 AS THE 4TH RESPONSE.

() () () ()

{LIST OF DIFFERENT KINDS OF CANCERS WITH NUMERIC CODES}

Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck and trunk should be counted as only one kind of cancer.

CAPI allows the entry of up to three types of cancer. If the SP offers more than three kinds, code the first three kinds of cancer in the field provided and code the fourth field as “66” – “MORE THAN THREE KINDS”. A code of 66 is the only code CAPI will accept as the fourth entry.

Also note that CAPI will perform edits on gender specific types of cancer. For example, uterine cancer will not be allowed as an entry for a male SP.

Do **not** read the alphabetized answer categories to the SP. If a technical name (other than “Leukemia,” “Lymphoma,” or “Melanoma”) is reported, ask what part of the body was effected (e.g., bladder, breast, kidney, lung, etc.).

MCQ.250a Including living and deceased, **were any of your biological** that is, blood **relatives**, including grandparents, parents, brothers, sisters **ever told by a health professional that they had diabetes?**

1. YES
2. NO

Do **not** include self-diagnosed diabetes, pre-diabetes, high sugar, or any condition other than “diabetes” or “sugar diabetes”. Do **not** include a doctor’s diagnosis of “gestational diabetes” or diabetes present only when a woman is pregnant.

PHYSICAL FUNCTIONING (PFQ)

The Physical Functioning section of the interview collects information about the **overall physical and mental well being** of the SP. This section is asked of all SPs who are at least one year old. It has been designed to determine if the SP is limited or has difficulty or needs help or supervision with various activities **because of a long-term impairment or physical, mental or emotional health problem.**

These activities include:

- Instrumental Activities of Daily Living (IADLs): those activities that enhance life but are not required to maintain the basic level of life (e.g., using the telephone, preparing light meals, playing, etc.);
- Activities of Daily Living (ADLs): those activities that are required to maintain the basic level of life (e.g., bathing, walking, etc.); and
- General Physical Activities: those activities that require general physical movement (e.g., stooping, reaching, bending, etc.).

The adult portion of this section includes questions about the use of special equipment and aids that the SP may use to perform certain tasks, limitations SPs may have working or participating in social and recreational activities, and a question concerning disorientation and memory loss.

If the SP is limited in any way or is 60 or over, a series of questions about specific activities is asked. These questions ask if the SP has difficulty or needs help with each activity because of a long-term impairment or physical, mental or emotional health problem. If an SP has any difficulty with at least one activity, you will ask a follow-up question to determine what condition(s) or health problem(s) cause(s) the difficulty.

The child portion of this section is short. It includes questions about limitations to the SP's mobility or participation in play activities and about participation in special programs.

It is often easy for respondents to misinterpret or have trouble understanding questions in the section of the questionnaire. Review the specific concepts used in each question carefully to make sure you understand them. Listen carefully to the respondent's answer to determine if a probe is necessary.

Key Concepts

Below is discussion of some of the important concepts in this section.

Difficulty Due to a Long-Term Impairment or Physical, Mental or Emotional Health Problem – It is important to determine for the questions in this section whether the problems that an SP might have with an activity are because of a long-term impairment or a long-term physical, mental or emotional health problem. Some people may not do certain activities because of gender or social norms or because of personal preference.

For example, consider gender roles. Some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment (deaf), a physical health problem (heart condition), or mental health problem (depression).

The person's response to these questions may be based on a perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included.

“By Yourself and without Using Any Special Equipment” – This concept implies that the activity can be performed by the individual **without help from another person or the use of any special equipment**. If the respondent says, “Sometimes I do it myself and sometimes I have help,” reread the question with extra emphasis on **“By yourself and without using special equipment**, how much difficulty do you have...No difficulty, Some difficulty, Much difficulty or are you unable to do this?”

Help or supervision from another person includes a range of behaviors.

- Personal assistance in physically doing the activity (including another person doing the entire activity, such as bathing a person from head to toe);
- Instruction (guiding the person through the activity);

- Making sure the activity is done correctly, without harm; and
- Staying nearby in case the person needs help in the activity.

In the phrase “**without using any special equipment**” the key word is “special”. Special equipment includes any device tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult “diapers” for incontinence. However, ordinary eyeglasses and hearing aids should not be considered “special equipment.” For example: a spoon is not normally considered as “special equipment;” however, a uniquely designed or functioning one used for eating by a person because of a physical, mental or emotional problems is considered “special equipment.”

Functional Difficulty or Degree of Difficulty: If the SP does have a functional limitation (that is, has some difficulty performing an activity or is unable to perform the activity), the answer given to the question should code the degree of difficulty the SP has: “Some difficulty,” “Much difficulty,” or “Unable to do.” The response is based on the SP/respondent’s **subjective** assessment of the SP’s ability to perform the activity. Do **not** attempt to explain the differences between the answer categories (i.e., “some difficulty” vs. “much difficulty”). Similarly, it doesn’t matter whether the SP’s family or doctor prohibits the SP from doing the activity. We are interested in what actually happens: Does the SP have difficulty doing the activity, because of a long-term health problem?

The response option 'DO NOT DO THE ACTIVITY' was added to resolve questions and problems SPs had answering this series of questions when the activity did not apply and in order to make this section more compatible with other surveys. Remember you are still required to probe when a SP responds 'I do not do that' to a specific activity before you code this response as 'DO NOT DO THIS ACTIVITY'. As indicated on the help screen for this question, the probe should be "do you not do this activity because of a health problem?"

If the respondent answers that he does not do the activity because of a health problem, the follow-up probe would be "if you did do this activity, how much difficulty would you have?"

Definitions for Various Activities: It is important that you and the respondent understand what is included in the various activities. Additional explanation of some of the activities appears below.

Managing money: This refers to the overall activities of keeping track of expenses, balancing a checkbook or paying bills. Many people have trouble with these activities.

However, keep in mind that we are only interested in difficulty managing money **because of a long-term health problem (physical, mental or emotional)**. You may have to use a probe like, “Is this because of a physical, mental or emotional problem or illness”.

Walking for a quarter of a mile/up 10 steps/from one room...: Walking is defined as using one’s legs for locomotion, without the help of another person or special equipment or aids, such as a cane, walker or crutches. Leaning on another person, having someone stand nearby in case help is needed, and using walls or furniture for support all counts as having difficulty.

Preparing your own meals: The overall activities of cutting, mixing, and cooking food. The amount of food prepared is not relevant as long as it is sufficient to sustain a person over time. Preparing meals may be as simple as heating a TV dinner or boiling an egg.

Remember that preparing meals is not a basic requirement for living independently. Many people prefer to eat all meals in restaurants or have other people cook for them, or simply do not like their own cooking. The focus here is whether the SP has difficulty preparing his or her own meals because of a long-term health problem.

Standing up from an armless straight chair/getting in or out of bed: If the SP holds on to walls or furniture (like the bedpost) for support this should be considered use of special equipment since the general population does not use such objects in getting in or out of bed.

Eating, like holding a fork, cutting food or drinking from a glass: The intent of the question is to identify any difficulty the SP has with any part of the process of getting food or drink from plates and glasses into his or her mouth. The amount of time it takes the SP to eat, the quantity eaten and the way the SP eats are not material to this question.

Dressing yourself, including tying shoes, working zippers, and doing buttons: The overall complex behavior of getting clothes from closets and drawers and then putting the clothes on. Dressing does not include undressing. Tying shoelaces is **not** considered part of dressing but putting on socks or hose is. Whether the SP wears nightclothes or street clothes is irrelevant; it is the act of getting clothes and putting them on that matters.

Getting out to things like shopping...: Shopping involves going to the store, selecting the items and getting them home. If the SP has difficulty doing any of these without help from another person, there is difficulty.

Delivery service is not considered to be help with shopping if done as a convenience.

IMMUNIZATION (IMQ)

The two questions in the IMQ section are about immunization for several conditions. All SPs are asked at least one question in this section.

DIABETES

The Diabetes section has a series of questions asked of non-diabetic SPs to determine their awareness of preventive measures for the disease. Diabetic SPs are asked questions about how they are being treated for the disease and about the measures they are using to control it.

The first question in this section is designed to determine if the SP has been diagnosed with diabetes. If a diagnosis has been made, there are follow-up questions asked to determine age at diagnosis, treatments and effects of the disease. This section is asked of SPs age one or older.

DIQ.010 The next questions are about specific medical conditions.

Have you **ever** been told by a doctor or other health professional that you have diabetes or sugar diabetes?

1. YES
2. NO
3. BORDERLINE OR PREDIABETES

Do **not** include self-diagnosed diabetes, high sugar, or any conditions other than “diabetes” or “sugar diabetes” for the ‘YES’ response. ..If the respondent reports ”high sugar” select ‘3’.

DIQ.270 Glycosylated (GLY-CO-SYL-AT-ED) hemoglobin or the “A one C” test measures the average level of blood sugar over the past 3 months, and usually ranges between 5 and 14. During the past 12 months, how many times has a doctor or other health professional checked {you/SP} for glycosylated hemoglobin or “A one C”?

ENTER NUMBER OF TIMES

2. NOT TESTED IN LAST 12 MONTHS
3. NEVER HEARD OF A ONE C TEST

There is a series about the A1C test for glycosylated hemoglobin. The SP is asked how many times they have been tested, and the level of their last test. If the level does not fall between 5 and 14, a soft error will alert you that the value is an unlikely one.

DIQ.290 What does {your/SP's} doctor or other health professional say {your/his/her} "A one C" level should be? (Pick the lowest level recommended by your health care professional.)

HAND CARD DIQ2

1. 6 OR LESS
2. 7 OR LESS
3. 8 OR LESS
4. 9 OR LESS
5. 10 OR LESS
6. PROVIDER DID NOT SPECIFY GOAL

The SP is also asked what is their recommended A1C level. If the SP answers in a range, such as between 7 and 9, there is an instruction on the screen to pick the lowest level, so the answer should be coded as "7 or less."

The Diabetes section now includes blood pressure and cholesterol questions aimed at diabetic SPs, since they have an extremely high risk of developing heart and vascular diseases. Because of this, it is recommended that they control their blood pressure and cholesterol to even lower levels than those recommended by people without diabetes.

DIQ.300 Blood pressure is usually given as one number over another. What was {your/SP's} most recent blood pressure in numbers?

 |_|_|_|_| OVER |_|_|_|_|
SYSTOLIC DIASTOLIC

ENTER VALUES

This question refers to an SP's most recent blood pressure as taken by the SP (with an in-home blood pressure kit or grocery store) or by a doctor or other health professional. For the systolic value (top number), a hard edit will only allow entries of 48-300; a soft edit will alert you that values

lower than 80 and higher than 200 are unlikely. For the diastolic value (bottom number), the hard edit will only allow entries of 0-300; a soft edit will come up when the value exceeds 150.

DIQ.310 What does {your/SP's} doctor or other health professional say {your/his/her} blood pressure should be?

|_|_|_| OVER |_|_|_|_|
SYSTOLIC DIASTOLIC

ENTER VALUES

INTERVIEWER INSTRUCTION. IF RANGE
GIVEN, RECORD UPPER VALUE OF RANGE.

2. PROVIDER DID NOT SPECIFY GOAL

In this question, you will indicate that you will either enter a number or choose “Provider did not specify.” If the SP gives a range, there is an instruction to pick the upper value of the range given.

DIQ.320 One part of total serum cholesterol in {your/SP's} blood is a bad cholesterol, called LDL, which builds up and clogs {your/his/her} arteries. What was {your/his/her} most recent LDL cholesterol number?

ENTER VALUE

2. NEVER HEARD OF LDL
3. NEVER HAD CHOLESTEROL TEST

Note the various response options on this question about the level of bad cholesterol in the SPs blood. If the SP says “I don’t know”, no further probing is necessary – use the function key to indicate a “don’t know” response. Only probe when you think the SP is confused or does not understand the question. It is perfectly plausible that the SP knows their cholesterol level but not their LDL level.

DIQ.335 INTERVIEWER INSTRUCTION ONLY:
DOES THE SP HAVE BOTH FEET AMPUTATED?

1. YES
2. NO

Vascular and circulation problems due to unchecked diabetes may cause sores on the feet and may gradually result in amputation of the feet. Most of the time you can answer this question by observation.

BLOOD PRESSURE (BPQ)

This section focuses on **high blood pressure (hypertension)** and another major risk factor for cardiovascular disease, **blood cholesterol level**. 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 profession about these conditions, and treatment. These questions are asked of SPs age 16 or older.

BPQ.010 About how long has it been since you **last** had your blood pressure taken by a doctor or other health professional? Was it...

1. less than 6 months ago,
2. 6 months to 1 year ago,
3. more than 1 year ago to 2 years ago,
4. more than 2 years ago, or
5. never?

Enter the code that best describes how much time has passed since the SP most recently had his or her blood pressure taken by any health professional. For example, if the SP says, "About a year and a half ago," enter "3" – "more than 1 year ago to 2 years ago."

BPQ.020 Have you **ever** been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

3. YES
4. NO

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 response to this question, code 1 – “YES.”

If a female indicates that she has had high blood pressure or hypertension but **only** during pregnancy, code 1 – “YES.”

BPQ.040a Because of your (high blood pressure/hypertension), have you **ever** been told to **take prescribed medicine**?

1. YES
2. NO

A “prescribed medicine” may include pills, powder or liquids and **must** be purchased by prescription.

CARDIOVASCULAR (CDQ)

The cardiovascular section consists of a series of questions designed to determine if the SP has experienced any symptoms associated with various types of cardiovascular conditions. It is asked of SPs who are 40 years old or older.

CDQ.010 Have you had shortness of breath either when hurrying on the level or walking up a slight hill?

1. YES
2. NO

“On the level” refers to walking on level ground.

OSTEOPOROSIS (OSQ)

The next section, “osteoporosis” is asked of SPs age 20 or older. The first questions ask if the SP has ever been told by a doctor that he or she had broken or fractured the hip, wrist, or spine and if so the SPs age at the time of fracture and the cause of the break or fracture. Then there’s a series about fractures to other bones after age 20. It then asks if the SP has ever been diagnosed with osteoporosis (brittle bones) and if so, a follow-up question about the use of prednisone or cortisone. OSQ.090 needs particular attention:

05OSQ.090 Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?

YES	1 (05OSQ.120)
NO	2
REFUSED	7 (05OSQ.120)
DON'T KNOW.....	9 (05OSQ.120)

CAPI INSTRUCTION:

HELP SCREEN SHOULD READ:

Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair.

Additional examples for “a hard fall” include being knocked down by another person or bicycle.

The skip pattern for OSQ.090 is different than many other skip patterns in the questionnaire. Knowing the purpose of the question will help in understanding how the skip pattern works. The SP is skipped to OSQ.100 (Please look at this card and tell me where the fracture occurred) only if the response to OSQ.090 is No (The fracture is not the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs.)

The purpose of OSQ.090 is to find out if the fracture was the result of some kind of trauma. If trauma was not the cause, then the fracture might have been the result of osteoporosis. Only if osteoporosis is a possible cause is the SP asked where the fracture occurred. The client wants to know about any fractures other than hip, wrist, and spine fractures that might have been the result of osteoporosis.

KIDNEY CONDITIONS (KIQ)

The next section, ask about various diseases and conditions of the kidney. It is asked of SPs age 20 or older but contains large skips for SPs based on age and gender.

RESPIRATORY HEALTH (RDQ)

The Respiratory Disease questionnaire section (RDQ) provides interview data on respiratory symptoms that may be related to asthma or bronchitis. The symptoms profiled include cough, phlegm production, wheezing. Data is also collected on trigger factors for these symptoms, and on related functional impairments. The questions are derived from validated questionnaire instruments widely used by respiratory epidemiologists. The chronic bronchitis series of questions are administered to adults 40+. The asthma series of questions are administered to participants 1+. Typically, the reference period for the asthma series of questions in this section is “the past 12 months”

Chronic Bronchitis Questions:

- Standard questions on a history of cough and phlegm production (RDQ031, RDQ040-RDQ060)

Asthma-Related Questions:

- Wheezing (RDQ070); Frequency of Wheezing Episodes (RDQ080)
- Sleep Disturbance Due to Wheezing (RDQ090)
- Wheezing With Exercise (RDQ100)
- Number of Doctor, Hospital or Emergency Room Visits for Wheezing (RDQ120)
- Prescription Medication use for Wheezing (RDQ134)
- Limitation of Usual Activities Due to Wheezing (RDQ135)
- Number of Days of Work/School Missed Due to Wheezing (RDQ137)
- Dry Nocturnal Cough (RDQ140)

ALLERGY (AGQ)

The Allergy section was added to support the Household Allergen Dust Collection component. It includes questions about hay fever, allergies and asthma. It is interested in obtaining information about diagnosis, symptoms and occurrence of allergies, sinus infections and hay fever. Information about furry animals in the home is also collected. Finally, there is a section about an itchy rash designed to investigate whether the SP has eczema.

The overall Allergy Component consists of SP level household dust collection for allergen and endotoxin identification and SP blood sampling for levels of IgE antibodies. Questionnaire content is derived from NHANES III, and standardized epidemiologic questionnaires used in international asthma/allergy studies (the International Study of Asthma and Allergies in Childhood). Although some of the content of these questions does relate to respiratory, dermatological, and other topics treated in other NHANES questionnaire segments, they are being introduced here because they are logically interconnected, and also so they may be handled as a discrete segment related to the allergy component.

Hay Fever Questions (AGQ010, AGQ020, AGQ030)

Hay fever is a collection of symptoms in the nose and eyes, caused by particles of plant pollen in the air. This happens in people who are allergic to these substances. Hay fever typically occurs in the Spring, Summer, or Fall when plant pollen is in the air (from trees, grasses, flowers, ragweed, etc.).

Allergies Questions (AGQ 040, AGQ 050, AGQ060)

An allergy happens in oversensitive persons as a reaction to specific substances (called allergens). This type of reaction would not happen in normal people. When an allergen enters the body of a sensitive person, it causes itching, swelling, mucus production, muscle spasms, hives, rashes, and other symptoms. Symptoms vary in severity from person to person. Most people have symptoms that cause discomfort without being life-threatening. A few people have life-threatening reactions (called anaphylaxis). Allergens that are inhaled often cause nasal congestion, itchy nose and throat, mucus production, cough, or wheezing. A food allergen can cause nausea, vomiting, abdominal pain, cramping, diarrhea, or a severe, life-threatening reaction. Allergies to plants often cause skin rash. Common allergens include those that contact the skin, breathing passages, or the surface of the eye (such as pollen; see also allergy to mold, dander, dust).

Sinus Infection (AGQ090)

A sinus infection is an inflammation of the sinuses caused by a viral, bacterial, or fungus infection. The sinuses are air-filled spaces in the forehead, cheeks, and behind the eyes that are lined with mucous membranes.. When the sinuses become blocked with mucus and they can become infected. Symptoms of sinus infection are congestion and facial pain, discharge from the nose, fever and headache

Eczema (AGQ150)

Eczema, is a chronic scaly and itching skin rash. People with eczema often have a family history of allergic conditions like asthma, hay fever, or eczema. People suffering form eczema often have reactions to substances that are considered normal to other people. The most common substances include soaps and detergents. Eczema is most common in infants, but at least half of those cases clear by age 3. In adults, eczema is usually a chronic or recurring condition.

VISION (VIQ)

The vision section collects information about **vision problems** and corrective treatment. Most of the questions are asked of those SPs who are at least 20 years old.

Why are the vision questions in NHANES 2005 important?

There are no current population-based national survey data on the prevalence of blindness in the United States. The questions in the 2005 NHANES household interview provide a unique opportunity to develop estimates of the number of Americans who are blind. The vision assessment in the MEC will help augment this information by allowing researchers to estimate the proportion of Americans walking around with good vision (either because they have proper glasses or contacts or because they don't need any) as well as the number of Americans with various levels of visual impairment (mild, moderate or severe impairment). These data obtained from combining information from both the interview and MEC component will be used by the National Eye Institute and other groups interested in preserving sight to develop and implement public health programs to deliver eye care services to groups with the greatest needs. The NHANES data will also provide baseline data for the national Healthy People 2010 objective related to reducing visual impairment.

How does one define blindness?

There are many definitions of blindness, depending on the purpose of the determination and who is performing the determination. For example, people getting drivers licenses may be considered by a given state to be blind if they cannot read that state's vision chart (with glasses or contacts) and/or if their peripheral (i.e. side) vision is poor. People qualifying for federal disability benefits are considered blind if their vision (with glasses or contacts) is worse than 20/200, although this definition of legal blindness also varies.

In NHANES, the National Eye Institute is interested in the strictest definition of blindness, namely the loss of the sense of sight. In other words, blindness is defined as the absolute inability to see light in both eyes. If a SP sees light with one eye and does not perceive light with the other eye, by this definition, the SP is NOT blind. Any person who can see light should be directed to the MEC vision examination no matter how poor they think their vision is. Some people may have never had a vision assessment and do not realize that their poor vision may be made better with glasses or contacts.

VIQ.010 Next I have some questions about {your/SP's} **ability to see**.

With both eyes open, can {you/he/she} see light?

1. YES
2. NO

This question now has a check against the vision question in Medical Conditions (MCQ). A hard error window comes up if the answers to these two question are discrepant, for example, if the SP says they have no trouble seeing in MCQ but report not being able to see light on this question. Unless you know you have made a recording error, you are required to clarify the answers with the SP and make a correction before you can proceed with the questionnaire.

There are four new questions about glaucoma and macular degeneration asked of SPs 40 and older.

AUDIOMETRY (AUQ)

This section is concerned with **hearing problems**, measurement of hearing and some investigation into the cause of hearing problems. The target groups for AUQ have been modified. With the exception of the first question AUQ131, which all SPs get, questions are now aimed at SPs 12-19 or 70 plus. The 12-19 age range has not been studied since NHANES III, therefore there is a need for more current data, especially given the trends of noise-induced hearing loss in this age group. The 70-plus group, on the other hand, is perhaps the group most affected by hearing loss. The redesigned Audiometry section will provide data to better estimate the overall scope of hearing loss in the United States.

SPs 12-19 will be asked new questions about ear infections.

AUQ.131 These next questions are about your hearing?

Which statement best describes {your/SP's} hearing (without a hearing aid)? Would you say {your/his/her} hearing is excellent, good, that {you have/s/he has} a little trouble, moderate trouble, a lot of trouble, or {are you/is s/he} deaf?

1. EXCELLENT
2. GOOD
3. LITTLE TROUBLE
4. MODERATE HEARING TROUBLE
5. LOT OF TROUBLE
6. DEAF

If the SP has trouble hearing in crowded places, but no trouble hearing at home, or if the hearing problem comes and goes, probe using the phrase, “in general.”

Both THE 12-19 AND 70+ age groups require special questionnaire content to meet the goals of the survey. To more fully evaluate the overall effects of different kinds of noise exposure (steady vs. impulse noise), new questions are added for both groups. Questions on ear infections and are also being added for the younger SPs. Tinnitus, or ringing in the ears) can be a disabling condition. It cannot be identified by the Audiometry MEC exam currently being done. The definition of tinnitus in the epidemiological literature has recently been improved, and this series of questions is being expanded and modified to reflect this change. For the hearing impaired and older SPs, new questionnaire data on assistive listening devices (FM systems, closed-captioned television, or amplified telephone or relay services) will be captured. This is a functional adaptation of equal importance to the use of hearing aids. Finally, NHANES questions on noise exposure and hearing protection use will be relocated to the AUQ segment beginning

in 2005. **Protective Hearing Devices** are devices to help prevent hazardous noise levels from damaging one's hearing by serving as a barrier between noise and the inner ear. Examples are special headphones, ear plugs, and protective earmuffs.

DERMATOLOGY (DEQ)

The next section is the dermatology section. It asks questions about the SP's skin, sun exposure, and the prevalence of other skin conditions, including psoriasis and other rashes. This section is asked of SPs age 20-59.

Questions on Sun Exposure

Questions about sun exposure are asked for several reasons:

- These questions will allow for comparison against other national surveys.
- Level of sun exposure can be controlled. Having information on sun protective behavior will be helpful in developing future education programs.
- Having these NHANES questions will provide information on nonwhite populations – this info has been lacking in research and may be of great value in addressing health disparities issues in the area of skin diseases.

DEQ.031 If after several months of not being in the sun, you **then** went out in the sun without sunscreen or protective clothing for **a half hour**, which one of these would happen to your skin?

HAND CARD DEQ2

1. GET A SEVERE SUNBURN WITH BLISTERS
2. A SEVERE SUNBURN FOR A FEW DAYS WITH PEELING
3. MILDLY BURNED WITH SOME TANNING
4. TURNING DARKER WITHOUT A SUNBURN
5. NOTHING WOULD HAPPEN IN HALF AN HOUR

DEQ.034 When you go outside on a very sunny day, for **more** than one hour, how often do you . . .

HAND CARD DEQ2A

- a. Stay in the shade? Would you say . . .
1. always
 2. most of the time
 3. sometimes
 4. rarely, or
 5. never
 6. DON'T GO OUT IN THE SUN
- b. Wear a hat that shades your face, ears **and** neck? Would you say . . .
1. always
 2. most of the time
 3. sometimes
 4. rarely, or
 5. never
- c. Wear a long sleeved shirt? Would you say . . .
1. always
 2. most of the time
 3. sometimes
 4. rarely, or
 5. never
- d. Use sunscreen? Would you say . . .
1. always
 2. most of the time
 3. sometimes
 4. rarely, or
 5. never

A wide-brimmed hat includes any wide-brimmed hat that shades the SP's face, ears and neck from the sun. Do not include visors, baseball caps, or hats that do not shade the ears and neck.

DEQ.036 What is the SPF number of the sunscreen you use **most** often?

READ IF NECESSARY:

IF USE MORE THAN ONE OR DIFFERENT ONES, PICK THE ONE YOU USE MOST OFTEN.

ENTER NUMBER OF SPF

By SPF, we mean the “sun protection factor”; the number on the label of the sunscreen that tells the SP how much protection against the sun it has.

DEQ.038 How many times in the **past year** have you had a sunburn?

1. ENTER NUMBER OF TIMES
2. NEVER

DEQ.053 Have you ever been told by a health care provider that you had psoriasis (sore-eye-asis)?

1. YES
2. NO

It is important that you pronounce this condition correctly when reading the question. Notice that the phonetic pronunciation of the condition appears in parenthesis.

DEQ.055 On a scale of 1 to 10, how much of a problem has your psoriasis been in your everyday life, where 1 means no problem at all and 10 means a very large problem?

HAND CARD DEQ3

Only responses of 1 through 10 are allowed at this question.

DEQ.057 {Do you/SP} currently have . . .

HAND CARD DEQ4

- | | |
|---|--|
| 1. Little or no psoriasis, | 3. Scattered patches (that could be covered between three and ten palms of your hand),
or |
| 2. Only a few patches (that could be covered by one or two palms of your hand), | 4. Extensive psoriasis (covering large areas of the body, that would be more than ten palms of your hand)? |

The words or phrases in parenthesis are only to be read to the respondent if you think he or she does not understand the response options. You will use another new hand card when asking this question.

ORAL HEALTH (OHQ)

The oral health section is concerned with dental care habits, mouth and teeth pain and how it affects quality of life. The questions in this section are asked of SPs age 18 and older.

The next set of questions are about mouth and tooth pain. Researchers will compare responses to these questions with the results of the oral exam in the MEC to investigate the relationship between oral health and quality of life. These questions follow the guidelines established by an international dental health organization which is attempting to standardize oral health questions across all surveys.

OHQ.620 How often during the last year have you had painful aching anywhere in your mouth? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

This includes aching anywhere in the mouth for many reasons (i.e., due to ill fitting or bothersome braces).

OHQ.630 How often during the last year have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

With respect to questions related to the source of mouth pain or discomfort experienced by the respondent (i.e., a problem with braces), all questions should be addressed in the following manner, “Yes, you should consider the problem if it is an ongoing or serious problem.”

OHQ.640 How often during the last year have you had difficulty doing your usual jobs or attending school because of problems with your teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

OHQ.650 How often during the last year has your sense of taste been affected by problems with your teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

OHQ.660 How often during the last year have you avoided particular foods because of problems with your teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

OHQ.670 How often during the last year {have you/has SP} found it uncomfortable to eat any food because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

OHQ.680 How often during the last year have you been self-conscious or embarrassed because of your teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

PHYSICAL ACTIVITY (PAQ)

The PAQ section is concerned with the physical activity – including transportation, daily activities, exercise, sports and physically active hobbies – that the SP may have done in the past 30 days in his or her work or leisure time. The section is asked of SPs 2 years old and older, though children are only asked a few targeted questions.

For teenagers and adults, PAQ is organized into groups of questions dealing with specific kinds of activity:

1. **Walking or bicycling** to work or school or to do errands.
2. **Moderate to strenuous tasks done around the house or yard** like gardening, chopping wood, carpentry or home repairs, cleaning tasks, and moving furniture.
3. **Vigorous leisure time activities** such as basketball, bicycling, football, running or jogging, stair climbing, rowing, soccer, swimming, tennis, or other racket sports.
4. **Moderate leisure time activity** such as baseball, cycling, low impact aerobics, fishing, golf, or walking
5. **Activities designed to strengthen muscles.** These are activities that require strenuous muscular contraction such as lifting weights, sit-ups, push-ups, resistance training, or calisthenics.

It is important that the respondent focus on the distinction between these activities in the questions. Emphasize the kind of activity you are asking about in the text of the question. There should be no “overlap” between things reported as bicycling or walking to work and tasks done around the house

(#1 and #2 above). There may be some overlap between vigorous and moderate leisure time activity (#3 and #4 above) if the activity is sometimes “vigorous” and sometimes “moderate.” Also, as stated in the question, some of the earlier “vigorous” or “moderate” activities may be repeated in activities designed to strengthen muscles (#5 above) if they are done specifically for “strengthening.”

For tasks around the house and yard and for each vigorous and moderate activity reported, there are follow-up questions to further assess the frequency and duration of the activity. Frequency is asked in times per day, per week, or per month. Duration, in terms of minutes or hours of each occurrence.

The designation of an activity into a particular category – that is strenuous task, vigorous leisure time activity or moderate leisure time activity – is respondent defined. The question at which the respondent reports the activity is not important. Report the activity under the category the respondent reports it. However, if asked, exercise from normal daily walking or using stairs instead of taking the elevator should **not** be counted as vigorous or moderate activity in this section.

PAQ.020 The next series of questions are about physical activities that you have done over the **past 30 days**. First I will ask about activities that are related to transportation. Then I’ll ask about your daily activities, and finally, about physical activities that you do in your leisure time.

Over the **past 30 days**, have you walked or bicycled as part of getting to and from work, or school, or to do errands?

CODE ‘UNABLE TO DO’ ONLY IF RESPONDENT VOLUNTEERS.

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

The response to this question should **not** include walking or biking for pleasure or as a leisure time activity.

PAQ.100 Over the **past 30 days**, did you do any tasks in or around your home or yard for **at least 10 minutes** that required moderate or greater physical effort? By moderate physical effort I mean, tasks that caused **light** sweating or a **slight to moderate increase** in your heart rate or breathing such as raking leaves, mowing the lawn or heavy cleaning.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

The intent of this question is to capture tasks that required moderate physical effort, such as the examples presented in the question. The questions specifically targets tasks done for at least 10 minutes and done around the home or yard and **not** as a part of work. This question is not intended to obtain information on aerobic activities or strength training.

This question provides three illustrations (raking leaves, mowing, heavy cleaning) but the interviewer is not asked to record the specific activity. This question should pick up all related household chores that qualify for the “moderate” level defined in the question. Additional activities might include washing the car, moving furniture, etc.

After the questions (which include the definitions) are given, the interviewer should **rely on the respondent to designate** whether a task around house or yard required at least moderate or greater physical effort.

PAQ.120 [Over the **past 30 days**], how often did you do **these tasks** in or around your home or yard, that is tasks requiring moderate effort? [Such as raking leaves, mowing the lawn or heavy cleaning.]

PROBE: How many times per day, per week or per month did you do these activities?

ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

Always prompt with the probe, “How many times...”. As necessary, probe for an exact number. If the SP reports a range or interval, assist the SP in making an estimate by probing. For example, you might ask, “Could you give me a more exact number?”

PAQ.160 About how long did you do these tasks **each time**?

IF MORE THAN 1 TASK, ASK FOR TASK DONE MOST OFTEN

ENTER NUMBER (OF MINUTES OR HOURS)

This question refers to the **duration of time in motion** rather than the total time devoted to the pursuit of a particular activity. If the SP reports different amounts of time on different occasions probe with “on the average...”. If the response is for different activities, ask the SP for a response for the task that was done most often.

PAQ.180 Please tell me which of these four sentences **best** describes your usual daily activities?

[Daily activities may include your work, housework if you are a homemaker, going to and attending classes if you are a student, and what you normally do throughout a typical day if you are a retiree or unemployed.

HANDCARD PAQ1

1. You sit during the day and do not walk about very much;
2. You stand or walk about quite a lot during the day but do not have to carry or lift things very often;
3. You lift or carry light loads or have to climb stairs or hills often;
4. You do heavy work or carry heavy loads.

The purpose of this question is to obtain a description of the **usual** daily activities done by the individual, whether at work, going to and attending school, doing housework, as a retiree, or if the person is unemployed. The hand card provides four sentences to which the individual is to indicate the best overall description of their usual daily activities.

HAND CARD PAQ 2

PAQ.206 The next questions are about physical activities including exercise, sports, and physically active hobbies that you may have done in your leisure time or at school over the **past 30 days**.

First I will be asking you about **vigorous** activities that cause **heavy** sweating or **large increases** in breathing or heart rate. Then I will be asking you about **moderate** activities that cause only **light** sweating or a **slight to moderate increase** in breathing or heart rate.

Over the **past 30 days**, did you do any **vigorous** activities for **at least 10 minutes** that caused **heavy** sweating, or **large increases** in breathing or heart rate? Some examples are running, lap swimming, aerobics classes or fast bicycling. Here are some examples of these types of activities. Please do not include house work or yard work that you have already told me about.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS.

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

This question asks if the individual did any **vigorous** activities for **at least 10 minutes** that caused **heavy** sweating, or **large increases** in breathing or heart rate over the past 30 days. This question is asked to obtain information on vigorous activities only. If the individual is uncertain as to whether or not the physical activity engaged in was vigorous, emphasize that this activity should have been performed for at least a 10 minute period, and should have resulted in heavy sweating (not light sweating), or large increases in breathing or heart rate. If the SP still is unsure, inform the SP that later questions will ask about more moderate activities.

PAQ.221 [Over the **past 30 days**], what **vigorous** activities did you do?

CODE ALL THAT APPLY

- | | |
|---|---|
| 10. AEROBICS (HIGH IMPACT, E.G., STEP, TAEBO) | 32. SKIING – CROSS COUNTRY (INCLUDING NORDIC TRACK) |
| 12. BASKETBALL | 33. SKIING – DOWNHILL |
| 13. BICYCLING | 34. SOCCER |
| 17. FOOTBALL | 36. STAIR CLIMBING |
| 20. HIKING | 38. SWIMMING |
| 21. HOCKEY | 39. TENNIS |
| 23. JOGGING | 40. TREADMILL |
| 24. KAYAKING | 41. VOLLEYBALL |
| 26. RACQUETBALL | 50. BOXING |
| 27. ROLLERBLADING | 53. MARTIAL ARTS (KARATE, JUDO) |
| 28. ROWING | 54. WRESTLING |
| 29. RUNNING | 71. OTHER (SPECIFY) - 1 |
| 31. SKATING | 72. OTHER (SPECIFY) – 2 |
| | 73. OTHER (SPECIFY) – 3 |

If an SP answers “yes” to the question about vigorous activities, a screen will appear allowing you to code all of the vigorous activities the SP did. You should note that boxing, martial arts and wrestling appear at the end of the list and are not in alphabetical order with the rest of the list on the screen. On the hand card that you will show to the SP however, they will be in alphabetical order.

HAND CARD PAQ 3

PAQ.326 [Over the **past 30 days**], did you do **moderate** activities for **at least 10 minutes** that cause only **light** sweating, or a **slight to moderate increase** in breathing or heart rate? Some examples are brisk walking, bicycling for pleasure, golf, or dancing. Here are some examples of these types of activities. Please do not include house work or yard work you have already told me about.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS.

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

This question asks if the individual did **moderate** activities for **at least 10 minutes** that caused **only light** sweating, or a **slight to moderate increase** in breathing or heart rate over the past 30 days. This question is asked to obtain information on moderate activities only. If the individual is uncertain, repeat that the question asks about moderate activities for a period of at least 10 minutes, etc. Read the examples as provided in the question.

PAQ.341 [Over the past 30 days], what **moderate** activity or activities did you do?

CODE ALL THAT APPLY

- | | | |
|---------------------------|-----------------------|---------------------------------|
| 10. AEROBICS (LOW IMPACT) | 24. KAYAKING | 42. WALKING |
| 11. BASEBALL | 27. ROLLERBLADING | 43. WEIGHT LIFTING |
| 12. BASKETBALL | 28. ROWING | 51. FRISBEE |
| 13. BICYCLING | 31. SKATING | 52. HORSEBACK RIDING |
| 14. BOWLING | 33. SKIING – DOWNHILL | 53. MARTIAL ARTS (KARATE, JUDO) |
| 15. DANCE | 34. SOCCER | 54. YOGA |
| 16. FISHING | 35. SOFTBALL | 71. OTHER (SPECIFY) |
| 17. FOOTBALL | 36. STAIR CLIMBING | 72. OTHER (SPECIFY) |
| 19. GOLF | 37. STRETCHING | 73. OTHER (SPECIFY) |
| 20. HIKING | 38. SWIMMING | |
| 21. HOCKEY | 39. TENNIS | |
| 22. HUNTING | 40. TREADMILL | |
| 23. JOGGING | 41. VOLLEYBALL | |

If an SP answers “yes” to the question about moderate activities, a screen will appear allowing you to code all of the moderate activities the SP did. As with the list of vigorous activities, this list also contains some activities that are not in alphabetical order with the rest of the list. Frisbee, horseback riding, martial arts and yoga appear at the end of the list on the screen but are in alphabetical order on the hand card that the SP will be viewing.

Reporting Specific Activities—A Special Note

In general, activities reported as moderate or vigorous **leisure time** activities should not repeat anything already captured in the question on transportation to work or tasks done around the house and yard. Do not enter a response of “having sex” in the “OTHER” category. Neither should activities already reported in previous questions be included as “OTHER.” We learned in the Pilot study that people will report all kinds of things. Here are a few: carrying children, pushing children in a stroller, picking up toys, packing suitcases, scrubbing pots, washing the dog, shopping, and using a wheelchair. Responses were sometimes as amorphous as “lifting and carrying.” After doing the appropriate probes, the interviewer should “cordially” bypass these purported “leisure activities” that simply do not qualify as moderate or vigorous exercise.

When a reported activity is clearly in the list following the question, the interviewer’s task is simple. When some other activity is reported, it is important for the interviewer to understand the activity and to properly report it. For example, reported use of a “rowing machine” would not be recorded as “OTHER,” but recorded as “ROWING.” Some examples of acceptable “OTHER” entries would be for activities not listed, such as fencing or canoeing. Other responses might require the interviewer to probe further to understand how they should be recorded. For example, if an SP mentions that he/she was “working out in the gym,” the interviewer needs to know what activities were done, e.g., weight lifting, riding a stationary bicycle, or using a rowing machine. If a combination of activities was done, the SP should be asked which ones they did for at least 10 minutes with the appropriate sweating, breathing, and heart rate to make it either a “moderate” or “vigorous” activity. If a “brand name” of an exercise machine is mentioned, for example “Health Rider” or “Nordic Track,” the interviewer should probe to understand what the person was doing on the machine and record the activity, not the name of the exercise machine.

PAQ.440 Over the **past 30 days**, did you do any physical activities specifically designed to **strengthen** your muscles such as lifting weights, push-ups or sit-ups? Include all such activities even if you have mentioned them before.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS.

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

This question asks about physical activities done to strengthen muscles, such as lifting weights or doing push-ups or sit-ups. The individual can respond “YES” to this question even if he or she reported the activity in previous questions on vigorous and/or moderate activities. The intent is to determine if the individual engaged in activities specifically designed to strengthen muscles.

PAQ.500 How does the amount of activity that you reported for the **past 30 days** compare with your physical activity for the **past 12 months**? Over the **past 30 days** were you...

1. more active,
2. less active, or
3. about the same?

This question asks the SP to compare the amount of activity reported over the past 30 days with the activity done over the past 12 months, to determine if this 30 day period was more active, less active or about the same as over the past 12 months. This will provide information as to how similar the past 30 days of activity is to the past 12 months of activity.

PAQ.520 Compared with most men your age, would you say that you are...

1. more active,
2. less active, or
3. about the same?

This question asks for a comparison of the SP’s activity level with other people of the same age as the SP. The response is self-reported and respondent defined.

PAQ.540 Compared with yourself **10 years ago**, would you say that you are...

1. more active now,
2. less active now, or
3. about the same?

This question asks the SP to compare his or her activity level with his or her activity level from 10 years ago, to determine if the SP is more active, less active or about the same. The response is self-reported.

PAQ.591 Now I will ask you about TV watching and computer use.

Over the **past 30 days**, on average how many hours per day did you sit and watch TV or videos outside of work? Would you say . . .

- | | |
|----------------------|--|
| 0. less than 1 hour, | 4. 4 hours, or |
| 1. 1 hour, | 5. 5 hours or more, or |
| 2. 2 hours, | 8. you do not watch TV or videos outside of work |
| 3. 3 hours, | |

PAQ.601 Over the **past 30 days**, on average how many hours per day did you use a computer or play computer games outside of work? Would you say . . .

- | | |
|----------------------|--|
| 0. less than 1 hour, | 4. 4 hours, or |
| 1. 1 hour, | 5. 5 hours or more, or |
| 2. 2 hours, | 8. you do not watch TV or videos outside of work |
| 3. 3 hours, | |

These questions ask about time spent on a typical day watching TV or videos, or using a computer outside of work. The unit of time is hours per day, and the intent is to get an idea of the time spent in sedentary activities outside of work.

SLEEP (SLQ)

Sleep disorders and insufficient sleep are pervasive public health problems. An estimated fifty-seven million Americans have a sleep-related problem. Sleep-related problems are likely to be inter-related with multiple disease risk factors, lifestyle choices and other medical conditions. The purpose of the Sleep section in NHANES is to assess sleep habits and to evaluate how sleepiness affects or impairs a range of activities related to the quality of life.

It is important to note that the time formats for the questions vary. Some questions refer to “usual” occurrence, others focus on the past 12 months or past month. There are two different handcards used in this section.

SLQ.010 The next set of questions are about your sleeping habits.

How much sleep {do you/does SP} usually get at night on weekdays or workdays?

INTERVIEWER INSTRUCTION: ENTER HOURS AND MINUTES.

ENTER HOURS

ENTER MINUTES

In this first question, we are asking for the amount of time of sleep, in hours and minutes, that the SP gets on weekdays or workdays (if one does not work a usual Monday- Friday workweek) during their main sleeping period that they consider “bedtime”. Individuals working night shifts should respond with the hours slept during their usual daytime sleeping period. If sleeping is erratic, SP should provide a best estimate. Both the hours and minutes fields must be filled. If the SP gives only a number of hours, you must enter a “0” in the minutes field. There is a hard edit in the minutes field, all minutes over 59 must be converted into hours. For example, 65 minutes would be converted into 1 hour, 5 minutes.

SLQ.020 How long does it usually take {you/SP} to fall asleep at bedtime?

INTERVIEWER INSTRUCTION: ENTER HOURS AND MINUTES.

ENTER HOURS

ENTER MINUTES

Like the previous question, this one requires an entry in each field before you can continue to the next question. This means that if it only takes 10 minutes to fall asleep, then 0 would be entered in the “hours” field and 10 would be entered in the minutes “field.”

Two questions in the impairment series differ very slightly by age group. The purpose of the modification is to accommodate activities for youths 16-19 who may be more likely be doing homework than paying bills (SLQ.220) or going to school rather than working (SLQ.230)

SLQ.220	{Do you/Does SP} have difficulty taking care of financial affairs and doing paperwork (for example, paying bills or keeping financial records) because {you are/s/he is} sleepy or tired?
	HAND CARD SLQ2
	CAPI INSTRUCTION: DISPLAY IF AGE 16-19: “{Do you/Does s/he} have difficulty doing homework or paperwork, for example paying bills or keeping financial records, because {you are/s/he is} sleepy or tired?”

SLQ.230	{Do you/Does SP} have difficulty performing employed or volunteer work because {you are/s/he is} sleepy or tired?
	HAND CARD SLQ2
	CAPI INSTRUCTION: DISPLAY IF SP AGE 16-19: “{Do you/Does SP} have difficulty performing employed or volunteer work or attending school because {you are/s/he is} sleepy or tired?”

DIET BEHAVIOR AND NUTRITION (DBQ)

This section contains questions about the SP's general eating habits, milk consumption over his or her lifetime, and meals or food provided by various community or government programs. For SPs under the age of six, there are questions about breastfeeding, use of formula, use of regular milk, use of solid foods, and the ages at which eating habits changed. The section is asked of all SPs.

It is extremely important to pay attention to the reference period being asked about in each of the questions, it changes from "ever" to "past month" to "over your lifetime".

DBQ.010 Now I am going to ask you some general questions about Anna's eating habits.

Was Anna **ever** breastfed or fed breastmilk?

1. YES
2. NO

Code 1 – "YES" if the child is/was breastfed by the biological mother or by a wet nurse or if breastmilk was given to the child through a bottle.

A wet nurse is someone other than the biological mother who breastfeeds the child or provides breastmilk that is fed to the child through a bottle, medical dispenser, cup, glass etc.

DBQ.020 How old was Anna when she was **first** fed something other than breastmilk or water.

INCLUDE FORMULA, JUICE, SOLID FOODS.

1. ENTER NUMBER AND UNIT
2. NEVER

Record the age at which the child was **first** given something other than breastmilk or water, even if he or she was not given it on a regular basis. Enter the child's age numerically, then designate the unit (days, weeks, months, years).

DBQ.040 How old was Anna when she was **first** fed formula on a **daily basis**?

INCLUDE CHILDREN RECEIVING FORMULA **AND** THOSE RECEIVING FORMULA AND BREASTMILK AT THE SAME TIME.

1. ENTER NUMBER AND UNIT
2. NEVER ON A DAILY BASIS

Code 1 – and enter the child’s age if at least one feeding of milk is/was usually given each day, even if the child was still breastfed most of the time.

This idea is noted on the instructions on the screen: “AT THE SAME TIME” means daily or on a regular daily basis. It does **not** mean formula and breastmilk are mixed together in the bottle.

Formula is a milk mixture or milk substitute that is fed to babies.

DBQ.080 How old was Anna when she **started** eating solid foods [such as strained foods like baby food or any other non-liquid foods] on a daily basis?

1. ENTER NUMBER AND UNIT
2. NEVER ON A DAILY BASIS

“Solid foods” include commercially prepared strained and junior foods, “table foods,” homemade foods, or other non-liquid food.

HAND CARD DBQ3

DBQ.197 Now I’m going to ask a few questions about **milk products**. Do not include their use in cooking.

In the **past 30 days**, how often did you have milk to drink or on your cereal? Please include chocolate and other flavored milks as well as hot cocoa made with milk. Do not count small amounts of milk added to your coffee or tea. Would you say . . .

0. never,
1. rarely – less than once a week,
2. sometimes – once a week or more, but less than once a day, or
3. often – once a day or more?
4. VARIED

The intent of this question is to determine the SP’s frequency of milk consumption, **including flavored milk**. A help screen provides information on hot cocoa.

HAND CARD DBQ5

DBQ.235a-c Now, I'm going to ask you how often you drank **milk** at different times in your life.

How often did you drink any type of milk, including milk added to cereal when you were...

a child (5 – 12)

a teenager (13 – 17)

a young adult (18 – 35)

IF NECESSARY, PROBE FOR USUAL OR MOST COMMON AMOUNT FOR THIS TIME PERIOD.

0. never,
1. rarely – less than once a week,
2. sometimes – once a week or more, but less than once a day, or
3. often – once a day or more?
4. VARIED

Unlike the preceding questions in this section, the time frame for this question is **over the SP's lifetime** rather than past month. The option categories, however, remain the same. Refer the SP to the hand card when answering this question.

DBQ.091 Next, I'm going to ask you about meals. By meal, I mean breakfast, lunch and dinner. On average, how many meals per week {do you/does SP} get that were not prepared at a home? Please include meals from both dine-in and carry out restaurants, restaurants that deliver food to your home, cafeterias, fast-food places, food courts, food stands, meals prepared at a grocery store, and meals from vending machines.

{Please do not include meals provided as part of the school lunch or school breakfast.}

ENTER NUMBER PER WEEK

2. NEVER

For this question, the definition of meals not prepared at home has been expanded to be more inclusive of places that provide commercially prepared foods. In addition, a sentence was added to remind SPs to include all three main meals. Only food consumed as meals should be included, not snacks. School lunches or breakfasts and meals prepared in a program such as "Meals on Wheels" should not be included as meals not prepared at home.

Two new series of questions have been added to the Dietary Behavior section for SPs 16 and over. One series asks about SP's awareness of various federal nutrition information programs. The other series deals with SPs usage of information on food labels when deciding to buy food products. There is a hand card with a picture of the food label to help the SP answer the latter. Proxy interviews with SPs 16 and over do not get these two series of questions.

CARDIOVASCULAR FITNESS (CVQ)

This set of questions serves as screening questions for the cardiovascular fitness component of the MEC exam. SPs who answered "Yes" to any of these questions will be seen by the physician in the MEC to determine their eligibility for the fitness test. The household questionnaire CVQ section is administered for all SPs 8 years and older. The current target age range for MEC cardiovascular fitness component is 12-49 years olds. Data collected on SPs 8-11 years and 50 years and over will be used to help evaluate the feasibility of expanding the eligible age group for cardiovascular fitness component in the future survey cycle.

WEIGHT HISTORY (WHQ)

This section contains questions about the SP's height and weight at different times in his or her life and about the SP's attempts to lose and/or maintain weight in the past 12 months. Weight History is asked of SPs age 16 and older.

WHQ.010 How tall are you without shoes?

ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS

01. ENTER HEIGHT IN FEET AND INCHES
02. ENTER HEIGHT IN METERS AND CENTIMETERS

The first question is a "gate" question which requires you to indicate whether you will enter the response in feet and inches or meters and centimeters. If the response is entered in feet and inches, the recording rules for this question are as follows:

- If the respondent answers in feet only, probe for inches.
- If the respondent still states height in feet (for example, "exactly 5 feet"), record the answer as 5 feet, 0 inches.
- If the height is stated in terms of feet only (for example, "6 and ½ feet), record in feet and inches – 6 feet, 6 inches.
- If inches are given as a fraction measurement, use the rounding rule and drop the fraction.
- Probe a DK response by saying, "the last time SP was measured, how tall was he/she?" A best estimate is sufficient.

Please note that the WHQ section contains several "gate" questions which require the interviewer to indicate whether the height response will be entered in feet and inches or in meters and centimeters and whether the weight response will be entered in pounds or kilograms.

Care must be taken in entering the response to the "gate" questions. For example, if the interviewer mistakenly enters a "2" in a "gate" question indicating that the weight response will be entered in kilograms, and actually enters the weight as 150 pounds, the SP's final calculated weight will be 2.2 x 150 or 330 pounds.

WHQ.025 How much do you weigh without clothes or shoes? [If you are currently pregnant, how much did you weigh **before** your pregnancy?]

RECORD **CURRENT** WEIGHT
ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If you are currently pregnant . . .] **ONLY** IF SP IS FEMALE **AND** AGE IS 16 THROUGH 59.

01. ENTER NUMBER OF POUNDS
02. ENTER NUMBER OF KILOGRAMS

WHQ.053 How much did you weigh **a year ago**? [If you were pregnant a year ago, how much did you weigh **before** your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE [If you were pregnant . . .] **ONLY IF SP IS FEMALE AND SP AGE IS 16 THROUGH 60.**

01. ENTER NUMBER OF POUNDS
02. ENTER NUMBER OF KILOGRAMS

WHQ.111 How much did you weigh **10 years ago**? [If you don't know your exact weight, please make your best guess.] [If you were pregnant, how much did you weigh before your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE [If you were . . .] **ONLY IF SP IS FEMALE AND AGE IS LESS THAN 69.**

01. ENTER NUMBER OF POUNDS
02. ENTER NUMBER OF KILOGRAMS

WHQ.120 How much did you weigh at **age 25**? [If you don't know your exact weight, please make your best guess.] [If you were pregnant, how much did you weigh before your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE [If you were . . .] **ONLY IF SP IS FEMALE.**

01. ENTER NUMBER OF POUNDS
02. ENTER NUMBER OF KILOGRAMS

WHQ.147 What is the most you have **ever** weighed? [Do not include any times when you were pregnant.]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE {Do not include . . .} **ONLY** IF SP IS FEMALE.

01. ENTER NUMBER OF POUNDS

02. ENTER NUMBER OF KILOGRAMS

As indicated on the screen, weight may be entered in pounds and/or ounces or kilograms and/or grams. First you will be asked a "gate" question which requires you to indicate how you will answer the question.

Do not enter fractions; use the rounding rule and enter whole numbers only. If a person responds, "I don't know because I never weigh myself," probe by asking the SP how much he or she weighed the most recent time he or she was weighed.

Do not have the SP weigh him or herself. Probe for a guess or best estimate. Keep in mind that some people are sensitive about their weight and be careful not to alienate the SP by probing if this seems to be the case.

Note: The statement which directs the SP to count her weight before pregnancy will appear for all females who are (were) age 16-59 during the time period referenced. For example, it will appear for females 16-**60** when asking how much the SP weighed **a year ago**.

SMOKING AND TOBACCO USE (SMQ)

The next section asks about cigarette smoking. It asks about the regularity of use, starting and quitting experiences, and the name of the product used. This section is not interested in the use of any kind of marijuana, hashish, crack or similar products. The section is asked of all SPs age 20 and older.

All SPs are asked if they have smoked at least 100 cigarettes over their lifetime. This minimum is to eliminate those who never had the habit from answering other questions about the product. The minimum number convention is used in many other health surveys.

SMQ.020 These next questions are about cigarette smoking.

Have you smoked at least 100 **cigarettes** in your entire life?

1. YES
2. NO

Do not define “cigarettes” for the SP. For example, if the SP asks whether little cigars are considered “cigarettes,” find out how the SP would classify them and accept this classification.

SMQ.030 How old were you when you first started to smoke cigarettes fairly regularly?

1. ENTER AGE
2. NEVER SMOKED REGULARLY

This question can be difficult for an SP to answer since it depends on their interpretation of what is meant by “fairly regularly.” We are interested in the SP’s age when smoking became routine or became an established habit for them, **not** necessarily when they first started experimenting with cigarettes. Record the respondent’s best estimate.

SMQ.040 Do you **now** smoke cigarettes...

1. every day
2. some days, or
3. not at all?

“Now” means within 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. For example, if a person says, “I only smoke if I’m under a lot of pressure,” the answer should be coded 2 – some days.

Similarly for respondents who indicate they have stopped smoking temporarily, for example due to illness, but expect to begin again, the answer should be either 1 or 2.

SMQ.050 How long has it been since you quit smoking cigarettes?

ENTER NUMBER AND UNIT (DAYS, WEEKS, MONTHS, YEARS)

If less than one day, enter “1 day.” Otherwise enter the length of time since the SP quit smoking in whole days, weeks, months, or years. Convert fractions to a different unit if possible. For example 1 and ½ years can be recorded as 18 months. 1 and ½ months can be recorded as 6 weeks. If not possible, use the rounding rule to round to the nearest whole number.

SMQ.093 May I please see the pack for the brand of cigarettes you **usually** smoke.

TO OBTAIN ACCURATE PRODUCT INFORMATION, IT IS IMPORTANT THAT YOU SEE THE CIGARETTE PACK.

1. PACK SEEN
2. PACK NOT SEEN

The first screen in the process of collecting information about cigarettes is one that requires you to indicate whether you have seen the pack of cigarettes. It is extremely important that you make every effort to see the cigarette pack so that you can record the UPC from the side of the pack. Entering the UPC shortens the data collection process and elicits the best information possible about the type of cigarette the SP smokes.

Most SPs who smoke on a regular basis have the pack of cigarettes they smoke readily available. There are only a few reasons why you should not be able to see the pack of cigarettes.

- SP rolls his own cigarettes – do **not** record 'PACK SEEN' in this instance.
- SP never buys his own, but rather “bums” from others.

These both should be rare occurrences.

SMQ.310 ENTER THE UNIVERSAL PRODUCT CODE FROM THE CIGARETTE PACK. UPC MUST CONTAIN **8 OR 12** DIGITS.

SELECT ONE OPTION.

1. ENTERING 8 DIGIT UPC
2. ENTERING 12 DIGIT UPC
3. UNABLE TO READ CODE-PACK DAMAGED

Most cigarettes should have either an 8 or 12 digit UPC. At this screen after looking at the code on the side of the pack, you will indicate whether you will be entering an 8 or 12 digit UPC. At this point, CAPI will only allow you to enter the indicated number of digits. If for any reason you do not see either 8 or 12 digits on the side of the pack, you will use code #3 (UNABLE TO READ CODE/PACK DAMAGED).

SMQ.320 ENTER THE 8 DIGIT UPC CODE.

Note: To ensure accuracy, you will be required to enter the UPC number a second time.

SMQ.098 YOU HAVE SELECTED

BENSON & HEDGES DELUXE ULTRA LGT MENTHOLATED FILTERED 100's HARD PACK

1. CORRECT
2. NOT CORRECT

If you are unable to see the cigarette pack, or if the code you entered is not in the CAPI database, you will be asked to enter the brand name of the cigarette.

SMQ.100k What brand of cigarette do you **usually** smoke?

CAPI INSTRUCTION:

FOLLOW THE BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW INTERVIEWER TO ENTER 1 BRAND OF CIGARETTES OR 'NO USUAL BRAND'.

REFER TO PRODUCT LABEL IF AVAILABLE.

ENTER **BRAND** NAME OF CIGARETTE.

IF NO USUAL BRAND, TYPE 'NO USUAL BRAND'.

SMQ.111 PRESS BACKSPACE KEY TO START THE LOOKUP.

SELECT PRODUCT FROM LIST OR TYPE 'NO USUAL BRAND'.

IF PRODUCT **NOT** ON LIST –

PRESS BS KEY TO DELETE ENTRY

TYPE *******

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

DISPLAY CAPI CIGARETTE PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONE PRODUCT NAME FROM LIST OR 'NO USUAL BRAND'. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN SMQ.100 BY TYPING IN *******.

These screens initiate the lookup function in this section of the questionnaire.

Type in the brand name (for example, More Ultralights). If the SP mentions more than one brand, probe for the one he/she **usually** smokes. If the SP does not usually smoke a particular brand, type “NO USUAL BRAND”. Press “enter” to move to the next screen.

Press the “backspace” key to start the lookup. When the lookup window opens, the information that you entered will be in the input field. Above the input field, a list of possible matches will appear. You should scroll through the list to find the best match for the **full brand** and product information that the respondent has provided. It is important to review the list of potential matches very carefully as a brand name may appear on the list more than once with the only distinction being the size or whether it is filtered or mentholated. The data contained on the lookup list includes size of the cigarette (e.g., “king” or “100”), whether it is filtered (1 = “filtered”, 0 = “non-filtered”) and whether it is mentholated (1 = “menthol”, 2 = “non-menthol”). If there is a match, make sure it is highlighted and select it by pressing “enter”. Your selection will appear in the lookup field. Press “enter” to accept your selection.

If the cigarette brand name does **not** appear on the list, that is there are no matches, use the “backspace” key to delete the entry in the input field, then type “**” and press “enter” to indicate that your lookup was unsuccessful. “PRODUCT NOT ON LIST” appears in the lookup field. Press “enter” to accept this response. You will then be asked a series of questions to identify all the qualifiers to the brand you have entered.

SMQ.110a ASK IF NECESSARY:

IS THE CIGARETTE PRODUCT FILTERED OR NON-FILTERED?

ENTER '1' FOR **FILTERED**

ENTER '0' FOR **NON-FILTERED**

CAPI INSTRUCTION:

'1' AND '0' SHOULD BE THE ONLY CODES ACCEPTED BY CAPI.

FILTERED	1
NON-FILTERED	0
REFUSED	7
DON'T KNOW.....	9

SMQ.110b ASK IF NECESSARY:

IS THE CIGARETTE PRODUCT MENTHOLATED OR NON-MENTHOLATED?

ENTER '1' FOR **MENTHOLATED**

ENTER '0' FOR **NON-MENTHOLATED**

CAPI INSTRUCTION:

'1' AND '0' SHOULD BE THE ONLY CODES ACCEPTED BY CAPI.

MENTHOLATED.....	1
NON-MENTHOLATED	0
REFUSED	7
DON'T KNOW.....	9

SMQ.110h ASK IF NECESSARY:

WHAT IS THE CIGARETTE PRODUCT SIZE?

CAPI INSTRUCTION:

THIS ITEM IS STORED IN SMQ.110f IN THE DATA BASE.

REGULARS	1
KINGS	2
100S	3
120S	4
REFUSED	7777
DON'T KNOW.....	9999

SMQ.110g REFER TO PRODUCT LABEL, IF AVAILABLE – ASK IF NECESSARY.

WHAT ARE THE OTHER NAME BRAND QUALIFIERS FOR THE CIGARETTE PRODUCT?

CAPI INSTRUCTION:

SHOULD BE A 'CODE ALL THAT APPLY' EXCEPT IF "REF", "DK" OR "NONE" SELECTED. NO OTHER RESPONSE OPTION SHOULD BE ALLOWED. THE "OTHER SPECIFY" RESPONSE SHOULD REQUIRE A TEXT ENTRY.

DELUXE	10
HARD PACK.....	11
LIGHTS.....	12
MILDS.....	13
SLIMS.....	14
SPECIALS	15
SUPER	16
ULTRA LIGHTS.....	17
OTHER (SPECIFY)	18
NONE	19
REF	77
DK.....	99

ACCULTURATION (ACQ)

The Acculturation section now only asks one question: what language the SP speaks at home. SPs get one of the two questions below, depending on whether the SP was identified as Hispanic in the Screener.

ACQ.011 Now I'm going to ask you about language use.

What language(s) {do you/does SP} usually speak at home?

CODE ALL THAT APPLY

1. ENGLISH
8. SPANISH
9. OTHER

ACQ.041 Now I'm going to ask you about language use.

What language(s) {do you/does SP} usually speak at home?

HAND CARD ACQ1

1. ONLY SPANISH
2. MORE SPANISH THAN ENGLISH
3. BOTH EQUALLY
4. MORE ENGLISH THAN SPANISH
5. ONLY ENGLISH

This section is asked of SPs age 12 or older. Non-Hispanic SPs get ACQ.011, Hispanic SPs get ACQ.041, which has a hand card with the response categories.

SOCIAL SUPPORT (SSQ)

This section covers family and other social relationships. The purpose of these questions is to gather data on the SP's social support environment. This section is asked of SPs age 40 and older.

SSQ.044 How often {do you/does SP} attend church or religious services?

ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH OR YEAR)

ENTER UNIT

1. DAYS
2. WEEKS
3. MONTHS
4. YEAR
9. OTHER

In this new question, if the SP says they never go to church or religious services, enter zero.

OCCUPATION (OCQ)

Overview

This section of the questionnaire obtains information about the current job held by SPs age 16 and over. The section also collects information about protective hearing devices worn on the current job and about current and past exposure to job related loud noise. If the SP reported that he or she had asthma in the Medical Conditions section, a few additional questions are asked about the type of work the SP was doing when he or she first developed symptoms of asthma. The general flow of the questions is illustrated on the next page.

The occupation section contains questions about employment status, type of work (if employed) and work conditions and, if the SP reported that he or she had asthma in the Medical Conditions section, the type of work he or she was doing when asthma symptoms first developed.

Note the following definitions with respect to Question **OCQ.152**:

1. Work

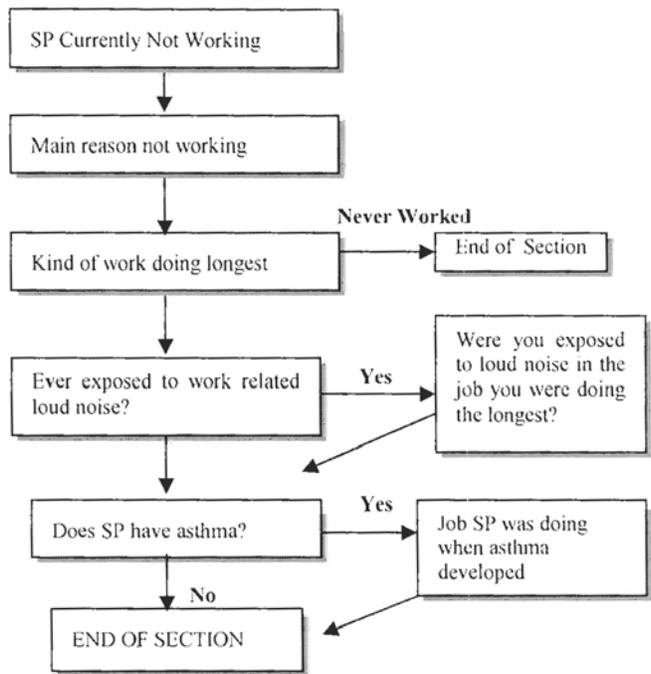
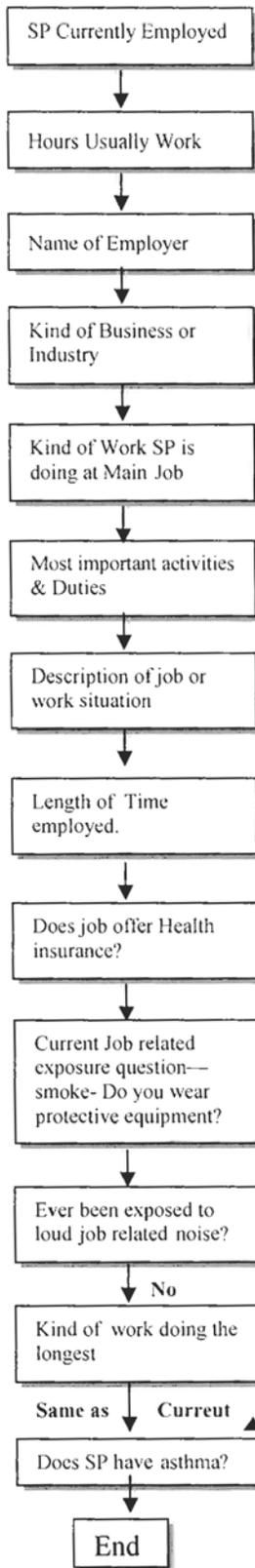
■ Include the following as “work”:

- (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 SP questionnaire.)
 - (6) Owning a business solely as an investment to which no contributions 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 day 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 week 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 last week.
 - Consider seasonal employment as a job only during the season and not during the off-season. For example, a ski instructor would not be considered as having a “job” during the off-season.
 - Consider school personnel (teachers, administrators, custodians, 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 a “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 week as having a “job”.
 - Do not consider people 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 is used in conducting the business, or
 - An office, store, or other place of business is maintained, or



- The business is advertised to the public. (Some example of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or service offered.)

Examples of what to include as a business:

- Sewing performed in the sewer's house using his/her own equipment.
- Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

- Yard sales; the sale of personal property is not a business or work.
- Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
- Distributing products such as Tupperware, or newspaper. Distributing products is not a business unless the person buys the good directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

4. On Layoff – Persons are on layoff if they are waiting to be recalled to a job from which they were temporarily separated for business-related reasons, such as temporary drops in demand, business downturns, plant remodeling, material shortage, and inventory taking. They must have either been given a date to report back to work or, if not given a date, must expect to be recalled to their job within six months.

5. Looking for Work – To be looking for work, a person has to have conducted an active job search. An Active job search means that the person took steps necessary to put him/herself in a position to be hired for a job. Active job search methods includes:

- Filled out applications or sent out resume.
- Placed or answered classified ads.
- Checked union/professional registers.
- Bid on a contract or auditioned for a part in a play.
- Contacted friends or relatives about possible jobs.
- Contacted school/college university employment office.
- Contacted employment directly.

Job search methods that are not active include:

- Looked at ads without responding to them.
- Picked up a job application without filling it out.

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 instruction 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 an 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 participants as working if s/he receives on-the-job training.
- Do not consider the participants as working or with a job if s/he receives training in a school or other institutional setting.
- Consider the participants 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 participants as working 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 programs alternate 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 the 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”.
6. On Leave – An uncompensated leave of absence from a job. The absence must be at least one week or longer. Count this response as “with a job but not at work.”

OCQ.180

1. Working Without Pay – Working on a farm or in a business operated by a related member of a household, or receiving wages or salary for work performed.
2. Hours Worked Last Week – The number of hours actually worked during a week. Hours worked will include overtime if the SP member worked overtime for most of the week during the reference period. The actual hours worked is often not the same as the hours on which the person's salary is based. In this question we want the actual hours spent working on the job, whether the hours are paid or not. However, unpaid hours spent traveling to and from work are never included in hours worked per week.

NOTE: JOB AND BUSINESS DESCRIPTION QUESTIONS

Questions **OCQ.220 through OCQ.250** 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 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. Main Job – The job or business which is the primary source of a person's income. (**OCQ.220**)
2. Work – See definition for work status series.
3. Kind of business or industry – The major activity of the establishment or business in which the person works.

GENERAL INSTRUCTIONS

1. Questions **OCQ.220 through OCQ.260** provide a full description of a person's civilian job or business. Each question must be completed as follows:

OCQ.220—Employer: The name of the company, business, organization, government agency, or other employer.

OCQ.230—Kind of Business: The type of business or industry at the location where the person was working.

OCQ.240—Kind of Work/Occupation: The type of work the person was doing. Often stated as job title.

OCQ.250—Most Important Activities/Duties: The most important activities or duties associated with the type of work the person was doing.

OCQ.260—Class of Workers: Whether the industry and occupation described in OCQ.220-OCQ.250 identifies the person as working for:

- A. **Private Company or Business:** Employees of an organization whose operation are owned by private individuals and not a governmental entity. This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes work for private organizations doing contract work or government agencies.
- B. **Federal Government:** Federal employees include individuals working for any branch of the federal government, as well as elected officials and civilian employees of the armed forces. Includes persons 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. Include employees of international organizations like the United Nations and employees of foreign governments such as persons employed by the French embassy.
- C. **State Government Employees:** State employees include individuals working for agencies of state governments, as well as paid state officials, the state police, and employees of state universities and colleges. Report this category for employees of State governments which include paid state officials, state police, employees of state universities and colleges, and statewide JTPP administrators.
- D. **Local Government:** Local government employees include individuals employed by cities, towns, counties, parishes, and other local areas, as well as employees of city-owned businesses, such as electric power companies, water and sewer services, etc. Report for employees of counties, cities, towns, and other local areas. Included here would be city-owned bus lines, electrical power companies, water and sewage services, etc. Employees of public elementary and secondary schools who worked the local government should also be included here.

- E. **Self Employed:** Persons working for profit or fees in their own business, shop, office, farm, etc. Included 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.
 - F. **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.
2. Ask question OCQ.220 through OCQ.260 in the following situations:
- a. For persons who had a job or business in the past week, whether they worked at it or not, including persons on layoff.
 - b. For all other persons who were looking for work during the past week.
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

OCQ.220 Joe's Barber Shop
 OCQ.230 Retail Jewelry store
 OCQ.240 Barber
 OCQ.250 Selling Jewelry
 OCQ.260 1 (private)

This is obviously inconsistent. Correct entries might be:

OCQ.220	Joe's Barber Shop		OCQ.220	Smith's Jewelry Co.
OCQ.230	Barber shop		COQ.230	Retail Jewelry store
OCQ.240	Barber	OR	OCQ.240	Jewelry salesman
OCQ.250	Cutting hair		OCQ.250	Selling jewelry
COQ.260	1		OCQ.260	1

4. For persons who worked during the past week, describe the job at which they worked.
- a. If a person worked at more than one job during the past week, 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 of 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 the past week 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 week, describe the job s/he held.

If a person usually works at two or more jobs, but during the past week 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 week, enter the job from which she was laid off, regardless of whether this is a full- or part-time job.
7. For person LOOKING FOR WORK, enter the last full-time civilian job which lasted 1 week 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.
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 OCQ.220 through OCQ.260 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 OCQ.220 through OCQ.260 questions entries would be:

OCQ.220	Kelly Services
OCQ.230	Temporary help employment contractor
OCQ.240	Typist
OCQ.250	Typing
OCQ.260	1

10. Distinguish between different types of farm workers.

When the place of work is a ranch, follow the same procedures used for a farm. Use the terms “Rancher:” instead of a “Farmer”, “Ranch hand” instead of “Farm hand” etc. If you have difficulty deciding whether a place is a farm or a ranch, consider it to be a farm.

11. For persons enrolled in government-sponsored programs, record the specific employer rather than 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 week 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.

OCQ.220

You may or may not ask this question depending on the respondent's previously determined work status.

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 names of the employers. The answer fields in both OCQ.220 are 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 jobs or domestic workers, baby-sitters, etc., type "various persons" in OCQ.220.
- 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 OCQ.220. If there is no business name, enter "Self- Employed", "own business", "family farm", etc.

OCQ.230 – OCQ.250

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 s/he 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 s/he 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.

OCQ.230 Kind of Business of 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, and shoe repair service. The words "mine", "manufacturer", "wholesale", "retail", "construction", and "repair service" shows 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 individual (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 materials used – wood, metal, plastic, etc., but for the selling operation, it is not necessary, since the 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 as "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 service provided, for example, “Retail TV and radio repair.”
- e. Manufacturer’s 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 Organizations: 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 is absolutely clear, the name of the agency is sufficient. In such cases, enter “Same” in OCQ.230. However, sometimes the names of government agencies are not fully descriptive of their business or activity. A correct entry in OCQ.230 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 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 OCQ.220 and the employer’s business or industry in OCQ.230. 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 services. 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 property 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 OCQ.220 through OCQ.260 for the one who pays.
- k. Examples of adequate entries for question OCQ.230: The following are examples of inadequate and adequate entries for kind of business or industry (OCQ.230). Study them carefully and refer to them periodically to familiarize yourself with the types of entries that are proper and adequate.

INADEQUATE

ADEQUATE

Agency

Collection agency, advertising agency, travel agency, insurance agency.

Aircraft components:
Aircraft parts

Airplane engine parts factory, propeller manufacturing, electronic instruments factory, wholesale aircraft parts, etc.

Auto or automobile components; auto or automobile parts

Auto clutch manufacturing, wholesale auto accessories, automobile tire manufacturing, retail sales and installation of mufflers, battery factory, etc.

Bakery

Bakery plant (makes and sells to wholesalers, retail stores, restaurants, or home delivery), wholesale bakery (buys from manufacturers or sells to grocers, restaurants, hotels, etc.), retail bakery (sells only on premises to private individuals; 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.

INADEQUATE

Coal company

Credit company

Dairy

Discount house;
Discount store

Electrical components
Manufacturers
Electrical parts
manufacturer

Engineering company

Express company

Factory, mill or plant

Foundry

Freight company

Fur company

Laundry

ADEQUATE

Coal mine, retail coal yard, and wholesale coal yard.

Credit rating service, loan service, retail clothing store (sometimes called a credit company).

Dairy farm, dairy depot, dairy bar, wholesale dairy products, retail dairy products, and dairy products manufacturing

Retail drug store, retail electrical appliances retail general merchandise, retail clothing store, etc.

Electronic tube factory, memory core manufacturing, transistor factory, manufacturer of tape readers, etc.

Engineering consulting firm, general contracting, wholesale heating equipment, and construction machinery factory.

Motor freight, railway express agency, railroad car rental (for Union Tank car Company, etc.), armored car service.

Steel rolling mill, hardware factory, aircraft factory, flour mill, hosiery mill, commercial print plant, cotton textile mill.

Iron foundry, brass foundry, aluminum foundry.

Motor freight, air freight, railway, water transportation, etc.

Fur dressing plant, fur garment factory, retail fur store, wholesale fur store, fur repair shop.

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).

INADEQUATE

Lumber company

Manufacturer's agent;
Manufacturer's
Representative

Mine

Nylon or Rayon
Factory

Office

Oil company; Oil
Industry, Oil
Plant

Packing house

Pipeline

Plastic factory

Public utility

ADEQUATE

Sawmill, retail lumber yard, planning mill, logging camp, wholesale lumber, lumber manufacturer.

Specify product being sold, such as jewelry manufacturer's representative, lumber manufacturer's agent, electric appliance manufacturer's representative, chemical manufacturer's agent, etc.

Coal mine, gold mine, bauxite mine, iron mine, copper mine, lead mine, marble quarry, sand, and gravel pit.

Nylon or rayon chemical factory (where chemicals are made into fibers); nylon or rayon textile mills (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).

Dentist's office, physician's office, public stenographer's office.

Oil drilling, petroleum refinery, retail gasoline station, petroleum pipeline, wholesale oil distributor, retail fuel oil.

Meat packing plant, fruit cannery, fruit packing shed (wholesale packers and shippers).

Natural gas pipeline, gasoline pipeline, petroleum pipeline, pipeline construction.

Plastic materials factory where plastic materials are made, plastic products plant (where articles are actually manufactured from plastic materials)

Electric light and power utility, gas utility, telephone company, and water supply utility. If the company provides more than one service, specify the services; such as gas and electric utility, electric and water utility.

INADEQUATE

Railroad car shop

Repair shop

Research

School

Tailor

Terminal

Textile mill

Transportation
Company

ADEQUATE

Railroad car factory, diesel railroad repair shop, locomotive manufacturing plant.

Shoe repair shop, radio repair shop, blacksmith shop, welding shop, auto repair shop, machine repair shop.

(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.)

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.,

Dry cleaning shop (provides valet service), customer tailor shop (makes clothes to customer's order), men's retail clothing store.

Bus terminal, railroad terminal, boat terminal, airport terminal.

Cotton cloth mill, woolen cloth mill, cotton yarn mill, nylon thread mill,

Motor trucking, moving and storage, water transportation, air transportation, airline, taxicab service, subway, elevated railway, railroad, petroleum pipeline, car loading service.

INADEQUATE

Water company

Well

ADEQUATE

Water supply irrigation system, water filtration plant.

Oil drilling, oil well, salt well, water well.

OCQ.240-OCQ.250

The answer in question OCQ.240 should describe clearly and specifically the kind of work or nature of duties performed by the person. The answer in question OCQ.250 should tell you the person’s most important activities or duties. Often, the response to question OCQ.250, together with the response to question OCQ.240, will give the information needed to make the person’s occupation description complete, and thus, adequate.

- a. How to ask: Ask question OCQ.240, record the respondent’s answer and then ask question OCQ.250. When the combination of entries in both questions OCQ.240 and OCQ.250 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 by OCQ.240 and OCQ.250.

<u>Inadequate</u>	<u>Adequate</u>	<u>Adequate</u>
OCQ.240 – Mechanic	OCQ.240- Mechanic	OCQ.240 – Mechanic, Autobody repair
OCQ.240- Repairs Cars	OCQ.240- Fixes dents, replaces fenders and other repairs to auto bodies.	OCQ.240- repairs cars

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

- c. Examples of adequate entries for question OCQ.240: The examples on the following pages are of inadequate and adequate occupation entries. If the combined entries for questions OCQ.240 and OCQ.250 provide the kind of information shown in the listing of adequate example, accept them as being adequate.

INADEQUATE

Accounting; Accounting work

Adjuster

Agent

Analyst; Analyzer

Caretaker; Custodian

Claim examiner;
Claim investigator;
Claims adjuster
Adjuster Claims;
Analyst; Claims
Authorizer

Clerical; Clerical work;
Clerk

Data Processing

Doctor

Engineer

ADEQUATE

Certified public accountant, accountant, accounting machine operator, tax auditor, accounts-payable clerk, etc.

Brake adjuster, machine adjuster, merchandise complaint adjuster, insurance adjuster.

Freight agent, insurance agent, sales agent, advertising agent, and purchasing agent.

Cement analyst, food analyst, budget analyst, computer systems analyst, etc.

Janitor, guard, building superintendent, gardener, groundskeeper, sexton, property clerk, locker attendant, etc.,

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 a store is a salesperson or sales clerk – do not report them merely as clerk.

Computer programmer, data typist, keypunch operator, computer operator, coding clerk, card tape converter operator.

Physician, dentist, veterinarian, osteopath, chiropractor.

Civil engineer, locomotive engineer, mechanical engineer, and aeronautical engineer.

INADEQUATE

Entertainer

Equipment operator

Factory Worker

Farmworker

Firefighter

Foreman/ Forewoman

Graphic Arts

Group Leader

ADEQUATE

Singer, dancer, acrobat, musician

Road grade operator, bulldozer operator, trench operator.

Electric motor assembler, forge heater, turret lathe operator, weaver, loom fixer, knitter, stitcher, punch-press operator, spray painter, riveter.

Farmer: For the owner, operator, tenant or sharecropper who is self-employed.

Farm manager: For the person hired to manage a farm for someone else.

Farm foreman/ forewoman: For the person who supervises a group of farm hands or helpers.

Farmhand or farm helper: For those who do general farmwork for wages. Fruit picker and 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, ranch hand or help, as shown in the case for similar types of farmworkers.

Locomotive fire stoker, city fire fighter, (city fire department), stationary fire engineer, fire boss.

Specify the craft of activity involved: foreman/forewoman carpenter, and foreman/forewoman truck driver.

Illustrator, commercial artist, poster artist, art layout specialist, etc.

Group leader on assembly line, harvest crew boss, clerical group leader, labor gang leader, recreation group leader, etc.

INADEQUATE

Heavy equipment operator

Helper

IBM Clerk;
IBM machine operator;
IBM operator

Interior decorator

Investigator

Laborer

Layout worker

Maintenance Worker

Mechanic

Nun

Nurse; Nursing

ADEQUATE

Specify the type of equipment, such as:
clam-shovel operator, derrick operator,
monorail crane operator, dragline operator,
Euclid operator

Baker's helper, carpenter's helper, janitor's
helper.

IBM card puncher, IBM tabulator, sorting
machine operator, proof machine operator,
etc.

Be sure that entries in questions OCQ.240/
OCQ.250 differentiates between the interior
decorator who plans and designs interiors
for homes, hotels, etc., and those who paint,
paperhang, etc.

Insurance claim investigator, income tax
investigator, financial examiner, detective,
social welfare investigator, etc.

Sweeper, cleaning person, baggage porter
janitor, stevedore, window washer, car
cleaner, section hand, hand trucker.

Pattern maker, sheet-metal worker,
compositor, commercial artist, structural
steel worker, boilermaker, draftsman,
coppersmith.

Groundskeeper, janitor, carpenter,
electrician.

Auto engine mechanic, dental mechanic,
radio mechanic, airplane structure mechanic,
or office machine mechanic.

Specify the type of work done, if possible,
such as grammar school teacher,
housekeeper, art teacher, organist, cook,
laundress, or registered nurse.

Registered nurse, nursemaid, practical nurse,
nurse's aide, student nurse, professional
nurse.

INADEQUATE

Office clerk;
Office work;
Officer worker

Program analyst

Program specialist

Programmer

Research:
Research and Development;
Research and testing;
Research assistant;
Research specialist;
Research work

Salesperson

Scientist

Specialist

Shipping Department

ADEQUATE

Typist, secretary, receptionist, comptometer operator, file clerk, bookkeeper, physician's attendant.

Computer-systems analyst, procedure analyst, vocational director, manufacturing liaison planner, etc.

Program scheduler, data processing systems supervisor, metal-flow coordinator, etc.

Computer programmer, electronics data programmer, radio or TV program director, senior computer programmer, production planner, etc.

Specify field or research, as research chemist, research mathematicians, research biologist etc. Also, if associate or assistant, research associate chemist, assistant research physicist, research associate geologist.

Advertising sales, insurance sales, bond sales, canvasser, driver-sales (route-person), fruit peddler, or newspaper sales.

Specify field, for example, political scientist, physicist, sociologist, home economist, oceanographer, soil scientist, etc.

If the word specialist is reported as part of a job title, be sure to include a brief description of the actual duties in question OCQ.250. 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".

What does the worker do? Shipping and receiving clerk, crater, order picker, typist, wraps parcels, etc.

INADEQUATE

Supervisor

Teacher

Technician

Tester

Trucker

Works in stock room,
bakery, office, etc.

ADEQUATE

Typing supervisor, chief bookkeeper, steward, kitchen supervisor, buyer, cutting and sewing foreman/ forewoman, sales instructor, and route foreman/forewoman.

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. The following are some illustrations:

<u>Level</u>
Preschool
Kindergarten
Elementary
Elementary
Junior High
High School
College

Subject

Music
English
Physical Education
Mathematics professor

Medical laboratory technician, dental laboratory technician, x-ray technician.

Cement tester, instrument tester, engine tester, or battery tester.

Truck driver, trucking contractor, electric trucker, hand trucker.

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 that sound strange to you. Accept such entries if the respondent is sure the title is correct. For example, “sand hog” is the title for a certain worker engaged in the construction of underwater tunnels, and “printer’s devil” is sometimes used for an apprentice printer. When these or any other unusual occupation title is 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, machines 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 of 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.

OCQ.250

The responses to the activity question (OCQ.250) are very important for coding purposes. Although the question may seem redundant in some cases, the response often permits 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 OCQ.250:

OCQ.240-	Telephone Co. serviceman	OCQ.240-	Telephone Co. serviceman
OCQ.250-	Installs phones in homes	OCQ.250-	Repairs telephone transmission lines

Each of these examples is an adequate combination of responses. The additional information obtained from question OCQ.250 identifies different occupations even though in each sample the responses to question OCQ.240 are the same. These two telephone company servicemen will be assigned different occupation codes.

OCQ.240-	Bookkeeper	OCQ.240-	Bookkeeper
OCQ.250-	Keeping and Balancing ledgers	OCQ.250-	Operates a bookkeeping machine.

Again, adequate responses are obtained in each sample. In the basis of the detail provided by question OCQ.250, these occupations will be coded in different categories.

These two examples illustrate the importance of the activity question (OCQ.250) in obtaining adequate responses even though the question may seem repetitive.

OCQ.260 Class of Workers

Record the class of worker by entering one of the codes in question OCQ.260. If the information provided by the respondent is not adequate, 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 OCQ.260 which applies to the one job or business entered in questions OCQ.220 through OCQ.250.
- 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, professional 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 babysitter employed in other peoples’ household 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 OCQ.260. Record clergy not attached to a particular congregation or church organization, who conducts religious services in various places on a fee basis, as Code 5 (self-employed in their own professional practice) in question OCQ.260.

Enter Code 1 (private) for nuns who receive pay in kind.
 - (8) Registered and practical nurse – 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 person who consider themselves as working for profit and who provide childcare facilities in their own place and are furnishing the shelter and meals for certain time periods 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 workers. 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; 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). 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).

If necessary, refer to definition of terms in the introduction to question in this series (OCQ.220 through OCQ.250).

OCQ265 This is a new question relating to the participant's current job or occupation. It collects data on shiftwork, which may be related to health outcomes being measured in NHANES. The question derives from the U.S. Current Population Survey.

OCQ.265 Which of the following best describes the hours {you/SP} **usually** {work/works} at {your/his/her} main job or business?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT SAYS "FLEXTIME", ETC., PROBE TO DETERMINE WHETHER THE SHIFT THAT IS WORKED ACTUALLY FALLS IN A DAY, EVENING, NIGHT, OR ROTATING SHIFT CATEGORY BEFORE CODING IT AS "ANOTHER SCHEDULE."

- A regular daytime schedule 1
- A regular evening shift 2
- A regular night shift..... 3
- A rotating shift..... 4
- Another schedule..... 5
- REFUSED 7
- DON'T KNOW 9

Standard Shift Definitions are:

- A regular daytime schedule: this is work anytime between 6am and 6pm.
- A regular evening shift: this is work anytime between 2pm and midnight.
- A regular night shift: this is work anytime between 9pm and 8am.
- A rotating shift: a work shift that changes periodically from days to evenings or nights.
- Another schedule includes: a split shift (consisting of two distinct work periods each day), an irregular schedule arranged by the employer, or any other schedule.

The help screens are available with the above definitions. Please note that "Another Schedule" includes:
A split shift - one consisting of two distinct work periods each day; and
An irregular schedule arranged by the employer; or any other schedule.

Also, if the respondent says "Flexitime", etc., probe to determine whether the shift that is worked actually falls in a day, evening, night, or rotating shift, category before coding it as "Another Schedule."

OCQ.290 This question collects data on second-hand smoke exposure in the participant's current job.

OCQ.380 For the unemployed, this question collects data on the reason for unemployment. Definitions pertinent to OCQ380 are:

Retired -- Respondent defined.

Unable to Work for Health Reasons – Respondent defined.

OCQ385/OCQ392/OCQ393/OCQ395 collect data on the participant's longest occupation, if this is different from the participants current occupation. The data collection standards are the same as for the current job fields (OCQ240/ OCQ250).

For the 2005 survey year, questions relating to occupational asthma jobs were dropped, and questions on the noise exposure in the workplace and hearing protection use were moved to the AUQ questionnaire segment.

DEMOGRAPHICS INFORMATION (DMQ - SP)

This section collects standard demographic information about the SP such as level of education, military status, country of birth, length of residence in this country, citizenship status, ethnicity and race. It also collects information that is used primarily to track SPs for future studies, such as social security number.

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 asked 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 information they give you is compiled and reported together with **all other respondents** so that **no individuals** are identified.

This section is asked of SPs from birth on. The questions that are asked are dependent on the SP’s age.

DMQ.141 What is the **highest** grade or level of school you have **completed** or the **highest degree** you have **received**?

HAND CARD DMQ1
READ HAND CARD CATEGORIES IF NECESSARY.
ENTER HIGHEST LEVEL OF SCHOOL.

{DISPLAY EDUCATION LEVELS FROM “NEVER ATTENDED THROUGH DOCTORAL DEGREE}

This question is designed to find out about **formal** education. Use the hand card and pay attention to the respondent’s answer. Probe the response if it seems that the respondent’s answer is reporting the highest level of school **attended**, not necessarily **completed**. For example, if the response is “I went to college”, probe to determine whether or not the person received a degree or not and code the appropriate category.

DMQ.200 Where have you traveled?

HAND CARD DMQ3
CODE ALL THAT APPLY

1. EUROPE OR AUSTRALIA/NEW ZEALAND
2. ASIA OR AFRICA OR SOUTH PACIFIC
3. SOUTH/CENTRAL AMERICA (INCLUDING MEXICO)
4. CARIBBEAN
5. MIDDLE EAST
6. OTHER

Stopping at the airport in a country is **not** considered traveling to that country.

HEALTH INSURANCE (HIQ)

The Health Insurance section has been moved to the SP questionnaire from the Family questionnaire. It is now asked of every SP and has also been shortened considerably.

Definitions of the different types of health insurance are contained in the Glossary of terms (Chapter 15 of this manual).

HIQ.260 {Do you/Does SP} have Medicare? This is a health insurance program that virtually all persons 65 and older are eligible for. A card is automatically mailed to you shortly before your 65th birthday, it looks like this.

SHOW HAND CARD HIQ2 OF MEDICARE CARD

1. YES
2. NO

SPs who are 65 and older will get this question if they did not report having Medicare on the first question about having health insurance.

DIETARY SUPPLEMENTS, ANTACIDS, AND PRESCRIPTION MEDICATIONS (DSQ)

The DSQ section covers the use of dietary supplements (vitamins, minerals, and other dietary supplements), nonprescription antacids, and prescription medications. This section is administered to SPs from birth on.

DSQ.012 The next questions are about your use of dietary supplements, nonprescription antacids, and medications during the **past 30 days**.

Have you used or taken any **vitamins, minerals or other dietary supplements** in the **past 30 days**? Include prescription and non-prescription supplements.

This card lists some examples of different types of dietary supplements.

HAND CARD DSQ1

1. YES
2. NO

RXQ.021 Have you used or taken any nonprescription **antacids** in the **past 30 days**?

1. YES
2. NO

RXQ.032 In the **past 30 days**, have you used or taken medication for which a **prescription** is needed? Include only those products prescribed by a health professional such as a doctor or dentist. Do not include prescription vitamins, or minerals you may have already told me about.

1. YES
2. NO

You will first ask if the respondent has taken or used any of these products in the **past 30 days**. Specific definitions of each general product category are contained later in this section. You should become thoroughly familiar with these product definitions in order to know what to include or ignore. The SP does not need to select one of the categories listed on DSQ1; if s/he is trying to identify the correct category, just say that these are examples and at this point we just want to know if any supplement was taken.

DSQ.042 May I please see the containers for **all** the vitamins, minerals, and other dietary supplements, nonprescription antacids and prescription medicines that you used or took in the **past 30 days**?

PRESS ENTER TO CONTINUE

If “yes” is recorded to any of the initial usage questions, you will ask to see all product containers. You will then record information from the product container label into CAPI. It is **very important** that you **see the containers** for all products. If the respondent is reluctant to gather the containers, explain as tactfully as possible that in order for this survey to effectively monitor the nation’s health, we must record specific information. In order to get accurate and complete information, we must record information from the product label. Before you begin to record product information, arrange the containers into the general categories (dietary supplements, antacids, and prescription medications). Make sure that if the respondent said he or she took products from all three types, you have at least one container for each type.

I. Dietary Supplements

If the SP has taken at least one dietary supplement in the past 30 days, you will start by recording specific information about each supplement from the container label.

A. Dietary Supplements: General Guidelines

- If you are in doubt about whether to record a product as a dietary supplement, check the product label carefully. Most non-prescription dietary supplement products are labeled as “dietary supplement” or “supplement” products. If this is not stated on the front of the label, check the back of the label. There should be a “Supplement Facts” box, although some are labeled “Nutrition Facts.” Most products have the word “supplement” on them somewhere. If you are still in doubt, record it.
- Collect information on dietary supplements that are **taken orally or given by injection**. **Omit** creams and ointments applied to the skin.
- **Prescription dietary supplement products** are **included** as dietary supplements. Prescription products may be vitamins and mineral drops for infants, prenatal dietary supplements, products to treat osteoporosis, and fluoride or iron (ferrous) products. Prescription supplement labels may not explicitly state “dietary supplement”.
- Remember that dietary supplements are marketed in many forms—pills, capsules, drops, powders, softgels, gelcaps, tablets, wafers, and liquids in forms such as oils, suspensions, extracts, tinctures, sprays, and elixirs.

B. What Should be Included and Excluded as a Dietary Supplement

The following types of products are **included**:

- **Amino acids:** Single or combination amino acid supplement products. Examples: Lysine, Valine, and Methionine.
- **Botanicals:** Examples: Echinacea and ginkgo.
- **Enzymes:** Example: Coenzyme Q 10 .
- **Fatty acid supplements**
- **Fiber supplements:** Products that are eaten alone or mixed with foods or beverages and say “dietary supplement.” Include Metamucil, bulk laxatives, oat bran, and pectin. Do not include foods such as fiber food bars.
- **Fish oils:** Example: Cod liver oil.
- **Glandulars:** Animal organ extracts such as dried/desiccated liver or pancreas.
- **Herbs:** Examples: Parsley and mint.
- **Minerals:** Examples: Calcium 600 mg or Zinc 15 mg.
- **Miscellaneous:** Examples: Bee pollen, choline, spirulina.

- **Multi-vitamin and/or mineral combinations:** Two or more vitamins and/or minerals.
- **Multi-vitamin and/or mineral combinations, plus other substances:** Two or more vitamins, minerals, or other compounds that may include herbs, botanicals, and other substances such as ginseng and ginkgo baloba.
- **Protein supplements:** Include gelatin and collagen formulas.
- **Vitamins:** Examples: Vitamin E 200 IU and Vitamin C 500 mg.
- **Throat drops that contain vitamins (e.g., vitamin C), minerals (e.g., zinc) or herbs.**

The following types of products are **excluded**:

- **Foods: Products that are consumed as meals, meal replacements, part of meals, snacks, or beverages**

Below are some examples of products that are considered foods rather than dietary supplements.

- **Liquid food supplement products:** Formula type food products that are eaten in place of regular food. Examples: Ensure, Sustacal, and Instant Breakfast.
- **Other food supplements:** Fortified meal or snack bars, granola bars, and puddings that are eaten as snacks or meal supplements are not dietary supplements.
- **Weight reduction diet formulas and beverages that are consumed as foods or drinks*:** Foods that are formulated for the purpose of promoting weight reduction when used alone or in combination with other foods. Examples: Slim Fast and Herbalife.
- **Athletic training and muscle-building formulations that are consumed as foods or drinks*:** Food products that are marketed as food supplements to enhance athletic performance and muscle strength. These products are typically sold ready-to-drink or as powders that are mixed with a beverage or water. These products are considered to be foods, not dietary supplements.
- **Sports drinks:** such as Gatorade and Powerade, which contain many nutrients but are drinks, not supplements.
- **Teas:** Teas, including herbal teas, are foods and should be reported in the 24-hour recall in the MEC.

*Note: Weight reduction diets and athletic training programs sold as a “total package” or “kit” may include **dietary supplements** which should be recorded as supplements.

- **Creams containing vitamins, minerals, or other substances:** for example, Vitamin E or Vitamin A creams.

- **Fluid replacers and rehydration formulas for adults and infants** such as Pedialyte, and Lytren.
- **All antacids:** These will be included in the set of antacid questions.

C. Recording Information About Dietary Supplement Products: Question Specifications

<p>DSQ.012</p>	<p>The next questions are about your use of dietary supplements, pain relievers, nonprescription antacids, and medications during the past 30 days.</p> <p>Have you used or taken any vitamins, minerals or other dietary supplements in the past 30 days? Include prescription and non-prescription supplements.</p> <p>This card lists some examples of different types of dietary supplements.</p> <p>HAND CARD DSQ1</p> <ol style="list-style-type: none"> 1. YES 2. NO
-----------------------	--

Always use Hand Card DSQ1 when asking this question. The card lists specific examples of the kinds of products that should be counted as dietary supplements.

<p>DSQ.042</p>	<p>May I please see the containers for all the vitamins, minerals, and other dietary supplements, nonprescription antacids and prescription medicines that you used or took in the past 30 days?</p> <p>{I also need to see the pain medications that you took in the past 30 days from the list. Please include cold and sinus products.}</p> <p>PRESS ENTER TO CONTINUE</p>
-----------------------	---

Because the dietary supplement market is extremely large and new products are being introduced almost daily, it is impossible to include all dietary supplements in the database. In order to get a complete picture of the supplements taken, you will ask the respondent to see the containers of all products used in the past 30 days and record specific information from the supplement container.

If the SP cannot provide the containers, you will have to ask him or her for the names of all dietary supplements/vitamins/minerals, antacids, pain relievers and prescription medications taken in the past 30 days.

DSQ.046 I will start with dietary supplements. Please show me the dietary supplements you have taken in the **past 30 days**.

[First I will record some information about the supplement, then I will ask you some questions about it.]

CHECK PRODUCT LABEL OR ASK PRODUCT NAME.
IS THIS PRODUCT ON THE LIST BELOW?

SINGLE ELEMENT PRODUCTS

- | | |
|--|------------------------------------|
| 10. VITAMIN A | 18. CALCIUM |
| 11. VITAMIN B1 (THIAMIN) | 19. CHROMIUM (CHROMIUM PICOLINATE) |
| 12. VITAMIN B6 | 20. FOLATE (FOLIC ACID) |
| 13. VITAMIN B12 | 21. IRON (FERROUS XXXATE) |
| 14. VITAMIN C (WITH OR
WITHOUT ROSE HIPS) | 27. MAGNESIUM |
| 15. VITAMIN D | 28. POTASSIUM |
| 16. VITAMIN E | 29. SELENIUM |
| | 30. ZINC (ZINC GLUCONATE) |

MULTI ELEMENT PRODUCTS

- 24. VITAMINS A & D
- 25. CALCIUM & VITAMIN D
- 26. CALCIUM & MAGNESIUM

- 1. YES
- 2. NO

First you will determine if the supplement is on this special list of 17 products (single vitamins, single minerals, and a few products that have two ingredients). The list is organized into two sections, the single element products and multi element products. If you are unsure whether the product is on the list, look at the back of the label in the Supplement Facts Box. If it is on the list, you must enter 1 for yes on this screen, NOT the number of the supplement – that is on the next screen.

Special cases: Record “yes” whether Vitamin C is listed with or without rose hips. Also record “yes” if iron is listed as ferrous plus any word ending in “ate”, as in Ferrous sulfate, gluconate, fumarate, etc.

DSQ.048

WHICH PRODUCT IS IT?
ENTER 1 PRODUCT CODE

SINGLE ELEMENT PRODUCTS

- | | |
|--|------------------------------------|
| 10. VITAMIN A | 18. CALCIUM |
| 11. VITAMIN B1 (THIAMIN) | 19. CHROMIUM (CHROMIUM PICOLINATE) |
| 12. VITAMIN B6 | 20. FOLATE (FOLIC ACID) |
| 13. VITAMIN B12 | 21. IRON (FERROUS XXXFATE) |
| 14. VITAMIN C (WITH OR
WITHOUT ROSE HIPS) | 27. MAGNESIUM |
| 15. VITAMIN D | 28. POTASSIUM |
| 16. VITAMIN E | 29. SELENIUM |
| | 23. ZINC (ZINC GLUCONATE) |

MULTI ELEMENT PRODUCTS

- 24. VITAMINS A & D
- 25. CALCIUM & VITAMIN D
- 26. CALCIUM & MAGNESIUM

If any of the supplements you see are on the special products list, type in the number of the product. You will then see the following screen.

DSQ.071

INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.

- 1. CONTAINER SEEN
- 2. CONTAINER NOT SEEN

Note if the container for the product was seen. If the container was seen, you will be asked to record the strength of the product.

DSQ.066A SELECT STRENGTH FOR VITAMIN B12

IF STRENGTH NOT ON
FRONT OR UNCLEAR, TURN
CONTAINER AROUND AND
GET STRENGTH FROM
FACTS BOX.

PRESS BS TO START THE
LOOKUP.

PRESS ENTER TO SELECT.

The product you select will appear at the top of the screen (example: Vitamin B12). Follow the instructions on the screen and select strength from the list of strengths on the lookup list. If the strength is

not on the front of the label or unclear, turn the container around and obtain the strength from the Facts Box.

If a multi element product was selected and there are two ingredients, you will be asked for the strength of **each ingredient**. CAPI will display each ingredient in turn. Make sure you are recording the strength for the ingredient listed at the top of the CAPI screen.

Typing of the strength should be exact. If 1000mg is noted on the container, be careful not to type or select 10000mg from the look up list.

It is very important to get the correct strength(s) of these vitamins.

Note that you are not asked for the manufacturer. This is not required for these products.

DSQ.052 REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF DIETARY SUPPLEMENTS USED. ENTER **FULL** NAME OF SUPPLEMENT, INCLUDING BRAND.

ENTER SUPPLEMENT NAME

If the product is not on the list, you will be asked to enter the full brand name of the supplement.

Recording Brand Names: Rules

- Begin recording the brand name with words at or near the top, and then continue to type in the rest of the name starting at the top of the label and moving down. Put in important qualifying words that will distinguish this product from others like it. If the strength of the product is on the front of the label, it is very important to include this in the name.
- The lookup function for vitamins/minerals/dietary supplements antacids and prescribed medications requires **complete entry of product name prior to initialization of the lookup**.
- Start the lookup to see if the product is on the lookup list. If the product name on the lookup list is the same as you see on the container, select that product, even if you didn't type in the words in that exact order. However if there are different qualifiers, do not select it. E.g., if your product says "now with lutein" and the lookup list just says "with lutein" select it, but if the look up list says "with beta-carotene" rather than lutein, don't select it. If you can not find a match on the lookup list, be sure that what you have typed in prior to starting the search is **complete**. Complete information is needed to try to find this product and obtain the label. If there is a strength on the front of the label, record it. If there is no match, then select "supplement not found on the list."
- Note that you may select a single vitamin or mineral from the lookup if you have missed recording it from the special products list. In this instance, you do not have to select the **brand name** of the vitamin (Example: Giant Vitamin C). You may instead simply select the name of the vitamin (Example: Vitamin C). However, a single element vitamin must

have a strength associated with it. Therefore, you must select the generic name **with a strength on it**. (Example: Vitamin C 500 mg). If the strength of your product does not match the strength of a product on the picklist, do not pick it, but enter it in the usual way with the strength in the name.

- It is extremely important to enter the complete name of the product when collecting this information. That way, if the name of the manufacturer is unavailable, recording the exact product name will make it easier for data processing to locate the manufacturer and to determine the exact components and their strengths.
- It is not necessary to enter health claims or the word "supplement".
- **Do enter** specific terms about the product:
 - Extract;
 - Chewable;
 - Complete, Vitamin and Mineral Formula;
 - Multi-vitamin and multi-mineral;
 - Time-release;
 - Mega, super, high potency; and
 - Strength

DSQ.076	WHAT IS THE FORM OF THIS PRODUCT?		
1. CAPSULES	8. PACKAGE/PACKETS	15. LOZENGES	
2. TABLETS	9. LIQUID	16. GEL	
3. PILLS	10. POWDER	17. OTHER FORM (SPECIFY)	
4. CAPLETS	11. WAFERS		
5. SOFT GELS	12. CHEWS		
6. GEL CAPS	13. DOTS		
7. VEGICAPS	14. GRANULES		

Knowing the form of the product will enable us to retrieve the right label from the manufacturer. On this list of **forms** tablets, gelcaps, softgels, caplets, etc, are **separate response categories**. Later, you will be asked about dosage. For example, the **product form** may be liquid but the **dosage form** may be a spray, teaspoon, milliliter, ounce, or even a shot. There is an option of OTHER FORM which requires a specific entry. Review items carefully before you interview.

DSQ.081K	ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME.
	ENTER AS MUCH INFORMATION AS POSSIBLE.

For all dietary supplements not found on the "special list of products", you will attempt to collect information about the manufacturer. This information will be used in post-processing and data editing. This information can usually be found on the product label. Sometimes the manufacturer may be the

distributor or even the store brand name. Record as much information as possible. A lookup of manufacturer names is used for dietary supplements.

Only select the name on this list if **it is identical or nearly identical to yours**. E.g., If the list says Lederle Laboratories and the label says Lederle Laboratories, Inc., select it. If the label says Lederle-Anderson Laboratories, don't select it.

If you do not find the manufacturer or distributor on the lookup list, select "manufacturer not on list", and you will be prompted to enter the city and state address. A street address is generally not available, but if it is on the label, please include it. Record the street address in the "City" field. If the product was made in another country, enter the city and country in the "City" field, and a 'DK' in the "State" field.

DSQ.096 For how long have you been taking {PRODUCT NAME} or a similar type of product?

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

ENTER UNIT

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

Ask and record how long the person has been taking the product. Fill in the number of days and the unit very carefully. A small error made while recording the unit, e.g., picking years instead of months, can cause a big error in the amount of time it appears the person took the product.

DSQ.103 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did you take {PRODUCT NAME}?

ENTER NUMBER OF DAYS FROM 1-30

Ask and record on how many of the last 30 days the person took this product. If they say "don't know", probe by saying, "Just give me your best estimate." Do not accept an answer of don't know. If the respondent answers by saying "everyday", record 30 days. If the respondent answers by week (e.g., 4 times a week), assume 4 weeks in a month, and do the math (e.g., $4 \times 4 = 16$). Always confirm the response by repeating it back to the person, "So, about 16 times a month." Note that there is no longer an option of "frequency varied." Obtain the respondent's **best guess**.

DSQ.122Q/U On the days that you took {PRODUCT NAME}, how much did you usually take on a single day?

ENTER NUMBER: _____

ENTER UNIT:

- | | | |
|--|--------------------|--------------------------|
| 1. TABLETS/CAPSULES/PILLS/CAPLETS/
SOFTGELS/GEL CAPS/VEGICAPS | 21. TABLESPOONS | 40. OTHER FORM (SPECIFY) |
| 2. DROPPERS | 22. TEASPOONS | |
| 3. DROPS | 23. WAFERS | |
| 16. OUNCES | 24. CANS | |
| 17. INJECTIONS/SHOTS | 25. GRAMS | |
| 18. LOZENGES | 26. DOTS | |
| 19. MILLILITERS | 27. CUPS | |
| 20. PACKAGES/PACKETS | 28. SPRAYS/SQUIRTS | |
| | 29. CHEWS | |

Ask and record how much of the product the person usually took on the days they took it. This means how much they took on a single day. There is no option of amount varied: if they say this, probe by saying, "Give me your best guess about how much you **usually** took." Enter the number and the unit. Most hard or soft pill type forms are combined and are listed under option #1, since they are most common. The other options provided are mainly actual measures (e.g., drops, teaspoons, cups, sprays, and milliliters) or some less usual forms (e.g., shots, lozenges, and wafers). Since this list has changed in 2002, please review it carefully before interviewing.

Note: The list options for **dosage** is different from that of the **product form**. For example, the product form may be liquid but the dosage may be a spray, teaspoon, milliliter, ounce, or even a shot. Select "Other Form" only when you are sure the dosage is not listed as a category option.

DSQ.125 Did {you/SP} take an **entire** packet of {PRODUCT NAME} each time?

1. YES
2. NO

If the person took a packet or package, you will be prompted to ask if they took the entire package, since some people do not take all of the pills in a package.

II. Antacids

You will ask a series of questions about antacids if the respondent has taken nonprescription antacids in the past 30 days.

RXQ.021 Have you used or taken any non-prescription **antacids** in the **past 30 days**?

1. YES
2. NO

This question refers to antacids in tablet, chewable or liquid form. Record **only non-prescription** antacids in this section. If 'Yes' is recorded to this initial question, CAPI will cycle through a series of questions about each antacid taken.

A. Recording Information About Antacids: Question Specifications

RXQ.141 Now I would like to ask you some questions about your use of **non-prescription antacids** in the **past 30 days**.

[First I will record some information about an antacid, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF NONPRESCRIPTION ANTACIDS USED. ENTER **FULL** BRAND NAME OF ANTACID.

ENTER ANTACID NAME

It is important that you make **every effort to see the antacid product** in order to record the most complete and accurate information about the product. If the container is seen, enter the product name exactly as it appears on the label. If the container is not seen, enter what the respondent reports verbatim.

RXQ.150s PRESS BS TO START THE LOOKUP.

SELECT ANTACID
FROM LIST.

IF ANTACID **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY.

TYPE *******.

PRESS ENTER TO SELECT.

Select only an exact match from the look up file when the container has been seen or when verbally reported by the respondent.

It is not necessary to give consideration to the RX/OTC designation when selecting from the look up file. Remember that you are asking participants to report only nonprescription (OTC) antacids in this section. So, if no container is seen and Pepcid is reported you may select Pepcid with the RX designation because there is no Pepcid with an OTC designation on the database and it is an exact match. Selecting an exact drug name match is what is important. But be sure to confirm that the reported product is a **nonprescription antacid**.

Assuming the container is not seen, it is also not necessary to read products off the look up file if there are multiple products with a similar name (e.g., Tums, Tums EX, Tums Ultra, etc.). In this instance, you should explain to the respondent that there are multiple Tums products available and ask them if they remember the specific product they were using. If the SP reports Tums but does not remember any further details, select Tums from the list.

If you see the container and the product is a prescription antacid, do not record it here, record it in the prescription medication section.

RXQ.180Q/U For how long have you been using or taking {PRODUCT NAME}?

|_|_|_|_|

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

ENTER UNIT

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

Ask and record how long the person has been taking the product. Fill in the number of days and the unit very carefully. A small error made while recording the unit, e.g., picking years instead of months, can cause a big error in the amount of time it appears the person took the product.

RXQ.191 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did you take {PRODUCT NAME}?

|_|_|

ENTER NUMBER OF DAYS FROM 1-30

Ask and record on how many of the last 30 days the person took this product. If they say "don't know", probe by saying, "Just give me your best estimate." Do not accept an answer of don't know. If the respondent answers by saying "everyday", record 30 days. If the respondent answers by week (e.g., 4 times a week), assume 4 weeks in a month, and do the math (e.g., $4 \times 4 = 16$). Always confirm the response by repeating back to the person, "So, about 16 times a month." There is no longer any option of "frequency varied." Always obtain the respondent's best guess.

RXQ.214Q/U On those days that you used or took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

ENTER NUMBER: _____

ENTER UNIT:

- | | | |
|------------------------------------|----------------------|--------------------------|
| 41. TABLETS/CAPSULES/PILLS/CAPLETS | 50. PACKAGES/PACKETS | 59. CHEWS |
| 42. SOFTGELS/GEL CAPS/VEGICAPS | 51. TABLESPOONS | 60. OTHER FORM (SPECIFY) |
| 43. PIECES OF GUM | 52. TEASPOONS | |
| 44. DROPPERS | 53. WAFERS | |
| 45. DROPS | 54. CANS | |
| 46. OUNCES | 55. GRAMS | |
| 47. INJECTIONS/SHOTS | 56. DOTS | |
| 48. LOZENGES | 57. CUPS | |
| 49. MILLILITERS | 58. SPRAYS/SQUIRTS | |

Ask and record how much of the product the person usually took on the days they took it. There is no option of amount varied: if the respondent says this, probe by saying, “Give me your best guess of how much you **usually** took.” Enter the number and the unit. Most hard or soft pill type forms are combined: these are listed under option #1, since they are most common. The other options provided are mainly actual measures (e.g., drops, teaspoons, cups, sprays, and milliliters) or some less usual forms (e.g., shots, lozenges, and wafers). Since this list has changed in 2002, please review it carefully before interviewing.

Select “Other Form” only when you are sure the dosage is not listed as a category option.

A. Recording Information About Prescription Medication: Question Specifications

RXQ.231 Now I would like to talk about **prescription medication** you have used in the **past 30 days**. Again, these are products prescribed by a health professional such as a doctor or dentist

[First I will record some information about the medication, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF PRESCRIPTION MEDICATIONS USED.

ENTER MEDICATION NAME

As with dietary supplements (not on the special products list) and antacids, when collecting information about prescription medicines you begin by entering the **complete product name** and pressing the enter key. The same screen that initiates the look up function for dietary supplements and antacids will appear.

RXQ.240s PRESS BS TO START THE LOOKUP.

SELECT MEDICATION
FROM LIST.

IF MEDICATION **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY.

TYPE *******.

PRESS ENTER TO SELECT

Type in the complete product name and select only an exact match.

The following table contains a list of abbreviations and their full text name. The product abbreviation **and** the full text name equivalent are considered to be an exact match if either is entered as part of the product name **and** is part of the product name on the lookup.

Note: You are not expected to memorize this information nor will you be held accountable for matching a product to the lookup based on this table. It is provided as an informational tool to be used when questions arise.

Abbreviation	Full text name
HCl, HCL, hcl	Hydrochloride; Hydrochloric Acid
Na, na	Sodium
NaCl	Sodium chloride
HCTZ, hctz	Hydrochlorothiazide
APAP, apap	Acetaminophen
PPA	Phenylpropanolamine

Select the ******* option if the prescription product is not on the list. The remaining questions are different than those asked about dietary supplements, and antacids. For prescribed medicines, there are **no** questions about form, strength, dosage or manufacturer as there were for other reported products. The only other information collected about prescribed medication is the length of time the SP has been using the product and the main reason for taking it.

RXQ.260Q/U For how long have you been using or taking {PRODUCT NAME}?

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

ENTER UNIT

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

RXQ.290 What is the **main** reason for which you use {PRODUCT NAME}?

ENTER TEXT

Be as specific as possible when entering information about the reason the respondent is taking the medication. If the respondent answers “pain”, ask him or her to be more specific. (Example: “Where is the pain located?” or “What kind of pain is it?”).

MAILING ADDRESS CONFIRMATION (HPQ 3.30)

After you exit the Blaise Questionnaire, you will see a few more screens before ending the SP questionnaire. You will ask the SP for their complete mailing address. If it is exactly as it appears on the screen, tap the forward arrow.

If the SP gives you a different mailing address, you will record the new information. Notice the cursor rest on the Street # because you will not use the “Additional Address Line” field very often. This line is for additional address information such as the name of a dormitory or apartment building. If the SP has a PO box, you will need to clear the street #, street name, Apt, and Apt # fields. To clear a field, with your keypad turned off, place your cursor in the field you want to clear and tap “clear”. Correct any error in the address using the drop down list when appropriate. Always verify that the remaining information, city, state and zip code are the same. Remember, your drop down lists do not work when your keypad is on.

Another option available on this screen is the “CLEAR ALL” which gives you the capability of quickly clearing everything if you want to enter a completely new address. Note: When you use the “CLEAR ALL” button, it deletes all address information including state and zip code.

When all corrections are made, press the forward arrow key. You will then be asked to read the corrected mailing address to the SP. You are given the opportunity to make further correction by coding NO until the mailing address is correct. **Remember, the address you enter here is used to produce a mailing label for the household. The address should look exactly as it would appear on an address label** (or as close as possible).

TELEPHONE NUMBER

If no **home** phone was recorded in the Screener, either because the household had no home phone or because the question was refused), you will ask the SP for his or her home phone. The questions you will see at this point are identical to the questions about telephone number that appear in the Screener. Please refer to Chapter 4, Section 4.1.3.13 to see the screens for these questions.

NHANES is a longitudinal study. The mailing address information you verify/collect in this question will be critical in tracking the respondents. Keep in mind the importance of accurate address information and verify and record all data very carefully.

14.4.2 The Family Questionnaire

A Family Questionnaire will be completed for each family in a household that has at least one SP. A family with at least one SP is referred to as an NHANES Family. For example, if a household has two families and both families have an SP, two Family Questionnaires will be completed.

The Family Questionnaire is organized to ask questions about non-SPs, SPs, all members of the family, and the household in general. Below is a description of each of the eight sections comprising the Family Questionnaire and question by question specifications for each.

DEMOGRAPHIC BACKGROUND/OCCUPATION (DMQ -- FAM)

This section is asked for the head of the family **if he or she is not an SP** and for the spouse of the head of the family, **if not an SP**. It collects demographic and occupation information for the non-SP head of the family and his/her spouse. Information collected includes birthplace, education level, and employment status. Question by Question specifications for all of the questions in this section of the Family Questionnaire can be found in the Q by Q specifications for the SP questionnaire in the Demographics (DMQ -- SP) and "Occupation" (OCQ) sections.

HOUSING CHARACTERISTICS (HOQ)

The housing characteristics section asks questions about the dwelling unit in which the family resides. Information collected in this section will provide social and economic data to aid in the analysis of health data.

HOQ.011 I'd like to ask you a few questions about your home.

Is your home . . .

VERIFY OR ASK IF NOT OBVIOUS.

INCLUDE TOWNHOME AS 'HOUSE', EITHER DETACHED OR ATTACHED.

1. a mobile home, trailer, or manufactured home
2. a house detached from any other house
3. a house attached to one or more houses, (duplex, triplex, townhouse, rowhouse)
4. an apartment building
6. a dormitory or similar boarding house

Note the first interviewer instruction on this screen: If you are sitting in the respondent's home, you can probably code the question without asking. However, if there is any doubt at all about the type of dwelling unit, ask this question.

Note the second interviewer instruction: Code a townhome as a house (either attached or detached). Do not code a condo or condominium as something else, probe for which of the other categories best represents the type of dwelling (e.g., apartment).

HOQ.040 When was this house originally built?

READ CATEGORIES IF NECESSARY.

1. 1990 TO PRESENT,
2. 1978 TO 1989,
3. 1960 TO 1977,
4. 1950 TO 1959
5. 1940 TO 1949, OR
6. BEFORE 1940?

The focus of this question should be on the year the structure was **completed**, rather than when construction began or when it was first occupied.

HOQ.065 Is this house owned, being bought, rented, or occupied by some other arrangement by you or someone else in your family?

1. OWNED OR BEING BOUGHT,
2. RENTED,
3. OTHER ARRANGEMENT

Code 1, “OWNED OR BEING BOUGHT” means either that there is **no** outstanding mortgage on the residence or that there **is** an outstanding mortgage. Either way, the eventual outcome should be outright ownership of the residence.

HOQ.070 What is the source of tap water in this home? Is it a private or public water company, a private or public well, or something else?

1. PRIVATE/PUBLIC WATER COMPANY
2. PRIVATE/PUBLIC WELL
3. SOMETHING ELSE

A private or public water company (Code 1) may draw water from many sources, but provides it to the public as a service.

A private or public well (Code 2) is a hole in the ground.

In 2005, additional questions on household characteristics were added to the Family Interview HOQ section to support the Household Allergen Dust Collection component. Topics include whether the home has a mildew odor or musty smell, cockroaches, or dogs, cats and other small furry animals.

SMOKING (SMQ)

The smoking section asks about all members of the household – both SPs and non-SPs, regardless of their relationships, who smoke inside the house. It captures data that can be used in the analysis of the effects of passive smoking.

Anyone who lives in the household and **smokes anywhere inside the house** is identified by selecting the person from the household roster that is displayed. A question about the frequency of smoking cigarettes in the house is then asked of each identified smoker.

SMQ.420 Who smokes?...

PROBE: Anyone else?

SELECT NAMES FROM HOUSEHOLD ROSTER

{DISPLAY HOUSEHOLD ROSTER}

This question applies to **all** people who live in the household, even if they are not related to a family containing SPs. It is asked for any household member who currently smokes **in the home**. Do not include a household member who smokes but never does so at home.

The household roster displayed by CAPI presents a list of names of all household members identified during the Screener.

FOOD SECURITY (FSQ)

The food security section addresses food availability and food sufficiency in the household. Some questions are directed toward the household in general, and some questions are directed only toward households with children. This section is only asked of the first NHANES family identified in the household.

INCOME (INQ)

The income section of the Family questionnaire asks a series of questions about family income. These questions are asked about the family head and all family members, **regardless of whether the person is an SP or not**. You will ask if anyone in the family receives various types of income and if so, who.

Income often indicates differences in the ability to obtain adequate health care or differences in the ability to afford food for adequate diets to prevent diseases. 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.

Definition of Family or Household Income – The monetary income **before** deducting taxes, retirement, insurance, union dues, etc.

1. Income includes:
 - a. Veteran's payments;

- b. Unemployment or workman'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 payment 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.

INQ.012 The next questions are about {your/your combined family} income in the **last 12 months**. When answering these questions, please remember that by {"income/combined family income"}, I mean {your income/your income **plus** the income of all family members living in the household} **before taxes**. This would include income sources that you collect on behalf of children like SSI, WIC, etc.

Did you or **any** family member 16 years old and older, that is: you or {NAMES OF FAMILY MEMBERS 16 +} receive income in the **last 12 months** from **self-employment** including business and farm income?

- 1. YES
- 2. NO

Income from work includes money earned from one's own business, partnership, professional practice or farm as well as money earned from working at a job. Self-employment may vary from owning a large company to babysitting.

INQ.200 Now I am going to ask about the **total combined income** for all the persons in your household: that is all the persons we have talked about and {NAMES OF ADDITIONAL HOUSEHOLD MEMBERS} in the **last 12 months**, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

\$_____

For the purpose of collecting information about total income, the study is interested in breaking down some individuals into smaller economic units. For example, a person – Mary -- and her unmarried partner – Bill -- are considered to be part of the same NHANES family, and as a result, most of the family questionnaire is about both of them. But in the income section, you would ask total income for Mary, then total income for Bill. The CAPI program will take care of filling the text of this question with the correct names. You should read the question carefully, making sure the respondent understands who you are talking about.

For the first NHANES family identified in the household, this question is also asked for the **whole** household, regardless of relationships.

TRACKING AND TRACING (TTQ)

The questions in this section of the Family questionnaire 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 address.

NHANES has been designed as a longitudinal study of the U.S. population. All identified SPs will be tracked in a number of different ways. Subjects can often be lost due to insufficient address and name information so it is important to collect as complete and accurate information as possible in the TTQ section. To avoid keying errors, carefully review all information that is entered, as there are separate response fields for every entry (e.g., street number, street name, apartment and city).

15. DEFINITIONS OF TERMS

The following is a list of words or terms from the Screener, the Family, and the Sample Person (SP) Questionnaires that may not be familiar to respondents. Many of the terms listed in this section are also defined in your CAPI instrument in on-line (F1) help screens.

The wording of each question in the instruments has been chosen with extreme care. If the respondent does not understand a word or a question, you must not "help" them to interpret by using your own words. However, if a respondent asks you a question or seems confused about the meaning of a word or phrase that is used as part of a question, you may refer to this list or to the help screens and read the definition provided. This section and the help screens are designed to list standard definitions, which you may use only if a respondent asks for a specific definition. All items are listed in alphabetical order.

Active Duty in the Armed Forces: This means full-time active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or any National Guard unit currently activated as part of the regular Armed Forces. Included in active duty is the 6-month period a person may serve in connection with the provisions of the Reserve Forces Act of 1955 and cadets appointed to one of the military academies, such as West Point, the Naval Academy, etc. Also include persons on full-time active duty in the military service of a foreign nation. Household members on active duty in the Armed Forces will not be selected as sample persons. They may be respondents for some of the household questionnaires, however.

Alzheimer's Disease: A form of dementia due to atrophy of the brain. Symptoms include loss of memory and intellectual function and disorientation.

Ancestry/Origin: A person's origin or ancestry refers to the nationality that distinguishes the customs, characteristics, language, common history, etc. of the person and his/her ancestors. The country from which a person "comes," where s/he is born, or his/her descent. The national or cultural group from which the person is descended, as determined by the nationality or lineage of the person's ancestors. There is no set rule as to how many generations are to be considered in determining origin: a person may report his/her origin based on that of a parent, grandparent, or some far-removed ancestor.

Anemia: A blood condition. Low red blood cell count, hemoglobin or hematocrit.

Angina (Angina Pectoris): A condition affecting the heart and circulatory system. Chest pain or pressure resulting from insufficient blood to the heart. Do not consider heart murmurs or dropped or skipped heart beats. If the respondent reports "chest pain," probe if a doctor told them that they had blocked heart blood vessels or angina.

Thyroid Problem: Include goiter, hyperthyroidism (overactive thyroid); hypothyroidism (underactive thyroid); Graves disease (hyperthyroidism that can be associated with a thyroid eye disease); Hashimoto's thyroiditis (inflamed thyroid); thyroid cancer; thyroid nodule (lump growing in thyroid); and postpartum thyroiditis (a thyroid disease that occurs after delivery).

Antacids: A medicine usually taken in liquid or pill form that neutralizes acidity or reduces acid production, especially in the stomach and digestive system.

Armed Forces: Non-civilian members of any of the armed services of the federal government (Army, Navy, Air Force, Coast Guard, Marines).

Arthritis: A condition affecting the bone and muscle. The inflammation of a joint. Common types of arthritis are rheumatoid arthritis and osteoarthritis.

Asthma: A condition affecting the respiratory system with marked recurrent attacks which include breathing difficulty and wheezing. Include smoker's asthma, bronchial asthma, allergic asthma. Do not accept self-diagnosed lung problems or conditions or those diagnosed by a person who is not a doctor or other health professional.

Attack: Occurrence of a symptom where there is an identifiable beginning and end point.

Aunt: The sister of a person's mother or father.

Authorized Person: The person whose name appears on a certification card.

Automatic Defibrillator: A small device implanted into a person's heart that delivers a small shock (electrical stimulation) in the event the heart does not beat adequately.

Bachelor's Degree: An educational degree given by a college or university to a person who has completed a 4-year course or its equivalent in the humanities or related studies (B.A.) or in the sciences (B.S.).

Bed: Anything used for lying down or sleeping, including a sofa, cot, or mattress.

Bedroom: A bedroom is the room in which person(s) sleeps (i.e., there is usually a bed present in the room) on most nights. NOTE: Rooms that are designed as bedrooms when constructed, but are now being used for another purpose, e.g., as a guestroom, office, playroom, sewing room or storage room, are **not** included as bedrooms. Treat these rooms as the room type for which they are being used.

Benign: A cancer (growth) that does not spread to the rest of the body. Not recurrent or progressive. The opposite of malignant.

Biological Mother: The person who gave birth to the child.

Biological or Blood Relative: Relatives related by blood. Biological relatives do not include "step" or "foster" relatives or persons related by marriage or adoption.

Blind: Refers to persons who cannot see at all or who only have light perception. It also includes persons who are considered legally blind. Legal blindness is defined as visual acuity of 20/200 or less in the better eye (with the best possible correction) or as a visual field of 20 degrees or less.

Borderline Diabetes (Impaired Glucose Tolerance, Impaired Fasting Glucose, Prediabetes): Conditions that occur when blood sugar (glucose) levels are higher than normal but not high enough to be diabetes.

Breastfed: To feed (a baby) mother's milk from the breast. Breastfeeding includes feeding from the biological mother and also by a wet nurse (someone other than the biological mother who feeds the child). The term also includes feeding mother's milk through a bottle.

Bronchitis: A condition affecting the respiratory system. An inflammation of the bronchial (breathing) tubes, generally accompanied by coughing, chest pain, or shortness of breath.

Brother: Includes biological, adoptive, step, foster and half brothers, and brothers-in-law. A brother is one's male sibling who shares both of the same biological or adoptive parents. A stepbrother is one's stepparent's son by a previous relationship. A half brother is one's male sibling who shares one of the same biological or adoptive parents. A brother-in-law is one's sister's husband. A foster brother is the foster son of one or both of one's parents or the son of one's foster parent(s).

Brother-in-Law: The husband of a person's sister or the brother of a person's spouse.

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

1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:

- Sewing performed in the sewer's house using his/her own equipment.
- Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

- Yard sales; the sale of personal property is not a business or work.
- Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.

- Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

Cancer: An abnormal uncontrolled growth of tissue that has potential to spread to distant sites of the body, also known as a malignant tumor (malignancy). Count the same type of cancer or malignancy on different parts of the body as one kind of cancer.

Cataract Operation: Surgical removal of the cataract and implantation of a plastic lens. A cataract is an opaque (cloudy) area that occurs in the normally clear lens of the eye. The cataract blocks or distorts light that is entering the eye and causes a general loss of visual detail. It may also cause problems with glare or distortion, such as double images.

CHAMPUS/TRICARE/CHAMP-VA: CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. TRICARE is the "managed care" version of CHAMPUS. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

Child: Male or female child through birth or adoption, regardless of age. Also include stepchildren, foster children and sons/daughters-in-law. Do not include an unmarried partner's children. A stepchild is one's spouse's male or female child by a previous relationship. A foster child is not one's biological child, but lives with one's family as one's son or daughter. A son/daughter-in-law is the spouse of one's child.

Child of Partner: Any son or daughter of a person's unmarried partner that is not the person's biological child.

Child Support: Money received from parents for the support of their children. In some cases, child support payments may be delivered to recipients by a government office, court office, or welfare agency.

CHIP (Children's Health Insurance Program, also called SCHIP): A joint federal and state program, administered by each state, that offers health care coverage to low-income, uninsured children. This law was passed in 1997. In some states, CHIP programs have distinct names.

Chronic (Bronchitis): Long, drawn out, or of long duration. A disease showing little change or slow progression over time.

Cigarette: Respondent defined. Do not include cigars or marijuana.

Clinic: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals, that is not located at a hospital. (Do not include hospital outpatient departments.) Include a clinic operated solely for employees of a company or industry, regardless of where the clinic is located.

College: Any junior college, community college, 4-year college or university, nursing school or seminary where a college degree is offered, and graduate school or professional school that is attended after obtaining a degree from a 4-year institution.

Condition: Respondent's perception of a departure from physical or mental well-being. Any response describing a health problem of any kind.

Condo (Condominium): Do not count this as a housing type. If condo is given as a response, probe for actual housing type (e.g., apartment).

Confidentiality and Public Reporting Burden Statement: Information will be collected under authority of Section 306 of the Public Health Service Act (42 USC 242k) with a guarantee of strict confidence.

Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552a) state that we are forbidden to release any information that identifies you or your family to anyone, for any purpose, without your consent.

Public reporting burden for this collection of information is estimated to average 6.6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0237).

Congestive Heart Failure: Congestive heart failure occurs when the heart does not pump as much blood as the body needs. It is associated with water retention (swelling of the legs or fluid in the lungs) and results in inadequate blood and oxygen supply. Do not count heart murmurs, dropped or skipped heart beats, or chest pain.

Contact Lenses: A curved shell of glass or plastic worn directly against the eye to correct vision problems.

Coronary Heart Disease: Any problem with the arteries which supply blood to your heart, like blocked or narrow arteries. Do not count heart murmurs or dropped or skipped heart beats. If the respondent reports "chest pain," probe if a doctor told them that they had blocked blood vessels or coronary heart disease.

Daughter-in-Law: The wife of a person's son.

Day Care: Any child care given on a routine basis outside the home where 1 or more child is in care. Include care given at a day care center as well as care given by babysitters.

Deaf: Refers to inability to hear in both ears without the use of hearing aides. Also can include hearing loss greater than 70 DB (decibels) in the better ear without hearing aides.

Dental Care: Health care that is related to the teeth, gums and jaw. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Dental Clinic: A group of dentists who have organized their practice in a clinical setting and work cooperatively.

Dentist: Medical professional whose primary occupation is caring for teeth, gums and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Dentures: False teeth that can be removed from the mouth.

Dermatitis: A rash or other condition affecting the skin. Inflammation of the skin with itching, redness, and other skin lesions.

Diabetes: A disease that impairs the ability of the body to use sugar and causes sugar to appear at high levels in the blood and the urine. Common symptoms are persistent thirst and excessive urination. Do not include gestational diabetes or diabetes that was only present during pregnancy. Also, do not include self-diagnosed diabetes, pre-diabetes or high sugar.

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Difficulty: It is important to determine for the questions in this section whether the problems that a respondent might have with an activity are because of an impairment or a physical or mental health problem. Some people may not do these activities because of gender or social norms or because of personal preferences. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment (deaf), a physical health problem (high blood pressure), or mental health problem (depression).

Dining Room: This is the room designed for people to eat their meals. If they eat in the kitchen and this is where the child spends the most time awake, select "KITCHEN." If they eat in the living room, select "LIVINGROOM."

Disabled: Respondent defined.

Disability Pension/Benefits: The following are the most common types of disability pensions: company or union disability, Federal Government (Civil Service) disability, U.S. military retirement disability, state or local government employee disability, accident or disability insurance annuities, and Black Lung miner's disability.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Doctorate Degree: The highest educational degree given by a college or university to a person who has completed a prescribed course of advanced graduate study. For example—a Doctor of Philosophy (Ph.D.).

Doctor's Office: In Hospital - An individual office in a hospital where patients are seen on an outpatient basis, or several doctors might occupy a suite of offices in a hospital where patients are treated as outpatients.

Doctor's Office: Not in Hospital - An individual office in the doctor's home or office building, or a suite of offices occupied by several doctors. Suites of doctors offices are not considered clinics.

Dressing: The overall complex behavior of getting clothes from closets and drawers and then putting the clothes on. Dressing does not include undressing. Whether the SP wears nightclothes or street clothes is irrelevant; it is the act of getting clothes and putting them on that matters.

Dry Cough: Cough with no mucous, sputum, or phlegm.

Dwelling Unit (DU): A DU is a group of rooms or a single room occupied as separate living quarters, that is, when the occupants do not live and eat with any other person in the structure and when there is direct access from the outside or through a common hall or area. Also regard as DUs vacant groups of rooms and vacant single rooms that are intended for occupancy as separate living quarters.

Early Head Start: A Head Start program that provides prenatal and infant care services. Pregnant women may participate in this program. For children, the program starts at birth and ends at 3 years of age.

Early Intervention Services: Services designed to meet the needs of very young children with special needs and/or disabilities. They may include but are not limited to: medical and social services, parental counseling, and therapy. They may be provided at the child's home, a medical center, a day care center, or other place. They are provided by the state or school system at no cost to the parent.

Eczema: An allergic condition affecting the skin. An inflammation of the skin causing itching. It is often accompanied by scaling or blisters and is sometimes caused by an allergy.

Emergency Room: A medical department or emergency care facility at a hospital that is open 24 hours a day. No appointments are necessary, although a provider may arrange to meet a patient at an emergency room. Medical care may be administered by a physician, nurse, paramedic, physician extender, or other medical provider. Do not include urgent care centers, which are not part of a hospital, or outpatient clinics.

Emotional Problem: A kind of mental health problem affecting a person's emotional well being.

Emotional Support: To give courage, faith, or confidence. To help or comfort.

Emphysema: A condition affecting the respiratory (breathing) system. A disease in the lungs in which the alveoli (tiny air sacs) become damaged, usually due to smoking.

Episode: Occurrence of a symptom where there is an identifiable beginning and end point.

Eye Doctor: A person who specializes in the study of the eye. Also known as an ophthalmologist, a physician who specializes in the structure, function and diseases of the eye. An optometrist specializes in examining the eye for defects and faults of refraction and prescribing correctional lenses, glasses or eye exercises.

Fairly Regularly (started smoking cigarettes, pipes, cigars): On a routine basis. When using tobacco became a routine or established habit as opposed to when the person first experimented with tobacco.

Fall From Standing Height or Less: Additional examples include tripped, slipped, leg gave away, was dizzy, fell bending over or fell out of a chair.

Family: One or more people within a household related to each other by blood, marriage, or adoption constitute a family. Some examples of families include: 1) a single individual living alone (single person family), 2) a family comprised of the reference person, the reference person's spouse and their two children; 3) unmarried partners living together with their biological child; 4) two married adults and their adopted child; and 5) a married couple, their son, daughter-in-law and grandchild. Additional persons living in the household who are related to each other, but not to the reference person, are considered to be separate families. For example, a lodger and his/her family, or a household employee such as a nanny and his/her spouse. Therefore, more than one family may live in a single household.

Family Income: Family income includes wages, salaries, rents from property, interest, dividends, profits and fees from family-owned businesses, pensions, and help from relatives. Family income data are used to compute poverty statistics for the U.S. population.

Father: One's male parent, including biological, adoptive, step, and foster fathers and fathers-in-law. A stepfather is the spouse of one's biological or adoptive mother. A foster father is the father in one's foster family.

Father-in-Law: The father of a person's spouse.

Federal Government: Include individuals working for any branch of the federal government, as well as paid elected officials, civilian employees of the Armed Forces and some members of the National Guard. Include employees of international organizations like the United Nations and employees of foreign governments such as persons employed by the French embassy.

Food Stamps: Government issued coupons or vouchers that can be used to purchase food. They also come in the form of electronic benefit transfers (EBT). The food stamp program is jointly funded by state and federal governments and is administered at the state and local level.

Food Supplement: A beverage, candy bar or pudding that is intended to supply a major part of a person's calorie or nutrient needs and is consumed in place of or along with conventional foods.

Formula: A milk mixture or milk substitute that is fed to babies.

Foster Brother: The foster son of one or both of a person's parents or the son of a person's foster parent(s).

Foster Care Relationship (Foster Child/Foster Parent): A relationship between a substitute family and a minor child who is unable to live with his/her biological parent(s). The minor living in this relationship is considered a "foster child."

Foster Child: A minor who lives with a substitute family because he/she is unable to live with his/her biological parents.

Foster Daughter: An unrelated female child in a person's foster care.

Foster Sister: The foster daughter of one or both of a person's parents or the daughter of a person's foster parent(s).

Foster Son: An unrelated male child in a person's foster care.

GED (General Educational Development): An exam certified equivalent of a high school diploma.

Glasses: Includes prescription eyeglasses as well as nonprescription eyeglasses purchased at drug stores or variety stores. Do not include safety or nonprescription glasses, which are worn for protection only.

Going to School: Attending any type of public or private educational establishment both in and out of the regular school system.

Government Assistance for Housing: Federal, state, or local government housing programs for persons with a low income may take many forms. Government housing assistance could be: monetary assistance to help pay rent, a program called "Section 8," direct payments to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

Government Payments (Welfare, Public Assistance, AFDC, Some Other Program): Aid to Families with Dependent Children (AFDC) or Aid for Dependent Children (ADC) are the old welfare program names. AFDC and ADC have been replaced by Temporary Assistance to Needy Families (TANF; pronounced "tan'iff"). TANF is administered by state and local governments. Each TANF program has a unique name depending on the state or local area.

Eligibility for TANF programs varies from state to state, but usually depends on having low-income. Services provided through TANF programs also vary from state to state. Where AFDC primarily provided cash benefits, TANF provides a wide range of services such as job training, child care, and subsidies to employers.

Grandchild: A child of one's daughter or son.

Grandfather: The male parent of one's mother or father.

Grandmother: The female parent of one's mother or father.

Half Brothers: Brothers that have only one biological parent in common.

Half Sisters: Sisters that have only one biological parent in common.

Hard Fall: Additional examples include being forcibly knocked down by another person or bicycle.

Hat (that shades face, ears and neck): Include any wide-brimmed hat that shades one's face, ears and neck from the sun. Do NOT include visors, baseball caps, or hats that do not shade the ears and neck.

Hay fever: Hay fever is a collection of symptoms in the nose and eyes, caused by particles of plant pollen in the air. This happens in people who are allergic to these substances. The pollens that cause hay fever vary from person to person and from region to region. Hay fever typically occurs in the Spring, Summer, or Fall when plant pollen is in the air. Examples of plants commonly responsible for hay fever include Trees, Grasses, Flowers, and Ragweed.

Head Start Programs: Programs that are designed to provide services for children living in families with incomes below poverty. These services may include but are not limited to: medical, dental, social, and educational services. If a child who is eligible for these services has "special needs" or "disabilities," the child may receive both Head Start and Early Intervention Services or Special Education Services. Although many children begin Head Start at age three or four, in some areas Early Head Start begins with prenatal and infant care.

Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturapaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Health Center: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals that is not located at a hospital.

Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.

Health Problem: Respondent defined, should be limited to chronic conditions.

Hearing Aid: A small electronic apparatus that amplifies sound and is worn in or behind the ear to compensate for impaired hearing.

Hearing Test: Any audiometric testing or screening that required the person to respond to a series of tones by raising his/her head, pressing a button, etc.

Heart Attack (Myocardial Infarction): A condition affecting the heart and circulatory system. Do not include heart murmurs, dropped or skipped heart beats, or chest pain. A term used to describe irreversible

injury to the heart muscle. Common symptoms include crushing lower chest pain that may radiate to the jaw or arms. The chest pain may be associated with nausea, sweating, and shortness of breath.

Hepatitis: A liver infection. An inflammation of the liver with several possible causes, such as a virus, medications or alcohol.

High Blood Pressure: Also called hypertension. A condition affecting the heart and circulatory system when the blood flows through the vessels at a greater than normal force. High blood pressure strains the heart; harms the arteries; and increases the risk of heart attack, stroke, and kidney problems.

Hispanic Names: Some conventions for recording Hispanic names:

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

Place the first last name, with hyphen (e.g., Sanchez-), in the first "Last Name" field and the second last name (e.g., Gomez) in the second "Last Name" field.

2. Father's last name followed by mother's maiden name with no hyphen (e.g., Sanchez Gomez).

Place the first last name (e.g., Sanchez) in the first "Last Name" field and the second last name (e.g., Gomez) in the second "Last Name" field.

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

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

In the case of two last names separated by "del", "de" or "de la", place the first last name (e.g., Vacario) in the first "Last Name" field and the second last name, with the "del", "de" or "de la" (e.g., de Sanchez) in the second "Last Name" field. In the case of one last name with "del", "de" or "de la" in it (e.g., de la Puente), place all parts of the last name in the first "Last Name" field. Remember to leave appropriate spacing between name parts.

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 Sanchez, Maria de la Concepcion Sanchez) that is preceded by "del", "de" or "de la". In these cases, place the full middle name (e.g., del Carmen) in the first "Middle Name" field. When you are uncertain about the correct recording of such names, probe to determine whether to record a name as a middle or last name. Space names appropriately.

5. In a few cases female respondents will use their father's, mother's and husband's surnames (e.g., Maria Luisa Gonzales-Rodriquez de Martinez).

In this case "Gonzales-Rodriquez" should be entered in the first "Last Name" field and "de Martinez" in the second "Last Name" field. Space names appropriately.

HMO (Health Maintenance Organization): A health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis. There are three basic types of HMOs:

1. A group or staff HMO delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO.
2. An Individual Practice Association (IPA) makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices.
3. A network HMO contracts with two or more group practices to provide health services.

HMOs and IPAs require plan members to use only those doctors who work for or in association with the plan. Sometimes members may choose to go to doctors not associated with the plan, but usually at greater cost to the member. Generally, members do not have to submit claims for costs of medical care services. Visits to specialists usually require a referral or authorization from the member's primary care physician.

HMO Clinic: A medical facility sponsored by an HMO that typically includes a group of doctors on staff.

Hospital: A health care organization that has a governing body, an organized medical staff and professional staff, and inpatient facilities. Hospitals provide medical, nursing, and related services for ill and injured patients 24 hours per day, 7 days per week.

Hospital Outpatient Department: A unit of a hospital providing health and medical services to individuals who receive services from the hospital but do not require hospitalization overnight, such as outpatient surgery centers. Examples of outpatient departments include the following:

- Well-baby clinics/pediatric OPD;
- Obesity clinics;
- Eye, ear, nose, and throat clinics;
- Cardiology clinic;
- Internal medicine department;
- Family planning clinics;
- Alcohol and drug abuse clinics;
- Physical therapy clinics; and
- Radiation therapy clinics.

Hospital outpatient departments may also provide general primary care.

Hot Cocoa: Only include hot cocoa that was made by adding milk. Do not include hot cocoa that was made by adding water, even if the hot cocoa was supposed to be made with water instead of milk.

Hours Spent Away from Home: This is the time that a child spends out of the dwelling unit (e.g., house, apartment, mobile home) where he/she resides. During these hours the child may be at a child care center, preschool, or somewhere else and may or may not be with a parent.

Hours Worked Last Week: The number of hours actually worked last week. Hours worked will include overtime if the person worked overtime last week. The actual hours worked is often not the same as the hours on which the person's salary is based. We want the actual hours spent working on the job, whether the hours were paid or not. However, unpaid hours spent traveling to and from work are not included in hours worked last week.

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 and any of their relatives, as well as roomers, employees, and other non-related persons.

Household Member: Consider the following two categories of persons in a housing unit as members of the household.

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

Housemate/Roommate: Unrelated persons of either sex who share living quarters primarily to share expenses or reduce costs.

Hypertension (High Blood Pressure): A condition affecting the heart and circulatory system. Abnormally high blood pressure. Do not include "potential" or "borderline" hypertension. Do not include reports of high blood pressure from home blood pressure testing or testing by a machine in a mall, store or other commercial area.

Impaired Fasting Glucose (Impaired Glucose Tolerance, Prediabetes, Borderline Diabetes): A condition that occurs when blood sugar (glucose) levels are higher than normal, but not high enough to be diabetes.

Impaired Glucose Tolerance (Impaired Fasting Glucose, Prediabetes, Borderline Diabetes): A condition that occurs when blood sugar (glucose) levels are higher than normal but not high enough to be diabetes.

Impairment: An objective assessment of anatomical, physiological or mental losses "as a result of injuries, health conditions or birth defects". Impairments may or may not interfere with physical or mental functioning. Examples include missing limbs, digits or other body parts; partial paralysis from an early case of polio, accident or war wound; stiff joints, deformed fingers or other physical evidence of arthritis; and vision or hearing loss.

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Indian Health Service: The federal program that provides health care to American Indians and Alaska Natives.

Injury: Respondent defined.

Insulin: A hormone produced by the body that can be given as a medication to treat diabetes. Typically, insulin is administered with a syringe by the patient to control blood sugar.

Intensive Care Unit: A hospital unit that specializes in special services provided to seriously ill patients.

IPA (Individual Practice Association): A type of HMO that makes contractual arrangements with individual physicians or small groups of physicians who treat plan members out of their own offices. Plan members are usually required to use only doctors in the plan network. Sometimes members may go to doctors outside of the plan network, but usually at a greater cost. Generally, members do not have to submit health insurance claims. Visits to specialists usually require a referral or authorization from the member's primary care physician.

Job: A job exists when there is:

1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

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

Include:

- Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.
- Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Standard shift definitions are:

- A regular daytime schedule – this is work anytime between 6 a.m. and 6 p.m.
- A regular evening shift – this is work anytime between 2 p.m. and midnight.
- A regular night shift – this is work anytime between 9 p.m. and 8 a.m.
- A rotating shift – a work shift that changes periodically from days to evenings or nights.
- Another schedule includes: a split shift (consisting of two distinct work periods each day), an irregular schedule arranged by the employer, or any other schedule.

Joint: The point of connection between two bones.

Kitchen: This is the room in which people cook their meals. They may also eat their meals in the kitchen.

Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

Legal Guardian: A person appointed to take charge of the affairs of a minor, or of a person not capable of managing his/her own affairs.

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

Limited Activities: Difficulties that limit the child's ability to participate in the activities. We are only interested in difficulties that are associated with an impairment or a physical or mental health problem. Limited activity participation (for example, playing games) means that the child cannot do the activity as long or in the same way as he/she did previous to the impairment or physical or mental health problem, but still does it to some extent (as opposed to not being able to do it at all). If the child has had the impairment or physical or mental health problem since birth, limited activity participation means the child cannot do the activity as well as other children of his/her age, or as well as he/she might if he/she did not have the impairment or health problem.

Living Room/Family Room/Den: This is a common living area in the home. This room type may have a variety of names, including living room, family room, den, parlor, great room, recreation room, Florida room, etc.

Living with a Partner: Person's living together as if they were married when they are not legally married.

Local Government: Include individuals employed by cities, towns, counties, parishes, and other local areas, as well as employees of city-owned businesses, such as electric power companies, water and sewer services, etc. Also included here would be city-owned bus lines and employees of public elementary and secondary schools who worked for the local government.

Looking for Work: To be looking for work, a person has to have conducted an active job search. An active job search means that the person took steps necessary to put him/herself in a position to be hired for a job. Active job search methods include:

1. Filled out applications or sent out resumes;
2. Placed or answered classified ads;
3. Checked union/professional registers;
4. Bid on a contract or auditioned for a part in a play;
5. Contacted friends or relatives about possible jobs;
6. Contacted school/college university employment office;
7. Contacted employment directly.

Job search methods that are not active include the following:

1. Looked at ads without responding to them;
2. Picked up a job application without filling it out.

Low Income: Count all money income before taxes in total income. Do not include capital gains or non-cash benefits (such as Food Stamps, Medicaid or subsidized public housing).

Main Job: The job or business where the person worked the most hours.

Malignancy: A tumor or growth that is cancerous. (See cancer.)

Married: Count legal marriages, including common-law marriages, even if the spouse is not living in the household. Do not count legally annulled marriages.

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Health Care Financing Administration (HCFA) of the U.S., Department of Health and Human Services.

Medicare consists of two parts, A and B:

Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older.

Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or

over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.

Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.

If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security.

Medicaid: Refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states.

Medi-Gap: Refers to private health insurance purchased to supplement Medicare. Medi-Gap will be treated as a private health insurance plan in the detailed questions about health insurance.

Melanoma: A type of skin cancer. Cancer of the cells that produce pigment in the skin, which usually begins in a mole.

Mental Health Professional: A person trained to diagnose and treat emotional or mental health problems, including, psychiatrists, psychologists, counselors, and social workers.

Mental Problem: A problem having to do with state of mind; an emotional problem.

Mental Retardation: Someone who is mentally retarded is significantly below average in intellectual functioning and has problems in adaptive behavior.

Migraines: A condition affecting the nervous system. Severe attacks of headache, frequently unilateral (one side of the head), usually accompanied by disordered vision and gastrointestinal disturbance.

Military Health Care/VA: Refers to health care available to active duty personnel and their dependents, in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

Mother: One's female parent, including biological, adoptive, step and foster mothers and mothers-in-law. A stepmother is the spouse of one's biological or adoptive father. A foster mother is the mother in one's foster family.

Mother-in-Law: The mother of a person's spouse.

Names: Enter the SP's full legal name, including middle name(s). Do not assume that members of the same family have the same last name. If 2 people in the household have the same first, middle and last names, they must be further identified by recording "Jr", "Sr", etc. in the "Suffix" field. Do not enter a suffix in the "Last Name" field. Do not record parts of the last name in the "Middle Name" field.

Some people have hyphenated last names (e.g., Sperry-Hendricks). Record the first part of the last name, with hyphen (e.g., Sperry-), in the first "Last Name" field and the second part of the last name (e.g., Hendricks) in the second "Last Name" field. Some last names have "of" in them (e.g., Van in Van Gogh, D' in D'Amico). Record both parts of these last names in the first "Last Name" field.

Verify the spelling of all parts of the name. If unsure how to enter a name, ask the Respondent how it should be recorded.

Naturalization: The process of granting full citizenship to a person of foreign birth.

Nephew: The son of a person's brother or sister.

Never Married: A person who has never been legally married or whose only marriage(s) has(have) been legally annulled. (For an annulment to be legal, it must have been granted by the court, not through a religious decree.) If the person has had informal unions in the past but has never had a legal marriage, he/she is never married even if he/she considered his/herself as living with someone as married.

Niece: The daughter of a person's brother or sister.

Non-Relative: Refers to the relationship between two people when there is no family relationship through blood, marriage, adoption, fostership or partnership (i.e., living together as married). Also refers to more ambiguous relationships. For example, a man and woman live together as married and the woman's sister lives with them. The relationship of the sister to the male partner would be sister-in-law if they were married, but since they are not married, she is "non-related."

Number of Rooms in House: Do not count bathrooms, laundry rooms, or unfinished basements.

Occupational/Technical/Vocational Programs: Includes secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered and other trade and business schools outside the regular school system.

On Layoff: Is when a person is waiting to be called back to a job from which they were 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 or her place of employment as being in layoff.

On Leave: An uncompensated leave of absence from a job. The absence must be at least 1 week or longer. Count this response as "with a job but not at work".

Ophthalmologist: A physician who specializes in the structure, function and diseases of the eye.

Optometrist: A person who has a Doctor of Optometry degree. Optometrists specialize in examining the eye for defects and faults of refraction and prescribing correctional lenses (glasses) or eye exercises.

Osteoarthritis: A chronic joint disease characterized by destruction of cartilage and overgrowth of bone with malformation. Especially affects joints that bear weight (such as knees).

Osteoporosis: A disease in which bones become less dense, which makes them more fragile and likely to break. In fact, many people don't know they have osteoporosis unless a bone breaks. A doctor may tell you that you have osteoporosis after you have had a broken bone or a bone density test.

Other Government Program: A catch-all category for any public program providing health care coverage other than those programs in specific categories.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropractors, podiatrists, naturapaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Outside of Work: Do not count exposure to firearm noise while in the military. Military service should be counted as work.

Overnight Stay in a Hospital: A medical event when a person is admitted to a hospital and spends at least one night in the hospital. Note that a person can be "admitted" to a hospital without staying overnight. Do not count as "overnight" when a person is admitted and discharged on the same day. Do not include visits to emergency rooms or outpatient clinics or stays for non-medical reasons, such as staying with a family member.

Pacemaker: A small device implanted into a person's heart that helps the heart maintain a normal rhythm or beat.

Pain: Respondent defined. Must have lasted a whole day or more.

Parent: Include a person's biological, adoptive, step or foster mother or father, as well as his/her mother or father-in-law.

Past Month: The past 30 days. From yesterday, 30 days back.

Phlegm: Thick mucus (spit) from the respiratory passages.

Physical Problem: Some people may not do some activities at all, because of a reason other than a health or physical problem. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment or a health problem.

POS (Point of Service): A fee-for-service type managed care plan that provides its members with the option to use a selected network of managed care physicians. If using in-network providers, the out of pocket expenses to the member are near zero, or the same as an HMO. If using out-of-network providers, the member is subject to substantial out of pocket expenses in the form of deductibles and/or copayments.

PPO (Preferred Provider Organization): The key word in preferred provider organization (PPO) is "prefer." There is a network of health care providers the PPO "prefers" you to stick to, but if you decide to use others, you won't have to pay the full bill. PPOs are a variation of managed care. They are less

restrictive than HMOs in that visits to specialists are not dependent on authorization from a member's primary care physician, as they generally are in HMOs. Also, unlike HMOs, out-of-network usage is allowed by PPOs, at a higher cost to members. Financial incentives to use "preferred" providers include lower copayments or coinsurance and maximum limits on out of pocket costs.

Prediabetes (Impaired Glucose Tolerance, Impaired Fasting Glucose, Borderline Diabetes): A conditions that occurs when blood sugar (glucose) levels are higher than normal but not high enough to be diabetes.

Premature Nursery: A facility within the hospital that offers special or extra medical care to infants who were born after a period of less than normal gestation, or too early in a pregnancy.

Preparing Meals: The overall activities of cutting, mixing, and cooking food. The amount of food prepared is not relevant as long as it is sufficient to sustain a person over time. Preparing meals may be as simple as heating up a TV dinner or boiling an egg.

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;
- Diaphragms and IUD's (Intra-Uterine Devices); or
- Prescriptions for eyeglasses or contact lenses.

Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Private Company or Business: Employees of an organization whose operations are owned by private individuals and not a governmental entity. This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes private organizations doing contract work for government agencies.

Private Health Insurance Plan: Any type of health insurance, including HMOs, that is not a public program. Private health insurance plans may be provided in part or full by a person's employer or union, or may be purchased directly by an individual.

Private Health Insurance Plan through a State or Local Government Program or Community Program: A type of health insurance for which state or local government or community effort pays for part or all of the cost of a private insurance plan, such as Blue Cross/Blue Shield. The individual may

also contribute to the cost of the health insurance and may receive a card such as a Blue Cross/Blue Shield card. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private company giving a grant to an HMO to pay for health insurance coverage.

Problem (Health, Physical, Mental, Emotional): The person's perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

Protective Hearing Device: A device to help prevent hazardous noise levels from damaging one's hearing by serving as a barrier between noise and the inner ear. Examples are special headphones, ear plugs, and protective earmuffs.

Psychiatrist: A physician who specializes in dealing with the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders, such as psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions and adjustment reactions.

Psychologist: A non-physician who specializes in the counseling and testing of persons with mental, addictive or emotional disorders.

Public Housing: Count Public Housing and other types of low income housing.

Race: Respondent defined.

Railroad Retirement: U.S. Government Railroad Retirement Benefits are based on a person's long-term employment in the railroad industry.

Reference Person (Householder): The first household member 18 years or older mentioned by the Screener respondent in answer to the question about who owns or rents the dwelling unit.

Related: All common relationships that occur through blood (grandfather, daughter), marriage (wife, stepson), or adoption (adopted son or daughter). Include foster relationships and guardian/ward relationships.

Relative: All common relationships that occur through blood (grandfather, daughter), marriage (wife, stepson), or adoption (adopted son or daughter). Include foster relationships and guardian/ward relationships. Also refers to extended relationships by legal marriage. For example, a man and woman are married. The woman's cousin's husband would also be counted as a "relative" of the man.

Rents or Owns Home: A person rents the home if s/he pays on a continuing basis without gaining any rights to ownership. A person owns the home if even if s/he is still paying on a mortgage.

Restaurant Meals: Include meals that are prepared at the grocery store, such as salad from the salad bar or pre-made deli items like sandwiches, rotisserie chicken, macaroni and cheese, etc. Do not include school lunches, school breakfasts or home-delivered meals for senior citizens.

Retinopathy: Any disorder of the retina (back of inside part of eye).

Retirement or Survivors Pension: Employment benefit that provides income payments to employees upon their retirement. Pension plans provide benefits to employees who have met specified criteria, normally age and/or length of service requirements. The two main types of pension plans are:

- Defined benefit plans - an employer's cost is not predetermined, but the benefit is; and
- Defined contribution - the employer's cost is predetermined, but the benefit depends on how much the employee contributes, investment gains and losses, etc.

Include in this item income from 401 K, IRA's, annuities, paid-up life insurance policies and KEOGH accounts.

Retired: Respondent defined.

Rheumatoid Arthritis: Form of arthritis with inflammation of the joints, stiffness, and swelling.

Roomer/Boarder: A person who is not related to a family, but who occupies room(s) in the family's home, pays rent for the room(s), and may or may not take meals with the family.

Routine Check Up/Routine Care: A health procedure or series of health procedures, which is done (usually on a regular basis, such as every year) to help a person avoid illness or to detect problems early.

School: An institution that advances a person toward an elementary or high school diploma, or a college or professional school degree. Do not count schooling in non-regular schools unless the credits are accepted by regular schools.

Regular school includes graded public, private, and parochial schools, colleges, universities, graduate and professional schools, seminaries where a Bachelor's degree is offered, junior colleges specializing in skill training, colleges of education, and nursing schools where a Bachelor's degree is offered.

If the person attended school outside of the "regular" school system, probe to determine if the schooling is applicable here. Use the following guidelines to determine if the schooling should be included:

- Training Programs - Count training received "on the job," in the Armed Forces, or through correspondence school only if it was credited toward a school diploma, high school equivalency (GED), or college degree.
- Vocational, Trade, or Business School - Do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system.

- General Educational Development (GED) or High School Equivalency - An exam certified equivalent of a high school diploma. If the person has not actually completed all 4 years of high school, but has acquired his/her GED (high school equivalency based on passing the GED exam), count this and enter code "14."
- Adult Education - Adult education classes should not be included as regular school unless such schooling has been counted for credit in a regular school system. If a person has taken adult education classes not for credit, these classes should not be counted as 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 GED), or a college degree.
- Other School Systems - If the person attended school in another country, in an ungraded school, in a "normal school", under a tutor, or under other special circumstances, ask the respondent to give the nearest equivalent of years in regular U.S. schooling.

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.

Separated: Legal or informal separation due to marital discord. If the spouse is absent for reasons other than marital discord, the "married" category applies.

Single Service Plan (SSP): Health insurance coverage paid for by an individual that provides for only one type of service or treatment for a specific condition. These plans are usually bought to supplement a more comprehensive health insurance plan. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization.

Sister: A sister includes biological, adoptive, step, foster, half sisters and sisters-in-law. A sister is one's female sibling who shares both of the same biological or adoptive parents. A stepsister is one's stepparent's daughter by a previous relationship. A half sister is one's female sibling who shares one of the same biological or adoptive parents. A sister-in-law is one's brother's wife. A foster sister is the foster daughter of one or both of one's parents or the daughter of one's foster parent(s).

Sister-in-Law: The wife of a person's brother or the sister of a person's spouse.

Skin Rash: An eruption or inflammation of the skin that can include hives, bumps, or reddened areas of the skin. Do not include warts or skin tags..

Social Security: Social Security (SS) payments are received by persons who have worked long enough in employment that had SS deductions taken from their salary in order to be entitled to payments.

SS payments may be made to the spouse or dependent children of a covered worker. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.

Social Worker: A person who assists patients and their families in handling social, environmental and emotional problems associated with illness or injury. Can include social work specialists, such as a medical or psychiatric social worker.

Son-in-Law: The husband of a person's daughter.

Special Care Facility: A place within a hospital that offers extra medical care or intervention to an infant after birth because of some medical condition.

Special Consideration Codes for the MEC Appointment:

BL = Blind	OB = Obese
CR = Crutches	OP = Other Physical Impairment
DF = Deaf	SA = Substance Abuse
HI = Hearing Impaired	WL = Walker
MI = Mental Impairment	WC = Wheelchair

Special Education: Teaching designed to meet the needs of a child with special needs and/or disabilities. It is designed for children and youths aged 3 to 21. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

Special Equipment: Any device, tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult "diapers" for incontinence. However, ordinary eyeglasses and hearing aids should not be considered "special equipment." For example: a spoon is not normally considered as "special equipment;" however, a uniquely designed or functioning one used for eating by a person because of physical, mental or emotional problems is considered "special equipment."

SPF (Sun Protection Factor): The number on the label of the sunscreen that tells you how much protection against the sun it has.

Spouse (Husband/Wife): Persons who are legally married or have a common-law marriage.

SSI: Also known as Supplemental Security Income (SSI), this federal program provides monthly cash payments in accordance with uniform, nationwide eligibility requirements to persons who are both needy and aged (65 years or older), blind, or disabled. A person may be eligible for SSI payments even if they have never worked. SSI is NOT the same as Social Security. A person can get SSI in addition to Social Security. The SSI program is issued by the Social Security Administration. Each state may add to the federal payment from its own funds. This additional money may be included in the federal payment or it may be received as a separate check. If it is combined with the federal payment, the words "STATE PAYMENT INCLUDED" will appear on the federal check. A few states make SSI payments to individuals who do not receive a federal payment.

State or Federal Government Employees' Health Insurance: Most government employees have a private health insurance plan from their employer or workplace.

State Government: Include individuals working for agencies of state governments, as well as paid state officials, the state police, employees of state universities and colleges, and statewide JTPP administrators.

State-Sponsored Health Plan: Any other health care coverage run by a specific state, including public assistance programs other than "Medicaid" that pay for health care.

Stepbrother: Brothers who have no biological or adoptive parents in common, but whose parents are married to each other.

Stepdaughter: The female child of a person's spouse, who is not the person's biological or adopted child.

Stepfather: Someone who has become a person's father through marriage to the person's biological or adopted mother.

Stepmother: Someone who has become a person's mother through marriage to the person's biological or adopted father.

Stepsister: Sisters who have no biological or adoptive parents in common, but whose parents are married to each other.

Stepson: The male child of a person's spouse, who is not the person's biological or adoptive child.

Stroke: Disease caused by damage to blood vessels in the brain. Include cerebrovascular accidents and transient ischemic attacks (TIAs). Depending on the part of the brain affected, a stroke can cause a person to lose the ability to speak or move or feel a part of the body, such as an arm or a leg.

Sun Exposure: If respondent says that it would depend on the time of year or on the UV rating, probe for "in general" or "on average".

Taking Care of House or Family: Doing any type of work around the house, such as cleaning, cooking, maintaining the yard, caring for children or family, etc.

TANF (Temporary Assistance to Needy Families): This program has replaced AFDC. It is administered by state and local governments and may have a unique name depending on the state or local area. Eligibility for TANF programs varies from state to state, but usually requires a low income. The services provided by TANF programs also varies from state to state and may include cash benefits, job training, child care, employer subsidies, and a wide range of other services.

Traveled Outside of the U.S. or Canada: Do not count stopping at an airport in a country as traveling to that country.

Ulcer: A condition affecting the digestive system. An erosion of the lining in the gastrointestinal tract, such as the stomach or intestine.

Unable to Work for Health Reasons: Respondent defined.

Uncle: The brother of a person's mother or father.

Unemployment Compensation: Payment by the state government of a fixed amount of money to an unemployed person, usually at regular intervals over a fixed period of time.

Unmarried Partner: Persons who share living quarters because they have a close, personal relationship, but are not legally married (i.e., unmarried couples living together as if they were married).

Usual Place: Include walk-in clinic, doctor's office, clinic, health center, Health Maintenance Organization or HMO, hospital emergency room or outpatient clinic, or a military or VA health care facility.

Usually Live and Sleep: The place where a person usually lives and sleeps must be specific living quarters held by the person to which he/she is free to return at any time. Living quarters which a person rents or lends to someone else cannot be considered as his/her usual residence during the time these quarters are occupied by someone else. Also, vacant living quarters offered for rent or sale during a person's absence should not be considered as his/her usual residence while he/she is away.

Vaccine/Vaccination: Oral medications or shots given to prevent the patient from contracting a communicable disease.

Vocational (Trade or Business) School: When determining the highest grade or year of regular school the person ever completed, do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system.

Wages and Salaries: Include tips, bonuses, overtime, commissions, Armed Forces pay, special cash bonuses and subsistence allowances.

Ward: A child or incompetent person placed by law under the care of a guardian or court.

Water Treatment Devices: Any device intended to improve the safety and quality of water in the home. There are eight main types of treatments: carbon filters, fiber filters, reverse osmosis units, neutralizers, chemical feed pumps, disinfection and softeners. Devices such as Brita and other pitcher water filters should be counted as water treatment devices.

Wheezing: A high-pitched whistling or musical sound made when breathing.

WIC: WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. This program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5.

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Workers' Compensation: A system, required by law, of compensating workers injured or disabled in connection with work. This system establishes the liability of an employer for injuries or sickness that arise in the course of employment. The liability is created without regard to the fault or negligence of the employer. The benefits under this system generally include hospital and other medical payments and compensation for loss of income.

Working Without Pay: Working on a farm or in a business operated by a related member of the household, without receiving wages or salary for work performed.

Year Built: This refers to the original construction completion date. Consider construction completed when:

- All exterior windows and doors have been installed;
- The usable floors are finished; and
- The unit is ready for occupancy.

Year built does not apply to:

- Later remodeling;
- Additions to previously existing structures;
- Conversions (commercial or residential) within a structure; or
- The date a building was moved to another site or lot.