

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III

FIELD OPERATIONS MANUAL

MAY 1991

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PART I - OVERVIEW OF NHANES III

1. History of NHANES

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

To collect data by interview and physical exam, NCHS conducted four separate examinations surveys between 1959 and 1976. The first Health Examination Survey (HES I) focused mainly on selected chronic diseases of adults aged 18 - 79. HES II and HES III, conducted between 1963 and 1970, focused primarily on the growth and development of children.

The fourth survey introduced a new emphasis: the study of nutrition and its relationship to health status. This 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 Nutritional Surveillance System was undertaken by NCHS. The purpose of this system was to measure changes in nutritional patterns over time. However, a special task force recommended that the continuing surveillance system be expanded to include clinical observation and professional assessment as well as the recording of dietary intake patterns. Thus, the National Nutritional Surveillance System was combined with the Health Examination Survey to form the National Health and Nutrition Examination Survey, NHANES.

NHANES I, the first cycle of the NHANES studies, was conducted between 1971 and 1974. This survey obtained a national sample of about 30,000 persons between the ages of 1 and 74 years of age. Extensive data on health and nutrition were collected by interview, physical examination, and a battery of clinical measurements and tests from all members of the sample.

The planning process for NHANES II was carried out in 1974 and 1975 in collaboration with other Federal agencies. Throughout the planning stage there was continual awareness of the necessity of making the data collection for NHANES II comparable to the first NHANES survey so that NHANES I data could serve the purpose of providing a baseline for assessing changes over time. This means that many of the same measurements had to be taken the same way on the same age segment of the U.S. population in both surveys.

The NHANES II survey began examinations in February of 1976 with the goal of interviewing and examining 28,000 persons between the ages of 6 months and 74 years. This survey was completed in 1980.

In addition to NHANES I and NHANES II, a special survey of the US Hispanic population, HHANES, was undertaken to provide information on the health and nutrition status of Hispanics comparable to that obtained for the general U.S. population. This survey was completed in 1984. A fourth NHANES project, the NHANES Epidemiologic Followup Survey, is recently completed. This study was an effort to conduct followup interviews with the sample population, now aged 35 - 84, who were interviewed and examined in NHANES I between 1970 and 1974.

NHANES III is the third cycle in the NCHS series of surveys to collect data on the health and nutrition of the people of the United States through interviews and physical examinations. As in previous NHANES cycles, the survey's primary purpose is to produce descriptive statistics that can be used to measure and monitor the health and nutritional status of the civilian, noninstitutionalized U.S. population.

The study design calls for administering a household interview, taking pulse and blood pressure measurements in the home (adults only), and conducting a three and a half hour examination consisting of medical procedures, biochemical tests, and questionnaires to a maximum number of 40,000 sample persons aged two months and older over a period of approximately six years. A small group of sample persons are offered a home examination. The survey is being conducted in two rounds of about three years each in approximately 88 locations (or stands) across the country.

NHANES III will serve to collect public health data for use in evaluating the health status of the U.S. population and determining how health status is affected by social and economic conditions. The wide range of statistics produced will be valuable for:

Estimating the prevalence of selected diseases and conditions;

Assessing health and nutritional status;

Determining needs for health care;

Analyzing relationships between health measures and risk factors; and

Evaluating aspects of health and nutrition.

Also planned is a longitudinal study using NHANES III as the baseline. This study will follow the sample persons interviewed and examined during NHANES III over a period of years to attain measures of changes in health status and to study human growth and development in detail.

2. Organization of the Field Work

There are three major components to the field work of NHANES III -- the household screening and interviewing, the operation of the field office, and the operation of the Mobile Examination Center (MEC).

2.1 Overview of the Household Screening and Interviewing

2.1.1 Sample Preparation

The first stage for the household screening and interviewing is the creation of a sample. As with previous NHANES surveys, the sample design of NHANES III is a stratified multistage probability sample of the U.S. population. This means that there is a successive random sampling of geographical units. The units are sampled in the following order: first, PSUs (counties or small groups of contiguous counties); second, segments (a block or group of blocks containing a cluster of households); third, households within segments; and, fourth, sample persons within households.

The NHANES sample design oversamples Mexican-Americans, blacks, the very young and the very old. This oversample is to ensure that large enough numbers of these selected minorities and age groups will be included in the total sample so that reliable conclusions may be drawn about them from the NHANES data.

Using these sampling procedures the sampling statisticians estimate that 88 PSUs, or stands, will be selected, yielding a total of approximately 100,000 households and 40,000 sampled persons identified to be interviewed and examined. The average size stand will be about 450 SP's drawn from approximately 24 segments.

In order to select the sample of households, a listing operation precedes the start of each stand by about 12 weeks. As part of this listing operation, two listers canvass each segment and prepare a comprehensive list of every dwelling unit within the prescribed boundaries of the segment. The completed listing is returned to Westat's Sampling Department where a random sample of households is selected for the screening and interviewing phase.

2.1.2 Overview of Screening and Interviewing

A brief screening interview is completed with every selected household in the sample. This screener interview establishes age, sex, race and ethnicity of each household member so that within-household sampling procedures can be applied to select the sample persons (SP's) for the survey. Approximately, one in five sampled households will contain SPs, with an average of 2.5 SP's per household.

Once the screening is complete and sample persons selected, the interviewer administers a questionnaire to each SP, takes pulse and blood pressure measurements for adults (age 17+), and arranges an appointment time for the SP to be examined at the MEC. In certain circumstances the interviewer may arrange for a home exam.

Twenty-seven full-time traveling interviewers work on the household screening and interviewing component of the survey, with three Field Managers supervising their efforts.

2.2 Overview of Field Office Operations

The field office will support both the household interviewing and MEC operations by carrying out a number of very important coordinating activities. The field office staff will have responsibility for scheduling MEC appointments, reminding SP's of their appointments, and arranging for transportation to the MEC. The field office will also have responsibility for scheduling home examinations, working with the Field Manager to convert broken appointments, and overseeing the automated field management system.

2.3 Overview of MEC Operations

The MEC houses the medical examination component at a stand and is equipped to perform the physical examinations, biochemical measurements, and dietary interviews. The 16 member MEC team consists of a physician, a dentist, an ultrasonographer, four health technicians, four laboratory technicians, two dietary interviewers, a MEC interviewer, a home examination technician, and a MEC coordinator.

Although the goal of the survey is to examine every identified SP in the MEC, we recognize that a certain portion of the SP's will never consent to an examination in the MEC. As a fallback strategy for those SP's who refuse the MEC examination or who, for medical reasons, cannot come to the MEC,

a home examination is offered. The home examination is a significantly reduced version of the MEC examination that will take between 10 and 60 minutes to administer. Procedures have been developed that specify when and to whom a home exam can be offered.

The operations of the MEC and home examination are supervised by a MEC Manager.

3. Field Staff Organization

3.1 Staff Organization at a Stand

The field staff at each stand will include:

An Office Manager,

A MEC Manager,

A Field Manager,

An Assistant Office Manager,

A Quality Control Coordinator,

A MEC Examination Team,

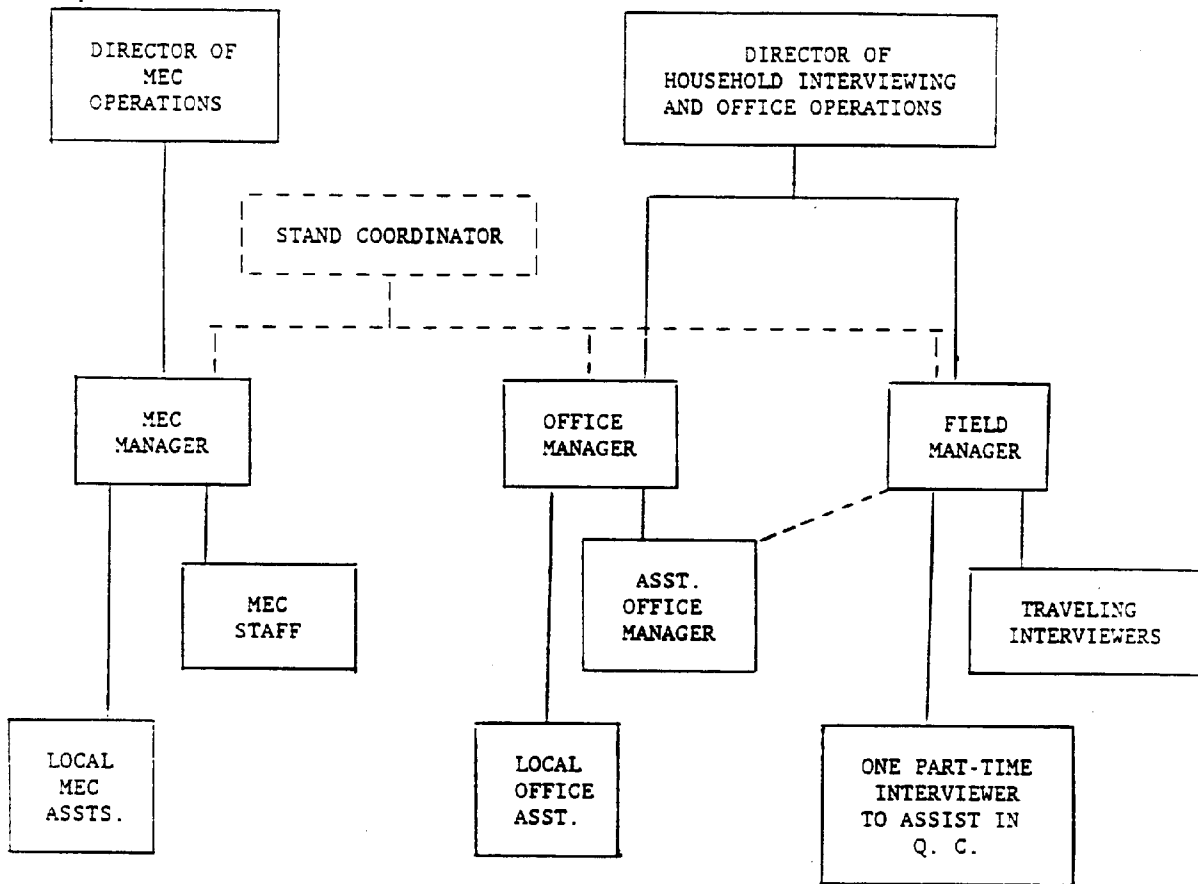
A team of travelling interviewers;

Two full-time local assistants (one who will work in the field office and one who will work in the MEC).

Three teams of managers work together in supervising the field work at the stands. Each team is composed of an Office Manager, a MEC Manager, a Field Manager, an Assistant Office Manager, and a Quality Control Coordinator. One of the stand managers is also designated as the Stand Coordinator. The Stand Coordinator has oversight responsibility for a stand. A more complete description of the responsibilities of the Stand Coordinator and the other manager positions follows in the next section.

Exhibit 3-1 shows the organizational structure of the field staff at the stand and the reporting relationships to the home office staff.

Exhibit 3-1 Field organization



3.2 Responsibilities of the Managers

3.2.1 Stand Coordinator

The major responsibilities of the Stand Coordinator include the following:

Supervise all stand activities;

Conduct staff meetings with other managers at stand to improve coordination, to learn about problems and stay informed on the status of work;

Review daily report to be aware of overall performance of stand, i.e., number of SP's compared to goal, response rates for interviewing and appointments for MEC and home exams, number of SP's examined, and the broken appointment rates;

Manage outreach tasks and public relations requests;

Develop schedule for staffing the office during the stand;

Make recommendations to home office staff on ways to improve performance or deal with administrative problems at a stand.

Provide end-of-stand reports on blood pressure; and

Write end-of-stand report.

3.2.2 Office Manager

The major responsibilities of the Office Manager include the following:

Set up and management of the field office;

Supervise the scheduling of exam appointments;

Coordinate all contacts with SP's to remind them of MEC appointments;

Manage petty cash fund, which includes payment of SP's;

Arrange transportation of SP's to the MEC;

Coordinate with Field Manager to field broken appointments and field reminders;

Schedule home examinations;

Enter exam results into the automated system;

Oversee Assistant Office Manager's use of automated field management system;

Coordinate the flow of records and payments to the MEC;
Recruit and hire local assistants;
Supervise local office assistant;
Reconcile all records and statistics at end of stand, and
Close down and pack the field office and the automated field management system.

3.2.3 MEC Manager

The major responsibilities of the MEC Manager include the following:

Set up and pack up of the MEC;
Manage the inventory of supplies on the MEC;
Coordinate dry run day for the MEC;
Responsible for the weekly shipping of specimens and other materials that result from examination;
Maintain equipment on the MEC;
Supervise MEC operations including reporting of staff or SP problems, maintaining security of the MEC, handling visitors to the MEC;
Supervise the home examination activities;
Maintain MEC automation system;
Administrative responsibility for MEC staff; and
Assist in the field office before examinations begin in the MEC.

3.2.4 Field Manager

The major responsibilities of the Field Manager include the following:

Supervise all assignments to interviewing staff for screening, interviewing, taking blood pressure measurements, making MEC appointments, scheduling home examination appointments, rescheduling broken appointments, and completing field reminders;

Receipt and review of all work turned in from interviewers;

Conduct daily conferences with interviewers to discuss production and quality of work;

Coordinate with the Office Manager to be sure that broken appointments and field reminders are completed;

Entry of all assignment information into automated field management system;

Review of field reports to monitor the progress of each interviewer's work;

Review and development of strategy for each nonresponse case;

Administrative responsibility for interviewers working at the stand; and,

Oversight of quality control of interviewers' work, including blood pressure quality control.

3.2.5 Assistant Office Manager

The major responsibilities of the Assistant Office Manager include the following:

Operate and maintain the automated field management system;

Maintain the field office central filing system;

Schedule MEC and home exam appointments;

Enter all assignments, reassignments, and dispositions into automated field management system;

Assist the Office Manager in field office activities, including setting up the field office, reminding SP's of their MEC appointments; reconciling the end of stand records, etc.;

Running field reports; and

Performing editing as needed and validation of interviewers' work.

3.2.6 Quality Control Coordinator

Perform complete edit of all interviewers work including questionnaires, screeners, household folders, SP cards, blood pressure forms.

Provide timely feedback to interviewers on editing problems;

Perform validation of interviewer's work;

Entry of edit and validation results into the automated system; and

As time permits, assist managers with other field office activities.

4. Field Schedule

4.1 Activities Prior to Start of a Stand

Advance arrangements for a stand begin 3 to 4 months before the start of a stand. At this time, a member of the advance arrangement team visits the county where the stand will be located and begins discussions with local officials on locating and setting up the MEC and field office. Over the course of the next few months, plans are finalized for locating the MEC and field office; contractors are identified for setting up and maintaining the MEC; arrangements are made to locate a taxi company for transporting SP's to the MEC; banking privileges are established; office furniture and telephones leased; and other necessary arrangements made. In addition to the advance arrangements, public outreach efforts are also made that include press releases to the local news media and letters to public health officials and other community leaders to inform them about the survey.

Another activity that precedes the start of a stand is the listing of the sampled segments. This activity occurs 10-12 weeks before screening and interviewing will begin at a stand. Two travelling listers are used to carry out this operation.

4.2 Scheduling of Field Staff

During most of the survey, three stands are in operation at one time. One stand may be in the final week of examinations, another stand in its third week of examinations, while the third stand will just be beginning screening and interviewing. Since three stands are in different stages of operation at any one time, three teams of office staff (including Office Manager, MEC Manager, Field Manager, Quality Control Coordinator, and Assistant Office Manager) are needed. Each office team will work every third stand.

The following description outlines the length of time that each staff position is scheduled to be at a stand. However, individual schedules may change to accommodate overlapping closing and opening dates for consecutive stands.

Office Manager will arrive at stand about a week before the office opens and will stay until the day after examinations end. Arrival day will depend on the close-down schedule of the previous stand.

Assistant Office Manager will have the same schedule as the Office Manager.

Field Manager will also have the same schedule as the Office Manager.

MEC Manager will stay at a stand until the MEC is packed up and taken away by the trucking company who is hauling it to the next stand. Usually the MEC is removed 2-4 days after examinations ended. The MEC Manager will then drive to the next scheduled stand and will most likely arrive a few days after the stand has started screening and interviewing.

Interviewing staff will arrive at a stand the day before screening and interviewing begins. Approximately 10-15 interviewers work for 3 to 4 weeks. Five to eight of these interviewers will stay for another 3 weeks, while the rest of the interviewing group will move to another stand. In the final 2 weeks of a stand, usually only two or three interviewers remain.

MEC examination staff will arrive at a stand about 2 days before the examinations begin and leave the day after examinations end.

4.3 Stand Operations

On the average, a stand will last about nine weeks from the start of screening and interviewing until examinations end. Since each stand has a different targeted number of SP's to interview and examine, the exact number of days that stands operate will vary by a few days or perhaps a week. The schedule described in this section is for a typical stand of 450 SP's identified for interviewing and examination. We recognize that some portion of these 450 SP's will never be interviewed or examined, however, the schedule is set up to account for the efforts required to achieve high response rates at a stand of this size.

We expect that approximately 85 percent of the initial screening and interviewing will be completed by the time that examinations begin. After examinations begin, we expect the next three weeks to be spent completing the remaining 15 percent of the initial screening and interviewing, converting nonresponse to the interview and the examination, rescheduling broken appointment and scheduling home examinations. In the remaining 2 weeks of a stand, efforts will be exclusively on rescheduling broken appointments, converting nonresponse and scheduling home examinations.

A typical stand will have about 25 examination days, 1 day of dry runs before examinations begin and 1 day of break-down and pack-up after examinations end. The MEC has two sessions per day, either a morning (beginning at 8:30 a.m.) and afternoon (beginning at 1:30 p.m.) session or a morning and evening (beginning at 6:00 p.m.) session. The first two weeks of examinations will be on Tuesday through Saturday; in the third week of examinations a change of days will occur; and, in the final two weeks (the 4th and 5th weeks), examinations will be conducted on Thursday through Monday. The following outlines this schedule:

Exam Weeks 1 & 2	Examinations conducted on Tuesday through Saturday
Exam Week 3	Examinations conducted Tuesday through Saturday-Sunday will be a day off -- Examinations conducted on Monday -- Tuesday, Wednesday will be days off;
Exam Week 4 & 5	Examinations conducted Thursday through Monday.

When the MEC operates Tuesday-Saturday, there will be evening sessions on Tuesdays and Thursday and no afternoon sessions on those days. When the MEC operates on the Thursday-Monday schedule, the evening sessions will be Thursday and Monday.

The field office will operate on a Monday through Saturday schedule during the first three weeks of the stand before examinations begin. It will be necessary to keep the field office open from 9:00 a.m. to 8:00 p.m. Monday-Thursday, 9:00 a.m. to 5:30 p.m. on Friday, and 10:00 a.m. to 4:00 p.m. on Saturday during the first three weeks of the stand. This will be the period when the largest group of interviewers will be working and the field office will need to be open to schedule appointments. The Stand Coordinator will work out the staffing plan for keeping the office open.

Once exams begin, the MEC Manager will work the same schedule as the MEC. The Office Manager will work the same days as the MEC and the Field Manager and Assistant Office Manager will work Tuesday through Saturday. The Office Manager and Assistant Office Manager will need to coordinate their schedules to be sure that one of them will be in the office at the start of each session to learn from the MEC Coordinator the SP's who have not shown for the session.

5. Organization of Manual

There are four distinct parts to this Field Operations manual:

Part I -- Overview of NHANES-III. This part of the manual describes the history of NHANES, the overview of field operations, the field staff and its organization, and the scheduling of a stand.

Part II -- Field Office Operations. This part of the manual describes the responsibilities of the Office Manager and Assistant Office Manager and describes how the field office is set up and operated, the procedures for coordinating with the MEC and household interviewing components, and the use of the automated field management system.

Part III -- Within-Household Operations. This part of the manual describes the responsibilities of the Field Manager concerning the activities carried out by the interviewing staff in the SP's homes. These activities include screening, interviewing, taking blood pressure measurements, and scheduling appointments for the MEC and home exams. A separate Interviewer's Manual describes the actual procedures for screening, interviewing and scheduling appointments.

Part IV -- MEC Operations. This part of the manual describes the responsibilities of the MEC Manager and involves the set up, maintenance and performance of the MEC and its staff.

PART II - FIELD OPERATIONS MANUAL

1. Overview of Field Office Operations

1.1 Major Tasks and Staffing

At each stand for NHANES III, a field office is opened at the start of the household screening and interviewing and remains open until examinations end. During this period, the field office will be run by the Office Manager and the Assistant Office Manager. They will have responsibility for setting up the office, supporting the MEC operations, supporting the household interviewing operations, and maintaining the automated field management system. The following sections of Part II of this manual will describe the procedures to be carried out by the field office staff.

1.2 The Automated System in Field Office Operations

The automated field management system (AFMS) is central to the operation of the field office. It performs a number of functions to support interviewing and MEC operations including scheduling MEC appointments, keeping track of SP transportation needs, generating reminder letters and other materials for the exams, recording the results of the MEC appointments, and keeping track of broken appointments. In addition, the automated system is used to produce a series of reports which allow stand and home office management to assess the progress of the stand and whether it is achieving sample and response rate goals.

Each of the functions performed by the AFMS and instructions on how to use the system to carry out these functions will be described in the following sections.

2. Setting up the Field Office

The Office Manager will arrive at the stand the week before the field office opens to set up the office and oversee the delivery of equipment and materials. The Office Manager will be provided with the Advance Arrangements Summary Form, prepared by the Advance Team (Exhibit 2-1), which will contain all pertinent information about advance arrangements which the Office Manager will need to start the stand.

2.1 Installation of the Automated System

At the beginning of each stand the equipment for the AFMS will be installed by Westat staff and checked by Digital personnel. Digital is responsible for insuring that each piece of equipment is operational before the stand begins. The following is a list of equipment that comprises the automated field management system for a stand:

1 Microvax

1 Vaxmate with expansion box containing hard disk

3 VT220 terminals

1 LN03 laser printer

1 dot matrix printer

1 DEC Server 200 terminal server

2 DESTA ethernet adapters

1 bar code scanner

1 modem

Operating and servicing the equipment is discussed in Chapter 9.

The Office Manager is responsible for seeing that the office furniture is in place before computer installation takes place. Also, telephone lines should be operational before the AFMS is installed.

STAND NUMBER:

COUNTY:

OFFICE SITE:

NHANES III
Union Bank Building
460 Hegenberger Road Suite 735

(computer)

CONTACT PERSON:

Bank Property Officer

ADDITIONAL INFO:

This is a very secure building. Please note the staircase can not be used unless it is an emergency. All doors to the staircase lock automatically when they close. The third floor is a secured area and attempts to enter the floor through the stairs will set off the alarm system.

MEC SITE:

Parking Lot

632-6299, 6218, 6349, 6367, 6384

CONTACT PERSON:

Director of Sales
Facility Manager

562-5311

STAND COORDINATOR:

Jan Warren

FIELD MANAGER:

Jan Warren

OFFICE MANAGER:

B.J. Arkos

MEC MANAGER:

Tom Kennedy

ASS'T OFFICE MANAGER:

Linda Worden

QUALITY CONTROL COORDINATOR:

Jacqueline Fenstermacher

OFFICE OPENS:

Monday, March 4,

INTERVIEWING BEGINS:

Thursday, March 7

OFFICE CLOSES:

Monday, May 6

EXAMS BEGIN:

Thursday, March 28

EXAMS END:

Saturday, May 4

SLEEPING ACCOMMODATIONS:

Holiday Inn
500 Hegenberger Rd.
Oakland, CA 94621
(415) 562-5311

CONTACT PERSON: Marie Allen, Director of Sales

ADDITIONAL INFO:

TELEPHONE SERVICE:

Susie Burtner, Westat, (301) 251-4250
ADDITIONAL INFO: Office telephones: (415) 632-1676, 1690, 1795, 1886
-1924 (FAX)
-2075 (computer)
MEC Telephones:(415) 632-6299, 6218, 6349, 6367,6384

PRIVATE ELECTRICAL SERVICE:

CBF, Inc.
Electrical Contractors
1265 Folsom Street
San Francisco, CA 94103-3873
(415) 863-3045

CONTACT PERSON: David W. Cory

ADDITIONAL INFO:

PUBLIC ELECTRICAL UTILITY:

Not applicable

SEWER CONTRACTOR:

Landover Sewer Service
824 51st Ave
Oakland, CA 94601
(415) 865-5177

CONTACT PERSON: Brian L. Merritt

ADDITIONAL INFO:

PLUMBING:

Dimond Plumbing
2724 MacArthur Blvd
Oakland, CA 94602
(415) 530-1144

CONTACT PERSON: Rob Walker

ADDITIONAL INFO:

FURNITURE:

Grantree Office Furniture Rental
362 Grand Ave
Oakland, CA
(415) 465-5803

CONTACT PERSON: Christine Omodt

ADDITIONAL INFO: to be delivered 3/4/91

SAFE RENTAL:

East Bay Safe & Lock Co.
2509 Broadway (at 25th)
Oakland, CA 94612
(415) 444-6493

CONTACT PERSON:

Ed & Al

ADDITIONAL INFO:

Sent \$250 incl del & pickup for 2 mos.

TRANSPORTATION SERVICE:

Yellow Cab
1685 24th
Oakland, CA
(415) 251-3811

CONTACT PERSON:

Ted Nevels

ADDITIONAL INFO:

Call in advance for vouchers. Will direct bill.

JANITORIAL SERVICE:

Dependable Janitorial Service
6681 Foothill Blvd.
Oakland, CA
(415) 568-5951

CONTACT PERSON:

Donald Jacko

ADDITIONAL INFO:

MEDICAL WASTE REMOVAL:

BFI
820 Greenville Rd.
Livermore, CA 94550
(415) 449-9323

CONTACT PERSON:

Jodi Smith

ADDITIONAL INFO:

DRY ICE SERVICE:

A-1 Arco Ampm
889-W Grand Ave at Market
Oakland, CA 94607
(415) 465-4450

CONTACT PERSON:

Ramesh, Mgr.

ADDITIONAL INFO:

No delivery - COD only
\$26.95/case = 40-50 lbs.

COPIER RENTAL:

Alemeda Business Equipment Systems
2307-F Blanding Ave
Alemeda, CA 94501

CONTACT PERSON:

Steve Thibault, owner

ADDITIONAL INFO:

Sent check for entire 2 mos.

TYPEWRITER RENTAL:

Alemeda Business Equipment Systems
2307-F Blanding Ave
Alemenda, CA 94501

CONTACT PERSON:

Steve Thibault, owner

ADDITIONAL INFO:

Sent check for \$65/mo - for 2 mos.

EMPLOYMENT SERVICES:

Job Service
4th Ave & E. 14th St.
Oakland, CA
(415) 464-0400

CONTACT PERSON:

Pat

ADDITIONAL INFO:

AUTO RENTAL:

Not needed

MEC SECURITY:

Not needed

BANKING:

Bank of America
303 Hegenberger Rd.
Oakland, CA 94621
(415) 273-5026

CONTACT PERSON:

Anna Bickling, Manager Branch Operations

ADDITIONAL INFO:

There is a \$4.00/check charge

DEC REPRESENTATIVE:

CONTACT PERSON:

ADDITIONAL INFO:

POST OFFICE:

Main Post Office
1675 7th St. at Cypress
Oakland, CA
(415) 874-8200

FEDERAL EXPRESS:

Wells Fargo Bank
333 Hegenberger Rd.
deadline 5pm/daily

Oakland Airport
8455 Pardee
deadline 6pm for East Coast
8pm for West Coast

1221 Broadway (Clorox Bldg)
deadline 5:45pm

Pickup for all is 4:30pm - savings of \$2.50/pkg
if brought to FedEx offices

COUNTY HEALTH DIRECTOR: Dr. Carl L. Smith, Health Officer

CONTACT PERSON: Dr. Mary Davis
499 5th Street
Oakland, CA 94607
(415) 268-2741

ADDITIONAL INFO:

LOCAL GOVERNMENT OFFICIAL:

ADDITIONAL INFO:

HOSPITAL EMERGENCY ROOM:

CONTACT PERSON:

ADDITIONAL INFO:

EMERGENCY SERVICES: Dial "911"

MEDICAL/DENTAL RESOURCE:

CONTACT PERSON:

ADDITIONAL INFO:

NUTRITIONIST:

DRY RUN DAY INVITEES:

CHILD ABUSE REFERRALS: Alameda County 24-hour Abuse & Neglect Hotline
483-9300

Child Help's National Child Abuse Hotline
1-800-422-4453

ANONYMOUS AIDS TESTING:

AGING: Alameda County Dept. on Aging
(415) 667-3060

CONTACT: Barbara Hellmuth, Director

MISCELLANEOUS:

BOTTLED WATER: Culligan
2252 Railroad Ave
Livermore, CA 94550
(415) 489-5770

CONTACT: Pat or anyone else

ADDITIONAL INFO: Call to order and arrange delivery, COD

2.2 Setting UP the Central Filing System

The filing system is the major processing center for questionnaires and household folders turned in by the household interviewing staff. The system establishes routing patterns for household folders and questionnaires according to the disposition of the case. This section describes what files must be set up. The processing of household folders and questionnaires through the filing system will be discussed in Section 4.1.

The files required for the central filing system are:

1. Log-In includes:
 - Initial Work
 - Broken Appointments
 - Home Exams
 - Assignments and Reassignments
2. To Be Edited (Filed by exam date, where applicable)
3. Interviewer Review (Filed by Interviewer. If screener or family quex. by Seg/Ser; if SP quex, by NCHS #)
4. SP Specific Documents
 - SP quex (Filed in manila folders labeled with NCHS #).
 - Consent forms
 - Blood pressure forms
 - Birth certificate authorizations
5. Home Exam Materials
6. Household Folders, Screeners and Family Questionnaires (filed by screener disposition and by Seg/Ser)
7. SP Nonresponse (Filed by Seg/Ser)
 - Awaiting immediate refielding for MEC/Interview Appointment
 - Approach for Home Exam
 - Broken appointments to be refiled
 - No further action at this time -- review later
 - Final nonresponse
8. Screener Nonresponse (Filed by Seg/Ser)

In addition to the files that are required for the central filing system there are other auxiliary files that are also necessary. They are files for:

- A) Completed Edit Reports (Filed by Seg/Ser)
To be logged into computer
Logged into computer
- B) Completed Conference Report (by Interviewer)
- C) Validations (Field by Seg/Ser)
To be validated lists
Completed validation forms
- D) Completed Observation Forms (Filed by Seg/Ser)
- E) Daily Reports
- F) Completed Back-up Schedule and Identify Forms
- G) SPs Deleted or Added to file

Each manager will require a set of file drawers for his or her personal use and will need to organize these files according to the needs of his or her job.

It is very important that the central filing system of the field office be organized before the start of household interviewing. The system should be fully operational when the interviewers begin screening and interviewing.

2.3 Organizing Office Space and Materials

2.3.1 Office Space

It is the responsibility of the Office Manager to organize and arrange the office space and materials. The physical arrangement of office space will vary from stand to stand. In some stands, the office space will be generous and private offices will be available for every staff member. In other stands, this will not be the case and the sharing of offices may be necessary. In allocating offices to staff, it is necessary for the Field Manager to always have his or her own office.

This is required since the Field Manager must hold private conferences with the interviewers. If private offices are scarce, the Office Manager should have an office before the MEC Manager since the MEC Manager will be spending most of his or her time in the MEC once examinations begin.

The following additional office or work areas are necessary:

1. Space for the Assistant Office Manager in close proximity to the computer system;
2. Space for the Q.C. Coordinator which includes a desk and chair;
3. Arrangement of tables and chairs for the computer system that will allow people to work near computer terminals;
4. Reception area which presents a professional and orderly impression to the public and where local office assistant can work;
5. Arrangement of table and chairs near Field Manager's office where interviewers can wait for their appointments (located near this space should be a place for interviewers to receive messages); and
6. When possible, space for NCHS and Westat staff.

2.3.2 Supplies and Materials

In addition to allocating office space, office supplies and materials must also be organized. Exhibit 2-2 is a list of all office and interviewing-related materials. The Field Manager should organize and set up the interviewer materials so that interviewers will be able to replenish their supplies as needed. We recommend that only a portion of each material be available at any one time since people tend to take too much if large quantities of supplies are available. It will be the responsibility of the Office Manager and Assistant Office Manager to organize and arrange all the other office materials. It is the responsibility of the Field Manager to keep track of and replenish interviewing supplies. The local assistant supervised by the Office Manger will keep track of office supplies.

Exhibit 2-2
FIELD OFFICE INVENTORY FORM

CIRCLE ONE: BEGINNING END

STAND _____ INVENTORY DATE _____

CODE	COMP	DESCRIPTION	U/I	ON-HAND	CODE	COMP
0080	ALL	ALCOHOL PREPS, MEDI-PAK	EA	_____	0080	ALL
2195	ALL	TONER CARTRIDGE KIT	EA	_____	2195	ALL
2196	ALL	KIT, LASER COPIER, USER MAINTENANCE	EA	_____	2196	ALL
2197	ALL	COMPACTAPE (FIELD OFC)	EA	_____	2197	ALL
4913	ALL	FORM, FACT SHEET	EA	_____	4913	ALL
4921	ALL	FORM, ADULT BLOOD PRESSURE RPT, ENGLISH, 5/90	EA	_____	4921	ALL
4922	ALL	FORM, ADULT BLOOD PRESSURE RPT, SPANISH, 5/90	EA	_____	4922	ALL
5606	ALL	FORM, NHANES TRANSMITTAL FORM, 7/88	EA	_____	5606	ALL

Items that are highlighted are problem items. Please ensure that your inventory count is accurate for these items. Your cooperation is appreciated.

COMPONENT: ALL INVENTORIED BY _____

FIELD OFFICE INVENTORY FORM

CIRCLE ONE: BEGINNING END

STAND _____ INVENTORY DATE _____

CODE	COMP	DESCRIPTION	U/I	ON-HAND	CODE	COMP
1502	INT	ENVELOPE, NCHS RETURN ADDRESS PERMIT #396	EA	_____	1502	INT
1504	INT	ENVELOPE, NCHS FRNK, WINDOW PERMIT #396	EA	_____	1504	INT
4896	INT	FORM, NHANES III ELDERLY FLYER, MEN	EA	_____	4896	INT
4897	INT	FORM, NHANES III ELDERLY FLYER, WOMEN	EA	_____	4897	INT
4899	INT	LABEL, NCHS BOX ID, PRINTOUTS FROM DOLLIE	BX	_____	4899	INT
4900	INT	FORM, ADVANCE LETTER, BILINGUAL	EA	_____	4900	INT
4901	INT	FORM, CALL BACK CARD	EA	_____	4901	INT
4902	INT	FORM, CERTIFICATE OF APPRECIATION, ENGLISH	EA	_____	4902	INT
4903	INT	FORM, CERTIFICATE OF APPRECIATION, SPANISH	EA	_____	4903	INT
4904	INT	FORM, SP BROCHURE, ENGLISH, 8/90	EA	_____	4904	INT
4905	INT	FORM, SP BROCHURE, SPANISH	EA	_____	4905	INT
4906	INT	FORM, HOUSEHOLD ADULT, PINK, ENGLISH, 10/88	EA	_____	4906	INT
4907	INT	FORM, HOUSEHOLD ADULT, PINK, SPANISH, 10/88	EA	_____	4907	INT
4908	INT	FORM, HOUSEHOLD YOUTH, BLUE, ENGLISH, 10/88	EA	_____	4908	INT
4909	INT	FORM, HOUSEHOLD YOUTH, BLUE, SPANISH, 10/88	EA	_____	4909	INT
4910	INT	FORM, SP CARDS	EA	_____	4910	INT
4911	INT	FORM, SCREENER BROCHURE	EA	_____	4911	INT
4915	INT	FORM, HOME EXAM INSERT, ENGLISH	EA	_____	4915	INT
4916	INT	FORM, HOME EXAM INSERT, SPANISH	EA	_____	4916	INT
4917	INT	FORM, HOME EXAM, 2/11 MONS/20+YRS, SPAN, 8/89	EA	_____	4917	INT
4918	INT	FORM, HOME EXAM, 2/11 MONS 20+YRS, ENG, 7/89	EA	_____	4918	INT
4919	INT	FORM, INTERIM FOLDER, YELLOW, 7/88	EA	_____	4919	INT
4920	INT	FORM, COVER, HOUSEHOLD FOLDER - GREEN, 6/90	EA	_____	4920	INT
4923	INT	LETTERHEAD, NCHS	EA	_____	4923	INT

Items that are highlighted are problem items. Please ensure that your inventory count is accurate for these items. Your cooperation is appreciated.

COMPONENT: INT INVENTORIED BY _____

FIELD OFFICE INVENTORY FORM

CIRCLE ONE: BEGINNING

END

STAND _____ INVENTORY DATE _____

CODE	COMP	DESCRIPTION	U/I	ON-HAND	CODE	COMP
4924	INT	FORM, APPT SLIP, WHITE, MORN,AFT,EVE 12/88	PD	_____	4924	INT
4925	INT	FORM, APPT SLIP, YELLOW, EVE 12+, 12/88	PD	_____	4925	INT
4926	INT	FORM, APPT SLIP, LILAC, MORN 12-19, 12/88	PD	_____	4926	INT
4927	INT	FORM, APPT SLIP, PINK, AFTERNOON 12+, 12/88	PD	_____	4927	INT
4928	INT	FORM, APPT SLIP, G/B, MORN 20+, 12/88	PD	_____	4928	INT
4931	INT	FORM, MISSED STRUCTURE	EA	_____	4931	INT
4932	INT	FORM, DEAR PARTICIPANT LETTER/SP THANK YOU	EA	_____	4932	INT
4933	INT	FORM, EDIT FORM	EA	_____	4933	INT
4934	INT	FORM, SCREENER ONLY & SP VALIDATION, ENG, 6/89	EA	_____	4934	INT
4935	INT	FORM, SCREENER ONLY & SP VALIDATION,SPAN, 6/89	EA	_____	4935	INT
4936	INT	FORM, AUTHORIZATION FOR TRANSPORTATION, 6/90	EA	_____	4936	INT
4937	INT	FORM, CONSENT FOR RELEASE BIRTH CERTIFICATE, 5/9	EA	_____	4937	INT
4950	INT	FORM, HOME EXAM APPOINTMENT SCHEDULE, 8/88	EA	_____	4950	INT
4951	INT	FORM, MEC EXAM APPOINTMENT SCHEDULE, 12/87	EA	_____	4951	INT
4953	INT	FORM, VACANT NOT A DU VALID, SPAN, 7/88	EA	_____	4953	INT
4954	INT	FORM, VACANT NOT A DU VALID, ENG, 7/88	EA	_____	4954	INT
4955	INT	FORM, LOCAL EMPLOYEE FIELD AGREEMENT	EA	_____	4955	INT
4956	INT	FORM, PERSONNEL PACKETS FOR LOCAL EMPLOYEE	EA	_____	4956	INT
4957	INT	FORM, FAMILY QUESTIONNAIRE, ENGLISH, 10/88	EA	_____	4957	INT
4958	INT	FORM, FAMILY QUESTIONNAIRE, SPANISH, 10/88	EA	_____	4958	INT
4961	INT	FORM, HOUSEHOLD FOLDER, GREEN, 5/89	EA	_____	4961	INT
4962	INT	FORM, SCREENER, 6/90	EA	_____	4962	INT
4963	INT	FORM, OBSERVATION	EA	_____	4963	INT
4964	INT	FORM, AIDS BROCHURE, NCHS	EA	_____	4964	INT

Items that are highlighted are problem items. Please ensure that your inventory count is accurate for these items. Your cooperation is appreciated.

COMPONENT: INT INVENTORIED BY _____

FIELD OFFICE INVENTORY FORM

CIRCLE ONE: BEGINNING END

STAND _____ INVENTORY DATE _____

CODE	COMP	DESCRIPTION	U/I	ON-HAND	CODE	COMP
4965	INT	FORM, HAND CARDS, 9/88	EA	_____	4965	INT
4968	INT	DOOR SIGN, NHANES	EA	_____	4968	INT
4969	INT	FORM, NHANES III DATA USES, ENGLISH	EA	_____	4969	INT
4970	INT	FORM, AARP LETTER	EA	_____	4970	INT
4971	INT	FORM, APPT SLIP, RUST, HOME EXAM, 12/88	PD	_____	4971	INT
4974	INT	FORM, COUNTY EXECUTIVE LETTER	EA	_____	4974	INT
4979	INT	FORM, ADULT QUEX SHORT FORM, BILINGUAL, 9/90	EA	_____	4979	INT
4983	INT	FORM, \$20 BONUS CERTIFICATE, BILINGUAL	EA	_____	4983	INT
4984	INT	FORM, \$30 CERTIFICATE, BILINGUAL	EA	_____	4984	INT
4990	INT	FORM, ADULT CONTINUATION, ENGLISH, 6/89	EA	_____	4990	INT
4991	INT	FORM, ADULT CONTINUATION, SPANISH, 6/89	EA	_____	4991	INT
4992	INT	FORM, YOUTH CONTINUATION, ENGLISH, 6/89	EA	_____	4992	INT
4993	INT	FORM, YOUTH CONTINUATION, SPANISH, 6/89	EA	_____	4993	INT
4995	INT	ENVELOPE, CERTIFICATE OF APPRECIATION	EA	_____	4995	INT
4996	INT	FORM, REVISION LABEL, YOUTH/HH YOUTH QUEX DIABET	EA	_____	4996	INT
4997	INT	FORM, APPT SLIP, GOLD, 12+YR MORN SP DIA PILL, E	EA	_____	4997	INT
4998	INT	FORM, NHANES III DATA USES, SPANISH	EA	_____	4998	INT
4999	INT	FORM, APPT SLIP, SP DIABETES 12+ YRS, SPANISH	EA	_____	4999	INT
5064	INT	LOG, ASSIGNMENT LOG	EA	_____	5064	INT
5065	INT	LOG, REASSIGNMENT LOG	EA	_____	5065	INT
5450	INT	FORM, BLOOD PRESSURE EDIT	EA	_____	5450	INT
5451	INT	FORM, END OF STAND BLOOD PRESSURE QC REPORT	EA	_____	5451	INT
5452	INT	FORM, BLOOD PRESSURE EQUIPMENT SIGN OUT SHEET	EA	_____	5452	INT
5453	INT	FORM, BP BEGINNING STAND INVENTORY	EA	_____	5453	INT

Items that are highlighted are problem items. Please ensure that your inventory count is accurate for these items. Your cooperation is appreciated.

COMPONENT: INT INVENTORIED BY _____

FIELD OFFICE INVENTORY FORM

CIRCLE ONE: BEGINNING END

STAND _____ INVENTORY DATE _____

CODE	COMP	DESCRIPTION	U/I	ON-HAND	CODE	COMP
5454	INT	FORM, BP EQUIP CHECKLIST, FIELD MANAGER	EA	_____	5454	INT
5455	INT	FORM, BP EQUIP CHECKLIST, INTERVIEWER	EA	_____	5455	INT
5456	INT	FORM, DAMAGED BLOOD PRESSURE EQUIP REPORT	EA	_____	5456	INT
5457	INT	FORM, PACKING BLOOD PRESSURE EQUIP FOR SHIPPING	EA	_____	5457	INT
5458	INT	FORM, BP MERCURY SPILL REPORT	EA	_____	5458	INT
5459	INT	LOG, BLOOD PRESSURE EDIT LOG	EA	_____	5459	INT
5460	INT	FORM, SULLIVAN LETTER, NHANES III	EA	_____	5460	INT

Items that are highlighted are problem items. Please ensure that your inventory count is accurate for these items. Your cooperation is appreciated.

COMPONENT: INT INVENTORIED BY _____
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FIELD OFFICE INVENTORY FORM

CIRCLE ONE: BEGINNING END

STAND _____ INVENTORY DATE _____

CODE	COMP	DESCRIPTION	U/I	ON-HAND	CODE	COMP
0591	MGR	BOX, SHIPPING, 17.25 X 11.25 X 12.25	EA	_____	0591	MGR

Items that are highlighted are problem items. Please ensure that your inventory count is accurate for these items. Your cooperation is appreciated.

COMPONENT: MGR INVENTORIED BY _____

FIELD OFFICE INVENTORY FORM

CIRCLE ONE: BEGINNING END

STAND _____ INVENTORY DATE _____

CODE	COMP	DESCRIPTION	U/I	ON-HAND	CODE	COMP
0510	OFC	AMPAD RECEIPT BOOK	EA	_____	0510	OFC
0515	OFC	RECIEPT PAD, SINGLE PADS FOR HOME TECHS	EA	_____	0515	OFC
0620	OFC	BINDER, 2"	EA	_____	0620	OFC
0621	OFC	BINDER, 3"	EA	_____	0621	OFC
0971	OFC	TAPE, CORRECTION, 1 LINE (FIELD OFFICE)	BX	_____	0971	OFC
0975	OFC	TAPE, CORRECTION, 2 LINE (FIELD OFFICE)	BX	_____	0975	OFC
0980	OFC	TAPE, CORRECTION, 5 LINE (FIELD OFFICE)	BX	_____	0980	OFC
1381	OFC	ENVELOPE, 3" X 5" COIN, 500'S	BX	_____	1381	OFC
1421	OFC	ENVELOPE, BUSINESS REPLY, WESTAT, 500'S	BX	_____	1421	OFC
1431	OFC	ENVELOPE, LETTER, PLAIN, 500'S	BX	_____	1431	OFC
1451	OFC	LETTERHEAD, WESTAT (FIELD OFC), 500'S	PG	_____	1451	OFC
1461	OFC	DIRECTORY, TELEPHONE, WESTAT	EA	_____	1461	OFC
1620	OFC	FOLDER, FILE, LETTER SIZE	EA	_____	1620	OFC
1621	OFC	FOLDER, FILE, LEGAL (FIELD OFC)	EA	_____	1621	OFC
1625	OFC	WALLET, FILE, REDROPE, LEGAL (FIELD OFC)	EA	_____	1625	OFC
1626	OFC	POCKET, FILE, MANILA, LEGAL (FIELD OFC)	EA	_____	1626	OFC
1627	OFC	LABEL, FILE FOLDER (FIELD OFC)	EA	_____	1627	OFC
1881	OFC	GLUE STICK (FIELD OFC)	EA	_____	1881	OFC
2121	OFC	CARDS, INDEX, 3 X 5 (FIELD OFC)	EA	_____	2121	OFC
2236	OFC	TAPE, LABEL MAKER	EA	_____	2236	OFC
2238	OFC	LABEL, COPIER, 1" X 2 3/4"	BX	_____	2238	OFC
2272	OFC	LABEL, WESTAT, PEEL OFF, BLUE/WHITE (FIELD OFC)	EA	_____	2272	OFC
2280	OFC	LABEL, DOTS, RED, 3/4", 1000'S (FIELD OFC)	EA	_____	2280	OFC
2281	OFC	LABEL, DOTS, YELLOW, 3/4", 1000'S	EA	_____	2281	OFC

Items that are highlighted are problem items. Please ensure that your inventory count is accurate for these items. Your cooperation is appreciated.

COMPONENT: OFC INVENTORIED BY _____

FIELD OFFICE INVENTORY FORM

CIRCLE ONE: BEGINNING END

STAND _____ INVENTORY DATE _____

CODE	COMP	DESCRIPTION	U/I	ON-HAND	CODE	COMP
3050	OFC	MARKER, BLACK, MAGIC MARKER	EA	_____	3050	OFC
3340	OFC	PUSH PINS (FOR BULLETIN BOARD)	BX	_____	3340	OFC
3395	OFC	REINFORCEMENT, GUMMED, FOR NOTEBOOK PAPER	BX	_____	3395	OFC
3440	OFC	RUBBERBAND, SIZE 19	BX	_____	3440	OFC
3450	OFC	RUBBERBAND, SIZE 33	BX	_____	3450	OFC
3590	OFC	TAPE, SCOTCH, 3/4"	EA	_____	3590	OFC
3668	OFC	PROTECTOR, SHEET, PLASTIC	EA	_____	3668	OFC
3910	OFC	STAMP PAD, BLACK	EA	_____	3910	OFC
3915	OFC	STAMP PAD, RED	EA	_____	3915	OFC
3920	OFC	STAMP PAD INKER, BLACK	EA	_____	3920	OFC
3925	OFC	STAMP PAD INKER, RED	EA	_____	3925	OFC
3950	OFC	STAPLE, STANDARD, 5000'S, BOSTITCH	BX	_____	3950	OFC
4085	OFC	TAPE, PACKING, 2"	RL	_____	4085	OFC
4415	OFC	PAPER, TYPING, GILBERT BOND	SH	_____	4415	OFC
4650	OFC	WHITE OUT, OPAQUE	BT	_____	4650	OFC
4811	OFC	FED X FORM WITH WESTAT ACCT #	EA	_____	4811	OFC
5250	OFC	FORM, TRIP EXPENSE REPORT	EA	_____	5250	OFC
5251	OFC	FORM, TIMESHEET, INTERVIEWER	EA	_____	5251	OFC
5252	OFC	FORM, TIMESHEET, SUPERVISOR	EA	_____	5252	OFC
5253	OFC	FORM, WEEKLY PAYMENT RECONCILIATION, 6/89	EA	_____	5253	OFC
5254	OFC	FORM, LOCAL INFORMATION CARD	EA	_____	5254	OFC

Items that are highlighted are problem items. Please ensure that your inventory count is accurate for these items. Your cooperation is appreciated.

COMPONENT: OFC INVENTORIED BY _____

FIELD OFFICE INVENTORY FORM

CIRCLE ONE: BEGINNING END

STAND _____ INVENTORY DATE _____

CODE	COMP	DESCRIPTION	U/I	ON-HAND	CODE	COMP
3050	OFC	MARKER, BLACK, MAGIC MARKER	EA	_____	3050	OFC
3340	OFC	PUSH PINS (FOR BULLETIN BOARD)	BX	_____	3340	OFC
3395	OFC	REINFORCEMENT, GUMMED, FOR NOTEBOOK PAPER	BX	_____	3395	OFC
3440	OFC	RUEBERBAND, SIZE 19	BX	_____	3440	OFC
3450	OFC	RUEBERBAND, SIZE 33	BX	_____	3450	OFC
3590	OFC	TAPE, SCOTCH, 3/4"	EA	_____	3590	OFC
3668	OFC	PROTECTOR, SHEET, PLASTIC	EA	_____	3668	OFC
3910	OFC	STAMP PAD, BLACK	EA	_____	3910	OFC
3915	OFC	STAMP PAD, RED	EA	_____	3915	OFC
3920	OFC	STAMP PAD INKER, BLACK	EA	_____	3920	OFC
3925	OFC	STAMP PAD INKER, RED	EA	_____	3925	OFC
3950	OFC	STAPLE, STANDARD, 5000'S, BOSTITCH	BX	_____	3950	OFC
4085	OFC	TAPE, PACKING, 2"	RL	_____	4085	OFC
4415	OFC	PAPER, TYPING, GILBERT BOND	SH	_____	4415	OFC
4650	OFC	WHITE OUT, OPAQUE	BT	_____	4650	OFC
4811	OFC	FED X FORM WITH WESTAT ACCT #	EA	_____	4811	OFC
5250	OFC	FORM, TRIP EXPENSE REPORT	EA	_____	5250	OFC
5251	OFC	FORM, TIMESHEET, INTERVIEWER	EA	_____	5251	OFC
5252	OFC	FORM, TIMESHEET, SUPERVISOR	EA	_____	5252	OFC
5253	OFC	FORM, WEEKLY PAYMENT RECONCILIATION, 6/89	EA	_____	5253	OFC
5254	OFC	FORM, LOCAL INFORMATION CARD	EA	_____	5254	OFC

Items that are highlighted are problem items. Please ensure that your inventory count is accurate for these items. Your cooperation is appreciated.

COMPONENT: OFC INVENTORIED BY _____

All interviewing supplies and most office supplies are furnished by the Westat warehouse. At the end of the stand the office manger must inventory remaining supplies using the warehouse computerized inventory list. This procedure will be described in Chapter 8.

2.3.3 MEC Equipment and Supplies Stored at the Field Office

At the beginning of each stand the MEC Manager will deliver to the field office a locked storage case containing selected items to be used as backups for the MEC emergency kit. This case will be stored in the field office to facilitate rapid replacement of equipment and supplies during a medical emergency on the MEC. The Stand Coordinator will designate a lockable drawer or closet where the case can be stored and will provide the MEC Manager with a key to the designated area. The MEC Manager will retrieve the case for shipment on the MEC to the next stand at the end of the stand.

2.4 Installation of Office Furniture

2.4.1 Office Furniture

The advance team will have arranged for the rental and delivery of office furniture and equipment to the field office (see Exhibit 2-3 for list of standard field office furniture and equipment). The Office Manager will oversee the delivery and installation of the items rented by the advance team and will insure that the items delivered conform to the specifications in the contracts.

The Office Manager will see that everything is in working order, that s/he understands how to operate all equipment, and that s/he has on hand the service number to call in case of equipment failure.

Exhibit 2-3. Furniture and Equipment

OFFICE FURNITURE

Desks

5	Executive	Office Manager Field Manager MEC Manager Assistant Office Manager
1	Secretarial	Receptionist

Tables

9	6' Folding
---	------------

Chairs

5	Low-back swivel chairs for executive desks
1	Secretarial
12	Side chairs (stacking)
3	Arm chairs for reception area

Safe

1	Safe (500 lbs. or larger)
---	---------------------------

Files

12	Files (4-drawer vertical, legal size, lockable)
----	---

Shelving

3	72" Bookcases
---	---------------

Wastebaskets

6	Small
1	Large

Desk Lamps

Lamps (varies according to lighting in stand office)

Exhibit 2-3 (continued)

MACHINES

- 1 Copier -- desk top, feeders, sorting bin, reduction capacity
- 1 Copier -- desktop (MEC)
- 1 Typewriter -- electric
- 1 Portable fax
- 1 Shredder

TELEPHONES

8 telephone stations, one each for office manager, field manager, MEC manager, assistant office manager, NCHS person, receptionist; two for interviewers.

1 switchboard for receptionist with call forwarding capacity and intercom; 5 lines with first three lines on one rotary, other two on another rotary. All lines would ring at switchboard and at one-two other locations - depending on office configuration.

5 work stations would have desk sets with all 5 lines and intercom; 2 work stations would have last two lines only.

MCI or equivalent for long distance.

1 additional line not connected to switchboard dedicated to computer.

2.4.2 Telephone System

A Panasonic KXT61610 EASA-PHONE Electronic Modular Switching System has been provided for each field office. This system is carried from stand to stand by the office staff. Refer to the INSTALLATION MANUAL: ELECTRONIC MODULAR SWITCHING SYSTEM KXT61610 PANASONIC EASA-PHONE for a complete description of the system and how to install it.

2.4.3 FAX

A desktop facsimile machine, the Frijitsu Dex Ten, is provided for each office. It is carried from stand to stand and is installed by Westat home office personnel at the beginning of each stand. Refer to the Dex Ten operation manual for a complete description of the machine.

2.4.4 Safe

The Office Manager should be the only staff member at the stand to know the combination of the safe. As a precaution, the combination should also be sent to the Director of Survey Operations at the home office.

2.5 Recruiting and Hiring Local Employees

The following local staff is needed for each stand:

one full-time Office Receptionist/Clerk who will answer the telephone and knows how to type (must be bilingual in stands with a large Hispanic sample);

one full-time Assistant MEC coordinator (must be bilingual in stands with a large Hispanic sample);
one half-time MEC Test Tube Labeler; and

one MEC Translator to work on an as-needed basis -- must be present during every MEC session which has 4-5 SPs who speak only Spanish (SOS).

If additional staff seems needed, it is necessary to receive permission from the home office staff before additional recruiting and hiring takes place.

Local staff should be recruited as far ahead of time as possible. This is especially important for the office receptionist who can be very useful during the first few days the office is open. The field office receptionist will begin work the day the stand opens; the assistants for the MEC will begin work and training when the MEC team arrives.

The best source for identifying candidates for these positions is the field files maintained by the Westat home office. These files contain records of individuals who have worked for Westat on other studies. The Office Manager should contact the field files staff a month or so before the start of each stand to obtain a list of these individuals in the area and their qualifications. There are other sources of applicants if the field files do not yield adequate applicants, however, our experience has been that these sources are not as successful. In addition, they are difficult to use before the stand opens.

The advance team will provide the Office Manager with other sources for hiring local assistants, e.g., contact people at local schools and employment agencies. In addition, if necessary, the Office Manager can place ads in the local newspaper to advertise the positions. The Office Manager will interview all applicants and make the hiring decisions.

Procedures for identifying potential job candidates and selecting and training staff is included as Appendix A.

2.6 Beginning the Stand with the Automated Field Management System

The AFMS is organized around "menus" which list all of the screens and reports available on the system. These make it easier for you to access the items you need. The menus are arranged generally around specific office functions: beginning the stand, assigning cases and entering results of interviews, quality control procedures, making MEC appointments and entering the results of the appointments, tracking SPs who were offered home exams, reports and lists, and the end-of-stand reports. Exhibit 2-4 displays the AFMS menu organization.

To begin the stand, a series of procedures need to be completed to prepare the AFMS to begin receiving data. These procedures give the system information which is unique to each stand such as segment/serial numbers for each household in the sample, the stand schedule, the personnel who will be working the stand, and so forth. The Begin Stand procedures include:

- Loading the Survey Control File and Interviewer File;

- Creating the stand calendar;

- Activating and modifying the Interviewer File;

- Releasing subsamples of households to the household interviewing component for interviews; and

- Specifying when the MEC will be open for appointments and when it will be closed (enable or disable dates).

When scheduling is tight the Begin Stand procedures will usually be done by the home office staff before the control tape is sent to the field. Otherwise, the field staff is responsible for carrying out these procedures. The procedure for activating and modifying the Interviewer File is carried out by the Field Manager and is described in Part III, Section 2.4; the remainder of the Begin Stand procedures are described below.

March 25, 1991 03:14:11\FO-EX24.MAN

FIELD AUTOMATED SYSTEM MENUS

1. Begin Stand

1. Load Survey Control/Interviewer File
2. Create/Modify Stand Calendar
3. Activate/Modify Interviewer File
4. Release/Display Subsample
5. Enable/Disable Specific Dates
6. Pullback Subsample
7. Start Voucher System

2. Assign Cases/Enter Dispositions

1. Assign Cases
2. Enter Dispositions
3. Review (w/optional reassignment)
4. Enter Household Folder Contents
5. Modify Provider Information
6. Missed DU/Structure
7. Case Assignment Correction
8. Remove SP from File
9. Correct Household/Address Information

3. Quality Control Procedures

1. Enter Edit Results
2. Report of Validation Cases
3. Enter Validation Results
4. Replicates
5. Dry Runs/Surpluses
6. Interviewer Edit Report
7. Summary Edit Report

4. Identify & Schedule SPs
5. Results of MEC Exam Appointments
 1. Enter Results of MEC Appointment/
Correct Errors
 2. Review Appointment History
 3. Appointment History Report
6. Home Exam
7. Reports
 1. Daily Report
 1. Totals Only
 2. Complete
 2. Physician Dentist
 1. Report of Cases w/o DDS, MD
 2. Listing of MD/DDS
 3. DDS Letters for All
 4. DDS Letters for SPs only
 5. MD Letters for All
 6. MD Letters for SPs only
 3. Interviewer Reports
 1. Initial Cases Unassigned
 2. Cases Assigned Not Complete
 3. Report of Work by Interviewer
 4. Interviewer Conference Report
 5. Summary of Active Cases

7. Reports (continued)

4. Scheduling

1. Scheduled Appointments - Detailed
2. Scheduled Appointments - Total
3. Daily Appointment Schedule
4. Calendar
5. Reminder Notice
6. Transportation

5. Database Cross-references

Menu 1

1. XREF All, by Sample # (Master List)
2. XREF All, by Name
3. XREF All, by Seg, Ser & SP #
4. XREF All, by Age
5. XREF Examinee, by Sample #
6. XREF Examinee, by Name
7. XREF Examinee, by Seg/Ser

Menu 2

11. XREF Refused, by Sample #
12. XREF Refused, by Name
13. XREF Refused, by Seg, Ser & SP #
14. XREF Broken App't, by Sample #
15. XREF Broken App't, by Name
16. XREF Broken App't, by Seg, Ser & SP #
17. XREF Not Examined, by Sample #
18. XREF Not Examined, by Name

7.	<u>Reports (continued)</u>	
5.	<u>Database Cross-references (continued)</u>	
		Menu 3
		21. XREF, Home Exams, by Sample #
		22. XREF, Home Exams, by Name
		23. XREF, Home Exams by Seg, Ser & SP #
		24. XREF, Replicates - MEC
		25. XREF, Replicates - Home Exam
		26. XREF, Dry Runs
6.	<u>Control Cards</u>	
7.	<u>Letters</u>	1. Refusal x 2
		2. Principal
8.	<u>Log File</u>	
9.	<u>End of Stand</u>	
		Menu 1
		1. Dump of Stand
		2. Screener s/no Dispositions
		3. SPs over Age 60
		4. Examined SPs by Interviewer
		5. Broken Appointment Report by Sex/Age
		6. Exams by Week-Day
		7. SPs Not Examined
		8. All SP Dispositions
		9. Menu 2

7. Reports (continued)

9. End of Stand (continued)

Menu 2

11. SP Int/MEC Exam, Response Rate by Sex/Age - Total
12. SP Int/MEC Exam, Response Rate by Sex, Age, & Race
13. SPs Interviewed/Not Examined
14. Stratum - Race/Ethnicity Report
15. SPs in History File
16. Examined SPs by Age Group
17. Age/Sex/Race/Ethnicity Report
18. Home Exam Response Rate by Sex & Age - Total
19. Home Exam Response Rate by Sex, Age & Race

8. Lists

1. Cases Released Not Yet Assigned
2. Case Assigned Not Closed Out
3. Case to Be Reassigned
4. Control Cards
5. Screen w/Disp. 14-20
6. View Interviewer File
7. Master List of Interviewers

9. Transmittals

1. Barcode Entry
2. Keyboard Entry
3. Delete Transmittal Error Records
4. Move Temporary Records to Permanent File
5. Print Transmittals
6. Delete All Temporary Records
7. Unscanned Record Report

2.6.1 The Load Survey Control/Interview File

This is the first procedure which must be completed on the Begin Stand menu. First, it clears the system of any data from previous stands. Second, it records the segment/serial numbers of all the cases in the stand sample. Finally, it enters the names and other identifying information of all the household interviewers into the system. Instructions for using the Load Survey Control/Interviewer File procedure follow.

2.6.2 Instructions for using the Load Survey Control/Interviewer File Procedures from the Automated Field Management System

The following page provides instructions for using the Load Survey Control/ Interviewer File Procedures.

2.6.3 The Create/Modify Stand Calendar Procedure

The Create/Modify Stand Calendar Screen is used to enter the beginning and ending dates of the stand and the beginning date for MEC operations. These dates provide the framework on which the AFMS constructs the MEC appointment calendar used in making SP examination appointments. Later, the screen can be used to modify the dates if there is a change in the ending dates of the stand.

2.6.4 Instructions on Using the Create/Modify Stand Calendar Screen from the Automated Field Management System.

Pages II-34 through II-38 provide instructions on using the Create/Modify Stand Calendar Screen in the AFMS.

2.6.2 Instructions for Using the Load Survey Control File/Interviewer File Procedure from the Automated Field Management System

LOAD SURVEY CONTROL INTERVIEW FILE

PURPOSE

This procedure loads into the AFMS the survey control file containing the household addresses and segment/serial numbers for the stand and the names and ID codes of the interviewing and office staff.

WHAT YOU DO

After the survey control file tape has been mounted on the Microvax, access the *Begin Stand* menu from the Main Menu and select *Load Survey Control Interview File*. Press <RETURN>.

2.6.4 Instructions for Using the Create/Modify Stand Calendar Screen From the Automated Field Management System.

CREATE/MODIFY STAND CALENDAR

SCREEN 1

(UPDATE)

*** DEMOGRAPHIC INFORMATION FOR ***
** NHANES III STAND INITIALIZATION SCREEN **

Stand #:105

Stand Begin Date (mm/dd/yy): 01/17/89 TUESDAY__
Date Exams Begin (mm/dd/yy): 02/17/89 FRIDAY__
Stand End Date (mm/dd/yy): 04/04/89 TUESDAY__

OFFICE - Address: 8141 E. 2ND ST. SUITE 414__
City : DOWNEY State: CA Zip: 90241
Phone #: 213 861-1005__

EXAM CENTER - Address: 7601 E. IMPERIAL HIGHWAY__
City : DOWNEY State: CA Zip: 90242
Phone #: _____

Doctor: _____ Dentist: MARY STITT _____

Office Manager: JOE LACEY _____ Taxi Service: _____

Char Mode: Replace Page 1 Count: 1

THE PURPOSE OF THE SCREEN:

This screen is used to designate the starting and ending dates the stand office will be open and MEC exam sessions offered. The screen also contains fields in which to enter basic information about stand logistics including the addresses of the office and the MEC and the names of key stand personnel.

Once the basic data have been entered the same screen can be used to update the information during the stand.

The information for this screen will be provided by the home office.

WHAT YOU DO

ACCESS SCREEN:

What You Do:

Access the *Begin Stand* menu from the Main Menu using the arrow key or entering the menu number. Select the *Create/Modify Stand Calendar* menu.

TO ENTER DATA:

What You Do:

The cursor will be on **Stand Begin Date**. Type in the information and press **<RETURN>** to commit the entry and to move down to the next field. Complete the rest of the screen in this way.

CREATE/MODIFY STAND CALENDAR
EXPLANATION OF FIELDS

(CREATE) J

*** DEMOGRAPHIC INFORMATION FOR ***
** NHANES III STAND INITIALIZATION SCREEN **

Stand #:998

Stand Begin Date (mm/dd/yy): A TUESDAY__
Date Exams Begin (mm/dd/yy): B ____
Stand End Date (mm/dd/yy): C ____

OFFICE - Address: D _____
 City : _____ State: ____ Zip: ____
 Phone #: _____

EXAM CENTER - Address: E _____
 City : _____ State: ____ Zip: ____
 Phone #: _____

Doctor: F _____ Dentist: G _____

Office Manager: H _____ Taxi Service: I _____

Char Mode: Replace Page 1

Count: *0

<u>Field</u>	<u>Explanation</u>
A Stand Begin Date	Date stand begins. Enter in format (mm/dd/yy). Day of week entered automatically by the AFMS. This date cannot be changed after it has been entered.
B Date Exam Begins	Date MEC exam sessions begin. Enter in format (mm/dd/yy). Day of week entered automatically by the AFMS.
C Stand End Date	Date stand ends. Enter in format (mm/dd/yy). Day of week entered automatically by the AFMS.
D Address	Address of stand office.
E Exam Center	Address of the MEC exam center.
F Doctor	Name of the physician on the MEX exam team.
G Dentist	Name of the dentist on the MEC exam team.

<u>Field</u>	<u>Explanation</u>
H Office Manager	Self-explanatory.
I Taxi Service	Name of the company with whom the advance staff has arranged taxi service.
J (CREATE) (UPDATE)	This field indicates whether the screen is in CREATE OR UPDATE mode. Once the screen has been completed the first time, it is always in UPDATE mode.

CREATE/MODIFY STAND CALENDAR

SCREEN 2

*** PHASE III -- STAND INITIALIZATION ***
*** WORK WEEK SELECTION SCREEN ***

Specify effective dates:
04/15/89 - 05/20/89

(ENTER E TO ENABLE TIMESLOT, D TO DISABLE)

Day of Week	Morning	Afternoon	Evening
Sunday	E	E	D
Monday	E	D	E
Tuesday	E	D	E
Wednesday	E	E	D
Thursday	E	D	E
Friday	E	E	D
Saturday	E	E	D

Char Mode: Replace Page 2

Count: 1

WHAT YOU DO

TO ACCESS SCREEN:

What You Do:

This screen can be accessed by pressing <RETURN> after the last entry on Screen 1 or by pressing <NEXT SCRIN>.

TO SPECIFY SESSIONS YOU WISH TO ENABLE OR DISABLE:

What You Do:

The cursor will be on **Specify Effective Dates**. Enter the beginning and ending dates of the period in which you wish to enable or disable sessions. If only one day, enter the same date in the beginning and ending date fields.

TO ENABLE OR DISABLE SESSIONS:

What You Do:

The cursor will be on the **Morning** field of the day of the first date you have specified in **Specify Effective Dates**. Enter either E(nable) or D(isable) for each session. If you have specified less than a week in **Specify Effective Dates**, the AFMS will allow you to enable/disable sessions only for those days which have been specified.

2.6.5 The Release/Display Subsample Screen

To allow better control over the quality of the sample, the sample for each stand is divided into subsamples. A number of subsamples are released at the beginning of the stand for assignment to the household interviewers for interviewing. As the stand progresses and the characteristics of the people who have been interviewed and examined are evaluated, decisions are made on whether further interviewing is needed to insure the representativeness of the sample. If additional interviewing is needed, additional subsamples are released.

The Release/Display Subsample Screen allows you to release one or more subsamples or parts of subsamples. The screen then displays the serial/segment numbers of the cases in the subsamples and indicates whether or not they have been released.

2.6.6 Instructions for Using the Release/Display Subsample Screen from the Automated Field Management System.

The following pages provide instructions for using the Release/Display Subsample Screen from the AFMS.

2.6.7 The Enable/Disable Specific Dates Screen

The Enable/Disable Specific Dates Screen is used to specify the dates and hours that MEC exams will be given. On some days, morning and afternoon sessions are offered; on others, morning and evening sessions are available. The schedule is decided by the home office before the stand begins and usually includes having morning and afternoon sessions on at least one weekend day. In addition, one session is usually allocated to MEC staff training and is not available for SP examinations.

2.6.6 Instructions on Using the Release/Display Subsample Screen From the Automated Field Management System.

```

RELEASE/DISPLAY SUBSAMPLE

SCREEN 1

[Select] to release      ** NATIONAL HANES III **
[Return] to review      REVIEW/RELEASE SUBSAMPLES

Subsample  Total cases  Released cases
A <==      10          10
B _____ 0           0
C _____ 0           0
D _____ 0           0
E _____ 0           0
F _____ 0           0
G _____ 0           0
-----
* You are releasing subsample _
* Do you wish to release all cases in this subsample? (Y/N) _
Specify == Segment: ___
Serial range: _____ to _____

Char Mode: Replace Page 1 Count: 7

SCREEN 2

** NATIONAL HANES III **
REVIEW SELECTED SUBSAMPLE: A, BY SEGMENT/SERIAL

Segment/Serial  Released
01 00138        1
01 00103        1
01 00032        1
01 00081        1
01 00208        1
01 00095        1
01 00161        1
01 00200        1
01 00045        1
01 00010        1
-----
-----
-----
-----
-----
-----
... Press [Return] to continue

Char Mode: Replace Page 2 Count: *10

```

RELEASE/DISPLAY SUBSAMPLE

THE PURPOSE OF THE SCREEN:

Review/Release Subsamples consists of two screens. The first lists the subsamples which make up the total sample for the stand and allows you to release one or more subsamples (or a subset of cases within a subsample) for assignment to Interviewers. The Home Office will always direct you on which subsamples to release.

The second screen is a display-only screen which displays the segment/serial numbers of all cases in a segment and indicates whether a case has been released.

WHAT TO DO

TO RELEASE ALL THE CASES IN ONE OR MORE SUBSAMPLES

What You Do:

The cursor will be on the arrow pointing to the first subsample. To release the subsample press **<SELECT>**. The screen will ask you if you wish to release all cases in this subsample. Press **<Y>**. AFMS will release all cases in the subsample and the cursor will then move to the next subsample on the list. Continue until all subsamples you wish to release have been released.

Comment:

As you release each subsample, its letter will be displayed in the field: **YOU ARE RELEASING SUBSAMPLE ____**.

TO RELEASE A GROUP OF CASES WITHIN A SUBSAMPLE

What You Do:

Follow the procedure described above. When you are prompted on whether you wish to release all cases in this subsample, enter **<N>**.

The cursor will move to **Specify -- Segment**. Enter the segment number of the cases you wish to release and the range of serial numbers. If the serial numbers are not consecutive you will have to enter each one separately, entering the same number in the fields **Serial Range ____ to ____**.

CODES

Released

(0)No
(1)Yes

2.6.8 Instructions for Using the Enable/Disable Specific Dates Screen from the Automated Field Management System

The following pages provide instructions on using the Enable/Disable Specific Dates Screen in the AFMS.

2.6.9 Initializing the Petty Cash Voucher System

The Petty Cash Voucher System is used to assist the Office Manager in the disbursement of cash during the stand. Initializing the computer files required for the petty cash program must be done during stand start up procedures.

2.6.10 Instructions for Initializing Petty Cash Voucher System from the Automated Field Management System

Page II-47 provides instructions on initializing the Petty Cash Voucher System.

2.7 Contact with Media and Public Officials

All routine contact with public officials at a stand should be handled exclusively by the Stand coordinator -- from police officials to media representatives. Please notify the Director of Survey Operations in the home office whenever these contacts occur.

Any invitations to participate in major media events (i.e., TV interviews, etc.) must be approved by the home office. For the most part, we would like to schedule these events to coincide with NCHS staff visits to a stand. However, each invitation will be examined on a case-by-case basis and a home office decision will be made.

4.6.8 Instructions for Using the Enable/Disable Specific Dates Screen From the Automated Field Management System

ENABLE/DISABLE SPECIFIC DATES

** SPECIFIC TIMESLOT MODIFICATION SCREEN **
** FOR NHANES III STAND **

Appointment Date	Day	Morning	Afternoon	Evening
-----	-----	-	-	-
_____	_____	-	-	-
_____	_____	-	-	-
_____	_____	-	-	-
_____	_____	-	-	-
_____	_____	-	-	-
_____	_____	-	-	-
_____	_____	-	-	-
_____	_____	-	-	-
_____	_____	-	-	-

Char Mode: Replace Page 1 Count: *0

THE PURPOSE OF THE SCREEN:

This screen allows you to change the schedule for MEC exam sessions for a specific date or dates. It is used when the general schedule of exam sessions has already been entered using *Create/Modify Stand Calendar* screen. On this screen AFMS allows you to open or close individual sessions as the stand progresses and the pattern of appointments is evaluated. The decision to open or close a session is always made by the Home Office.

ENABLE/DISABLE SPECIFIC DATES

WHAT YOU DO

TO ENABLE/DISABLE SESSIONS:

What You Do:

The cursor will be on **APPOINTMENT DATE**. Enter the appointment date containing the sessions you wish to change. AFMS will automatically enter the day of the week.

The **MORNING**, **AFTERNOON**, and **EVENING** session fields will indicate the current status of the session - (E)nabled or (D)isabled. Change the status of the session by typing over the current status. When all changes have been made for a specific date the cursor will drop down a line to allow you to enter another date which you wish to modify. When all changes have been completed press **<DO>** to commit the modifications.

WHAT TO DO

To initialize the required tables and files for the Petty Cash Voucher System, select option 7, "Startup Voucher System," from the Begin Stand Menu. Upon selection of this option, you are asked to confirm that you want to initialize tables. Enter "y" for yes or "n" for no. If the response is "y", you will be prompted for a stand number. Enter the stand number (e.g., 134), and press <RETURN>. Next, you will be prompted to enter a value for location. This should be the **official** stand location (which is not necessarily the office location). Enter values for Stand City and State Abbreviation, as prompted, then press the <RETURN> key. A confirmation message is displayed after the startup procedure is completed.

If you need to change the value for stand or location after the <RETURN> key has been pressed, you must repeat the Table/File Initialization Process.

A major responsibility of the Stand Coordinator is to follow up on media contacts initiated by NCHS and to pursue other avenues of publicity, if needed. To perform this task, at the beginning of the stand the Stand Coordinator will receive the following items. (Appendix B contains examples of each of the items listed below).

A listing of all public officials in the stand who have received advance letters. These letters are sent by NCHS to key local officials informing them of the presence of NHANES III in their area. This listing can be used to identify other community sources which could be useful in obtaining media coverage as well as resources to use in problem solving. In addition, occasionally in smaller communities, key local officials have agreed to write letters of endorsement of the study.

100 copies of each advance letter to the mayor, the chief of police, and the director of public health. The letters are used by interviewers to legitimate the study to SPs.

A list of the newspapers and television/radio stations to which NCHS has sent publicity releases as well as a copy of each press release issued. It is important that the coordinator follow up on as many contacts as s/he feels is necessary to obtain adequate media coverage at the stand. In addition, the coordinator may find that all media sources were not identified by NCHS; in such cases the coordinator should initiate contact him or herself.

A list of senior citizens groups in the area. This list will be provided on the Advance Arrangements Summary Form. Senior citizens groups should be contacted as a source of publicity and endorsements.

3. SUPPORT TO THE MOBILE EXAMINATION CENTER

3.1 Maintaining the Appointment System for MEC Exams

The MEC appointment system consists of a number of activities designed to schedule MEC appointments and insure that Sample Person (SPs) keep their appointments. These activities include taking telephone calls from the household interviewers who call from the homes of SPs to make MEC appointments, using the automated field management system (AFMS) to enter identifying information on SPs and to determine available appointment slots, generating reminder letters and making reminder telephone calls to SPs before their appointments, arranging SP transportation to the MEC, and rescheduling cancelled and broken appointments. The following sections describe each of these steps in the appointment process.

3.1.1 Making Appointments

3.1.1.1 Procedures for Making Appointments

Most of the time it will be either the Office Manager, the Assistant Office Manager or the Quality Control Coordinator who will be scheduling MEC appointments. However, there may also be occasions when the Field Manager will schedule appointments.

In most cases, the household interviewers will telephone from the SP's home to the field office to schedule appointments for the MEC. In the event that the office is closed or the SP has no telephone, the interviewer may come into the field office to personally schedule an appointment and then return to the SP with the information on the appointment day and time.

The staff member scheduling the appointment will use the AFMS and the Master Appointment Schedule (see Section 3.1.5). When the interviewer calls the office the staff person taking the call will access the Schedule and Identify Screen of the AFMS. The segment/serial number, provided by the interviewer, will call up the case. It is possible that the name, age, race, and other demographic information for each SP in the household will already appear in the system. This will occur if the interviewer had previously reported the screening information to the office and the SP had been entered into the system. In the event that the household has not previously been screened, then it will be necessary to enter the required information about each SP during the telephone conversation with the interviewer .

In order to schedule the SP, the following information should be asked of the interviewer over the telephone:

- þ Segment, serial, family and SP No.;
- þ Name, age and sex of SP (to be enter in the system if not already there);
- þ For SP's who are 40 years or older, whether the SP is taking insulin injections (this will exclude the SP from the GTT.);
- þ Preference of SP for weekday/weekend appointment;
- þ Mode of transportation to the MEC (If by any mode other than "self", the address of where the

SP will be picked up. Also the approximate travel time from the SP's location to the MEC);

p Any special information that might affect the MEC visit (e.g. handicapped, wheelchair, refuses blood tests, etc.).

Use the upper portion of the Schedule and Identify Screen and the Master Appointment Schedule to figure out an available timeslot for the SP. The selected appointment date and time are reported to the interviewer who will inform the SP. The interviewer will record the appointment day and time on an appointment slip that is left with the SP. In addition to the appointment information, the office also needs to give the interviewer the NCHS sample number that is generated automatically by the AFMS.

The NCHS sample number is a seven-digit number preceded by a letter. The letter represents a system for identifying the following combination of factors: age of the SP, type of GTT test SP will receive, type of fasting instructions, when to schedule the MEC appointment, and the amount of remuneration the SP will receive. The lettering system works as follows:

S= SP who is 20 years or older has 12 hour fast; assigned to standard GTT; should be scheduled for a morning appointment; paid \$50 if appoints in the morning, otherwise, \$30.

M= SP who is 20 years or older; assigned to modified GTT; should be scheduled for an afternoon or evening appointment; has a 6 hour fast; paid \$50 if appoints in the afternoon or evening, otherwise, \$30.

T= SP who is 12-19 years old; can appoint at anytime; 6 hour fast; paid \$30.

U= SP who is 11 or younger; can appoint at anytime; does not fast; paid \$30.

E= SP who is 12 or older whose household was selected for either standard or modified GTT but cannot fast because diabetic on insulin or some other medical reason; can appoint at anytime; paid \$30.

Initially all SPs in a household are assigned to either the standard (S) or modified (M) GTT groups and the AFMS will automatically assign a S or M to the NCHS Sample Number. If the SP is 12-19 years old, then the AFMS will automatically change the "S" or "M" to a "T". If the SP is 11 years old or younger, the AFMS will automatically make the leading letter to a "U". In the event, that the SP is 12 years or older and must be excluded from the GTT because of medical reasons, then the letter "E" must be manually inserted into the AFMS at the time that the SP is appointed.

A description of how NCHS numbers are allocated to various study groups and how they are used in the MEC and the field office is presented as Appendix C.

3.1.1.2. Maintaining the Confidentiality of Remarks on SP Conditions Which are Entered into the Field Office/MEC Automated Systems

When an interviewer learns of an SP condition which might affect the exam (e.g., a disability, pregnancy, extreme obesity, etc.), a comment is entered into the field office automated system at the time the exam appointment is made. These remarks then become part of the output of the Daily Appointment Schedule (see Section 3.4.1). On the hard copy of the schedule the remarks are printed on the third page and are identified only by the SPs sample number.

The computer file containing the Daily Appointment Schedule is copied in the field office and loaded onto the MEC automated system (see Section 3.4.2). The Daily Appointment Schedule is then displayed on computer screens in the MEC during the exam session.

To protect the privacy of SPs, field staff and MEC staff will follow the procedures below:

þ The program which copies the Daily Appointment Schedule file has been changed so that the comments section is not copied. Comments are printed only on the hard copy of the schedule which is produced by the field office system. Sixteen copies of the schedule are currently sent to the MEC on each exam day.

þ Extremely sensitive comments (e.g., SP has a sexually transmitted disease) will not be entered into the field office system at all. Rather, triple asterisks will be entered which will indicate to the MEC Coordinator that he/she must telephone the Field Office Manager for the comments.

þ In the MEC the examination staff will continue to follow the practice of keeping the Daily Appointment Schedule out of view of SPs undergoing exams, but convenient and accessible to staff members.

þ At the end of each day's sessions, the MEC Coordinator will collect all hard copies of the Daily Appointment Schedule and take them to the field office where they will be filed with other discarded sensitive materials. At the end of the stand the field office will handle these documents as they do similar materials, i.e., they will be torn in half, separating the name and/or address from any other information, boxed and taped securely and discarded with the rest of the office trash.

3.1.2 Guidelines For Making Appointments

The following general considerations should be kept in mind when scheduling appointments:

þ Always try to schedule the more recent exam sessions. Experience has shown that scheduling SP's for appointments that will not occur for some time increases the likelihood that they will not keep their appointment.

þ As mentioned above, try to schedule SP's who are assigned for the standard GTT for a morning session and SP's who are assigned for the modified GTT to the afternoon or evening sessions.

þ Each session has ten appointment slots; if possible, try not to schedule more than 10 SPs in a session. However, in order not to separate family members who may want to come to the MEC together, it may be necessary to schedule more than 10 SPs in a session. In this event, try not to schedule more than two extra SP's. In addition, towards the later stages of the examination period, when the pattern of broken appointments has been studied, scheduling one or two extra SP's for a session may be acceptable, particularly if the preferred slots (e.g. evening or weekend slots) are scarce. Where overscheduling is a problem, the office manger should reschedule any replicates who are appointed for that session. Also, all overscheduling should be first cleared with the Director of Survey Operations.

þ Limit the number of SPs over 60 years of age to three for each session. The Master Appointment Schedule, described later, has a space reserved for each session for writing in the NCHS numbers of elderly SPs. A glance at this space allows you to determine whether slots for SPs over 60 are still available for a particular session. Special situations will arise, of course, when it will be necessary to schedule four elderly SPs in one session but office staff should try to keep such occasions to a minimum. Entries of the NCHS number of 60+ SPs on the Master Appointment Schedule should be made in green. This allows you to determine easily how many 60+ SPs are scheduled.

þ Try not to fill up all the Saturday or Sunday slots at the start of interviewing. These slots are important for SP's who work, who are typically more difficult to reach, and who typically don't make their appointments until later in the field period.

þ If there is an SP who requires some special assistance, e.g. is in a wheelchair, try to book that SP into a session with fewer appointments.

þ If possible, allow at least five days between when the appointment was made and the examination date. This will allow time for the processing of the case through the field office. If circumstances will not permit this amount of time, e.g. the last week of the stand, go ahead and schedule the appointment but be sure to expedite the necessary materials.

þ Attempt to schedule SPs with six or more children under the age of 9 on different days. If the parent is unwilling to do this, inquire if there is another knowledgeable adult who might come into the MEC to complete the dietary recall interview for the children. Remember, our major goal is to schedule SPs with appointments they will keep; therefore, if you sense resistance, schedule the SPs at their preferred time.

þ Be alert to how the overall scheduling is progressing. If sessions need to be changed, e.g. more evening or weekend sessions are required, the Office Manager should make this recommendation to the home office for approval.

3.1.3. Use of the Schedule and Identify Screen in the Automated Field Management System

The following pages provides instructions on how to use the Schedule and Identify Screen.

3.1.4 Manual Back-up for the Schedule and Identify Screen

The following procedure should be used when the AFMS is not working and an interviewer needs to make an appointment.

1. Tell interviewer that the system is down and you can make appointment(s) but you will not be able to give the NCHS sample number since these are assigned by the computer. The interviewer can get the number from the field office later.
2. Use a hard copy of the Schedule and Identify Screen (Exhibit 3-1), the Back-up Procedure Numbers List (Exhibit 3-2), and Master Schedule to schedule appointment(s).
3. Fill out a hard-copy form of the Schedule and Identify Screen for each SP. Record all of the items of information you would obtain if you were using the AFMS.

On the hard copy of the Transportation Screen, address and telephone do not have to be filled in if they have already been recorded. Write "same" in those fields. However, it is necessary to enter "1" for "Yes" or "0" for "No" for the authorization for SPs 2 mos - 16 years, pick-up time, and any remark.

4. To set up an appropriate appointment time, the interviewer will need to look at the assignment label on the front of the household folder. The letter "S" or "M" will be in the upper right-hand corner. Enter the correct letter in the GTT:___ field.
5. Using the Back-up Procedure Numbers List, assign the next available number to the SP by recording it in the upper right-hand corner of the back-up form and in pencil on the Master Appointment Calendar. At this point, mark through the number you have just assigned on the numbers list. This is necessary to insure that we do not assign the same number to two SPs and so that we are always able to start with the right number anytime we use the back-up procedure.

(REMEMBER - THE TEMPORARY NUMBER MUST ALWAYS BE WRITTEN IN PENCIL ON THE MASTER SCHEDULE)

6. The hard-copy forms will be held in a file until the AFMS is up again. Then the information must be entered into the system. Once a sample number is obtained from the system, erase the temporary number on the Master Appointment Schedule and enter the correct sample number.

7. After the AFMS entry has been made, enter the date of the entry on the bottom right-hand corner of the form and give it to the Office Manager. The Office Manager will maintain a file of the back-up forms.

3.1.5 Maintaining the Master Appointment Schedule

The Master Appointment Schedule (Exhibit 3-3) is a chart-size calendar which displays each day of the MEC exam period. The purpose of the Schedule is to give the office staff a visual picture of the availability of appointment slots for each session, each day and each week across the entire stand. Days and sessions which are not available for MEC appointments should be shaded-out with a colored marker; for the sessions which are available, there is space to write in the NCHS sample number of each SP who makes an appointment for that session. In this way the office staff can see at a glance which sessions are filled and which ones are available for more appointments. Furthermore, it is possible to study the Master Appointment Schedule for patterns of appointments to be sure that a balanced schedule is developing or to see that some shifts in sessions might be needed.

The Master Appointment Schedule is filled in as the office staff schedules a SP for an appointment. The Schedule is used along with the calendar on the Schedule and Identify Screen to determine which sessions can be offered to the SP. This becomes especially important as the stand progresses and exam sessions become filled. When the SP selects a session, the office staff fills in the NCHS sample number of the SP (generated automatically by the AFMS and displayed on the Schedule and Identify Screen) on the Master Appointment Schedule. Sample numbers consist of a letter and 7 digits. Since the first 3 digits represent the stand number and are the same for all SPs, record only the letter and the last 4 digits on the Master Schedule. If the appointment is later canceled or rescheduled, the SP's sample number is circled in red and a "C" or "R" noted. If the SP reschedules, write the sample number in the new time slot in red pencil.

The Master Appointment Schedule contains a separate space for each session for entering the sample number of SPs over 60 years of age. This is because older SPs sometimes have physical problems which require more assistance and, consequently, more time from the MEC staff. Further, SPs over 60 receive more exam components than other SPs. Thus, we try to limit the number of the older SPs in each session. The sample number for each SP over 60 should be entered with a green pencil. Replicates should be scheduled with a blue pencil.

When the Office Manager or Assistant Office Manager learns from the MEC Coordinator who has shown up for a given session, the following notation should be made on the Master Appointment Schedule. Place a dot next to each SP who was examined and a circle around each SP who did not show. At the end of the day, record the total number of SP's examined that day at the bottom of the Schedule.

3.2 Arranging Transportation

SP transportation needs are usually relayed to the office staff at the same time that the MEC appointment is made. As noted in Section 3.1.3, the office staff enters on the Schedule and Identify Screen whether SPs will provide their own transportation or whether a taxi or other arrangements (e.g. interviewer, subway, etc.) are needed. Interviewers encourage SPs to use the taxi service since experience shows that when transportation is provided for them, SPs are more likely to keep their appointments.

If the SP requests a taxi, a special transportation information screen is automatically accessed from the Schedule and Identify Screen. On this screen the office staff will record pick-up information for the SP and whether any special assistance will be required (see Section 3.2.1).

On rare occasions an interviewer will provide transportation for SPs. This is also entered on the Schedule and Identify screen. Similar to taxi requests, a special transportation information screen will be automatically accessed where pick-up instructions can be recorded. Separate reports listing taxi pick-ups and interviewer pickups can then be printed for specific exam days.

3.2.1 Instructions for Using the Transportation screen in the Automated Field Management System.

The following pages provide instructions on how to use the Transportation Screen in the AFMS.

3.2.2 Communications with the Transportation Provider

Soon after the office opens the Office Manager will need to contact the taxicab company listed on the Advance Arrangements Summary to confirm arrangements. A contact person at the taxi company should be established so that once exams begin problems can be quickly resolved.

A week ahead of the first examination session and on a weekly basis thereafter, the Office Manager generates the transportation assignment for the taxicab company for the next week (see Section 3.2.3). The Transportation Assignment Sheet displays names, addresses, telephone numbers and pickup and delivery times for SPs scheduled for the next week who have requested taxi service. The sheet requests that the taxi driver call at the door for the SP and notes if any special assistance will be needed. For rural areas, it will be useful to note on the Assignment Sheet a description of the house or to include a map of the area.

The first week's transportation assignments should be taken to the taxicab company by the Office Manager who will review transportation arrangements with company officials at that time. The Assignment Sheets, thereafter, are mailed to the contact person at the taxi company. Sometimes, if the contact person is agreeable, the assignment sheet can be placed in an envelope addressed to the contact person at the taxi company and given to the MEC Coordinator to give to a taxi driver to give to his/her supervisor at the taxi office. Call the next day to confirm that the assignments have been received.

If, after giving the assignments to the taxi company, an SP cancels, the taxi company must be notified. If someone else is added to the list, this additional information should also be telephoned in to the taxi company. To prevent confusion, cancellations or rescheduling should always be reported to the Office Manager, regardless of who handles the call to the taxi company.

It is important for the Office Manager to monitor the performance of the taxi company so that any problems, for example, late pick-ups, can be addressed quickly.

3.2.3 Instructions for Using the Transportation Assignment Form in the AFMS

The following pages provide instructions for using the Transportation Assignment Form in the AFMS.

3.2.4 The Authorization for Transportation Arrangements for Persons Under 16 Years Form

At the time of the household interview the Authorization for Transportation Arrangements for Persons Under 16 Years Form (Exhibit 3-4) is signed by the parents or guardian of SPs under 16 years of age giving permission for the child to be transported to the MEC exam. The form also informs parents that children under the age of 12 should not come to the MEC without a proper escort, i.e., someone 12+ years old. Furthermore, if children under the age of 12 do arrive at the MEC alone, they cannot be examined.

In the unusual event that an SP under 12 arrives at the MEC without a proper escort, the following should occur:

þ The SP will not be examined.

þ The MEC Coordinator will ask the field office to telephone the SPs home and determine if someone 12+ is at home. If yes, the SP will be sent home immediately in a taxi. Otherwise, the SP will remain at the MEC until the expected closing time of the session and she/he will be sent home in a taxi.

3.3 Appointment Reminders

3.3.1 Reminder Notices

The field office must mail out reminder notices to SP's a week before their exam appointment. In order to mail out reminder notices, the field office staff must generate the Daily Appointment Schedule (see Section 3.4.1) for each examination day a week in advance. The staff then uses the AFMS to generate reminder letters for the SPs (see Section 3.3.2). These letters will include the date and time of the appointment, instructions on how to get to the MEC (or confirmation of transportation to be provided), appropriate fasting instructions, a school excuse letter, if requested, and a telephone number to call if problems arise or if there are questions. The appropriate dollar amount that the SP will be paid for the examination (described in Section 3.1.2) will be included with the reminder notice in the form of vouchers.

There are 7 versions of the reminder notice. (See Appendix D for copies of the reminder letters.) The following table helps to illustrate these different versions. Any deviation to the text of any of these letters must be approved by personnel at Westat's home office before it is sent.

<u>Age of SP</u>	<u>Time of Session</u>		
	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>
Under 12 yrs. (no fast)	5	5	5
12-19 yrs. (6 hr. fast)	1	4	3
20+ yrs.	2 (12 hr. fast)	4 (6 hr. fast)	3 (6 hr. fast)
12+ yrs. (non-fasting)	6	6	6
Home Exam	7	7	7

The numbers on this table represent ten different reminder letters based on age of SP, the number of hours the SP is to fast, and whether the SP is appointed for a morning, afternoon or evening session. Each of these 10 basic letters has 2 versions -- one for SP's coming to the MEC by taxi and one for SP's who will be coming on their own. In addition, there are two language versions -- one in English and one in Spanish. As mentioned, the AFMS will automatically generate these reminder notices (see Section 3.3.2).

Along with the reminder letters for MEC exams generated by the AFMS, there is also a reminder letter for home exams contained in the word processing files which can be generated using the Vaxmate.

The office staff will prepare an envelope for the reminder notice and enclosures using the SP's address printed on the Daily Appointment Schedule. These letters should be sent out a week before the exam appointment.

3.3.2 Instructions for Generating Reminder Notices with the Automated Field Management System

The following page provides instructions for generating reminder notices with the AFMS.

3.3.3 Reminder Telephone Calls

Within 48 hours of a scheduled appointment, the SP should be telephoned to be reminded of his or her upcoming appointment and to review fasting instructions. Since some SPs are unable to read or read poorly, it is very important to read the fasting instructions aloud to the SP. It may be useful to have the SP repeat the instructions to you to make sure s/he has understood them correctly. The reminder calls may be made by the Office Manager, Assistant Office Manager, or a household interviewer who may be helping in the office. In rare occasions, for example, when bilingual support is needed, the local office assistant may be trained to make some calls.

The Office Manager must prepare the person who will make the reminder calls. We recommend that the Office Manager make copies of Exhibit 3-5 from this manual and give a copy to each person who will be making reminder calls. In addition, local staff making reminder calls should be monitored periodically to be sure that all information is being disseminated accurately. Always keep in mind that a reminder contact (like any other contact with an SP) can strengthen or weaken an appointment and thus affect the examination response rate.

3.3.4 Field Reminders

Some SP's will not have a telephone so that they must be reminded within 48 hours of their MEC appointment by an interviewer visiting their home. Field reminders should be made only by interviewers or other permanent traveling staff. It will be the responsibility of the Office Manager to prepare the field reminders for the Field Manager. The Field Manager will assign the field reminder to an interviewer and be responsible for keeping track to be sure the reminder was performed. If an interviewer is unable to complete a field reminder, this will be reported back to the Office Manager. Interviewers should follow the outline in Exhibit 3-5 when performing field reminders including reviewing fasting instructions and reminding SPs to bring their glasses or contact lenses.

The Office Manager should prepare field reminders by generating copies of the Control Cards of SPs who do not have telephone numbers. These Control Cards should be given to the Field Manager. Instructions for generating Control Cards can be found in Section 4.5.

3.4 Materials Provided to the MEC on a Daily Basis

The field office is responsible for providing the MEC with a number of materials related to the SPs who will be examined. They should be carried over to the MEC two days before. The materials to be provided are listed below:

1. Daily Appointment Schedule -- This schedule is generated from the AFMS (see Section 3.4.1). It lists names, addresses and other information about the Sample Persons scheduled for that day. It indicates if data retrieval is necessary for any of the questionnaires completed in the household. This schedule also indicates if the consent form has not been signed and if there are any problems or special circumstances concerning an SP. Twenty copies should be provided.

In addition to hard copies of the Daily Appointment Schedule, a computer file from the AFMS is generated containing information from the schedule to input into the MEC automated system. This file is generated by the Office Manager and is usually run two days before the appointment date (See Section 3.4.2).

When the Daily Appointment Schedule is generated, it should be carefully checked to insure that age, sex, race and ethnicity have been entered for all SPs. This information must be complete before the computer file is generated for the MEC system. If there are last minute additions to the schedule, the demographic information must be given to the MEC coordinator so that it can be entered into the MEC automated system.

2. Consent forms -- The consent form should be sent to the MEC for each SP scheduled that day. The Daily Appointment Schedule notes which consent forms are missing for an SP. Blank copies of the consent form should be sent to the MEC to be signed by the SP before s/he goes through the examination. An SP may not be examined unless a consent form is signed. Remember that consent forms must also be obtained for all replicates, dry runs and surpluses.

After the exam session, the MEC coordinator returns all consent forms to the Field Office with the consents of Broken Appointments separated from those of SPs who were examined. Both sets of the forms are filed in File #4 "SP Specific Documents".

3. Taxi Vouchers -- Some taxi companies will provide vouchers to be given to the drivers when they drop off and pick up SP's. The Office Manager should send to the MEC the required number of vouchers for the day.

4. Questionnaires needing data retrieval with Edit Forms and copies of all other SP questionnaires -- for each Sample Person scheduled to be examined, the office staff must send to the MEC his or her SP questionnaire. This will provide information in case of a medical emergency. In addition, data collection instruments needing data retrieval will be sent to the MEC.

After the exam session, the questionnaires are returned to the field office where they are filed in File #4 "SP Specific Documents".

5. Money to the MEC --

A. Money to pay SPs for the Examination.

The Office Manager will issue to the MEC Coordinator enough money to cover SPs for the day. The payment for each SP will be placed in a separate envelope. The Coordinator will verify the amount of money received, sign an interim receipt for the total amount, and place all monies in the MEC safe and lock it. At the completion of their examination, the SPs present to the MEC coordinator the voucher(s) mailed to them with their reminder letter and receive their payment by signing the voucher. If they do not have the voucher, a receipt will be issued and signed by the SP or guardian. The coordinator must ensure that the SP signs his or her full name on the receipt. Receipts of payment for the examination should always bear the name of the SP especially when the payee is someone other than the SP, that is, a parent or guardian.

Signed cash vouchers and any unused money (for broken appointments) will be turned over to the Office Manager the next day in return for the interim receipt. When this is not feasible, as for night sessions, the coordinator should place vouchers and unused money in the safe and turn them in the next

day.

B. Money to Pay SPs for Mileage or Other Expenses --

At the beginning of each exam week, the Office Manager will issue the MEC Coordinator one hundred dollars. The MEC Coordinator will sign an interim receipt for this money. This money will be used to pay 24¢ per mile for SPs who drive to the MEC, or to pay for babysitting services if necessary. The SP must sign a separate receipt for this money. If the \$100 is insufficient for the week, the MEC Coordinator must notify the Office Manager that additional funds are needed.

Occasionally at a stand the taxi company transporting SP's to the MEC will require cash payment when they drop off or pick up SP's. In this event, the Office Manager will need to supply the MEC Coordinator with additional money to cover this expense. Receipts must be received from the taxi company each time that payment is made.

The Office Manager should check that receipts or vouchers are provided for all disbursements and that receipts are properly filled in and signed. The Office Manager should keep all cash, checks, vouchers and receipts in the field office safe. If an office safe is not available, these items should be kept in the safe located in the MEC.

Chapter 7 describes how the Office Manager is to maintain the petty cash fund for the stand.

3.4.1 Instructions for The Daily Appointment Schedule From the Automated Field Management System

The following pages provide instructions for generating the Daily Appointment Schedule from the AFMS.

3.4.2 Instructions for Generating a Floppy Disk Containing the Daily Appointment Schedule

Page II-84 provides instructions for generating a floppy disk containing the Daily Appointment Schedule.

3.5 Beginning An Examination Session

3.5.1 Contacting/Rescheduling No-Shows

Approximately 15 minutes after the scheduled arrival of SPs for morning, afternoon or evening appointments, the field office staff will check with the MEC to determine if there are any no-shows. If there are, office staff will immediately begin to try to contact the individual(s) and arrange to get them to the MEC or reschedule them for another appointment if necessary. These contacts must be handled with sensitivity and skill to prevent the SP from becoming an outright refusal. SPs who cannot be contacted and rescheduled by the office staff will be referred to the Field Manager for assignment to the household interviewers for field conversion (see Section 3.6.3).

If the field office is able to reschedule another appointment for an SP who did not show, then this must be entered in the AFMS using the Schedule and Identify Screen and on the Master Appointment Calendar (section 3.1.4). For SPs who have been rescheduled, it is not necessary to enter a result code in the Results of Appointment Screen. However, if the SP is not rescheduled, a no-show code for the current appointment must be entered for the SP in the Results of Appointment Screen (Section 3.5.3).

3.5.2 Recording the Results of Appointments

Immediately following the conversation with the MEC Coordinator at the start of each session, the field office will enter the results of the session into the AFMS. The Results of Examination Appointment Screen (see Section 3.5.3) will be used to enter appointment results for each SP who was scheduled for that day. Appointment results are divided into three categories: canceled, no-shows, and examined. Entering any code but "examined" into the system will create an appointment history record for the SP which will include his/her name, information about the scheduled appointment, and the date that the appointment was broken. This appointment history record will collect information about every appointment an SP has had and be used to create a form that interviewers will use to convert broken appointments (see Section 3.6).

3.5.3 Instructions for Using the Results of Examination Appointment Screen in the Automated Field Management System

The following pages provide instructions for using the Results of Examination Appointment Screen in the AFMS.

3.6 Rescheduled, Cancelled and Broken Appointments

3.6.1 Rescheduled Appointments

Sometimes SPs call the field office to reschedule the day or time of their appointment. If this occurs, the field office simply makes the change on the Master Appointment Calendar and uses the Schedule and Identify Screen (Section 3.1.3) of the AFMS to schedule a new appointment.

3.6.2 Cancelled Appointments

If an SP calls into the field office to cancel an appointment and refuses to reschedule another appointment, it is necessary to record this in the Results of Examination Appointments Screen in the AFMS and update the Master Appointment Calendar.

For both cancelled and rescheduled appointments, be sure to notify the MEC and the taxi service if schedules have already gone out.

3.6.3 Broken Appointments

We consider a case a broken appointment if the field office is unsuccessful in rescheduling an SP who

did not show for an appointment or unsuccessful in rescheduling an SP who called the office to cancel an appointment. Broken appointments must be turned over to the Field Manager for conversion by the household interviewing staff. The Field Manager will use the procedures described in Part III of this manual to decide when to try to reschedule a MEC examination or offer a home examination.

When the field office identifies a broken appointment, the following materials must be prepared for the Field Manager:

1. A SP Card with the SP's name, Stand/Segment/Serial number, and the NCHS Sample Number;
2. Copy of the Appointment History Report (Section 3.6.3.1) printed from the AFMS; and,
3. The Household Folder, if available (place remaining documents in interim folder); if not, a copy of the call record from the Household Folder.

If the decision is to have the interviewer try to reschedule the SP for a MEC appointment, the results of the interviewer's efforts will be recorded on the SP Card. After the broken appointment has been worked, the SP Card will be returned to the field office and a broken appointment disposition code will be entered into the AFMS denoting the results of the interviewer's efforts. The field office will use the Review Appointment Information Screen (Section 3.6.3.2) in the AFMS to enter the broken appointment code.

If the decision is to have the interviewer offer the SP a home examination, then the interviewer will use the SP Card to record the outcome. The field office will use the Home Exam Screen in the AFMS to record the results of scheduling the home examination. The procedures relating to the home examination are described in Part II Chapter 5 of this manual.

3.6.3.1 AFMS. Instructions for Generating the Appointment History Record in the

The following pages provide instructions for generating an Appointment History Record in AFMS.

3.6.3.2 AFMS. Instructions for Using the Review Appointment Information Screen in

Pages II-95 and II-96 provide instructions for using the Review Appointment Information Screen in the AFMS.

3.7 Addressing Federal Express Labels for Laboratory Shipments

The MEC laboratory sends out a number of federal express shipments each week. The field office is responsible for typing the addresses on the federal express labels used by the laboratory. This job can be carried out by the local office clerk supervised by the Office Manager. Exhibit 3-6 shows the destinations of the shipments and the number of federal express labels to be prepared for each address per stand. All labels should be prepared before MEC exams begin. Exhibit 3-7 shows an example of a correctly filled in label.

Along with the reminder letters for MEC exams generated by the AFMS, there is also a reminder letter for home exams contained in the word processing files which can be generated using the Vaxmate.

The office staff will prepare an envelope for the reminder notice and enclosures using the SP's address printed on the Daily Appointment Schedule. These letters should be sent out a week before the exam appointment.

3.3.2 Instructions for Generating Reminder Notices with the Automated Field Management System

The following page provides instructions for generating reminder notices with the AFMS.

3.3.3 Reminder Telephone Calls

Within 48 hours of a scheduled appointment, the SP should be telephoned to be reminded of his or her upcoming appointment and to review fasting instructions. Since some SPs are unable to read or read poorly, it is very important to read the fasting instructions aloud to the SP. It may be useful to have the SP repeat the instructions to you to make sure s/he has understood them correctly. The reminder calls may be made by the Office Manager, Assistant Office Manager, or a household interviewer who may be helping in the office. In rare occasions, for example, when bilingual support is needed, the local office assistant may be trained to make some calls.

The Office Manager must prepare the person who will make the reminder calls. We recommend that the Office Manager make copies of Exhibit 3-5 from this manual and give a copy to each person who will be making reminder calls. In addition, local staff making reminder calls should be monitored periodically to be sure that all information is being disseminated accurately. Always keep in mind that a reminder contact (like any other contact with an SP) can strengthen or weaken an appointment and thus affect the examination response rate.

3.3.2 Instructions for Generating Reminder Notices With the Automated Field Management System

REMINDER NOTICES

WHAT TO DO

Access the *Scheduling* menu from the *Reports* menu and select *Reminder Notice*. The following prompt will appear:

"Enter valid date in format (mm/dd/yy):"

Enter the date of the MEC examination session for which you want reminder letters printed.

Exhibit 3-5. Outline of the Reminder Telephone Call

OUTLINE OF THE REMINDER TELEPHONE CALL

In making reminder calls to Sample Persons, be sure to go over all of the points mentioned below.

1. Introduce yourself and explain that you are calling from the National Health and Nutrition Examination Survey.
2. Remind SP that a health representative made an appointment for him or her to come to the Mobile Examination Center on (mention date of appointment).
3. Ask the SP to get the appointment slip that was left by the health representative so that you can review the instructions.
4. Review the time of the appointment and the address of the MEC. If the SP is to be picked up by a taxi, tell the SP what time the taxi will pick him or her up. If the SP is coming into the MEC on his or her own, remind the SP what time s/he needs to be there.
5. Review the fasting instructions with the SP
6. Remind SPs ages 20-59 to bring their glasses or contact lenses to the exam if used.
7. If any hesitancy on the part of the SP is noted, this should be brought to the attention to the Office Manager or the Field Manager in case special reinforcement is necessary.

3.3.4 Field Reminders

Some SP's will not have a telephone so that they must be reminded within 48 hours of their MEC appointment by an interviewer visiting their home. Field reminders should be made only by interviewers or other permanent traveling staff. It will be the responsibility of the Office Manager to prepare the field reminders for the Field Manager. The Field Manager will assign the field reminder to an interviewer and be responsible for keeping track to be sure the reminder was performed. If an interviewer is unable to complete a field reminder, this will be reported back to the Office Manager. Interviewers should follow the outline in Exhibit 3-5 when performing field reminders including reviewing fasting instructions and reminding SPs to bring their glasses or contact lenses.

The Office Manager should prepare field reminders by generating copies of the Control Cards of SPs who do not have telephone numbers. These Control Cards should be given to the Field Manager. Instructions for generating Control Cards can be found in Section 4.5.

3.4 Materials Provided to the MEC on a Daily Basis

The field office is responsible for providing the MEC with a number of materials related to the SPs who will be examined. They should be carried over to the MEC two days before. The materials to be provided are listed below:

1. **Daily Appointment Schedule** -- This schedule is generated from the AFMS (see Section 3.4.1). It lists names, addresses and other information about the Sample Persons scheduled for that day. It indicates if data retrieval is necessary for any of the questionnaires completed in the household. This schedule also indicates if the consent form has not been signed and if there are any problems or special circumstances concerning an SP. Twenty copies should be provided.

In addition to hard copies of the Daily Appointment Schedule, a computer file from the AFMS is generated containing information from the schedule to input into the MEC automated system. This file is generated by the Office Manager and is usually run two days before the appointment date (See Section 3.4.2).

When the Daily Appointment Schedule is generated, it should be carefully checked to insure that age, sex, race and ethnicity have been entered for all SPs. This information must be complete before the computer file is generated for the MEC system. If there are last minute additions to the schedule, the demographic information must be given to the MEC coordinator so that it can be entered into the MEC automated system.

2. Consent forms -- The consent form should be sent to the MEC for each SP scheduled that day. The Daily Appointment Schedule notes which consent forms are missing for an SP. Blank copies of the consent form should be sent to the MEC to be signed by the SP before s/he goes through the examination. An SP may not be examined unless a consent form is signed. Remember that consent forms must also be obtained for all replicates, dry runs and surpluses.

After the exam session, the MEC coordinator returns all consent forms to the Field Office with the consents of Broken Appointments separated from those of SPs who were examined. Both sets of the forms are filed in File #4 "SP Specific Documents".

3. Taxi Vouchers -- Some taxi companies will provide vouchers to be given to the drivers when they drop off and pick up SP's. The Office Manager should send to the MEC the required number of vouchers for the day.

4. Questionnaires needing data retrieval with Edit Forms and copies of all other SP questionnaires -- for each Sample Person scheduled to be examined, the office staff must send to the MEC his or her SP questionnaire. This will provide information in case of a medical emergency. In addition, data collection instruments needing data retrieval will be sent to the MEC.

After the exam session, the questionnaires are returned to the field office where they are filed in File #4 "SP Specific Documents".

5. Money to the MEC --
 - A. Money to pay SPs for the Examination.

The Office Manager will issue to the MEC Coordinator enough money to cover SPs for the day. The payment for each SP will be placed in a separate envelope. The Coordinator will verify the amount of money received, sign an interim receipt for the total amount, and place all monies in the MEC safe and lock it. At the completion of their examination, the SPs present to the MEC coordinator the voucher(s) mailed to them with their reminder letter and receive their payment by signing the voucher. If they do not have the voucher, a receipt will be issued and signed by the SP or guardian. The coordinator must ensure that the SP signs his or her full name on the receipt. Receipts of payment for the examination should always bear the name of the SP especially when the payee is someone other than the SP, that is, a parent or guardian.

Signed cash vouchers and any unused money (for broken appointments) will be turned over to the Office Manager the next day in return for the interim receipt. When this is not feasible, as for night sessions, the coordinator should place vouchers and unused money in the safe and turn them in the next day.

B. Money to Pay SPs for Mileage or Other Expenses --

At the beginning of each exam week, the Office Manager will issue the MEC Coordinator one hundred dollars. The MEC Coordinator will sign an interim receipt for this money. This money will be used to pay 24¢ per mile for SPs who drive to the MEC, or to pay for babysitting services if necessary. The SP must sign a separate receipt for this money. If the \$100 is insufficient for the week, the MEC Coordinator must notify the Office Manager that additional funds are needed.

Occasionally at a stand the taxi company transporting SP's to the MEC will require cash payment when they drop off or pick up SP's. In this event, the Office Manager will need to supply the MEC Coordinator with additional money to cover this expense. Receipts must be received from the taxi company each time that payment is made.

The Office Manager should check that receipts or vouchers are provided for all disbursements and that receipts are properly filled in and signed. The Office Manager should keep all cash, checks, vouchers and receipts in the field office safe. If an office safe is not available, these items should be kept in the safe located in the MEC.

Chapter 7 describes how the Office Manager is to maintain the petty cash fund for the stand.

3.4.1 Instructions for The Daily Appointment Schedule From the Automated Field Management System

The following pages provide instructions for generating the Daily Appointment Schedule from the AFMS.

3.4.2 Instructions for Generating a Floppy Disk Containing the Daily Appointment Schedule

Page II-84 provides instructions for generating a floppy disk containing the Daily Appointment Schedule.

3.4.1 The Daily Appointment Schedule From the Automated Field Management System

THE DAILY APPOINTMENT SCHEDULE

**NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
DAILY APPOINTMENT SCHEDULE FOR STAND
FOR FRIDAY FEBRUARY 12, 1988**

<u>APPT TIME</u>	<u>NCHS NUMBER</u>	<u>AGE/SEX /LANGUAGE</u>	<u>NAME</u>	<u>TRANS</u>	<u>RMKS</u>
08:15 AM		81 F E		T	
08:15 AM		43 F E		S	*
08:30 AM		2 F E		T	
08:30 AM		74 M E		T	
08:30 AM		56 M E		S	
08:30 AM		12 M S		T	
08:30 AM		28 F E		T	*
08:30 AM		35 M E		T	

THE PURPOSE OF THE SCREEN:

The Daily Appointment Schedule consists of three parts. The first lists the appointment times for the SPs as well as basic demographics and transportation information. Questionnaires needing data retrieval are noted under the SP's name. An asterisk is used to alert the MEC coordinator that an interviewer has provided additional remarks on an SP which will be helpful to the MEC examination team. The second page of the schedule displays these remarks. They are identified by the NCHS Sample No. of the SP. The third page of the schedule lists the addresses and telephone numbers of the scheduled SPs.

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
DAILY APPOINTMENT SCHEDULE FOR STAND
FOR FRIDAY FEBRUARY 12, 1988

203	PHILIP	8410 GREEN ST B
488	CYNTHIA	1020 ELM ST
300	THOMAS	1523 MAIN ST
074	LEWIS GI	10353 HIGH ST
189	MABEL	8232 Wayne Court
446	JAMES	3803 BEACH DRIVE
228	JANE	4619 MIRANDA CT
232	HILDA	307 FLORIDA ST

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
DAILY APPOINTMENT SCHEDULE FOR STAND
FOR FRIDAY FEBRUARY 12, 1988

S	96	REMARKS: HEART PROBLEM
S	80	REMARKS: HEARING PROBLEM-DAUGHTER WILL ASSIST

THE DAILY APPOINTMENT SCHEDULE

TO GENERATE APPOINTMENT SCHEDULE

What You Do:

Access the Reports Menu from the Main Menu using the arrow key or entering the screen number. Access the Scheduling menu then select *Daily Appointment Schedule* using the arrow key or entering the screen number. The AFMS will then prompt you for the requested schedule. Enter the date in the format (dd/mm/yy).

Comments:

The *Daily Appointment Schedule* will automatically be sent to the printer. It will not appear on the screen.

3.4.2 Instructions for Generating a Floppy Disk Containing the Daily Appointment Schedule

WHAT TO DO

- 1.) Log out of NHANES program.
2. Insert formatted disc at VAXmate terminal. Disc's are formatted by the MEC Mgr. using the computer at the MEC.
3. "Warm boot" the VAXmate, i.e., press the "Ctrl", "Alt", and "Del" keys simultaneously.
- 4.) The computer will provide the user an opportunity to change the date and time. If the date and time reflected by the computer are accurate, use the "Return" key to pass through these two fields. Date and time corrections are not necessary and do not inhibit or restrict this procedure.
- 5.) The computer then briefly describes the purpose of the programs - which is to copy the daily appt. schedule onto a floppy disc to be loaded onto the computer at the MEC. "Return" through this screen.
- 6.) At this point the information is actually copied. The red light to the lower left of the disc begins flashing. When the schedule has been copied, the computer will provide the user with the date of the schedule copied. This is an important tool for the user. It is possible to save several days of MEC schedules. If this is the case, the computer will tell the user that a number of sessions have been copied onto the disc. Unfortunately, the MEC can load only one daily appt. schedule at a time. Therefore, a new disc would need to be made. This also provides confirmation that the correct day's schedule was copied and eliminates any chance of a surprise when the schedule is loaded at the MEC. "Return" through this screen to complete the procedure.
- 7.) The message of "WELL DONE" indicates completion on the process. Remove the disc from the VAXmate.

3.5 Beginning An Examination Session

3.5.1 Contacting/Rescheduling No-Shows

Approximately 15 minutes after the scheduled arrival of SPs for morning, afternoon or evening appointments, the field office staff will check with the MEC to determine if there are any no-shows. If there are, office staff will immediately begin to try to contact the individual(s) and arrange to get them to the MEC or reschedule them for another appointment if necessary. These contacts must be handled with sensitivity and skill to prevent the SP from becoming an outright refusal. SPs who cannot be contacted and rescheduled by the office staff will be referred to the Field Manager for assignment to the household interviewers for field conversion (see Section 3.6.3).

If the field office is able to reschedule another appointment for an SP who did not show, then this must be entered in the AFMS using the Schedule and Identify Screen and on the Master Appointment Calendar (section 3.1.4). For SPs who have been rescheduled, it is not necessary to enter a result code in the Results of Appointment Screen. However, if the SP is not rescheduled, a no-show code for the current appointment must be entered for the SP in the Results of Appointment Screen (Section 3.5.3).

3.5.2 Recording the Results of Appointments

Immediately following the conversation with the MEC Coordinator at the start of each session, the field office will enter the results of the session into the AFMS. The Results of Examination Appointment Screen (see Section 3.5.3) will be used to enter appointment results for each SP who was scheduled for that day. Appointment results are divided into three categories: canceled, no-shows, and examined. Entering any code but "examined" into the system will create an appointment history record for the SP which will include his/her name, information about the scheduled appointment, and the date that the appointment was broken. This appointment history record will collect information about every appointment an SP has had and be used to create a form that interviewers will use to convert broken appointments (see Section 3.6).

3.5.3 Instructions for Using the Results of Examination Appointment Screen in the Automated Field Management System

The following pages provide instructions for using the Results of Examination Appointment Screen in the AFMS.

3.6 Rescheduled, Cancelled and Broken Appointments

3.6.1 Rescheduled Appointments

Sometimes SPs call the field office to reschedule the day or time of their appointment. If this occurs, the field office simply makes the change on the Master Appointment Calendar and uses the Schedule and Identify Screen (Section 3.1.3) of the AFMS to schedule a new appointment.

3.6.2 Cancelled Appointments

If an SP calls into the field office to cancel an appointment and refuses to reschedule another appointment, it is necessary to record this in the Results of Examination Appointments Screen in the AFMS and update the Master Appointment Calendar.

For both cancelled and rescheduled appointments, be sure to notify the MEC and the taxi service if schedules have already gone out.

3.6.3 Broken Appointments

We consider a case a broken appointment if the field office is unsuccessful in rescheduling an SP who did not show for an appointment or unsuccessful in rescheduling an SP who called the office to cancel an appointment. Broken appointments must be turned over to the Field Manager for conversion by the household interviewing staff. The Field Manager will use the procedures described in Part III of this manual to decide when to try to reschedule a MEC examination or offer a home examination.

3.5.3 Instructions for Using Results of Examination Appointment Screen in the Automated Field Management System

THE RESULTS OF EXAMINATION APPOINTMENT SCREEN

*** NATIONAL HANES III ***
Results of Examination Appointment

Enter a date: _____ or NCHS number: _____ then press [RETURN]

Stand/Segment/Serial: / /

NCHS NO: _____ Name (last, first): _____

Appt Date: _____ Timeslot: ___ Interviewer: ___ Transportation: ___

Appt Time: _____

** Result **

Curr Status

() = > Examined _____ Date examined _____

() = > Noshow/Break _____ Date broken _____

() = > Cancelled _____ Date cancelled _____

Error _____ Date removed _____

Result of first appointment: _____ SP examined on: _____

Broken appointment?: _____ SP closed out?: _____

Char Mode: Replace Page 1

Count: *0

THE PURPOSE OF THE SCREEN

This screen is used to enter the outcomes of MEC appointments for each SP. Identifying information and appointment information are displayed at the top of the screen. Exam outcomes are displayed in the center and fields for summary information on the result of the appointment are displayed at the bottom of the screen. The summary information is displayed after the result of the examination has been entered and committed.

THE RESULTS OF EXAMINATION APPOINTMENT SCREEN

WHAT TO DO

TO ACCESS SCREEN

What You Do:

Access the Results of MEC Appointment Menu from the Main Menu. Access the *Results of Examination Appointment* screen using the arrow key or entering the screen number.

TO CALL UP THE SP'S RECORD

What You Do:

Enter the date of the MEC appointment for the SP or the NCHS number. The NCHS number can be found beside the SP's name on the Daily Appointment Schedule for the day.

Comments:

The system will automatically enter the information in the other identifying fields (SP and family numbers, name, etc.) as well as enter scheduling information about the appointment.

TO ENTER THE RESULTS OF THE APPOINTMENT

What You Do:

There are three result statuses displayed on the screen: EXAMINED, NOSHOW/BREAK and CANCELLED. The cursor will be on EXAMINED. To select a result, press <**SELECT**>. To scroll from one result to another, press <**RETURN**>.

When you have selected the correct result the cursor will move to the DATE field and the system will automatically enter today's date. If the date on which the SP examined/broke/ cancelled his appointment is different from the displayed date, change the field by typing over the date displayed.

Comments:

The summary information at the bottom of the screen is available once the results of the appointment have been entered and committed.

*** NATIONAL HANES III ***
Results of Examination Appointment

Enter a date: _____ A _____ or NCHS number: _____ then press [RETURN]
 Stand/Segment/Serial: / /
 NCHS NO: _____ Name (last, first): _____
 Appt Date: _____ Timeslot: ___ Interviewer: ___ Transportation: ___
 Appt Time: _____

** Result **

Curr Status
 () = > Examined B Date examined _____
 F () = > Noshow/Break C Date broken _____ G
 () = > Cancelled D Date cancelled _____
 Error E Date removed _____
 Result of first appointment: H SP examined on: J
 Broken appointment?: I SP closed out?: K

Char Mode: Replace Page 1

Count: *0

<u>Field</u>	<u>Explanation</u>
A	Enter date of the MEC appointment.
B	Select if the SP was actually examined at the MEC.
C	Select if the SP did not show up for his/her MEC appointment without breaking the appointment in advance.
D	Select if the SP called in to cancel appointment.
E	Select if you have entered and committed an incorrect result and wish to change it.
F	Once an appointment result has been committed, the next time the case is called up that result will be starred under the CURR(ent) STATUS column.
G	The date on which the appointment activity (examined, noshow, etc.) occurred.
H	A number code showing whether the result of the first appointment was examined, noshow, or cancelled.
I	If the first appointment was broken Y(es) is displayed.
J	If Examined, the system enters the date of examination.
K	If the SP was examined, Y(es) is displayed in this field to indicate that work on that SP is closed. Other results cause an N(o) to be displayed indicating work on the SP should continue.

THE RESULTS OF EXAMINATION APPOINTMENT SCREEN

CODES

RESULT OF FIRST APPOINTMENT	1	Examined
	2	Noshow
	3	Cancellation
BROKEN APPOINTMENT?	Y(es)	
	N(o)	
SP CLOSED OUT	Y(es)	
	N(o)	

TO ENTER A REASON FOR THE BROKEN APPOINTMENT/CANCELLATION or TO CORRECT AN ERROR

**** NATIONAL HANES III ****

Appointment Results - Reason for Broken Appt/Cancellation

NCHS_NO: 9980040 Name (last,first): SMITH _____ , JANIE _____

Appointment -- Date:06/24/00 Timeslot:A Time:01:30 PM Intvr:BAR_ Disp:E1_

Transportation -- Code:T Authorization:

Pickup -- Time:01:30 PM Address: 15 GREEN STREET
TAMPA _____ , FL 33605 _____

Remarks: _____

Broken Reason Code: _____

Remarks: _____

- _ <= For ERROR selection only, correct one of:
- 1 - examined
 - 2 - broken/noshow/cancelled
 - 3 - appointment
- Current Status (EXAMINED _____)

Press one of keys below to return to prev screen:

[PREV] - perform break/cancel/error [PF4] - ignore break/cancel/error

Char Mode: Replace Page 2

Count: *0

WHAT TO DO

TO ENTER A BROKEN APPOINTMENT REASON CODE

What You Do:

Press <F13> to view broken appointment reasons and their codes. Select the appropriate code by pressing <RETURN>.

Enter any remarks which will give additional information to the FM in planning a conversion strategy.

TO CORRECT A RESULT ENTERED IN ERROR

What You Do:

The CURRENT STATUS field will display the result you wish to correct. Enter it's code number to confirm that this is the status you wish to change. Press <PREV>.

You will be returned to the *Enter Results of Appointment* screen with the previous exam result cleared. Select the correct appointment results and press <SELECT>.

When the field office identifies a broken appointment, the following materials must be prepared for the Field Manager:

1. A SP Card with the SP's name, Stand/Segment/Serial number, and the NCHS Sample Number;
2. Copy of the Appointment History Report (Section 3.6.3.1) printed from the AFMS; and,
3. The Household Folder, if available (place remaining documents in interim folder); if not, a copy of the call record from the Household Folder.

If the decision is to have the interviewer try to reschedule the SP for a MEC appointment, the results of the interviewer's efforts will be recorded on the SP Card. After the broken appointment has been worked, the SP Card will be returned to the field office and a broken appointment disposition code will be entered into the AFMS denoting the results of the interviewer's efforts. The field office will use the Review Appointment Information Screen (Section 3.6.3.2) in the AFMS to enter the broken appointment code.

If the decision is to have the interviewer offer the SP a home examination, then the interviewer will use the SP Card to record the outcome. The field office will use the Home Exam Screen in the AFMS to record the results of scheduling the home examination. The procedures relating to the home examination are described in Part II Chapter 5 of this manual.

3.6.3.1 Instructions for Generating the Appointment History Record in the AFMS.

The following pages provide instructions for generating an Appointment History Record in AFMS.

3.6.3.2 Instructions for Using the Review Appointment Information Screen in AFMS.

Pages II-95 and II-96 provide instructions for using the Review Appointment Information Screen in the AFMS.

3.6.3.1 Instructions for Generating the Appointment History Report in the Automated Field System

THE APPOINTMENT HISTORY REPORT

1

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 APPT. HISTORY REPORT FOR STAND/SEGMENT/SERIAL: 07/006
 CURRENT INTERVIEWER = ITA

<u>FAM</u>	<u>SP</u>	<u>NCHS</u>	<u>NUMBER</u>	<u>NAME</u>	<u>TY</u>	<u>CURRENT</u>	<u>APPT</u>	<u>TEAM</u>	<u>S/N</u>
					<u>PE</u>	<u>APPTMENT</u>	<u>INTV</u>	<u>CODE</u>	<u>DSP</u>
01	01	M	5	WILLIAM E.	M	05/05/89	ITA	S	
01	02	M	3	ROBIE B.	M	05/05/89	ITA	S	

PURPOSE

This report is a printout of the *Review Appointment History* screen. However, rather than printing only the appointment history of the SP with a broken appointment, it prints the appointment histories of all SPs in the case. This provides useful information to the FM in planning conversion strategies.

3.6.3.2 Instructions on Using the Review Appointment Information Screen in the Automated Field Management System

THE REVIEW APPOINTMENT INFORMATION SCREEN

** NATIONAL HANES III **
 REVIEW APPOINTMENT INFORMATION

Enter STAND/SEG/SER: 103/02/00044 or NCHS# for person _____

 **Case closed:Y **Curr Intvr:ROB_ Reassign case to:_____

 Family#:01 SP#:01 NCHS#:1031805 Name:LEWIS_____,ROBERT
 Appt Date:_____ Timeslot:_____ Intvr:_____ Transp Code:_____ SP Closed ? N
 Broken Appt Disp/Description:_____ (BRKN? N)
 Examined? N -- Where? _____ -- When? _____

 Number of SP Appointment History Records -- MEC:0_ HE:0_

Appt Date	Type	Appt Result	B/A Reason	Transp Code	Remarks
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Char Mode: Replace Page 1 Count: 1

THE PURPOSE OF THE SCREEN

This screen provides fields for reassigning cases containing broken appointments to a new interviewer and for entering broken appointment dispositions. This screen also displays the appointment history of SPs. The information is used by the Interviewer Manager in deciding how to best refiled and convert the case.

THE REVIEW APPOINTMENT INFORMATION SCREEN
WHAT TO DO

TO ACCESS SCREEN:

What You Do:

Access the *Results of MEC Exam Appointments* from the *Main Menu* and select *Review Appointment History* by pressing <RETURN>

TO CALL UP A CASE

What You Do:

Enter the segment/serial number or NCHS # for the SP you wish to review.

Comments:

AFMS will automatically fill in the identifying information and the appointment history. You may scroll through to view the appointment histories of other SPs in the same case by pressing <NEXT SCRIN> or by pressing return.

TO REASSIGN THE CASE

What You Do:

The cursor will be on **Curr Intvr.** If you wish to reassign the case to a new interviewer, type over the old name with the new one and press <ENTER>.

TO ENTER THE BROKEN APPOINTMENT DISPOSITION

What You Do:

Use the following codes (also found on the Household Folder) to enter the Broken Appointment Disposition. The Broken Appointment Description will be displayed automatically beside the code.

Comments:

The Broken Appointment code is first used to code the result of the Office Manager's attempt to reach the SP just after the appointment was broken. If the SP is not reached or refuses to come in the case is reassigned to an interviewer for conversion work. When the case has been reworked and comes back into the office, the Broken Appointment code is changed to reflect the results of the interviewer's conversion attempt.

BROKEN APPOINTMENT CODES:

B1	Rescheduled
B2	Refused
B3	Could Not Contact
B4	Recommended for Home Exam
B5	Too Ill
B6	Unavailable
B7	Other

3.7 Addressing Federal Express Labels for Laboratory Shipments

The MEC laboratory sends out a number of federal express shipments each week. The field office is responsible for typing the addresses on the federal express labels used by the laboratory. This job can be carried out by the local office clerk supervised by the Office Manager. Exhibit 3-6 shows the destinations of the shipments and the number of federal express labels to be prepared for each address per stand. All labels should be prepared before MEC exams begin. Exhibit 3-7 shows an example of a correctly filled in label.

Exhibit 3-6. NHANES III Contract laboratory addresses

Contractor	Assays	Contact Persons	Telephone Number	Specimen Shipment Address	Correspondence
Centers for Disease Control	Misc. Blood Urine Vial U-1 MEC and CDC slides	Lander Stoddard	(404) 639-3482	CDC Serum Bank Building 1, Room 1375 Centers for Disease Control 1600 Clifton Road Atlanta, GA 30333 Attn: Lander Stoddard	Same
Johns Hopkins University	Lipids	Terry Cloey	(301) 955-3197	Lipoprotein Analytical Laboratory CMSC 4-125 Johns Hopkins Hospital 600 North Wolfe Street Baltimore, MD 21205 Attn: Terry Cloey	Dr. Paul Bachorik Lipoprotein Analytical Laboratory CMSC 604 Johns Hopkins Hospital 600 North Wolfe Street Baltimore, MD 21205
University of Massachusetts	Urinary Iodine and FSH-LH	Dr. Lewis Braverman Dr. Christopher Longcope	(508) 856-3115 (508) 856-4251 or 856-6168	Univ. of Mass. Medical Center 55 Lake Avenue North Worcester, MA 01655 Attn: Dr. Lewis Braverman	Univ. of Mass. Medical Same
University of Minnesota	Urine Micro-albumin/ Creatinine	Dr. Blanche Chavers Sandy Spier	(612) 626-2922 (612) 626-2886	University of Minnesota School of Medicine Dept. of Pediatrics Room 13-211 - Moos Tower 515 Delaware St. S.E. Minneapolis, MN 55455 Attn: Sandy Spier	Sandy Spier Univ. of MN/Pediatrics Box 491 UMHC Minneapolis, MN 55455

NHANES III Contract laboratory addresses (Continued)

Contractor	Assays	Contact Persons	Telephone Number	Specimen Shipment Address	Correspondence Address
University of Missouri	Glucose Insulin/C-Peptide, Glycosyl. Hemoglobin	Jack England Hsiao-Mei-Weidmeyer	(314) 882-2709 (314) 882-2708	University of Missouri-Columbia School of Medicine Department of Child Health Rm M770 One Hospital Drive Columbia, MO 65212 Attn: Jack England	Same
University of South Carolina	Tetanus Antitoxin	Ms. Barbara Hyman Dr. Gabriel Virella	(803) 792-4347 (803) 792-4339	Medical University of South Carolina Dept. of Microbiology and Immunology - Rm. 206 B.S.B. 171 Ashley Avenue Charleston, SC 29425 Attn: Dr. Gabriel Virella	Same
University of Southern Calif.	Thyroid Hormones	Stan Patel	(213) 224-7430	U S Cal Endocrine Services Laboratory McKibben Rm. 245 USC Clinical Lab 2025 Zonal Avenue Los Angeles, CA 90033 Attn: Dr. Spencer	Same
University of Washington	C-react. protein/ R factor	Dr. Wener Hutchinson P. Daum	(206) 548-6151 (206) 548-6149	Immunology Division Univ of Washington Dept of Lab Medicine 1959 Pacific Ave	Same

Page 3 NHAMES III Contract Laboratory addresses (Continued) Correspondence
 Contractor Assays Contact Persons Telephone Number Shipment Address Address

PRI - New Mexico State	SMAC and Fibrinogen	Brenda Billhymmer Carolyn Ditmen	(505) 479- 6101	Primate Research Institute New Mexico State University Building 1264 Holloman AFB, NM 88330 Attn: Brenda Billhymmer	Same
Centers for Disease Control	Volatile Toxicants Blood Vial 28	Dr. David Ashley	(404) 488- 4144	Centers for Disease Control Building 17, Rm 1814 F17 4770 Buford Highway Chamblee, GA 30341 Attn: Dr. David Ashley	Centers for Disease Control Building 17, Rm. 1814 F17 1600 Clifton Road Atlanta, GA 30333 Attn: David Ashley
Centers for Disease Control	HIV	Charles Schabel	(404) 639- 3174	Centers for Disease Control Building 1, Room 2367 1600 Clifton Road Atlanta, GA 30333 Attn: Charles Schabel	Same
Centers for Disease Control	Genetics	Dr. Jack Reidy	(404) 488- 4170	Centers for Disease Control Bldg. 32, Room 15-25 4770 Buford Highway Chamblee, GA 30341 Attn: Dr. Jack Reidy	Centers for Disease Control Bldg. 32, Room 15-25 1600 Clifton Road Atlanta, GA 30333 Attn: Dr. Jack Reidy
Centers for Disease Control	VOC Urine Blood vial	Dr. Bob Hill	(404)488- 4176	Centers for DiseaseCtl Blg 17, Rm 1814F17 4770 Buford Highway Chamblee, GA 30341 Attn: Bob Hill	Centers for Disease Ct. Blg 17, Rm 1814F17 1600 Clifton Rd Atlanta, GA 30333 Attn: Bob Hill

4. Support to Household Interviewing Operations

A major function of the field office is to provide support to the household interviewing operations. This support is provided in several ways. First, the Office Manager and the Assistant Office Manager maintain the automated field management system, the AFMS, by systematically entering data provided by the household interviewing effort. These data are used by the AFMS to track individual cases through the interview and examination process, to provide information which the Field Manager uses to plan conversion strategies for nonresponse and to produce production reports which provide information with which to assess the progress of the interviewing effort.

Second, the field office staff maintains the central filing system. These files comprise the system through which questionnaires and other hard-copy materials (consent forms, Household Folders, Interim Folders, etc.) are processed in the field office. Questionnaires and other materials flow between the interviewers and the Field Manager, to the Assistant Office Manager for entry into the AFMS, through quality control procedures, through the MEC (consent forms and SP questionnaires), and finally, are transmitted to NCHS at the end of a stand.

The Assistant Office Manager and the Quality Control Coordinator are responsible for quality control procedures including editing and validation. The Office Manager has responsibility for sending edited questionnaires, which are found to be incomplete, to the MEC for data retrieval when the SP comes in for an examination.

4.1 Maintaining the Central Filing System

It will be the responsibility of the Assistant Office Manager to maintain the central filing system in the field office. The purpose of the filing system is to ensure that the proper steps are taken in the receipt and processing of household questionnaires and materials, so that stand reports can be generated to manage the work; so that the correct materials can be sent to the MEC prior to every exam session; and, so that the household interviewing activities can be carried out according to plans. It is essential that the filing system be well organized and well maintained.

The central filing system manages the flow of hard-copy documents from the interviewer to the Field Manager, through the field office, and then depending on the status of the case, perhaps back to the Field Manager and the interviewer. It is possible for a nonresponse case (i.e. a case where the

interviewer was unable to complete the screener, or the SP interview, or to schedule an exam appointment, or where the SP broke an appointment) to be processed through the filing system several times. Each time that a case is turned in from an interviewer, its status must be logged into the AFMS and the household folder and its contents properly filed.

The central documents that will be routed through the filing system will be questionnaires, household folders, consent forms, SP cards, and quality control forms. Completed SP questionnaires and other documents related to a specific SP are separated from household level documents (screeners, family questionnaires, household folders). Household level documents will always reside within a household folder. This may be the original, Household Folder that exists for every household in the sample, or it may be an Interim Folder generated by the Field Manager to hold some, but not all, of the completed work for a household. (Interviewers retain the original, Household Folder until all work in a household is complete.)

The central filing system is organized around work stations, usually consisting of one or more file drawers. These work stations include:

1-Log In - Contains work to be logged in to AFMS. This includes Interviewer Conference Reports with questionnaire and exam dispositions, demographic and other identifying information on SPs, and interviewer assignments and reassignments.

2-To Be Edited - This drawer is divided by date of exam with priority edits at the front.

3-Interviewer Review - This file contains edited questionnaires which are incomplete or have errors. The Q.C. Coordinator reviews these problems with the interviewers.

4-SP Specific Documents - This file contains all questionnaires and forms related to a specific SP and containing a sample number. The file is organized with manilla folders labeled with sample numbers. All materials related to a specific sample number will be found in the appropriate manilla folder. The file contains the following documents:

SP questionnaires - All SP questionnaires are filed here. The SP questionnaires of SPs who have MEC appointments are sent to the MEC before the appointment date to be used in case of a medical emergency. SP questionnaires needing data retrieval at the MEC are marked with a red coding dot during editing.

Consent forms - Both copies of the consent form should be filed with the questionnaire and sent to the MEC before the exam appointment. Both copies are returned to the field office after the exam with consent forms of examined SPs separated from broken appointments. Consent forms of examined SPs are placed in the Log-In file for entry of physician/dentist information into the AFMS and then refiled in #4: SP Specific Documents. Consent forms for broken appointments should be filed in #7 - SP Nonresponse.

Blood Pressure Forms

Birth Certificate Authorizations

Data Retrieval - At editing, SP questionnaires needing data retrieval are marked with a red coding dot. These documents are sent to the MEC before the appointment date.

5-Home Exam Materials - This contains both the Home Examination Records of SPs whose Home Exam appointments have been made but have not yet taken place as well as completed Home Exams.

6-Household Folders - This file contains household specific documents identified by segment/serial numbers. These include household folders, screeners and family questionnaires. Interim folders are also filed in this drawer until all work for the household is complete and the original household folder is ready to be filed. At that point, the Office Manager destroys the interim folders and places screeners and family questionnaires for the household in the original household folder.

Family Questionnaires and Screeners needing data retrieval are marked with red coding dots during editing. When the Daily Appointment Schedule indicates data retrieval is needed, the appropriate documents are pulled and sent to the MEC before the appointment date.

7-SP Nonresponse - This file contains cases in which an SP has refused either an interview and/or an exam. The file is divided into 6 parts:

- (1) Awaiting Immediate Refiling for Interview or MEC Appointment
- (2) Approach for Home Exam
- (3) Broken Appts to be Refiled
- (4) No further Action at This Time - Review later
- (5) Consent forms for broken appointments
- (6) Final Nonresponse

8-Screener Nonresponse - This file contains folders for cases for which interviewers have not succeeded in obtaining completed screeners.

At the end of the stand, materials filed at Station 4: SP Specific Documents and 6: Household Folders are transmitted to NCHS.

The flow of work through the work stations is determined by questionnaire and exam dispositions. Exhibit 4-1 displays the routing patterns for work processed with the original Household Folder. The routing chart is printed on the inside cover of the Household Folder. Dispositions are listed at the left of the form and each of the major stations is listed at the top. An empty box under a station indicates it is a station through which the work must pass. Shaded boxes indicate stations which are not relevant for the work. For example, for the first disposition category - screener questionnaires with dispositions 10 (Complete, no SPs) 12 (Complete, no SPs Based on Non-Household Information), 30 (Vacant), or 31 (Not a DU) - Household Folders containing the screener must be processed through the following stations: 1-Log In and 6 - Household Folders. Note that, since the Field Manger performs the only edit of these materials and since no SPs were identified and, thus, no SP questionnaires administered or exams scheduled, there is no need to process the work through Stations 2-4 which deal with regular editing and data retrieval procedures, or either of the nonresponse stations (7 and 8). As the folder containing the work passes through each station, the box should be checked off to indicate the work has been done. Then the work is refiled in the next appropriate station designated by a blank box on the household folder.

Exhibit 4-1 also displays the flow pattern for processing the Home Examination Record that is part of the Household Folder. Note that Stations 3 - 4 (Interviewer Review and SP Specific Documents) are not relevant for the Home Exam Record.

Work contained in Interim Folders follows a slightly different flow pattern. The pattern is printed on the Interim Folder and is displayed in Exhibit 4-2. Interim Folders are started by the Field Manager in the following situations:

Exhibit 4-1. Flow patterns for Home Exam

FOR OFFICE USE ONLY

ROUTING FORM

DATE REC'D	DISPOSITIONS			1	2	3	4	5	6	7	8	
	SCR	SP INT*	MEC EXAM*	LOG IN	TO BE EDITED	INTVR REVIEW	SP SPECIFIC DOC	AWAIT HOME EXAM	HH FOLDER, SCR, FAM	SCR NR	SP NR	
_____	10,12 30,31,32	-	-	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
_____	14-20			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
_____				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____	11	S1/S2	E1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
_____	11	S1/S2	E2, 5-9 (Que: In Interim Folder)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
_____				Folder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____				Folder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	11	S1,S2	E3-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
_____	11,13	S3-9	E2, 5-9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
_____				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	11,13	S3-9	E3-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

HOME EXAMS			1	2	5	6	8
DATE REC'D	Scheduling	Completion	LOG IN	TO BE EDITED	AWAIT HOME EXAM	HH FOLDER, SCR, FAM	SP NR
_____	H1	-	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	H2-6	-	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	-	C1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____		C2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	-	C3-7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***IF ALL SP'S DO NOT HAVE THE SAME DISPOSITION CODES, HAVE SP NON-RESPONDENT (S3-9 AND/OR E2-9) USE THIS FOLDER. HAVE COMPLETES (S1/S2 AND E1) USE INTERIM FOLDER.**

A screener has been completed and the household contains SPs, but SPs have not yet been interviewed (A copy of the screener is included in the Interim Folder);

One or more SP questionnaires are complete but the interviewer must return to complete the case;

One or more SP questionnaires are completed, but other SP(s) are nonresponse to the interview; or

SP has been interviewed but refused MEC exam.

Because the first station for all work, regardless of disposition, is "1-Log In", the Assistant Office Manager is responsible for the initial sorting of folders and questionnaires and entering of disposition codes into the AFMS. The Office Manager will be responsible for sending SP questionnaires, along with any other documents requiring data retrieval, to the MEC on the day the SP is to be examined. Finally the Office Manager and Assistant Office Manager will be responsible for shipping questionnaires and other documents to NCHS.

The quality control activities of editing screeners and questionnaires, completing editing reports and transferring edited work to the next appropriate file, either 3-Interviewer Review, 4-SP Specific Documents, or 6 - Household Folders, is the responsibility of the Quality Control Coordinator. In addition, the Assistant Office Manager, the Office Manager, or the Field Manager may edit if time allows. Note that screeners with dispositions 10, 12, 30-32 bypass the editing stations (2 and 3) and are filed directly in Station 6.

Completed consent forms are received from the MEC and placed in 1 - Log In. Physician and dentist information are entered into the AFMS by the Assistant Office Manger and then refiled in Station 4. Consent forms of broken appointments are filed under 7 - SP Nonresponse.

The cases filed under nonresponse are refiled by the Field Manager for conversion work. When these cases are turned back in again, they are filed by the Field Manager in the drawer, "1-Log In". The Routing Form (Exhibit 4-1) has space for multiple entries for a case. This is necessary since a case can go out and come back from the field office several times. Every time a case is received back in the field office, a date is recorded on the Routing Form next to the appropriate set of dispositions and the correct stations are followed.

It is possible that in a household with more than one SP that the disposition codes for SPs will vary. For example, in a household with two SPs, one SP may have been interviewed and scheduled for an exam appointment (i.e. disposition codes S1 and E1), while the other SP was interviewed but refused to make an appointment (i.e. disposition codes S1 and E2). In this type of situation, and whenever SPs within

the same household have varying disposition codes, the original Household Folder and the routing form that goes with it are used for the nonresponding SP. An Interim Folder is used for the cooperating SP.

4.2 Entering Dispositions Codes into the Automated Field Management System

It will be the primary responsibility of the Assistant Office Manager to enter into the AFMS dispositions codes that relate to the completion of the screener questionnaire, the Family Questionnaire, the SP questionnaire and whether the SP scheduled an examination appointment. By the end of the stand, it will be necessary to have a screener disposition for every sampled household that has been released for assignment. It will also be necessary to have the name, age, sex, and race/ethnicity for every SP that has been identified through the screening operation. For each identified SP, there must be a SP questionnaire disposition code (i.e. whether the SP was interviewed) and a MEC appointment disposition code (i.e. whether the SP scheduled an appointment for the MEC). SPs with broken appointments or who were identified as home exam candidates must also have disposition codes reflecting these situations. In addition, there must also be a disposition code for the Family Questionnaire for every household with SP's. It will be through the reporting of these disposition codes that the overall progress of the stand will be determined, as well as the progress of each interviewer.

To provide a check on whether demographic information, (sex, age, and race/ethnicity) has been entered, each Daily Appointment Schedule should be reviewed by the Office Manger to make sure demographic information is complete. To provide a check on data entry of dispositions, a master list of all SPs and their associated dispositions should be run weekly (see Section 4.7.1). The Assistant Office Manager should be sure that any blank disposition fields are due to outstanding field work rather than data entry problems.

Interviewers will report to the Field Manager every other day. During the course of the conference between the interviewer and the Field Manager, the Field Manager will complete an Interviewer Conference Report (described in Part III of this manual). This Interviewer Conference Report will contain a listing of all outstanding cases assigned to an interviewer. As interviewers turn in completed work, the Field Manager will record on the Interviewer Conference Report disposition codes for the different components of field work (i.e. screening, Family Questionnaire, SP Questionnaire, and scheduling of exam appointment), as well as information about the identified SPs and dates of the interviews. The Field Manager will file the Interviewer Conference Reports with the completed work being turned in by the interviewers in Station 1 (Log-In) in the central filing system for the Assistant Office Manager to make the necessary entries into the AFMS. The Assistant Office Manager should check the entries on the Interviewer Conference Report against the contents of the Household Folder to be sure that all the information that relates to an SP and all disposition codes are correct and consistent before entering them into the system.

To record dispositions in the AFMS, the Enter Disposition Screen is used. Section 4.2.1 provides instructions for using this screen. It is possible that SP's will have been identified in the AFMS when the interviewer called into the field office to schedule a MEC appointment. In this event, the SP's name will appear on the Enter Disposition Screen when the case identification number is entered.

4.2.1. Instructions For Using the Enter Dispositions Screen in the Automated Field Management System

The following pages provide instructions for using the Enter Disposition Screen in the AFMS.

4.3 Entering Household Folder Information in the Automated Field Management System

When Consent Forms are returned from the MEC following the MEC exam, the Assistant Office Manager will need to enter the name and address of the SP's physician and dentist. This information is located at the bottom of the consent form. The information will be entered in the AFMS through the Enter Household Folder Information Screens. (See Section 4.3.1 for instructions on how to use these screens).

THE ENTER DISPOSITION SCREENS

SCREEN 1

** NATIONAL HANES III **
CASE REVIEW FOR ENTERING DISPOSITIONS

Enter the interviewer ID BAR_ OR Enter the segment/serial ___/___
and press the RETURN key.

** Press the PREV key when you want to enter another interviewer ID or
segment/serial.

Use the		Segment	Serial
arrow keys		-----	-----
to move to	---->	---	---
case wanted,	---->	---	---
then press	---->	---	---
RETURN key.	---->	---	---
	---->	---	---

Char Mode: Replace Page 1 Count: *0

SCREEN 2

** NATIONAL HANES III **

SCREENER: Stand/Segment/Serial ___/___/___ Current Intvr ___
Disp (___) Date Completed ___/___/___ Completing Intvr ___

FAMILY: Disp (___) Completing Family count = 0
#___ (___) Interviewer ___ SP count = 0

FAM#/SP#	NCHS#	AGE/	BIRTH	GTT	ETH/	** SP **	** APPT **	HMAX	C/O
NAME		SEX	DATE		RACE	DISP	INTV	DISP	?
___/___	___	___/___	___/___	___	___/___	(___)	(___)	(___)	___
___/___	___	___/___	___/___	___	___/___	(___)	(___)	(___)	___
___/___	___	___/___	___/___	___	___/___	(___)	(___)	(___)	___

Close -- Interviews (Y/N)? _

Char Mode: Replace Page 2 Count: *0

THE ENTER DISPOSITION SCREENS

THE PURPOSE OF THE SCREEN:

This screen is used for two tasks. The first is to enter demographic and identifying information on SPs. The second is to enter dispositions on the completion status for each component of household interviewing operations (i.e., screener, Family Questionnaire, SP questionnaire, and whether the SP has scheduled an examination).

Screen 1 allows you to select the case for which you wish to enter dispositions. Screen 2 contains the data entry fields.

The top part of screen 2 contains fields for entering dispositions for household level questionnaires: the Screener and Family Questionnaire. The bottom of the screen provides fields for entering information for individual SPs, as well as dispositions for the SP Questionnaire and the MEC exam appointment. There are also "Display only" fields to indicate whether a home exam has been attempted and whether interviews or the entire case has been closed.

THE ENTER DISPOSITION SCREEN

WHAT TO DO

TO ACCESS SCREEN

What You Do:

Access the *Assign Cases/Enter Disposition* screen using the arrow key or entering the screen number.

Access the *Enter Disposition* screen using the arrow key or entering the screen number.

TO CALL UP A CASE

What You Do: (Screen 1)

Use the *Case Review for Entering Disposition* screen for selecting cases. Either enter the interviewer's initials whose cases you want to work on or enter the segment/serial number of a particular case.

Comments:

If you enter the interviewer's initials the segment/serial numbers of all of the active cases for that interviewer will be displayed. You can then select the one you wish to call up.

TO ENTER DISPOSITIONS AND IDENTIFYING INFORMATION

What You Do:

Enter missing information from the data recorded by the interviewer on the Household Folder. Correct existing information entered during the *Schedule and Identify* procedure if different from the data recorded on the Household Folder. Use the codes provided below.

To enter a family disposition code for a household with more than one family, scroll using the down arrow key with the cursor on family member.

THE ENTER DISPOSITIONS SCREEN

EXPLANATION OF FIELDS

** NATIONAL HANES III **

SCREENER: Stand/Segment/Serial 998/ A Current Intvr BAR
 Disp () B Date Completed C Completing Intvr D

FAMILY: Disp F Date Completed G Family count = 0 } W
 # E () Interviewer H SP count = 0 }

FAM#/SP#	NCHS#	AGE/ SEX	BIRTH DATE	GTT	ETH/ RACE	** SP ** DISP	INTV	** APPT ** DISP	INTV	HSEX DISP	C/O ?
<u>I</u> / <u>J</u>	<u>K</u>	<u>L</u> / <u>M</u>	<u>N</u>	<u>O</u>	<u>P</u> / <u>Q</u>	() <u>R</u>	<u>S</u>	() <u>T</u>	<u>U</u>	() <u>X</u>	<u>Y</u>
<u>V</u>											
/		/				()		()		()	
/		/				()		()		()	

Close -- Interviews (Y/N)? Z Case (Y/N)? Z

Char Mode: Replace Page 2

Count: *0

Field	Explanation
A Segment/Serial	From Household Folder.
B Screener Dispositon	From Household Folder. Field in parentheses displays previous disposition, if any.
C Date Completed	The system automatically enters today's date. Correct if completed on another date.
D Completing Interviewer	The system automatically enters current interviewer.
E Family #	From Household Folder.
F Family Questionnaire Disposition	From Household Folder. Field in parentheses displays previous disposition, if any.
G Date Completed	The system automatically enters today's date. Correct if completed on another date.

<u>Field</u>	<u>Explanation</u>
H Interviewer	The system automatically enters current interviewer.
I Family #	If one family in household, automatically entered by the system. Otherwise, enter family number of SP from Household Folder.
J SP #	From Household Folder.
K NCHS #	Automatically entered by the system.
L Age	Must enter two digits. The system automatically enters (Y)ears. Change to (M)onths if SP under 1 year.
M Sex	From Screener.
N Birthdate	Date fields must contain 2 digits. The system will signal if birthdate inconsistent with age.
O GTT	The type of GTT the respondent will receive is automatically entered by the system. Can be changed using the <i>Schedule and Identify Screen</i> if SP is exempt from GTT.
P Ethnicity	From Screener.
Q Race	From Screener.
R SP Disposition	SP Questionnaire disposition. Field in parentheses displays previous disposition, if any.
S Interviewer	The system enters current interviewer.
T Appointment Disposition	MEC appointment disposition. Field in parentheses displays previous disposition, if any.
U Interviewer	The system enters current interviewer.
V Name	From Screener. Enter SP's middle initial if available.
DISPLAY ONLY FIELDS	
W Family and SP Count	Automatically calculated by the system based on information entered previously.
X HMEC Disposition	For SPs offered Home Exam, field will display appointment attempt disposition.
Y C/O?	Closed Out?
Z Closed -- Interview Case?	Is all work completed on either interviews or entire case?

THE ENTER DISPOSITION SCREENS

	CODES	
Screener	10	= Complete, No SPs
	11	= Complete, With SPs
	12	= Complete, No SPs Based on Non-HH Information
	13	= Complete, With SPs Based on Non-HH Information
	14	= Not Home After Multiple Attempts
	15	= Refusal/Breakoff
	16	= Unable to Enter Structure
	17	= Unavailable During Field Period
	18	= Language Problem
	19	= Illness
	20	= Other (Specify)
	30	= Vacant
	31	= Not a DU
	32	= New Construction
Family	F1	= Complete
	F2	= Refusal/Breakoff
	F3	= Reassignable Refusal
	F4	= Final Refusal
	F5	= Eligible Adult Not At Home After Multiple Attempts
	F6	= Eligible Adult Unavailable During Field Period
	F7	= Illness
	F8	= Other (Specify)
Sample Person	S1	= Complete, With Blood Pressure or NA
	S2	= Complete, Blood Pressure Nonresponse
	S3	= Refusal/Breakoff
	S4	= Reassignable Refusal
	S5	= Final Refusal
	S6	= Not At Home After Multiple Attempts
	S7	= Unavailable During Field Period
	S8	= Illness
	S9	= Other (Specify)
Exam Appointment Codes	E1	= Exam Appointment Made
	E2	= Refusal
	E3	= Refusal, Immediately Offer Home Exam
	E4	= Immediately Offer Home Exam
	E5	= Final Refusal
	E6	= Not At Home After Multiple Attempts
	E7	= Unavailable During Field Period
	E8	= Illness
	E9	= Other (Specify)

THE ENTER DISPOSITIONS SCREENS

CODES

Unit (Age)	(M)onth (Y)ear
Sex	(F)emale (M)ale
Ethnicity	(1) Mexican-American (2) Other Latin-American/Spanish
Race	(3) DNA (1) White (2) Black (3) Other (4) DNA
GTT	(S)tandard (M)odified (*) None (E)xempt (Diabetic on insulin) (T)eenager (U)nderage

In addition, the Enter Household Folder Screens are used to correct identifying information about an SP which may have been entered incorrectly when taken by telephone. Further, there is a place for entering a mailing address for an SP if it is different from the address on the front of the Household Folder.

4.3.1 Instructions for Using the Enter Household Folder Information Screens in the Automated Field Management System.

The following pages provide instructions for using the Enter Household Folder Information Screens in the AFMS.

4.3.2 Household Address Entries and Corrections

The household interviewers confirm the street address and ask if there is a separate mailing address when they administer the Screener. Updated information for both the street and mailing address is written on the front of the Household Folder. The Assistant Office Manager then enters this information into the AFMS when s/he enters dispositions. It is the AOM's responsibility to check the front of the Screener to see if there have been corrections to the street address or if a different mailing address has been recorded.

The following provides a summary of the data entry screens where address information can be entered or corrected.

Data Entry Screens

1 .ENTER HOUSEHOLD FOLDER CONTENTS

Screen #1 in this series provides fields for entering a mailing address if it is different from the street (Screener or Household Folder) address. Mailing addresses are written by the interviewer at the bottom of the front page of the Screener (Section C).

4.3.1 Instructions for Using the Enter Household Folder Contents Screens from the Automated Field Management System

THE ENTER HOUSEHOLD FOLDER CONTENTS SCREENS

SCREEN 1

**** NATIONAL HANES III ****
**** HOUSEHOLD FOLDER CONTENTS ****
06/08/89

Specify Retrieval Condition

*****>

Stand: 107 Segment/Serial: ___/___ NCHS#: _____

HEALTH CARE PROVIDERS:

DOCTOR ==> MD Code: _____
DENTIST ==> DDS Code: _____

SP MAILING ADDRESS (TO BE ENTERED IF DIFFERENT FROM HOUSEHOLD):

Name: _____
Address: _____
City: _____ State: ___ Zip: _____
Phone: _____ <-(update allowed on next page)

Char Mode: Replace Page 1

Count: *0

THE PURPOSE OF THE SCREEN:

The *Enter Household Folder Contents* module is made up of five screens. The first provides fields for entering health provider information and an SP mailing address if it is different from the address on the Household Folder (the latter is a street address). The second screen provides fields for correcting identification and demographic information which was entered incorrectly on the *Schedule and Identify* screen or the *Enter Dispositions* screen. The third and fourth screens are display-only screens containing the list of names and code numbers of all health providers entered into the system to date. The fifth screen allows you to add to the list of providers.

THE ENTER HOUSEHOLD FOLDER CONTENTS SCREENS

SCREEN 2

** NATIONAL HANES III ** NCHS #: U9980113
** GREEN FOLDER INFORMATION SCREEN **
998/17/00019/01/05

Last Name	First Name	Birthdate	Age	Units	Telephone
KUDER	CHRISTOPHER	11/14/81	6	Y	813 238-6616

Sex: Ethnicity: Race: Lang: Consent Form: GTT: Transp:

Remarks:

Interviewer: DEB Date Interviewed: 01/10/88
Appointment Date/Timeslot: 02/06/88/A

Char Mode: Replace Page 2

Count: 1

SCREEN 3

***** LIST OF PHYSICIANS *****

Code	Last Name / Business	First Name	City
--> 170	170	ERNEST J.	TAMPA
192	ADLER	PHILLIP	TAMPA
166	ADOLPHSON	CURTIS	TAMPA
134	ADOLPHSON	DR.	TAMPA
197	AHLERS	S.	TAMPA
149	ALMAGIVER	ALDO	TAMPA
280	ALMAGUER	A.J.	TAMPA
221	ANDREWS	W.W.	TAMPA
331	ARMSTRONG, GARCIA, JONES		TAMPA
342	AZAN	LOUIS	TAMPA

Char Mode: Replace Page 1

Count: 10

THE ENTER HOUSEHOLD FOLDER CONTENTS SCREENS

SCREEN 4

NATIONAL HANES III

Listing of DENTAL Providers

Stand: 107 06/08/89

<u>TYPE</u>	<u>CODE</u>	<u>NAME and ADDRESS</u>	
D/P	135	BIGGERS, D.D.S. J.D. 1025 FOOTE STREET DENTAL ARTS BUILDING	CORINTH, MS 38834
D/P	111	CROWE, D.D.S. R. E. 1600 SHILOH ROAD	CORINTH, MS 38834
D/P	145	CUMMINS, D.D.S. R. 1313 N. MADISON	CORINTH, MS 38834
D/P	156	DALTON, D.D.S. FRANK T. 1407 HARPER ROAD	

SCREEN 5

** NATIONAL HANES III **
** ENTRY OF NEW PERSONAL HEALTHCARE PROVIDERS **

PROVIDER CODE: _____

M (Medical) or D (Dental): M
P (Private) or C (Clinic): _

Last Name (or Business Name) First Name

Address: _____

City: _____ State: __ Zip: _____

To QUERY Provider: Press [Select], enter PROVIDER CODE, then press [Find]

To ADD Provider: Enter all info, except PROVIDER CODE, then press [COMMIT]

Char Mode: Replace Page 3

Count: *0

THE ENTER HOUSEHOLD FOLDER CONTENTS SCREENS

WHAT TO DO

TO ACCESS SCREEN

What You Do:

Screen 1: Access *Assign Cases/Enter Dispositions* from the Main Menu using the arrow key or entering the menu number. Access the *Enter Household Folder Contents* module on this menu.

Screen 2: Accessed automatically by the system when you have finished with Screen 1 or by pressing **<NEXT SCR N>**.

Screens 3 and 4: These screens are accessed from Screen 1 when you wish to view the names of physicians and dentists already entered into the system. Access by positioning the cursor on any of the Health Care Providers fields and pressing **<F13>**.

Screens 5: This screen is accessed from Screen 1 when you wish to add the name of a health provider into the AFMS. Access by positioning the cursor on **Provider** and pressing **<FIND>**.

TO ENTER IDENTIFIERS

What You Do:

The cursor will be on **Segment**. Enter the identifiers into each field from the Household Folder.

Comments:

You must enter information in the identifier fields. None of the identifiers will be entered automatically by the system.

TO ENTER NEW DATA

What You Do:

Screen 1: Type in the doctor and dentist code only if the health provider has been entered into the system previously. (You can use the wall list of providers and codes or Screen 3 to ascertain if the provider has already been entered and to find the provider code).

Type in the SP mailing address **only** if it is different from the address printed on the Household Folder. **WARNING:** If there are several SPs you must scroll and change the address of **each** SP.

Screen 2: Compare the information in each field with the information in the Household Folder only if the field is blank or if the information in the field is incorrect. **WARNING:** If there is a last name correction you must scroll and change the name of **each** SP.

Screens 3 and 4: A display-only screen. To make changes in the provider list use the *Modify Providers Screen*.

Screens 5: If the provider is a new one, press <**FIND**> on Screen 1, and then enter the name (last name first) and address in the fields provided. The system will automatically assign the code number.

2 .CORRECT HOUSEHOLD ADDRESS INFORMATION

This screen allows you to update or correct the address shown on the address labels on the front of the Household Folder and Screener. Corrections or updates to this address are written in on the front of the Screener (Section B).

3. MISSED DU/STRUCTURE

This screen provides fields to enter a new address for a missed structure or DU. Once a new address has been entered it can be updated or corrected using either of the screens described above.

Note that mailing addresses printed on stand materials (reminder letters and so forth) will show the street address unless a different mailing address has been entered under the Enter Household Folder Contents Screen.

4.4 Creating a Missed Structure or Dwelling Unit Using the Automated Field Management System

Interviewers will be carrying out two procedures called the Missed DU (Dwelling Unit) and Missed Structure procedures. As a result of these procedures, additional households may need to be added to the AFMS files. Households added through the Missed DU procedure will receive a serial number of 5000 through 5999 and households added through the Missed Structure procedure will receive a serial number of 8000 through 8999. Instructions for using the Missed DU/Structure screen are found in Section 4.4.1.

When an interviewer informs the office that s/he has located a missed structure or dwelling unit, follow the steps below:

1. Create the new household using the Missed DU/Structure screen and give the AFMS-generated serial number to the interviewer to write on the household folder and other documents.
2. Assign the case to the interviewer using the Assign Cases screen (see Section 4.6.1).
3. Review the case using the Review (with Optional Reassignment) screen to see that the assignment actually was processed in the AFMS.
4. Make MEC appointments using the Schedule and Identify screen.

The following approach should be used for the assignment of GTT codes for missed structures. All missed structures with even serial numbers (8000, 8002, 8004, etc.) should be assigned a GTT code which is identical to the GTT code of the household with serial number 0001, within the same segment. All odd number serials (8001, 8003, 8005, etc.) should be assigned a GTT code that is the opposite of the GTT code of the household with serial number 0001, within the same segment. For example, if the GTT code of household 0001 is S, then missed structure 8000 should be assigned a code of S and household 8001 should be assigned a code of M.

Missed DUs are assigned the same GTT code as the household for which the Missed DU message applies.

4.4.1 Instructions on the Use of the Missed DU/Structure Screen in the Automated Field Management System

The following pages provide instructions for using the Missed DU/Structure screen in the AFMS.

4.5 Quality Control Operations

For NHANES III several measures will be used to ensure the quality of the data collected. These include the office edit, validation and observation. In addition, at the same time that editing is done, the Quality Control Coordinator will affix a label showing the NCHS number to the SP questionnaire and a label showing the segment/serial number to the Family Questionnaire. This chapter will describe the procedures to be followed in carrying out the quality control measures.

4.4.1 The Missed Structure/Dwelling Unit Screen

THE MISSED STRUCTURE/DWELLING UNIT SCREEN

** National HANES III **
Missed Structure/Dwelling Unit

Press [Select] to specify unit type: Structure _ or Dwelling _

Enter information in the block below, then press appropriate key -
[Do] to create household
[PF4] to exit
[F18] to specify another unit type

Assigned Serial: _____

Stand/Segment: 998/___

Address: _____

City: _____ State: __ Zip: _____

Char Mode: Replace Page 1

Count: *0

THE PURPOSE OF THE SCREEN:

This screen allows you to enter information on a dwelling unit or structure that was missed when all structures and dwelling units in a segment were listed for sample selection. These units are identified by the Household Interviewers when they are in a segment to conduct interviews. When a missed unit or structure is found the interviewer completes a Missed DU/Structure form.

A DWELLING UNIT is 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. A STRUCTURE is a building which contains one or more dwelling units.

THE MISSED STRUCTURE/DWELLING UNIT SCREEN

WHAT TO DO

TO ACCESS SCREEN

What You Do:

Access the *Assign Cases/Enter Disposition* menu from the Main Menu. Access the *Missed DU/Structure* screen.

TO ENTER INFORMATION

What You Do:

The cursor will be on **SPECIFY UNIT TYPE** field. Using the information from the Missed DU/Structure form, press select to specify whether you are entering a structure or a dwelling unit.

The AFMS will enter the stand number. You will enter **SEGMENT** and **ADDRESS** from the Missed DU/Structure form. Press **<DO>** to commit the information.

If you have other Missed DU/Structure forms to enter, press **<F18>** to clear the record from the screen and return the cursor to the **SPECIFY UNIT TYPE** field.

THE MISSED STRUCTURE/DWELLING UNIT SCREEN

WHAT TO DO

TO ACCESS SCREEN

What You Do:

Access the *Assign Cases/Enter Disposition* menu from the Main Menu. Access the *Missed DU/Structure* screen.

TO ENTER INFORMATION

What You Do:

The cursor will be on **SPECIFY UNIT TYPE** field. Using the information from the Missed DU/Structure form, press select to specify whether you are entering a structure or a dwelling unit.

The AFMS will enter the stand number. You will enter **SEGMENT** and **ADDRESS** from the Missed DU/Structure form. Press **<DO>** to commit the information.

If you have other Missed DU/Structure forms to enter, press **<F18>** to clear the record from the screen and return the cursor to the **SPECIFY UNIT TYPE** field.

4.5.1 Office Edit

4.5.1.1 Overview

The office edit process is supervised by the Office Manager and carried out by the Quality Control Coordinator. In addition, the Assistant Office Manager performs editing as time permits. An office edit will be performed on every completed survey instrument. This includes the Screener, Family and Household Sample Person (Adult and Youth) questionnaires as well as other SP forms.

Two types of procedures will be used to edit questionnaires/forms. They are:

The Field Manager Edit -- this is a brief edit that reviews the Screener thoroughly and scans critical items on other survey documents during the interviewer conference.

A Complete Edit -- this is a longer edit that checks the questionnaire and all other forms, item-by-item.

It is an important, time consuming task which must be performed on a timely basis. The bulk of this task will be completed by the Quality Control Coordinator aided by the Assistant Office Manger. However, when the FM or OM have free time, they should assist with this editing. It is particularly important that editing be kept current since we want to identify and correct problems early. In addition, if data retrieval is required, it must be identified prior to an SP's appointment.

All office editing is to be done in green pencil.

4.5.1.2 Field Manager Edit

The Field Manager's edit conducted during the interviewer conference is described in Part III Section 3.1.4. During the first three weeks of the stand the FM must do a complete edit on all screeners with dispositions 11 and 13 (households with SPs). Screeners with dispositions 10, 12, 30-32 can be edited either by the AOM or by the local assistant supervised by the AOM. No further editing will be done on Screeners with dispositions 10, 12, 30, 31 and 32 nor will Edit Sheets be completed for them. If the local assistant performs the edit, s/he should enter his/her ID number in the "Editor" box on the screener.

4.5.1.3 Complete Edit

To perform the complete edit, each item on every questionnaire is checked. The questionnaires are reviewed item by item, checking what is correct at every point, including the following of skip patterns. In effect, the person who does the complete edit acts as an interviewer examining every entry, and deciding what the next question should be; that is, reading skip instructions and going to the next appropriate item. All other survey materials (i.e., Consent Forms, authorizations, folders, blood pressure

forms, etc.) must also be reviewed in the same manner. Exhibit 4-3 presents a checklist of documents which must be reviewed during the editing process.

An Edit Form (Exhibit 4-4) will be completed for all survey documents. Each time it is discovered that an incorrect question was asked, an entry omitted, a wrong code circled, or an inconsistent entry made, etc., that error should be recorded by section and question number on the appropriate edit sheet section. Also, a check in green pencil should be made in the questionnaire at every error found. For precoded questions, check if they have been coded. For open-ended questions, determine if the verbatim response is complete, clear and codeable.

One edit form is completed for all questionnaires in a household being edited at the same time. Questionnaires for a case which are submitted at a later date will be edited using another edit form. Eventually, since the edit forms are filed in ID number order, they come together. During the next interviewer conference, the QCC will use the edit sheet plus the completed questionnaire to explain errors to the interviewer.

It is also very important that any information missing from a questionnaire or other survey documents that the interviewer should have collected, be noted by the QCC on the edit sheet and circled in red. The MEC interviewer will use the edit sheet to identify the missing information that should be retrieved. In addition, the fact that data retrieval is needed will be entered in the AFMS and used to track this effort.

The QCC should place a red coding dot in the upper right-hand corner of the Household Folder of all cases needing data retrieval. After the data retrieval problems are discussed with an interviewer, s/he should write "reviewed (date)" on the red dot.

The following provides specific instructions for filling out the Edit Form.

Exhibit 4-3

EDIT CHECKLIST OF DOCUMENTS

- Screener
- Family Quex
- Adult Quex for each SP 17+
- Youth Quex for each SP 2 mos to 16 years
- Adult Blood Pressure Report
(white copy- interviewer, yellow copy to SP)
- Consent Form for scheduled SP's
- Authorization for Release of Birth Certificate
(SP's 16 years and younger)
- Transportation Authorization (SP's 16yrs and younger
if we are providing transportation)

IF APPLICABLE:

- SP Card if Non-Response to interview, blood pressure, MEC exam,
or refusal to reschedule broken appointment.
- Screener Non-Interview form (Household Folder)
- Missed DU Form (Household Folder)
- Missed Structure Form

A. CASE ID#: STAND#: _____ SEG: _____ SERIAL: _____ CK: _____

B. SCREENER RESULTS:

Interviewer's ID: _____ Editor's ID: _____ Date: _____
Record Question # of Error(s)* _____

Summary Evaluation: 1 2 3 4 5
Data Retrieval: Yes/No
Sampling Problem: Yes/No

C. FAMILY QUESTIONNAIRE:

Interviewer's ID: _____ Editor's ID: _____ Date: _____
Record Question # of Error(s)* _____

FAMILY # _____	FAMILY # _____
_____	_____
_____	_____
_____	_____

Summary Evaluation: 1 2 3 4 5 Summary Evaluation: 1 2 3 4 5
Data Retrieval: Yes/No Data Retrieval: Yes/No

D. SAMPLE PERSON QUESTIONNAIRE:

Total # of SP's in HH: _____

	SP# ___ Youth/Adult	SP# ___ Youth/Adult	SP# ___ Youth/Adult
Interviewer's ID:	_____	_____	_____
Editor's ID:	_____	_____	_____
Date:	_____	_____	_____
Record page & question # of error(s)*	_____	_____	_____

Household Folder Problems Front Cover
Inside Cover
Back Cover

	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Summary Evaluation	_____	_____	_____
Data Retrieval:	Yes/No	Yes/No	Yes/No
Other Forms:	_____	_____	_____
Consent:	Yes/No	Yes/No	Yes/No
Birth Certificate:	Yes/No	Yes/No	Yes/No
Transportation:	Yes/No	Yes/No	Yes/No
Blood Pressure:	Yes/No	Yes/No	Yes/No

E. OTHER REMARKS: _____

*Items requiring data retrieval are circled in red.

Section A Enter the Case ID number from the Household Folder, and Screener.

Section B Screener Results

Enter the Interviewer's ID number,
Editor's ID number, and the date of the edit.

Record the question number on the Screener where the error(s) occur.

NOTE THE #: Circle question number's requiring data retrieval.

In determining the Summary Evaluation Scores, we want the editor to consider both the number of errors and the seriousness of the errors. It is possible that an interviewer may have made mistakes, but they were not serious, i.e. that did not result in any loss of data or reflect a misunderstanding of the procedures.

Circle the appropriate "Summary Evaluation" (1-5) which best describes the result of the edit.

1= Absolutely no errors.

2= Errors that do not require data retrieval.

3= 1-2 errors requiring data retrieval.

4= 3-4 errors requiring data retrieval.

5= Over 4 errors requiring data retrieval.

Circle "YES/NO", whichever is applicable,
if sampling errors are found.

Section C Family Questionnaire

Follow the same guidelines listed for Section B.

Section D **Sample Person Questionnaire**

Enter the total number of SPs in the HH from the Screener.

Complete one column for each SP questionnaire you are editing -- those with errors and those without errors.

At the top of the column, enter the SP number (e.g., 01, 02, 03) just as it appears on the Screener. Circle the type of SP questionnaire -- Youth or Adult. Next, in the first three column lines, enter the ID numbers and the date. Next, list the question number(s) where the error(s) occur (circling those needing data retrieval).

You can use one edit sheet for up to three SPs. Use as many edit sheets as necessary for editing 4+ SPs in a household. Always complete the "Page __ of __" at the top to indicate how many have been used.

Remember that SP questionnaires do not necessarily come in together or in SP order. Thus, you may edit questionnaires for SPs 02 and 03 before SP 01. Moreover, not all questionnaires have errors.

You may only find one questionnaire in a household that has errors, however, you must complete one column for each SP questionnaire edited. When a questionnaire has no errors, this will involve completing only the column heading information and the summary evaluation.

Complete the "Summary Evaluation" following the guidelines noted in Section B.

Other Forms

Use this section to record problems with other SP-related survey documents (i.e., Birth Certificate authorization, Consent Form, etc.). Circle "YES/NO" whichever is applicable.

No "Summary Evaluation" necessary. Information on these documents will not be entered into the AFMS.

Section E **Other Remarks**

Record any other pertinent editing remarks.

4.5.1.4 Consistency Between Documents

Certain data items are particularly problematic. These are reflected in inconsistencies between information reported in the screener, the household questionnaires and the AFMS. The problem items are age, birthdate, sex, spelling of name, and address. This information is used for sampling, for ensuring that SPs get appropriate examination components, for forwarding reports of findings, for tracking the SPs over time, and for developing estimation procedures used in the analyses of the data. Thus, it is critical that the information we collect be reliable and accurate.

There are several procedures for reconciling inconsistencies. These are listed below.

1. Internal Consistency Check -- The following lists each of the problem items and where they are found on hard-copy documents.

Age: Age is currently recorded as follows:

Screener - The SP tables (pages 5 and 6, item 3c);
HAQ - The cover (transcribed from the screener) and item Y2, page 52;
HYQ - The cover (transcribed from the screener); and
Family - Page 1, item A3 (transcribed from the screener).

Birthdate: Date of birth is recorded as follows:

Screener - Page 5, item 3B
HAQ - Page 52, item Y3
HYQ - Page 27, item L2

Sex: Sex is recorded as follows:

Screener - Page 5, item 3d;
HAQ - Cover (transcribed from screener);
HYQ - Cover (transcribed from screener);
Family - page 1, item A4.

Name: The last name of the SP is recorded as follows:

Screener - Page 4, item 2a;
HAQ - Cover (transcribed from screener) and page 52 (Y1);
HYQ - Cover (transcribed from screener).

The household interviewers are instructed to check for and resolve any inconsistencies between these documents before they leave the household. It is the QC Coordinator's job during the editing process to check to ensure that interviewers have resolved inconsistencies and to carry out standard data retrieval procedures where necessary. This means that the editor must pull all relevant documents for an SP (Screener, Family Questionnaire, and SP Questionnaire) to check for inconsistencies. This is probably most efficiently done when the SP questionnaire is edited. Where the QC Coordinator finds inconsistencies, these should be highlighted in yellow on the Edit Form. Feedback should always be given to the interviewer when there are inconsistencies on one or more of these items. The field manager should be notified when an interviewer has a recurring problem with accuracy.

2. Checking against the AFMS File - SP characteristics entered into the AFMS are particularly prone to error because they are frequently recorded when the interviewer telephones for an appointment, or they are entered from the handwritten data on the Interviewer Conference report which is, itself, liable to transcription error. At the same time as the internal consistency check is carried out, the QCC should run a Master List (cross reference of all SPs). The Master List will display the name, sex, age, and birthdate of the sample person AS RECORDED IN THE AFMS FILE. If this information does not agree with the information on the SP questionnaire or screener, the QCC must verify which data is accurate and correct the error. When this check is completed, the editor should stamp his initials beside the SP number (#1, #2, etc.) on the front of the SP's Household Folder.

3. Verification by the MEC Coordinator - The MEC Coordinator has been instructed to verify the birthdate of the SP when s/he checks in for the exam. She will notify the field office if there is an inconsistency between the date the SP provides and that recorded on the AFMS file. In addition, if the sex of the SP is different than that shown on the file, the coordinator will notify the office.

4.5.1.5 Correcting Household Address Information

This is the responsibility of the AOM and requires

checking the front of the Screener to see if a mailing address different from the street address has been recorded by the interviewer. If so, enter the mailing address on the Enter Household Folder Contents Screen.

checking the front of the Household Folder and Screener to see if an address correction has been written in on the preprinted address label. If so, make the correction to the street address using the Correct Household Information Screen.

4.5.1.6 Age Order

Several questions have come up recently related to the listing of SPs in age order. We should be using the following procedures.

Interviewers should continue to list all household members in age order in the Screener just as the Screener directs. This is done to help the respondent think, in a systematic way, about who is included in the family and to make sure that no one is left out. When editing the Screener, if the Field Manager or QC Coordinator catches a mistake,

the interviewer should be reminded that family members must always be listed in age order.

4.5.1.7 Editing of Data Collection Forms

The following lists particular items for specific documents which have been particularly troublesome for interviewers. These items should be carefully checked when conducting the complete edit.

SP Cards

1. The first attempt on the SP card should be labeled "00" and should be the last entry on the HH folder. that is, the date and time should be identical. It is not necessary to record remarks in both places. It is necessary to have reason codes and result codes for Attempt "00" on the SP card.
2. Each attempt where a personal or phone contact took place must have a reason and result code. If "other" is used the QCC should check the remarks looking for an obscure reason that is not in our list. If "no time", "sick", "moved", or any other reason is mentioned, it should be coded.

Adult Household Questionnaire - Short Form

Front Cover

1. It should be reviewed with the Household Folder and SP card. The Short Form should be reviewed immediately after the above so that the editor will be cognizant of health related information on the SP card that should also appear on the Short Form.
2. It should be clear whether the interviewer spoke to and/or observed the SP, and/or whether they talked to or got information from a proxy.

Household Folder

1. label -- address should be corrected or completed when needed
2. inter id -- letters followed by number or letters on top and number underneath letters, but must be inside block
3. nchs sample # -- appropriate letter (S, M, T, U, etc.) should be included in box with 7 digit number, again letter then 7 numbers or letter and stand number on top and last 4 digits on bottom but still within that block
4. date transmitted -- double digits for month and day, year not needed (mm/dd)
5. mec exam appt information --

--date--double digits for month and day, year not needed (mm/dd)
--time--double digits for hour not needed but follow
with A or P (8:30A)
--transportation--S (for Self), T (for Taxi), and O (for staff or Other)

6. consent signed -- Y (for Yes), N (for No), and MEC (for SP will sign at MEC) if SP is 12 to 17 years of age and parent/guardian has signed but SP has not and will sign at MEC code Y/MEC
7. Birth certif author -- Y (for Yes) and N/A or NA (for not applicable)

Back Cover

1. attempt # -- use double digits
2. interv id # -- same as front cover
3. date -- double digits for month and day (MM/DD)
4. time -- same as front cover (1:42) double digits not needed
5. type of contact -- mark with X
6. # calls -- total after S1, S2 or S3 only

The # Calls on the Household Call record for a given SP should correspond to the Attempt # were the "S" code (result code for interview) is entered. For a given SP there should be one and only one "S" code entry in the SP QUEX RESULT column. The Attempt # that is on the same line as the "S" code in equal to the # Calls (S9's are an exception).

Consent Forms

1. Print SP's full name (First, Middle and Last Name)
2. If SP has doctor and dentist, enter information
3. Sample Number -- one digit per line and letter directly above first digit
4. Double check form before leaving to make sure full name is printed on top line and all appropriate signatures are entered in correct lines, and date is entered.

Birth Certificate

1. NCHS # preceded with letter on top right corner directly underneath interviewer's ID (all this in the space above Public Health Service, if possible)
2. Enter first, middle and last name of child (as would be found on BC)
3. Relationship to child --will be mother, father, guardian, etc.
4. child's date of birth: -use double digits
5. child's sex -- enter F (for female) or M (for Male)
6. child's place of birth: enter information as completely as possible; if no father named on BC mark N/A
7. Double check form before leaving to make sure information is complete and accurate as possible; check for discrepancies in date of birth and age with other documents (screener and youth questionnaire)

Transportation Form

1. NCHS # and INTERVIEWER ID
2. Interviewer does not need to sign as witness unless parent or guardian is illiterate or signs with X
3. Double check form before leaving to make sure appropriate boxes are marked and signature and date entered.

Screener

Front page

1. Form -- use double digits (01 of 01)
2. Time began -- zero fill, because there is line allotted (04:46)
3. If HH is in a mobile home, Section A should be crossed out with MH written across it. No data should be recorded in Section A for HHs living in mobile homes.

Label

1. If address incomplete or incorrect, make correction
2. This question is frequently filled out incorrectly. Make sure the correct skip pattern is followed. If only one person is in the HH, skip from 1b to 1f. If more than one, continue on with 1c-1e before asking 1f, i.e., this question is frequently filled out incorrectly.

Page 4

1. Family # (01) -- use double digits
2. 2a. name:
if middle name obtained anywhere else, please enter on screener
if last name same as person above use a dash (---)
3. 2b ABBREVIATIONS:
use wife or hub(for husband) verses spouse (some names not easily
identified as male or female)
dau (for daughter)

Page 5/6

1. line # -- use double digits
2. 3b -- use double digits (MM/DD/YY)
3. 3c age -- use double digits (07)
if under a year, again use double digits (02) M
(for months) or W (for weeks)
- 4.3 f SP # -- use double digits
5. 3g sample # -- same as NCHS # on front cover; if sample
number differs from that recorded on cover of
folder, check the AFMS to see which is correct.

Page 6

1. 4 -- in whose name is the telephone listed?
If work number is given try to obtain name of
business (this will help when making reminder
calls)

Family Questionnaire

Front Page

1. Book 01 of 02 books, double digits
2. Date of interview, 05/27/89, double digits
3. Time began and Time ended -- zero fill (since space is provided) (01:10P)

Page 1

1. Sample number -- one number per block and letter should be
entered above first digit outside the block
2. A1 -- first name only,
3. A6 -- no abbreviations allowed

Page 3-7

1. B1, B6, B14, & B21 -if 2, no, no SPs covered is marked don't mark "no" boxes underneath
2. Answer boxes on these pages have been frequently misaligned. Make sure interviewers are answering all questions for the appropriate SPs
3. Make sure all SPs under 17 are covered in C1-C11 and that data is not entered for those 17+ .
4. Be sure to check adequacy of response to D9-D11 (industry, occupation, and duties).

Page 14

1. E3--if less than 01 year, enter either:
00 years and double digits month or weeks inside question box or
double digits and cross out year and enter mos or wks

Page 18

1. F13a, F14a -- enter --- or (NMN) for no middle name or DK
2. F13b, F14b -- try to get at least a street name or DK
3. F13c, F14c -- spell out city and state, enter DK for unknown zip code
4. Tracing information --make sure interviewers PRINT this information.

4.5.1.8 Editing Blood Pressure Forms

A complete edit of the Blood Pressure Section of the HAQ is to be done by the QC Coordinator. To perform a complete edit, each item in the blood pressure section (Z section) should be checked. In addition, the Blood Pressure Report of Findings should be edited. The Record of Edited Blood Pressure Form (Exhibit 4-5) is used to keep a record of all edited blood pressure forms for each interviewer. It should be completed as follows:

Complete a new form for each interviewer. Record the following information:

Editor Name: Record your initials and ID number in the space provided.

Interviewer Name: Record the interviewer's initials and ID number in the space provided.

For each edited blood pressure form record the following information:

SP ID #: Record the SP's seven digit ID number as it appears on the cover of the Household Adult Questionnaire - Adult (or if a preprinted label is available, attach it to the form).

Date: Record two digits each for the month, day, and year the Blood Pressure Form was edited.

No problem noted: Review the blood pressure section for missing or illegible data. Perform consistency checks. If, after the edit of the Blood Pressure Form is complete, no problems are noted, check this box.

Problem noted: If, during the edit of the Blood Pressure Form, any problem, e.g., missing data, illegible data, inconsistent entries, is noted, check this box. Please be aware that if this box is checked, a Blood Pressure Edit Problem Sheet must be completed.

A Blood Pressure Edit Problem Sheet (Exhibit 4-6) will be completed on all forms where problems are found. The instructions for completing the Problem Sheet are as follows:

Edit Name: Record Initials & ID number in the space provided.

Interviewer Name: Record the interviewer's Initials & ID number in the space provided.

Stand Number: Record the three-digit stand number in the space provided.

Date: Record two digits each for the month, day, and year the Blood Pressure Form was edited.

SP ID #: Record the SP's seven-digit ID number as it appears on the cover of the Household Adult Questionnaire.

Missing data: Review each item in order. If an item is left blank, a comment should be recorded in Z4, Z8, Z9, Z10, or Z11. If an item is left blank and no reason is recorded by the interviewer, record the item's number in "Missing Data" section of this form.

BLOOD PRESSURE EDIT PROBLEM SHEET

Editor Name _____

Date _____

Interviewer Name _____

SP ID# _____

Stand Number _____

Missing data (describe) _____

No BP taken; no reason recorded

Left arm used; no reason recorded

MIL < systolic

Diastolic > systolic

Wrong statement circled in report

Average of 2nd and 3rd BP measures incorrect

Other (describe) _____

Feedback given by _____
Name

Date _____

Consistency checks:

No BP taken, no reason recorded: Refer to items Z8, Z9, and Z10. If the systolic and diastolic values are not recorded for one, two, or all three items, the reason should be recorded in item Z1, or Z11, or Z8, or Z9, or Z10. If the systolic and diastolic values are not recorded for one, two, or all three items (Z8, Z9, Z10) and a reason is not recorded in item Z1, or Z11, or Z8, or Z9, or Z10, check this box.

Left arm used, no reason recorded: Refer to item Z4. If box "2 Left" is marked, a reason must be recorded in the space provided in Z4. If no reason is recorded in the space provided in item Z4, check this box.

MIL less than systolic: Refer to items Z7, Z8, Z9, and Z10. The value recorded for the MIL in Z7 should be greater than the systolic (SBP) values recorded in Z8, Z9, and Z10. If the value recorded for the MIL in Z7 is greater than the value recorded for the systolic in Z8 or Z9, or Z10, check this box.

Diastolic greater than systolic: Refer to items Z8, Z9, and Z10. The systolic (SBP) value should be greater than diastolic (DBP) (5th sound)). If the diastolic value is greater than the systolic value in item Z8, or Z9, or Z10, check this box.

Please note: If the entire blood pressure procedure was not done, that is, items Z2 through Z10 are blank, check to see that a reason is recorded in item Z1 or item Z11. If no reason is recorded in item Z1 or Z11, check item I in the Name/SSAN section of the Household Adult Questionnaire form. If the reason for no blood pressure is recorded there, transcribe the reason to item Z11 and check there "No BP taken; no reason recorded" box. If no reason is recorded in item I of the Name/SSAN section of the Household Adult Questionnaire form, check the "No BP taken; no reason recorded" box.

Wrong statement circled on report: Refer to the Adult Report of Pulse and Blood Pressure Findings to confirm that the statement to be read to the SP has been correctly circled. If the wrong statement is circled, check this box.

Average of second and third blood pressure measures incorrect: Refer to the Adult Report of Pulse and Blood Pressure Findings and items Z8, Z9, and Z10 of the blood pressure measurement section of the Household Adult Questionnaire. Confirm that the average of the second and third blood pressure measures has been calculated correctly and recorded on the Adult Report of Pulse and Blood Pressure Findings. If the average of the second and third measures is incorrectly calculated or not recorded, check this box.

Other problems: If, as you review the blood pressure section, you notice other inconsistencies or problems, describe the problem in the "other problems" section of this form. Examples are given below:

If any of the entries are illegible, record the item numbers of the illegible entries with the comment illegible; record this in the "other problems" section of this form.

If the entire blood pressure procedure was not done for medical reasons, this should be documented in item Z1 only. If you find that the interviewer has documented that the blood pressure was not done for medical reasons on any other part of the form, record this in the "other problems" section of this form.

If you notice that the interviewer is recording comments on any part of the blood pressure section other than the spaces provided in items Z1, Z4, Z8, Z9, Z10, or Z11, record this in the "other problems" section of this form.

Feedback given by: After the QC Coordinator/Field Manger gives verbal feedback to the interviewer about problems identified on the SP Edit Problem Sheet, s/he should sign in the space provided.

Date: Record two digits each for the month, day, and year that verbal feedback was given.

4.5.1.9 Additional Tasks Performed at the Same Time as the Edit

There are two additional tasks which must be performed during the complete edit. The first is the attaching of ID labels to the front of the SP questionnaire (sample number) and Family questionnaire (segment/serial numbers). The labels are used for transmittal purposes and by NCHS in the processing of the questionnaires. Exhibits 4-7 and 4-8 indicate the location where the labels should be attached on the front page of the SP and Family questionnaires.

The second task is the stapling together of multiples of the same questionnaire:

When more than one Family Questionnaire is used for one family, staple the family questionnaires together in order -- 1 of 3, 2 of 3, etc. Do not staple together family questionnaires which each represent a different family in the household.

When more than one Screener is used in a household, staple the screeners together in order -- 1 of 3, 2 of 3, 3 of 3, etc.



Note that when completing several Screeners for the same household, Screener # 1 should be completely filled out including total number of persons in the household (across all families). Screener #2, 3, etc. need only to have the appropriate tables completed plus the telephone information.

Department of Health and Human Services Public Health Service Centers for Disease Control National Center for Health Statistics	Third National Health and Nutrition Examination Survey NHANES III
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**HOUSEHOLD YOUTH QUESTIONNAIRE
(AGES 2 MONTHS - 16 YEARS)**

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

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

CASE NO.	<table border="1"> <tr> <td>101</td> <td>03</td> <td>0021-2</td> </tr> <tr> <td>Stand No.</td> <td>Segment No.</td> <td>Serial No.</td> </tr> </table>	101	03	0021-2	Stand No.	Segment No.	Serial No.	EDITOR NO.	50A 7013
101	03	0021-2							
Stand No.	Segment No.	Serial No.							
FAMILY NO.	01	NAME (First, Middle, Last) Jane Mary Browne							
SP NO.	04	AGE	SEX						
SAMPLE NO.	U 1011618	01 <input type="checkbox"/> Mos 2 <input checked="" type="checkbox"/> Yrs	1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female						
DECK NO.	655	 101 161 8							
INTERVIEWER NO.	6HE-7006	TIME BEGAN	DATE OF EXAMINATION						
DATE OF INTERVIEW	11, 01, 88	02:15	12/03/88 MO DAY YR						
		TIME ENDED	TIME						
		02:30	08:30						
		LANGUAGE OF INTERVIEW	TRANSPORTATION						
		1 <input checked="" type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Taxi 2 <input type="checkbox"/> Self 3 <input type="checkbox"/> Staff						
		SPECIFY							

DHS 5208

Department of Health and Human Services Public Health Service Centers for Disease Control National Center for Health Statistics	Third National Health and Nutrition Examination Survey NHANES III
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FAMILY QUESTIONNAIRE

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(a) of the Public Health Service Act (42 USC 242a).


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

CASE NO. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">108</td> <td style="width: 33%; text-align: center;">01</td> <td style="width: 33%; text-align: center;">0001-3</td> </tr> <tr> <td style="text-align: center; font-size: small;">Stand No</td> <td style="text-align: center; font-size: small;">Segment No</td> <td style="text-align: center; font-size: small;">Serial No</td> </tr> </table>	108	01	0001-3	Stand No	Segment No	Serial No	Book <u>01</u> of <u>01</u> books
108	01	0001-3					
Stand No	Segment No	Serial No					

FAMILY NO:

01

DECK NO:

653 	 108-01-0001-3
--	--

ADDRESS:

1511 ELM STREET		
Apt. No. <u>1257</u>	City <u>CINCINNATI</u>	
State <u>OHIO</u>	Zip Code <u>45214</u>	

INTERVIEWER NO.

ROB 7019

EDITOR NO:

--

DATE OF INTERVIEW

05/16/89 <small>MONTH DAY YEAR</small>

TIME BEGAN

08:45	1 <input type="checkbox"/> am
	2 <input checked="" type="checkbox"/> pm
	3 <input type="checkbox"/> noon

LANGUAGE OF INTERVIEW

1 <input checked="" type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other 4 _____ specify
--

TIME ENDED

09:15	1 <input type="checkbox"/> am
	2 <input checked="" type="checkbox"/> pm
	3 <input type="checkbox"/> noon

4.5.1.10 Monitoring Edit Results Using the AFMS

Once a week the Office Manager should generate the two AFMS edit reports: Status of Office Editing and Editing Statistics by Interviewer. The former provides an overview of the status of office editing. Is the office editing proceeding on schedule or is there an unacceptable backlog? This assessment should be made in consultation with the QC Coordinator.

The second report provides a cumulative picture of the quality of an interviewer's edited work and should be reviewed by the Field Manager during interviewer conferences. Interviewers whose work does not improve or whose work deteriorates must be provided feedback, retraining, and/or scheduled for observation. Such cases should always be reported to the Director of Survey Operations. Long-term consistent problems may be grounds for dismissal.

4.5.1.11 Interviewer Feedback

Any errors found as a result of the Field Manager edit will, of course, be immediately discussed with the interviewer. Errors identified during the Complete Edit must also be brought to the attention of the interviewer by the QCC. Edit sheets and questionnaires requiring interviewer review should be reviewed at the time of the next conference. It is very important that an interviewer learn about his/her errors as quickly as possible. Keep in mind that interviewer feedback should include positive feedback if results of editing are good, as well as information on errors found.

4.5.1.12 Correcting Errors and Data Retrieval

If, as a result of the Complete Edit, information is found to be missing from a questionnaire which can be retrieved at the MEC, this must be noted on the edit sheet (following procedures outlined in Section 4.4.1.3). After the QCC has entered the results of the edit into the AFMS, s/he will place this form in the data retrieval file to be sent to the MEC for data retrieval when the SP comes in to be examined. However, if an interviewer has to return to a household to complete interviews with other SPs, then information missing from a previously completed questionnaire could be retrieved at that time.

It is acceptable to correct errors detected during the office edit only if the corrections are very obvious. For example, if an interviewer incorrectly followed a skip pattern and asked too many questions, it is okay to draw a line through the unnecessary answers. Or, if it is very clear from other responses in the questionnaire what the interviewer intended, it is okay to make a change. Otherwise, the data must be retrieved from the SP. Be sure all corrections are made in green pencil.

4.5.2 Validation

4.5.2.1 Overview

Validation is the quality control procedure that is used to verify a percentage of each interviewer's work and check that a reported contact took place and was properly conducted. The validation program is the administrative responsibility of the Assistant Office Manager. The Quality Control Coordinator has primary responsibility for carrying out validations with the assistance of the AOM as time permits. In special situations, the AOM may train the local assistant to perform validations. In such cases the local must be closely monitored.

There are three types of validation that will be performed on NHANES III. They will be conducted using the following verification forms:

- 1 .VACANT/NOT A DU/New Construction (Exhibit 4-9) -- This form is used when an interviewer reports that the sampled address is not a dwelling unit, or that the dwelling unit is vacant at the sampled address or that the unit is considered "new construction". This procedure, for obvious reasons, will always be conducted in the field.
- 2 .SCREENER ONLY AND SP INTERVIEW -- This form (Exhibit 4-10) is used to validate Screener only cases (i.e., Screener completed -- no selected SP's in household) and all cases where one or more SP interviews were completed.

VACANT/NOT A DU
VALIDATION

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242 m).

CASE ID #: _____

Address: _____

RECORD OF ALL ACTIONS						
Call	Day	Date	Time	Validation Interviewer	RESULTS	COMMENTS
1			AM PM			
2			AM PM			
3			AM PM			
4			AM PM			

ORIGINAL
DISPOSITION

NOT A DU Is this listing correctly reported as not a DU?

YES 1 (COMPLETE)
NO 2 (CONDUCT SCREENER)

NOT A DU Is this listing a vacant DU?

YES 1 (RECHECK COMPLETE)
NO 2 (ASK HOUSEHOLD INFORMANT)

Did you live at this address on (DATE OF ORIGINAL 1ST CONTACT: ___/___/___)?

S 1 (CONDUCT SCREENER)
N 2 (THANK INFORMANT. VALIDATION COMPLETE.)

OFFICE USE ONLY	
OUTCOME:	
Completed, no problems	1
Completed, problem	2
Not confirmed, address problems	3

(32) **New Construction**
When was this house built? _____
_____ 1980 or later
_____ Before 1980

Was it built before 1980?
_____ Probably (Y)
_____ Probably (N)
_____ DK

Is this listing correctly reported as
New Construction?Yes ...1(complete)
.....No ...2(conduct
screeener

Exhibit 4-10

NHANES III

**SCREENER ONLY AND
SP INTERVIEW
VALIDATION**

Collected for the National
Center for Health Statistics
by
Westat, Inc.

Screener only validation	1
SP Validation	2
Telephone Validation	3
Field Validation	4

Telephone and Field

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242 m).

CASE ID #: _____

Address: _____

Telephone No.: (_____) _____

RECORD OF ALL ACTIONS								
Call	Day	Date	Time	Type		Validation Interviewer	RESULTS	COMMENTS
				Pers.	Tele.			
1			AM PM					
2			AM PM					
3			AM PM					
4			AM PM					
5			AM PM					
6			AM PM					
7			AM PM					
8			AM PM					
9			AM PM					
10			AM PM					

OFFICE USE ONLY	
OUTCOME:	
Completed, no problems	1
Completed, eligibility problems	2
Not confirmed, address/phone number problems	3
Not confirmed, falsification	4
Incomplete, not at home, no answer	5
Incomplete, not available	6
Incomplete, refusal/breakoff	7
Incomplete, other non-response	8
(SPECIFY) _____	

BOX 1

IF SP VALIDATION, ARRANGE TO SPEAK WITH ONE OF THE ADULT SP'S.
IF ONLY SP IS A CHILD, SPEAK WITH PARENT. SKIP TO Q.3.

IF SCREENER ONLY VALIDATION, ARRANGE TO SPEAK WITH ORIGINAL
SCREENER RESPONDENT AND CONTINUE.

1. Hello, I'm (YOUR NAME). On (DATE OF SCREENER INTERVIEW), one of our interviewers came to your home and asked you some questions about the people who live in your household. As (she/he) may have explained, this was part of a survey we are doing for the United States Public Health Service. Do you remember talking to (him/her)?

YES.....1 (Q.10 IF BY TELEPHONE, Q.13 IF IN FIELD)
NO..... 2 (Q.2)

2. The conversation probably lasted only five minutes. The interviewer had some questions about how many people live in you household, how old they are, their national origin and ancestry, and so on. Our records show that he/she talked with you about (TIME OF DAY OF SCREENER INTERVIEW) on (DATE OF SCREENER INTERVIEW). Does that help you to recall?

YES..... 1 (Q.10 IF BY TELEPHONE, Q.13 IF IN FIELD)
NO..... 2 (Q.5 IF BY TELEPHONE, Q.9 IF IN FIELD)

3. Hello I'm (YOUR NAME). I understand that you (and other members of your family) recently participated in a national study about diet and health that we are doing for the United States Public Health Services. Do you recall?

YES..... 1 (Q.10 IF BY TELEPHONE, Q.13 IF IN FIELD)
NO..... 2 (Q.4)

4. Our records show that an interviewer interviewed you at (TIME OF DAY OF INTERVIEW) on (DATE OF INTERVIEW). (In addition, other members of your family were interviewed on the following dates: (LIST NAME OF SP AND DATE OF INTERVIEW.) Now do you recall the interview?

YES..... 1 (Q.10 IF BY TELEPHONE, Q.13 IF IN FIELD)
NO..... 2 (Q.5 IF BY TELEPHONE, Q.9 IF IN FIELD)

5. CHECK TO BE SURE SPEAKING TO THE CORRECT RESPONDENT AND, IF SO: Well, perhaps I've made a mistake. Could you tell me your current address?

ADDRESS: _____

 SAME AS ADDRESS ON SCREENER 1 (Q.6)
 NOT SAME AS ADDRESS ON SCREENER 2 (Q.7)

6. Did you live at the address on (DATE OF SCREENER INTERVIEW)?

YES..... 1 (Q.17)
NO..... 2 (THANK R, TERMINATE INTERVIEW, AND
INFORM SUPERVISOR.)

7. Did you live at this address on (DATE ON SCREENER INTERVIEW)?

YES..... 1 (THANK R, TERMINATE INTERVIEW, AND
INFORM SUPERVISOR.)
NO..... 2 (Q.8)

8. What was your address on that date?

SAME AS ADDRESS ON SCREENER 1 (Q.17)
NOT SAME AS ADDRESS ON SCREENER 2 (THANK R, TERMINATE
INTERVIEW, AND
INFORM SUPERVISOR.)

9. CHECK TO BE SURE YOU ARE TALKING TO THE CORRECT RESPONDENT AND IF SO: Well, perhaps I've made a mistake. Were you living at this address on (DATE OF INTERVIEW)?

YES..... 1 (REFER O Q.17)
NO..... 2 (THANK R, TERMINATE INTERVIEW, AND
INFORM SUPERVISOR.)

10. In a survey like this, we always contact some of the people who were interviewed to make sure that our interviewers are recording information correctly. I'd like to ask you a few of the same questions that you were asked before. It will only take a few minutes. First, could you tell me your address?

(ADDRESS: _____)?

SAME AS ADDRESS ON SCREENER 1 (Q.16)
NOT SAME AS ADDRESS ON SCREENER 2 (Q.11)

11. Did you live at this address on (DATE OF SCREENER INTERVIEW)?

YES..... 1 (THANK R, TERMINATE INTERVIEW, AND
INFORM SUPERVISOR.)
NO..... 2 (Q.12)

12. Can you tell me what your address was on (DATE OF SCREENER INTERVIEW)?

ADDRESS: _____ SAME AS ADDRESS ON SCREENER 1 (Q.16)
_____ NOT SAME AS ADDRESS ON SCREENER 2 (THANK R, TERMINATE
INTERVIEW, AND
INFORM SUPERVISOR.)

13. In a survey like this, we always contact some of the people who are interviewed to make sure that our interviewers are recording information correctly. I'd like to ask you a few of the questions that you were asked before. It will only take a few minutes. First, did you live at this address on (DATE OF SCREENER INTERVIEW)?

YES..... 1 (Q.16)
NO..... 2 (Q.14)

14. Were you visiting on the date of the interview?

YES..... 1
NO..... 2

15. Do you live at this address now?

YES..... 1 (Q.16)
NO..... 2 * (Q.17)

[*NOTE PROBLEM AND INFORM SUPERVISOR]

16. Did you feel that the interviewer who visited your home was very polite, or not polite at all?

VERY POLITE..... 1
SOMEWHAT POLITE..... 2
NOT POLITE AT ALL..... 3

17. a. I would like to review with you the household information that our interviewer obtained.

USING COPY OF ORIGINAL SCREENER, REVIEW HOUSEHOLD COMPOSITION INCLUDING NAMES, AGES AND ETHNICITY/RACE.

INFORMATION CONFIRMED 1
INFORMATION INCORRECT 2

EXPLAIN INCONSISTENCIES _____

b. IF SP VALIDATION, VALIDATE THAT EACH SP WAS INTERVIEWED ON RECORDED DATE.

INFORMATION CONFIRMED 1
INFORMATION INCORRECT 2

EXPLAIN INCONSISTENCIES _____

c. IF SP VALIDATION, VALIDATE THAT EACH ADULT SP WITH AN S1 INTERVIEW CODE HAD BLOOD PRESSURE TAKEN.

INFORMATION CONFIRMED 1

INFORMATION INCORRECT 2

EXPLAIN INCONSISTENCIES _____

COMMENTS: _____

THANK YOU FOR YOUR TIME AND HELP.

4.5.2.2 Generating Cases For Validation

Validation cases will be selected by the AFMS. A Validation Listing (Exhibit 4-11), will list all cases turned into the field office which have been selected for validation as of the date the report is generated. This report should be accessed at least twice a week (Tuesday and Thursday) in order to keep validation current.

The Validation Listing is reviewed below, item-by-item.

Seg/

Serial Self-explanatory.

Type This identifies the type of validation to be conducted (F = Field and T = Telephone).

Although each validation case will be preassigned as telephone or field, it is very possible that the method of validation may have to change depending on individual case circumstances. For example:

A case is assigned "T" and it turns out to be a vacant DU. It will have to be validated in the field.

A case is assigned "T" and the household has no telephone number or refuses to give a telephone number. It will have to be validated in the field.

RSLT Every case validated will be given a result code. When this column is blank, you can assume that the case is pending or that the result code has not been entered into the AFMS.

The validation result codes, located on the covers of the validation forms, are as follows:

- 1 = Complete, no problem
- 2 = Complete, eligibility problem
- 3 = Not confirmed, address/phone problem
- 4 = Not confirmed, some type of falsification problem
- 5 = Incomplete, no one at home/no answer
- 6 = Incomplete, refusal
- 7 = Incomplete, other reason

Codes 3, 5, 6 and 7 should be used rarely -- only after multiple attempts have been made.

VALIDATION LISTING
 DATE: 04/02/89 STAND: 105

<u>SEG/SER</u>	<u>TYPE</u>	<u>RSLT</u>	<u>VAL INTVR</u>	<u>HH DISP</u>	<u>CURR INTVR</u>	<u>CURR COMP</u>	<u>INTVW COMP</u>	<u>CLOSED</u>	<u>EXAM PNDG</u>
01/00108	T	1	DGC	10	GER	Y	Y	Y	N
02/00079	F	1	DGC	10	DEL	Y	Y	Y	N
03/00034	T	1	DGC	11	ITA	Y	Y	Y	N
03/00131	F	1	RAU	11	ITA	Y	Y	Y	Y
03/00238	F	1	RAU	30	ITA	Y	Y	Y	N
03/00335	F	1	RAU	10	ITA	Y	Y	Y	N
04/00044	F	1	DGC	11	GER	Y	Y	Y	N
05/00054	F	1	DGC	10	OGA	Y	Y	Y	N
05/00151	F	1	RAU	10	GER	Y	Y	Y	N
06/00103	F	1	RAU	31	TER	Y	Y	Y	N
06/00200	T	1	DGC	11	TER	Y	Y	Y	N
06/00307	F	1	DGC	10	MAJ	Y	Y	Y	N
07/00045	F	1	DGC	10	BAR	Y	Y	Y	N
07/00142	F	1	DGC	10	OGA	Y	Y	Y	N
08/00039	T	1	DGC	10	GOL	Y	Y	Y	N
08/00136	F	1	RAU	10	GOL	Y	Y	Y	N
08/00233	F	1	DGC	10	GOL	Y	Y	Y	N
08/00330	F	1	RAU	11	ITA	Y	Y	Y	N
08/00437	F	1	RAU	30	GOL	Y	Y	Y	N
08/00534	F	1	RAU	10	GOL	Y	Y	Y	N
08/00631	F	1	RAU	10	ITA	Y	Y	Y	N
08/00738	F	1	RAU	10	ITA	Y	Y	Y	N
08/00835	F	1	DGC	10	ITA	Y	Y	Y	N
08/00932	F	1	RAU	11	ITA	Y	N	N	N
09/00036	T	1	DGC	10	FRA	Y	Y	Y	N
09/00133	F	1	DGC	30	FRA	Y	Y	Y	N
09/00230	F	1	DGC	10	OGA	Y	Y	Y	N
10/00074	F	1	DGC	10	EDD	Y	Y	Y	N
10/00171	T	1	LET	10	EDD	Y	Y	Y	N
11/00013	F	1	DGC	10	ROB	Y	Y	Y	N
11/00110	F	1	DGC	10	ROB	Y	Y	Y	N
11/00217	T	1	LET	10	ROB	Y	Y	Y	N
11/00314	F	1	DGC	10	ROB	Y	Y	Y	N
12/00023	F	1	RAU	11	SHE	Y	Y	Y	N
12/00120	F	1	RAU	10	SHE	Y	Y	Y	N
12/00227	F	1	RAU	10	SHE	Y	Y	Y	N
12/00324	T	1	DGC	10	SHE	Y	Y	Y	N
12/00421	F	1	RAU	12	HEL	Y	Y	Y	N
12/00528	F	1	RAU	12	HEL	Y	Y	Y	N
12/00625	F	1	DGC	12	HEL	Y	Y	Y	N
12/00722	F	1	RAU	30	HEL	Y	Y	Y	N
12/00829	F	1	RAU	12	HEL	Y	Y	Y	N
12/00926	F	1	RAU	12	HEL	Y	Y	Y	N
12/01022	F	1	RAU	12	HEL	Y	Y	Y	N
13/00091	T	1	DGC	10	CIA	Y	Y	Y	N
13/00198	F	1	RAU	10	CIA	Y	Y	Y	N
13/00295	T	1	DGC	10	CIA	Y	Y	Y	N
14/00030	F	1	RAU	10	LEO	Y	Y	Y	N
14/00137	F	1	DGC	10	BAR	Y	Y	Y	N

VAL The office person conducting the validation.
INTVR

HH DISP The Screener disposition.

CURR The last interviewer assigned the case.
INVR

CURR All levels of the case have a disposition -- yes or no.*
COMP

INTVW Either there are no SPs, or all dispositions are
COMP complete, or we have intentionally closed the case -- yes or no.*

CLOSED SP examined or case is a final close out -- yes or no.*

EXAM SP exam pending -- yes or no.**
PNDG

4.5.2.3 Specifications for Completing Validation

Validation Materials

A validation assignment should include:

1. For a Vacant/Not a DU/New Construction validation, the appropriate validation form with all relevant information from the original Screener.
2. For a Screener Only validation, the appropriate validation form, a copy of the original Screener, and a copy of the Household Folder Record of Calls (for contact information).

3. For an SP Interview validation, the appropriate validation form, a copy of the original Screener, and a copy of the Household Folder Record of Calls. The latter is needed to determine date SP's were interviewed -- a validation item.
4. For field verification cases, a segment map and/or segment listing to aid him/her in finding the listed address.

Calls

Validation should begin in the second week of interviewing with an initial focus on cases without SPs. Information about each household visit made for validation should be entered in the Record of All Actions table on the validation form cover page.

Valuable information appears in the Call Record section of the original Screener. This information gives the days of the week and the times of the calls the original interviewer(s) made to try and complete the case. This information should be used by the validation in determining the best time to make his/her calls.

Outcomes

Both validation forms contain an Outcome box. This box should be completed based on the result of the validation. This code will later be entered into the AFMS.

Coding

Once the validation is complete, a blue coding dot should be placed in the upper right-hand corner of the Household Folder and the validation date and validator's initials written on the dot.

Vacant/Not a DU Validation/New Construction

This verification involves validating a case where the original interviewer reported that there was a vacant dwelling unit at the listed address, that the address does not contain a legitimate "dwelling unit" (i.e., "Not a DU"), or that the house should be classified as "new construction" (i.e., constructed in 1980 or later). This type of validation is quite simple and will usually require only one visit. The validator will locate the listed address and determine whether or not the original interviewer's report was correct.

In verifying unit codes as "Not a DU" or "Vacant", the validator must determine if the address is not a "dwelling unit" as defined in this study (see Interviewer's Manual), or if it is still vacant? If the DU was reported as vacant before but is not vacant now, the verifier should contact a household member and find out if the family has moved in since the date of the original interviewer's first call. The validation findings should be documented by completing the appropriate items on the Vacant/Not a DU Validation Form.

Remember that if the verifier finds a legitimate, within-segment dwelling unit at the listed address AND if the current residents were living there at the time of the original interviewer's visit, s/he should administer a Screener and then report the case immediately to the Field Manager.

To verify "new construction" the validator must determine if the house was built in 1980 or after by following the series of questions at the bottom of the validation form. If the validator determines the house was incorrectly reported as "new construction", s/he should administer the Screener.

Screener Only and SP Interview Validation

Introductory remarks are provided on the validation form. If the respondent is reluctant to answer the validator's questions, s/he might add -- "Just a small number of people, scientifically chosen, are being asked to participate in this portion of the survey. Since no one else can take your place, your participation will help ensure the accuracy of the interviews." In addition, two questions which arise are:

WHY SHOULD I ANSWER THAT QUESTION? I ALREADY TOLD THE INTERVIEWER.

As part of our quality control effort, I would like to ask you a few questions to make sure that we have the correct information. This will help us to better understand what was recorded by our interviewer.

WHY ARE YOU BOTHERING ME? I JUST DID AN INTERVIEW.

We would like to thank you for participating in the interview. To ensure the collection of quality data, U.S. Public Health Service representatives always recontact a number of people who were interviewed and ask a few questions about the interview. This assures that all information has been recorded accurately according to the survey procedures.

The "Screener Only" validation is conducted in a situation where a Screener was obtained but no SPs were selected from the household.

The purpose of this validation is to verify that a Screener was done at the listed address with the named respondent and to verify original Screener information about the composition of the members of the household. If, during validation, a household is discovered to have had eligible SPs that were not reported as such at the time of the original Screener, the validator should complete a Screener and report the case immediately to the Field Manager.

The following problems may arise during the validation of the Screener:

1. **INCORRECT ADDRESS** - Here there is a possibility that the original interviewer may have substituted one household for another, either intentionally or by accident. It may happen that an authorized address correction was made but not noted on the Screener.
2. **INCORRECT NAME** - If a household informant at the listed address denies that anyone with the listed name lives there, the validator should ask to speak to the head of the household and try again, asking if there is anyone with a name similar to that listed. S/he should emphasize to the informant that s/he is doing a routine check on one of the U.S. Public Health Service interviewers and that, from what the informant is saying, it appears that the interviewer submitted an incorrect report.
3. **RESPONDENT CANNOT RECALL INTERVIEW** - If a respondent insists that s/he does not recall the original interview and lived at the listed address on the date of the original Screener, the validator should note this on the form and report the case to the Field Manager.
4. **HOUSEHOLD RACE/ETHNICITY/AGE INFORMATION INCORRECT** - During the validation interview, the respondent may give you different information on the household composition and race/ethnicity/age information than what was reported on the original interview. If this "different" information changes the ineligible status to eligible or vice versa, the validator should correct the new information and report the case to the Field Manager. When this happens, the validator should confirm that the respondent was the original Screener respondent. If it turns out that this person was not the original Screener respondent, you should try to contact the original respondent and verify the household composition information with him or her.

The "SP Interview" validation is conducted whenever SPs have been identified in a household and have been interviewed. The purpose of this validation is: to verify that a Screener was done at the listed address with the named respondent; to verify original Screener information about the composition of members of the household; and to verify that each SP in the household was interviewed on the date recorded on the Household Record of Calls. If during validation, it is discovered that an eligible SP was not interviewed, the validator should report this immediately to the Field Manager.

4.5.2.4 Monitoring Validation Results

At least twice a week (Tuesday and Thursday), the AOM should access the AFMS Validation Listing to assess the overall status of validation. Is validation proceeding on schedule or is there an unacceptable backlog? As with editing, this assessment should be done in consultation with the Quality Control Coordinator.

Validation failures (code 4) should be reported to the Field Manager immediately. Other validation codes, with the exception of a code 1, should be discussed with the Field Manager regularly to ensure that the validation is progressing correctly. Any problems should be discussed with the interviewer. Any unusual situations should be discussed with the home office.

Validation failures must be discussed with the home office immediately since those failures will trigger a 100 percent validation effort for that interviewer and will most probably result in the dismissal of the interviewer.

4.5.3 Observation

A limited amount of field observation of interviewers will be performed by home office staff as well as NCHS staff. The Field Manager or the Assistant Office Manager may also be asked to do observation if an interviewer's performance is in question.

An Observation Form (Exhibit 4-12) must be completed for each observation conducted.

Exhibit 4-12

NHANES III - OBSERVATION FORM

Interviewer: _____ Date: _____
 Observer: _____ Time Started: _____
 ID#: _____ Time Ended: _____

TYPES OF QUESTIONNAIRES AND LANGUAGE:

English? Spanish?

Screeners	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>
Household Adult	<input type="checkbox"/>	<input type="checkbox"/>
Household Youth	<input type="checkbox"/>	<input type="checkbox"/>

STATUS:

<input type="checkbox"/>	Screeners completed
<input type="checkbox"/>	Family Interview completed
<input type="checkbox"/>	Household Adult Interview completed
<input type="checkbox"/>	Household Youth Interview completed

If any nonresponse to any of above explain:

Please comment on the following components of the interviewer's performance:

	<u>SCREENER</u>	<u>EXTENDED INTERVIEW</u>
	E G F P*	E G F P
I. Respondent Relations		
A. Explaining survey	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. Securing respondent cooperation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C. Maintaining good rapport with respondent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
II. Interviewing Techniques		
A. Reading questions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. Probing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C. Recording answers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D. Following skip patterns	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E. Use of cards and charts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F. Overall facility in using quex.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

III. List below the strengths and weaknesses of this interviewer's performance:

A. Strongest points:

B. Weakest points:

* E = excellent, G = good, F = fair, P = poor

4.5.4 Other Quality Control Activities

4.5.4.1 Deleting and Adding SPs to a Household Screener

All instances where the field manager has received authorization from the home office to remove an SP from the sample or add an SP after the original screening (household enumeration) is completed must be thoroughly documented.

Documentation for these situations should include the following for each case:

A xerox copy of the cover page and the Household Composition Table(s) from the Screener; and

An explanation of the situation which caused an SP to be deleted/added.

These materials should then be placed in an orange folder (provided by the home office for this purpose) and a copy shipped to Westat and to NCHS - Hyattsville at the end of the stand.

4.5.4.2 New Construction/Regular Sample Duplication

On rare occasions a stand will contain households which have been listed both in the "new construction" sample and in the regular sample. This occurs when improper listing procedures are followed by the local housing permit office when preparing a list of new construction for the NHANES lister.

These cases should be handled by assuming them to be incorrectly listed as "new construction" and as legitimately falling into the regular sample. Thus, dispositions and exam results should be recorded under the regular sample segment/serial number rather than under the "new construction segment" segment/serial.

RTP should be notified and instructed to remove the case from the "new construction" sample. As in other cases where we removed households from the sample, these cases will automatically be put into the AFMS History file and the Field Manager will need to document the removal.

4.5.5 Quality Control and the AFMS

In addition to validation, it will be the responsibility of the Assistant Office Manager to support the quality control activities of the interviewing operations by performing the following tasks:

Generate from the AFMS the list of cases requiring validation;

Prepare the validation assignments, which includes copying the completed screener, the front cover and the call record from the Household Folder, and attaching the appropriate validation form; and

Enter into the AFMS the results of validation from the validation forms.

It will be the responsibility of the Quality Control Coordinator to enter into the AFMS the results of editing from the Edit Form.

4.5.5.1 Filing and Logging In Editing Forms

There will be a designated file drawer in the field office for completed Edit Forms. This file drawer will be subdivided into two parts: Edit Forms to be logged in and Edit Forms that have already been logged in to the AFMS.

Using the Enter Results of Edit Screen (see Section 4.5.5.2), the QCC will enter the outcome of editing in the AFMS.

4.5.5.2 Instructions for Using the Results of Editing Screen In The Automated Field Management System

The following pages provide instructions on using the Results of Editing Screen in the AFMS.

THE RESULTS OF EDITING SCREEN

**** NATIONAL HANES III ****
Results of Editing

Enter case ID
and press the 998 01 00045
RETURN key. --> std/seg/ser

>Screener Results:
Interviewer's ID:BAR_
Summary Evaluation:_(1-5)
Data Retrieval Required:_(Y/N)
Sampling Problem:_(Y/N)

Families in HH = 1
SP's IN HH = 1

>Family Questionnaire Results:
#:01 Interviewer's ID:BAR_
Summary Evaluation:_(1-5)
Data Retrieval Required:_(Y/N)

*To view any succeeding
sp's or families,
use ARROW DOWN key.

>Sample Person Results:
Family #:01 SP #:01 Adult__
Interviewer's ID:____(1-5)
Summary Evaluation:_(1-5)
Data Retrieval Required:_(Y/N)

*When through with entries
press the DO key.

Char Mode: Replace Page 1

Count: 1

THE PURPOSE OF THE SCREEN:

This screen is used to enter results of editing the household screener and questionnaires. The information needed to complete this screen is found on the Edit Form completed for each questionnaire.

THE RESULTS OF EDITING SCREEN

WHAT TO DO

TO ACCESS SCREEN

What To Do:

Access the *Quality Control* menu from the Main Menu using the arrow key or entering the menu number. Access *Enter Edit Results*.

TO ENTER IDENTIFIERS

What To Do:

Enter the Segment/Serial number of the case you wish to access. Press **<RETURN>**. The cursor will move to **SCREENER RESULTS; SUMMARY EVALUATION**.

Comments:

Use the arrow down key to scroll through SP's and families until you locate the family or SP you want.

TO ENTER EDITING RESULTS

What To Do:

The cursor will be on **SCREENER RESULTS: SUMMARY EVALUATION**. The Interviewer's ID will be automatically entered by the AFMS. Enter **SUMMARY EVALUATION, DATA RETRIEVAL REQUIRED** and **SAMPLING PROBLEM** from the form. Repeat for the Family and Sample Person Questionnaires.

Press **<DO>** to commit the entries.

Comments:

Often you will be entering the edit results on only one or two questionnaires. Use **<NEXT SCRIN>** to jump to the questionnaire for which you wish to enter results.

THE RESULTS OF EDITING SCREEN

WHAT TO DO

TO ACCESS SCREEN

What To Do:

Access the *Quality Control* menu from the Main Menu using the arrow key or entering the menu number. Access *Enter Edit Results*.

TO ENTER IDENTIFIERS

What To Do:

Enter the Segment/Serial number of the case you wish to access. Press **<RETURN>**. The cursor will move to **SCREENER RESULTS; SUMMARY EVALUATION**.

Comments:

Use the arrow down key to scroll through SP's and families until you locate the family or SP you want.

TO ENTER EDITING RESULTS

What To Do:

The cursor will be on **SCREENER RESULTS: SUMMARY EVALUATION**. The Interviewer's ID will be automatically entered by the AFMS. Enter **SUMMARY EVALUATION, DATA RETRIEVAL REQUIRED** and **SAMPLING PROBLEM** from the form. Repeat for the Family and Sample Person Questionnaires.

Press **<DO>** to commit the entries.

Comments:

Often you will be entering the edit results on only one or two questionnaires. Use **<NEXT SCR N>** to jump to the questionnaire for which you wish to enter results.

A report of cases awaiting validation must be generated twice a week in order to keep validation current. Section 4.4.5.4 contains instructions for generating reports including the list of validation cases.

A file drawer in the field office will be dedicated to validation. It will contain two divisions: the lists of cases to be validated, and completed validation forms. All validation related materials must be locked up at the close of each business day. The Assistant Office Manager will use the completed validation forms to enter the results of validation in the AFMS. Section 4.5.4.4 contains instructions for using the Enter Validation Results screen.

4.5.5.4 Instructions for Using the Results of Validation Procedures Screen in the Automated Field Management System

The following pages provide instructions for using the Results of Validation Screen in the AFMS.

4.6 Making Assignments and Reassignments in the AFMS

The Assistant Office Manager is responsible for entering interviewer assignments and reassignments into the automated system. Usually, however, at the beginning of the stand, if time permits, the Field Manager enters the initial assignments for all interviewers. Thereafter, it is the responsibility of the AOM to make these entries.

Two logs are used by the Field Manager to record assignments and reassignments. The Assignment Log (Part III, Exhibit 2-3) is used to record all initial assignments. Assignments are entered into the AFMS using the Assign Cases Screen. Reassignments are recorded in the Reassignment Log (Part III, Exhibit 3-2). If they are reassignments of broken appointment cases, they are entered into the AFMS on the Review Appointment History Screen. If they are reassignments of Home Exam cases, they are reassigned on the Home Exam Screen. All other reassignments are entered using the Review (with Optional Reassignment) Screen. Instructions for using the Assign Cases Screen are found in Section 4.6.1. Instructions for using the Review

4.5.5.4 Instruction for Using the Results of Validation Procedures Screen in Automated Field Management System

THE RESULTS OF VALIDATION PROCEDURES SCREEN

**** NATIONAL HANES III ****
Results of Validation Procedures

Enter Case ID: 998 01 00045 then press [Return]
Stand/Segment/Serial

Validation Result Codes

- Validation -

- 1 = Complete, no problem
- 2 = Complete, eligibility problem
- 3 = Not confirmed, address/phone problem
- 4 = Not confirmed, some type of falsification problem
- 5 = Incomplete, not home/ no answer
- 6 = Incomplete, refusal
- 7 = Incomplete, other reason

Completed by: _ (T = phone, F = field)
Result code: _
Interviewer: _

** After entering validation code and Interviewer ID --

Press [DO] to commit the entries.

Press [PF4] to exit.

Char Mode: Replace Page 1

Count: 1

THE PURPOSE OF THE SCREEN:

This screen is used to enter results of the validation procedures carried out by the Assistant Office Manager. The information needed to complete this screen is found on the Validation Form.

THE RESULTS OF VALIDATION PROCEDURES SCREEN

WHAT TO DO

TO ACCESS SCREEN

What To Do:

Access the *Quality Control* menu from the Main Menu using the arrow key or entering the menu number. Access *Enter Validation Results*.

TO ENTER IDENTIFIERS

What To Do:

Enter the Segment/Serial number of the case you wish to access. Press **<RETURN>**.

TO ENTER VALIDATION RESULTS

What To Do:

The cursor will be on **COMPLETED BY**. Enter whether the validation was done in the (F)ield or by (T)elephone.

Enter the code circled in the OUTCOME box at the bottom of the Validation Form.

Enter the initials of the person who carried out the validation, normally the AOM.

Press **<DO>** to commit the entries.

CODES

Validation Results

- | | | |
|---|---|---|
| 1 | = | Complete, no problem |
| 2 | = | Complete, eligibility problem |
| 3 | = | Not confirmed, address/phone problem |
| 4 | = | Not confirmed, some type of falsification problem |
| 5 | = | Incomplete, not home/no answer |
| 6 | = | Incomplete, refusal |
| 7 | = | Incomplete, other reason |

Appointments History Screen are found in Section 3.6.3.2. Instructions for using the Home Exam Screen are found in Section 5.2. Instructions for using the Review (with Optional reassignment) Screen are in Section 4.6.3.

If an error is made during the entering of initial assignments, the Case Assignment Correction screen should be accessed. This screen will make changes if cases were assigned to the wrong interviewer. Instructions for using this screen are in Section 4.6.4.

It is the responsibility of the Field Manager to give the assignment and reassignment logs to the AOM when assignments and reassignments are made and to ensure that the information is entered into the AFMS promptly so that interviewers will be credited properly for the work they perform.

4.6.1 Instructions for Using the Assign Cases Screen in the Automated Field Management System

The following pages provide instructions for using the Assign Cases Screen in the AFMS.

4.6.2 Instructions for Using the Review (With Optional Reassignment) Screen in the Automated Field Management System

Pages II-178 through II-179 provide instructions for using the Review (With Optional Reassignment) screen in the AFMS.

4.6.3 Instructions for Using the Case Assignment Correction Screen

Pages II-180 through II-181 provide instructions for using the Case Assignment Correction screen in the AFMS.

4.6.1 Instructions for Using the Assign Cases Screen in the Automated Field Management System.

THE ASSIGN CASES SCREEN

*** NATIONAL HANES III ***
SELECT CASES FOR ASSIGNMENT

Stand: 998 Segment: 01 Interviewer: OGA_

Assigning to: JOHNSON _____ OMEGA _____

Beginning Serial: 00010 Ending Serial: 00095

Assignment Date: 07/13/88

Press [Do] to assign interviewer to the
sequence of cases described on a screen

Char Mode: Replace Page 1

Count: 1

THE PURPOSE OF THE SCREEN:

This screen is used by the FM to assign initial cases to interviewers.

THE ASSIGN CASES SCREEN

WHAT YOU DO

TO ACCESS SCREEN

What To Do:

Access the *Assign Cases, Enter Disposition* screen from the Main Menu using the arrow key or entering the menu number. Access *Assign Cases*.

TO ASSIGN CASES

What To Do:

Enter the number of the segment from which you wish to assign cases.

Enter the initials of the Interviewer to whom you wish to assign cases. The AFMS will complete **INTERVIEWER'S NAME**.

Enter the beginning and ending number of the group of cases you wish to assign. If they are not consecutive or if you are assigning only one case enter the same number in both **BEGINNING SERIAL** and **ENDING SERIAL**.

Press **<DO>** to commit your entries.

4.6.2 Instructions for Using the Review (With Optional Reassignment) Screen

THE REVIEW (WITH OPTIONAL REASSIGNMENT) SCREEN

SCREEN 1

** NATIONAL HANES III **

Review and Reassign

Stand 998

Enter: Segment Serial

for the case you wish to review and press the RETURN key.

Messages => _____
if any, _____
appear here _____

Char Mode: Replace Page 1 Count: *0

SCREEN 2

** NATIONAL HANES III **

SCREENER: Stand/Segment/Serial 998/02/00103 Current Interviewer NOR_
Disp 11_ Date Completed 08/02/88 Original Interviewer NOR_

FAMILY: #01 Disp F2_ Completing Interviewer _____

SP#	NCHS#	AGE/ UNIT	BIRTH DATE	SEX	ETHNIC/ RACE	SP DISP	SP INTV	EXAM DISP	EXAM INTV
01	M9980075	25/Y	03/03/63	M	1/4	S3_	_____	E2_	_____
_____	_____	____/____	_____	_____	____/____	_____	_____	_____	_____

The case is currently assigned to NOR_

of family records = 3
of sample persons = 3

** To reassign this case -
ENTER INTERVIEWER ID _____
then press the RETURN key.

Char Mode: Replace Page 2 Count: *0

THE REVIEW (WITH OPTIONAL REASSIGNMENT) SCREEN

THE PURPOSE OF THE SCREEN:

The purpose of these screens is to provide for the reassignment of one or more cases. The first screen provides fields for identifying the case to be reassigned. The second screen allows you to reassign the case to a new interviewer. This screen also contains a number of display-only fields which contain questionnaire and MEC exam dispositions as well as limited demographic information. These data are displayed as an aid to the FM when deciding to whom to reassign a case.

WHAT YOU DO

TO ACCESS THE SCREENS

Access the *Assign Cases/Enter Dispositions* menu from the Main Menu using the arrow key or entering the menu number. Access *Review (w/Optional Reassignment)*.

SCREEN 1

TO ENTER IDENTIFIERS

What To Do:

Enter the Segment/Serial of the case you wish to review and reassign. Press **<RETURN>**.

Comments:

Screen 2 will automatically appear when you press **<RETURN>**. If reassignment is not necessary, press **<RETURN>** and Screen 1 will reappear.

SCREEN 2

TO REASSIGN THE CASE

What To Do:

The cursor will be on **ENTER INTERVIEWER ID**. All other fields on this screen are display-only. Note that the Current Interviewer's initials are displayed just below the dashed line.

Enter the new interviewer's initials and press **<RETURN>**.

4.6.3 Instructions for Using the Case Assignment Correction Screen From the Automated Field Management System.

THE CASE ASSIGNMENT CORRECTION SCREEN

*** NATIONAL HANES III ***
ASSIGNMENT CORRECTION

Stand: ____

Segment: ____ Serial (Enter a range): ____ - ____

Assignment Date: _____

Current Interviewer: _____

Assign to Interviewer: _____

Press [Do] to assign interviewer to sequence of cases described on a screen

** WARNING: All references to the displayed CURRENT INTERVIEWER will be removed from the database after [DO] is pressed

Char Mode: Replace Page 1

Count: *0

THE PURPOSE OF THE SCREEN:

This is an error correction screen used to reassign cases which have been assigned erroneously. In the procedure all association between the cases and the interviewer to whom they were first assigned are removed from the database and the cases are recorded as an initial assignment for the interviewer to whom they are reassigned.

THE CASE ASSIGNMENT CORRECTION SCREEN

WHAT YOU DO

TO ACCESS SCREEN

What To Do:

Access the *Assign Cases/Enter Disposition* screen from the Main Menu using the arrow key or entering the menu number. Access the *Case Assignment Correction* screen.

TO CORRECT CASE ASSIGNMENTS

What To Do:

Enter the Segment number and Serial numbers of the cases which were incorrectly assigned. If there is only one case enter the serial number twice.

Comments:

Note that there is only one **ASSIGN TO INTERVIEWER** field. If you wish to assign cases to more than one interviewer you will have to repeat the case correction procedure for each of them.

What To Do:

The AFMS will automatically enter today's date in **ASSIGNMENT DATE**. In **CURRENT INTERVIEWER** enter the initials of the interviewer who was erroneously assigned to the cases. The AFMS will fill in his/her name. In **ASSIGN TO INTERVIEWER** enter the name of the interviewer to whom you wish to assign the cases.

Press <DO> to commit your entries.

Comments:

NOTE THE WARNING: Changes will be made to the **CURRENT INTERVIEWER** field in the database after <DO> is pressed.

4.7 Printing Reports and Letters for the Field Manager and Home Office

4.7.1 Printing Reports

The AFMS will be used to monitor the status of each case, to track the work of each interviewer and to provide reports which give an overall picture of how household interviewing and appointment making are going and whether any special problems need attention. In the household interviewing component, AFMS reports provides much of the information upon which the Field Manager bases his/her supervisory decisions.

The Assistant Office Manager is responsible for printing the AFMS reports used by the stand management staff and home office. Instructions for printing these reports are displayed in Section 4.7.1.1. The reports required on a daily or weekly basis should be printed first thing in the morning, faxed to the home office and distributed within the field office.

These reports include the following:

- Stop Rule Report (daily)
- Daily Report - Totals (daily)
- MEC Response Rate Reports (Thursday)
- Report of Work by Interviewer (Tuesday and Friday)
- Daily Report - Segments (Tuesday and Fridays)

The Field Manager and other stand managers may request these reports more often.

4.7.1.1 Instructions for Printing Reports from Automated Field Management System.

The following pages provide instructions for Printing Reports from the AFMS.

PRINTING REPORTS
WHAT TO DO

TO ACCESS REPORT

What You Do:

Access the *REPORTS* menu from the Main Menu using the arrow key or entering the menu number. Some reports are printed directly from the *REPORTS* menu; others must be printed from a sub-menu. In either case, once you have accessed the menu containing the name of the report you wish to print, access the report using the arrow key or the report number and press <RETURN>.

Comments:

To print some reports a screen appears which prompts you to enter the date for which you wish the report printed. If you do not enter a date a default date will be used. For schedules the default date is usually "tomorrow"; for production reports the default is usually "as of today". Listed below are the default dates used for each report.

<u>NAME OF REPORT:</u>	<u>DEFAULT DATE:</u>
1. Appt. History	As of today
2. Quality Control Reports	
1. Report of Validation Cases	As of today
2. Interviewer Edit	As of today
3. Summary edit	As of today
3. Daily Report	As of today
4. Physician/Dentist	
1. Report of Cases w/o DDS, MD	As of today
2. Listing of MD/DDS	As of today
3. Letters	As of today

5. Interviewer Reports

- | | |
|----------------------------------|-------------|
| 1. Unassigned Cases | As of today |
| 2. Cases Assigned Not Complete | As of today |
| 3. Report of work by Interviewer | As of today |
| 4. Interviewer Conference Report | As of today |
| 5. Summary as Active Cases | As of today |

6. Scheduling

- | | |
|--------------------------------------|-------------------------|
| 1. Scheduled Appointments - Detailed | Today thru end of stand |
| 2. Scheduled Appointments - Total | Today thru end of stand |
| 3. Daily Appointment Schedule | Tomorrow |
| 4. Calendar | Whole stand |
| 5. Reminder Notice | Today |
| 6. Transportation | Tomorrow |

7. Database Cross-References

- | | |
|---|-------------|
| 1. XREF All, by Sample # (Master List) | As of today |
| 2. XREF All, by Name | As of today |
| 3. XREF All, by Seg, Ser & SP# | As of today |
| 4. XREF Examinee, by Sample # | As of today |
| 5. XREF Examinee, by Name | As of today |
| 6. XREF Refused, Exam Appointment by Sample # | As of today |
| 7. XREF Refused, by Name | As of today |
| 8. XREF Refused, by Seg, Ser & SP# | As of today |
| 9. XREF Broken App't, by Sample # | As of today |
| 10. XREF Broken App't, by Name | As of today |
| 11. XREF Broken App't, by Seg, Ser & SP# | As of today |
| 12. XREF, Not Examined, by Seg/Ser & SP# | As of today |
| 13. XREF, Not Examined, by name | As of today |
| 14. XREF, Home Exams, by sample # | As of today |
| 15. XREF, Home Exams, by name | As of today |
| 16. XREF, Home Exams, by Seg/Ser & SP# | As of today |
| 17. XREF, Replicates - MEC | As of today |
| 18. XREF, Replicates - Home Exam | As of today |

- | | |
|------------------|-------------|
| 8. Control Cards | As of today |
|------------------|-------------|

- | | |
|------------|---------|
| 9. Letters | Undated |
|------------|---------|

- | | |
|--------------|-------------|
| 10. Log File | As of today |
|--------------|-------------|

11. End of Stand

1.	Dump of Stand	As of today
2.	Screeners/no Dispositions	As of today
3.	SPs over Age 60	As of today
4.	Examined SPs by Interviewer	As of today
5.	Broken Appointment Report by sex, age	As of today
6.	Exam-by-Week-Day	As of today
7.	SPs Not Examined	As of today
8.	All SP Dispositions	As of today
11.	Response Rate - Total	As of today
12.	Response Rate by sex, age, and race	As of today
13.	SPs interviewed/not examined	As of today
14.	Stratum - Race/Ethnicity Report	As of today
15.	SPs in History File	As of today
16.	Examined SPs by age group	As of today
17.	Age/Sex/Race/Ethnicity Report	As of today
18.	Home Exam Response Rate by sex & age - Total	As of today
19.	Home Exam Response Rate by sex & age & race	As of today

4.7.2 Non Response Letters

Non Response letters are sent to individuals who refuse the questionnaire or the MEC exam or to the households or SPs who have been difficult to contact. These letters emphasize the value of the study and the importance of receiving the cooperation of the Sample Person. The Office Manager notes on the Household Folder the date the letter was sent so that a return visit to the household by an interviewer can be scheduled. Approximately 5 days after the refusal letter has been sent, an interviewer returns to the household to attempt to gain the SP's cooperation. There are two methods of generating refusal letters. The first is to use the standardized letters contained on the AFMS. The letters sent to SPs refusing an interview is shown as Exhibit 4-13, the letters sent to SPs refusing the exam is shown as Exhibit 4-14.

The Field Manager will provide a list of the names and segment/serial numbers of nonresponse cases to the Office Manager to whom s/he wishes a standardized letter sent. The Office Manager will generate the refusal letters from the Report menu in AFMS (see Section 4.7.1.1). In the case of SP nonresponse, the Office Manager accesses the SP's Control Card (see Section 4.7.2.2) to obtain the correct mailing address for the SP and sends a refusal letter. For screener nonresponse, the address on the Household Folder is used.

The second method of generating non response letters is to use the field office word processing program to generate individualized letters. Several model letters (Appendix E) have been put on the system. The Field Manager determines when one of these letters should be used. S/he provides the Office Manager with the name, address and circumstances of the SP and the OM determines how the letter should be modified. Usually, the local office assistant generates the letter using the word processing program. Slight deviations may be made to these letters, depending on the SP's circumstances, however, substantial changes or additions to the text of any of these letters must be sent to the home office and approved before it is sent to the SP. At the end of the stand copies of all individualized non response letters are sent to the home office and to NCHS in Hyattsville.

4.7.2.1 Instructions for Printing Refusal Letters from Automated Field Management System.

Page II-192 provides instructions for Printing Refusal Letters from the AFMS.

Exhibit 4-13

December 1, 1990

Household ID 09/0017-7

Dear Ms. :

We were sorry to learn you do not wish to take part in our health survey. You may wonder why we keep trying to interview you or the third National Health and Nutrition Examination Survey, so we would like to explain just how important your help can be and give you a clear picture of how easy it is for you to help us.

Our purpose is to learn how we can improve health care services for all persons living in the United States. The more facts we can gather, the better job we can do.

By helping us, you will also be helping yourself and your family. You will each receive--free--a health examination that would normally cost \$500 or more. There is nothing painful in the examination, and all results are kept confidential.

Not only will you receive this free examination, but we will also pay you to drive yourself to the exam center--or, if you wish, arrange free taxi service. At the end of the examination, you will each receive \$30-\$50 (depending on your age and the time you schedule your appointment). This is our way of saying "Thanks for your help."

In hope that you will help, one of our representatives will call on you to arrange a convenient time to talk with you about this important survey. I have enclosed some literature that will give you a better idea of what we are all about. Please take a few minutes to look at this literature.

Please call our office if you have any questions or to set up a good time for our representative to come talk with you. Our office number is (602) 397-0072 or 1-800-735-1997 if long distance.

Sincerely,

Dr. Robert Cuellar
Field Operations Coordinator
NHANES III

Exhibit 4-13 (continued)

December 6, 1990

Household ID 20/0060-6

Dear Mr. :

We realize that you have expressed a reluctance to participate in the Third National Health and Nutrition Examination Survey (NHANES III). Since this survey is so important, we wanted to take one more opportunity to address any concerns you may have.

NHANES III is a major program of the U.S. Department of Health and Human Services and is an important source of information on the health status of the United States population. Federal, state and local governments, hospitals, universities, and private industry use data from this survey in planning for the health needs of our population. The more people like yourself who participate in the study, the more reliable and better quality our data. Since everyone in the United States cannot participate, each selected person represents many other people who will not have the opportunity to participate.

In addition to helping in this important study, there are direct benefits to you. I have enclosed some literature on those benefits and the study. Please take a few minutes to look at this literature. It will give you a better idea of what we are all about.

We will be leaving Maricopa County on March 18th. With so little time left, it is very important that we talk with you again! One of our representatives will call on you soon.

We apologize for our persistence, but YOU ARE VERY IMPORTANT TO THE STUDY AND CANNOT BE REPLACED WITH SOMEONE ELSE! Please call our office if you have any questions or to arrange a good time for our representative to come and talk with you. Our office number is (602) 397-0072 or 1-800-735-1997 if long distance.

Sincerely,

Dr. Robert Cuellar
Field Operations Coordinator
NHANES III

Exhibit 4-13 (continued)

December 7, 1990

Household ID #07/0003-1

Dear Ms. :

We are sorry you found it necessary to cancel your appointment for our third National Health and Nutrition Examination Survey. Since you have already invested time and effort in helping us, we would be very pleased if you would give us the opportunity to work with you to complete your participation in this study.

Our goal is to learn how we can improve health care services for all persons living in the United States. The more facts we can gather, the better our information. The health examination is a very important part of this survey because, together with the health interview information you gave us in your home, it gives us a comprehensive health picture. Since you represent many others in your community, your help is very important.

By helping us, you will also be helping yourself and your family. You will receive a free physical exam that would normally cost \$500 or more. There is nothing painful in the examination, and all results are kept confidential. We will also pay you to drive yourself to the exam center or, if you wish, arrange free transportation service. At the end of the examination, you will receive \$30-\$50 (depending on your age and the time you schedule your appointment). This is our way of saying "Thanks for your help."

Again, we would appreciate the opportunity to work with you to complete the examination part of this important national survey. One of our representatives will call on you in a few days to assist you in rescheduling your examination and answer any questions you may have about your participation in this survey.

Meanwhile, if you have any questions, please call us at (502) 484-5432 or 1-800-735-1997 if long distance.

Sincerely,

Dr. Robert Cuellar
Field Operations Coordinator
NHANES III

Exhibit 4-14

December 1, 1990

Household ID 18/0012-4

Dear Mr. and Mrs. :

Thank you for participating in the household interview portion of the third National Health and Nutrition Examination Survey.

We were sorry to learn, however, that you do not wish for your child, Billy J. Short, to take part in the physical exam. You may wonder why we keep trying to set an appointment for your child to receive a physical examination for the survey, so we would like to explain just how easy it is for you to help us.

This is a nationwide study, based on a random selection of homes throughout the country and then the random selection of residents within those homes. Each person selected represents many other persons in this region in the same age and gender group. Since it is impossible to interview and examine every person living in the U.S. and since no substitutions are possible in a random sample survey, your child's representation is very important.

One of the primary functions of this study is to provide current information for growth charts for children. These charts which have been adopted by the World Health Organization, allow pediatricians to tell parents if their child's height and weight is proportionate to their age. This information is very important in that it allows pediatricians to detect possible health problems in children.

The examination for Billy would include a dietary and health interview conducted with one of you, a visit with the physician, and measuring your child's height and weight along with a few other procedures. All procedures are explained before they are carried out and you have the option of accepting or refusing any procedure. The entire examination will take approximately two hours.

Please call our office if you have any questions or to set up a good time for our representative to come talk to you. YOUR CHILD IS VERY IMPORTANT AND CANNOT BE REPLACED WITH SOMEONE ELSE! Our office number is (602)397-0072 or 1-800-735-1997 if long distance.

Sincerely,

Dr. Robert Cuellar
Field Operations Coordinator
NHANES III

Exhibit 4-14 (continued)

December 6, 1990

Household ID 02/0111-6

Dear Ms. :

Thank you for participating in the household interview portion of the third National Health and Nutrition Examination Survey.

We were sorry to learn, however, that you do not wish to take part in the physical exam. You may wonder why we keep trying to set an appointment for you to receive a physical examination for the survey, so we would like to explain just how easy it is for you to help us.

Our purpose is to learn how we can improve health care services for all persons living in the United States. The more facts we can gather, the better job we can do. You are one of those selected in this area to represent many others in your community. This is why your help is so very important.

By helping us, you will also be helping yourself and your family. You will receive--free--a health examination that would normally cost \$500 or more. There is nothing painful in the examination, and all results are kept confidential.

Not only will you receive this free examination, but we will also pay you to drive yourself to the exam center--or, if you wish, arrange free taxi service. At the end of the examination, you will receive \$30-\$50 (depending on your age and the time you schedule your appointment). This is our way of saying "Thanks for your help."

In hope that you will help, one of our representatives will call on you to arrange a convenient time to talk with you about this important survey. I have enclosed some literature that will give you a better idea of what we are all about. Please take a few minutes to look at this literature.

Please call our office if you have any questions or to set up a good time for our representative to come talk to you. **YOU ARE VERY IMPORTANT AND CANNOT BE REPLACED WITH SOMEONE ELSE!** Our office number is (602) 392-0072 or 1-800-735-1997 if long distance.

Sincerely,

Dr. Robert Cuellar
Field Operations Coordinator
NHANES III

II-191

REFUSAL LETTERS

WHAT TO DO

TO PRINT

What You Do:

Load letter-head stationary into the laser printer.

Access *Reports* on the Main Menu using the arrow key or entering the number of the module. Access *Letters* on the *Reports* menu, then access *Refusal Letters*.

Select language (English or Spanish) and enter NCHS #. The AFMS will automatically print the correct letter.

4.7.2.2 Instructions for Reviewing and Printing Control Cards from the Automated Field Management System

The following page provides instructions for reviewing and printing Control Cards from the AFMS.

4.8 Additional Screens

There are four additional screens that are related to the entering of disposition codes and Household Folder information that the field office may need to use on occasion. They are:

- 1) **Modify Provider Information Screen.** As described in Section 4.3, the name and address of the SP's doctor and dentist are entered in the AFMS from the Enter Household Folder Screen. The AFMS compiles a list of these health care providers. This screen is used if a modification needs to be made to the list of names and addresses of doctors and dentists. See Section 4.6.1 for instructions of how to use this screen.
- 2) **Remove SP From File Screen.** This screen is used if an SP has been erroneously entered into the AFMS and needs to be deleted. This could occur if an SP was incorrectly selected and the error was not detected until after the SP had been entered into AFMS. Another reason for needing to delete SPs might result from confusing case identification numbers and SPs between households. Every time that an SP is deleted, a record must be kept of this fact with an explanation for the reason. Before the SP is removed, print a control card for the SP and write the reason for the removal on the control card. Then file the card in the office filing system under SPs Removed from Stand. The AFMS keeps a log of all SPs who are removed. A listing of those removed should be checked against the manual file at the end of the stand to make sure there is documentation on all removals. See Section 4.8.2 for instructions on how to use the Remove from File screen.
- 3) **Correct Household/Address Information.** This screen is used in the event that the household address needs to be changed. The address that appears on the front of the Household Folder is the same address that is in the AFMS. Frequently interviewers will record improved address information on the front of the Household Folder. This information should be updated in the AFMS. See Section 4.8.3 for instructions on how to use this screen.

4.7.2.2 Instructions for Reviewing and Printing Control Card From Automated Field Management System

CONTROL CARDS

06/08/89

** NEANES III CONTROL CARD **

Enter: Stand/Seg/Serial:107/07/00672 or NCHS#:M1074105
 or Name: _____, _____

Curr Intv:ITA_

Name:WEEKS _____, WILLIAM E. _____ Family:01 SP:01 NCHS#:M1074105
 Address:ROUTE 7 _____ Dispositions--SP:Sl_(____) Appt:El_(____)
 CORINTH _____, MS 38834 _____ **Close SP
 Phone:601 286 5535 _____ MD:127 DDS:135 _____ (Y/N)? Y
 Age:79 Y Birthdate:07/31/09 Ethnic/Race:3/1 Sex:M Lang:E Consent:1 GTT:M
 Date Examined:05/05/89 Transp Code:S Pick-up Time: _____ Authorization:0
 REMARKS: _____

---- APPOINTMENT INFORMATION ----					
	Date	Type	Interviewer	Result	Timeslot
Current==>	05/05/89		ITA_		A
-	_____	-	_____	-	-
-	_____	-	_____	-	-
-	_____	-	_____	-	-
-	_____	-	_____	-	-

Char Mode: Replace Page 1

Count: 1

WHAT TO DO

TO ACCESS SCREEN

What You Do:

Access **Lists** on the Main Menu using the arrow key or entering the menu number. Select **Control Card**.

TO ENTER IDENTIFIERS

What You Do:

The screen will prompt you to enter either the segment/serial number, the NCHS number or the name of the SP. You must enter only one of these identifiers. AFMS will then display the SP information in the Control Card Fields on the screen.

NOTE: This is the only screen in which an SP can be closed out manually. The cursor will be on **Close SP (Y/N)?** Enter Y(es) and press <DO>.

TO PRINT

What You Do:

Press <F9>, then <ENTER> three times.

- 4) Pullback Subsample. This set of screens is used to deselect households that have been released for assignment because too many SP's have been identified for the stand. These screens are only used under instruction from the home office. See Section 4.8.4 for instructions on how to use this screen.

4.8.1 Instructions on the Use of the Modify Provider Screen in the Automated Field Management System

The following pages provide instructions for using the Modify Provider Screen in the AFMS.

4.8.2 Instructions on the Use of the Remove SP From File Screen in the Automated Field Management System

Pages II-198 and II-199 provide instructions for using the Remove SP Screen from AFMS.

4.8.3 Instructions on the Use of the Correct Household/Address Information Screen in the Automated Field Management System.

Pages II-200 and II-201 provide instructions for using the Correct Household/Address Information Screen in the AFMS.

4.8.4 Instructions on the Use of the Pullback Subsample Screen in the Automated Field Management System.

Pages II-202 through II-207 provide instructions for using the Pullback SubSample screen.

4.8.1 Instructions for Using the Modify Provider Information Screen

THE MODIFY PROVIDER INFORMATION SCREEN

** NATIONAL HANES III **
** RESPONDENTS' PERSONAL HEALTHCARE PROVIDERS **

Provider Code: _____

M - Medical or D - Dental: _ P - Private or C - Clinic: _

Last Name/Business First Name

Address: _____

City: _____ State: _ Zip: _____

Char Mode: Replace Page 1

Count: *0

THE PURPOSE OF THE SCREEN:

This screen allows you to correct the name or address of a medical provider entered incorrectly in the AFMS file of respondent's physician and dentists.

THE MODIFY PROVIDER INFORMATION SCREEN

WHAT TO DO

TO ACCESS SCREEN

What To Do:

Access the *Assign Cases/Enter Disposition* screen from the Main Menu using the arrow key or entering the menu number. Access the *Modify Provider Information* screen.

TO MODIFY PROVIDER INFORMATION

What To Do:

The cursor will be on **PROVIDER CODE**. Enter the provider code for the physician or dentist whose name/address you wish to modify. The AFMS will automatically enter the name, address and other information currently stored in the system under that code.

Correct information by typing over it. When you have finished your corrections, commit them by pressing **<DO>**.

THE REMOVE SP(S) FROM ACTIVE FILE SCREEN

*** NATIONAL HANES III ***
Remove SP(s) From Active File

	* Enter either Stand/Seg/Ser Or NCHS #	Counts for Seg/Ser	
	Then press	# families ___	
-----	RETURN ___ ___ ___	# SPs ___	-----
NCHS #	FAMILY	SP #	NAME (First,Last)
_____	_____	_____	_____
			REMOVE This Record ? _____ (Y/N)
*Press DO key when through			
Family Record(s)	Stand/seg/ser	Family	Disp
*(will be removed if all associated SPs are removed.)	_____	_____	_____
			REMOVE This Record ? _____ (Y/N)
Char Mode: Replace Page 1		Count: *0	

THE PURPOSE OF THE SCREEN:

Occasionally, when interviewing a family, an Interviewer will find that an individual listed as a family member and selected as an SP does not actually meet our criteria of a family member. In other cases the Interviewer may select an SP incorrectly. This screen allows you to remove such SPs from the family record.

The request to remove an SP from an active file is made by the FM.

THE REMOVE SP(S) FROM ACTIVE FILE SCREEN

WHAT TO DO

TO ACCESS SCREEN

What To Do:

Access the *Assign Cases/Enter Disposition* screen from the Main Menu using the arrow key or entering the menu number. Access the *Remove SP(s) From Active File* screen.

TO CALL UP RECORD

What To Do:

Enter **SEGMENT SERIAL** or **NCHS #**. Then press **<RETURN>**.

TO ENTER INFORMATION

What To Do:

The AFMS will enter the name and other information of the SP corresponding to the identifiers you have entered. If you have entered **SEGMENT/SERIAL** rather than the **NCHS #**, the record of SP #1 in Family # will appear first. Scroll through the SPs and families in the case to find the one you wish to remove.

The cursor will be on **REMOVE THIS RECORD?** Check to make sure you have the correct SP's record on the screen before entering (Y)es. Then press **<DO>** to commit the information.

Comments:

If you remove all SPs from a Family Record (some families have only one SP) the AFMS also removes the family record from the active file. To prevent you from doing this accidently, the cursor will move to the bottom half of the screen, which deals with the Family Record, and query: **REMOVE THIS RECORD?** Enter Y(es) only if you have intended to remove all SPs from the Family Record.

4.8.3 The Correct Household/Address Information Screen

THE CORRECT HOUSEHOLD/ADDRESS INFORMATION SCREEN

** NATIONAL HANES III, Stand: ___ **
Modify Screener Address

Enter Segment/Serial: ___/____, then press [Return]

Screener Address

-- Sample Persons in Above Screener --

___	_____	::	/	_____	,	_____
___	_____	::	/	_____	,	_____
___	_____	::	/	_____	,	_____
___	_____	::	/	_____	,	_____
___	_____	::	/	_____	,	_____
___	_____	::	/	_____	,	_____

Char Mode: Replace Page 1

Count: *0

THE PURPOSE OF THE SCREEN:

This screen allows you to modify an address which was listed incorrectly on the Household Folder. Interviewers check the address recorded on the Folder label when they visit the household to administer the screener. If the address is incorrect, the correct address is written in on the label. When the AOM reviews the Household Folder for entering data on the *Enter Household Folder Contents* screen, s/he should note wherever address corrections are needed.

THE CORRECT HOUSEHOLD/ADDRESS INFORMATION SCREENS

WHAT TO DO

TO ACCESS SCREEN

What To Do

Access the *Assign Cases/Enter Dispositions* screen from the Main Menu using the arrow key or entering the menu number. Access the *Correct Household/Address information* screen.

TO ENTER IDENTIFIERS

What To Do

Enter the Segment/Serial number for the household whose address you wish to correct. Press <**RETURN**>.

TO CORRECT ADDRESS

What To Do

The AFMS will enter the current address in **SCREENER ADDRESS** and will list all the SPs listed in the Household. Enter the address correction by typing over the current address.

Comments:

The AFMS will signal you that an address correction has been made for all of the SPs listed in the Sample Person list.

NOTE: If the SP has a mailing address different from the household address you must correct the household address before entering the mailing address.

PULL BACK SCREENS

SCREEN 1

** NATIONAL HANES III **
 PULLBACK/RERELEASE SUBSAMPLES

Subsample	Total cases	Pulled Back Cases
A <==	909	11
B	181	8
C	145	17
D	145	0
E	90	0
F	91	0
G	54	0
H	55	0

Char Mode: Replace Page 1 Count: 8

SCREEN 2

** NATIONAL HANES III **
 CASE CATEGORIES FOR SUBGROUP: D

- > 1) ALL UNASSIGNED CASES IN SELECTED SUBSAMPLE
- ___ 2) ALL CASES IN THE SUBSAMPLE WITH SCREENER DISPOSITION 14 -20
- ___ 3) SELECT CASES BY SEGMENT, SERIAL

CASE CATEGORY FOR SELECTED SUBGROUP: 1

Segment: ___ Serial: ___ to ___

Do you want a printed list of the subsamples in this case category? _

Char Mode: Replace Page 2 Count: *0

SCREEN 3

** NATIONAL HANES III **
 SELECT HOUSEHOLDS TO PULL-BACK

Pull Back (Y / N)	Segment	Serial	Released	Pulled Back Once	Pulled Back Twice
-	02	00044	1	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

***> Use the arrow keys (or Return) to scroll up and down.
 Enter a Y for Deselection or a N for Selection (Blank for neither).
 Press [Do] to execute the pull back(s).
 Press [PF4] to return to the previous screen.

Char Mode: Replace Page 3 Count: *1

PULL BACK MENU

*** NHANES III ***
PULL BACK MENU

- > 1 PULL BACK RECORDS
- ___ 2 RERELEASE RECORDS
- ___ 3 RECOVER PULLED BACK RECORDS
- ___ 4 EXIT

USE THE ARROW KEYS OR TYPE THE NUMBER
OF THE DESIRED SELECTION AND PRESS
RETURN TO SELECT, PF4 TO ABORT: 1

Char Mode: Replace Page 1

Count: *0

THE PURPOSE OF THE SCREEN:

This series of screens provides the ability to remove groups of households from the sample in cases where the target number of SPs for a stand is being substantially exceeded. There is also the capability to release deselected cases back into the sample.

WARNING: THE SCREENS MAY NOT BE USED UNLESS AUTHORIZED BY THE HOME OFFICE.

PULL BACK SCREENS

WHAT TO DO

What You Do:

Access the *Pull Back Menu* from the *Begin Stand* menu. Select *Pull Back Records* by pressing <**RETURN**>.

The pull back procedure is carried out using three screens. On Screen 1 you must select the subsample from which you will deselect (or pull back) cases. Screen 2 is used to designate the procedure to identify the cases which are to be included in the pull back sampling frame. Screen 3 is used to identify and code those cases which will be deselected and those which will remain in the main sample.

SCREEN 1

Screen 1 will display the total number of cases in each subsample and the number of cases in each subsample which have already been pulled back. Select the first subsample from which you wish to select cases for the pull-back sampling frame by using the down arrow and pressing <**RETURN**>. Screen 2 will automatically appear.

SCREEN 2

Screen 2 provides three options:

- (1) Select all unassigned cases in the subsample;
- (2) Select all cases in the subsample with screener dispositions 14 - 20 (nonresponse categories); or
- (3) Select individual cases by segment/serial number.

If either of the first two options are selected, the pull back sampling frame is generated automatically. If the third option is selected you must enter the segment and serial number of the case(s) you wish included in the sampling frame. Note you may indicate groups of cases within the same segment if their numbers are consecutive.

At the bottom of the screen you may request a listing of all subsamples which fall into the option category you have selected. For example, if you have selected option 1: all unassigned cases, you can request a listing of all subsamples which contain unassigned cases.

PULL BACK SCREENS

SCREEN 3

Screen 3 will list each case you have selected for the pull back sample. You must scroll through the cases and designate for each whether it is to be pulled back or will remain in the main sample by entering Y(es) or N(o) in the PULL BACK (Y/N) field and pressing <RETURN>. After all cases have been designated, press <DO> to execute the pull-back(s).

The three display-only fields on the right of Screen 3 indicate if the case has already been released to be worked by the interviewing staff and whether the case has been previously pulled back.

If you wish to select cases from another subsample for the pull-back sampling frame, return to Screen 1 by pressing <PF4>.

NOTE: THE INFORMATION NEEDED TO PERFORM THE PULL-BACK PROCEDURE, I.E., THE DECISION TO DESELECT AND THE SPECIFIC CASES TO BE INCLUDED IN THE SAMPLING FRAME, MUST COME FROM THE HOME OFFICE. THIS SCREEN MAY NEVER BE USED TO REMOVE CASES FROM THE FILE UNDER ANY OTHER CIRCUMSTANCES.

RE-RELEASE RECORDS

** NATIONAL HANES III **
SELECT RECORDS TO RE-RELEASE

RE-RELEASE (Y / N)	SEGMENT	SERIAL
-	07	00777
-	08	00062
-	08	00266
-	08	00389
-	09	00108
-	09	00658
-	09	00674
-	10	01381
-	10	01404
-	10	01420

Char Mode: Replace Page 1

Count: 10

WHAT TO DO

What You Do:

The re-release screen will list all cases which are currently pulled backed. You must scroll through and flag each case with a Y(es) and N(o) on whether it is to be re-released into the main sample.

RECOVER PULL BACK RECORDS

(To be developed)

5. Support to Home Examinations

For the first time on a NHANES survey, home examinations are being offered. The home examination is a very modified version of the MEC examination and takes between 10 to 15 minutes for children and 45 to 60 minutes for adults to administer. A field interviewer will schedule the home examination and a home exam technician, who is a member of the MEC team, will administer the exam.

The home exam is not a substitute for the MEC exam. The goal of the survey is to examine all SP's in the MEC with the exception of the very elderly who are bedbound or in a wheelchair. All efforts will be made to schedule MEC appointments for SP's, and only after all required efforts have been exhausted will a home examination be offered. Section 3.5 in Part III of this manual explains the decision-making rules for offering the home examination.

It will be the responsibility of the Field Manager to implement the rules for offering the home examination. It will be the responsibility of the field office to maintain the schedule for home examinations, as well as enter disposition code information into the AFMS on the results of scheduling and completing the home exam.

Home Exam appointments should begin during the third week the MEC is in operation. Replicate home exams should be scheduled early in the exam period so that more time at the end can be available for cold calls. Appointments can also be made during the first two weeks the MEC is operating in the rare situations when an SP will not be available during the regular home exam period.

5.1 Scheduling Home Examinations

Interviewers will offer home examinations to SP's as instructed by the Field Manager. The rules for offering home exams are described in Part III of this manual, Section 3.1. The rules vary depending on the age and health status of the SP as well as the level of nonresponse. Regardless of the reason a home exam is offered, it will be necessary to keep track of the activity connected with offering and scheduling the exam.

The AFMS has a Home Examination Screen that is used to enter all information for home exams. Once an SP has been designated by the Field Manager as a home exam candidate, the SP is

identified as a home examinee on the Home Examination Screen. In addition, an SP Card is started for the SP if one does not already exist. When a home exam is offered to a SP, the AOM will use the Home Examination Screen to enter the name of the interviewer who is being assigned. After the interviewer has approached the SP concerning the home examination, s/he will record a Scheduling Code on the SP card. This Scheduling Code (e.g. H1-exam appointment made, H2-refused, etc.) will be entered into AFMS by the AOM when the case is returned from the interviewer and logged-in. (See Section 4.1 for a description of the receipt and log-in of home exam cases through the central filing system.) The interviewer will use the SP Card to record all attempts to schedule a home examination.

The Home Examination Screen also has a place to enter the date and time that a home exam is scheduled. Interviewers will call or come in to the field office to schedule home exams. The Office Manager or Assistant Office Manager will be responsible for scheduling home exams. There will be a separate Home Exam Master Appointment Calendar to record scheduled examinations. We prefer that the field office schedule home exams during the times that the MEC has a session. If there is a need to schedule an SP at an alternate time, the Office Manager should consult with the Home Examiner before confirming the appointment. Normally, one home exam can be scheduled per MEC session. However, if there are two SPs at one address, they both can usually be accommodated at one session.

The home examination technician will record the outcome of the home examination on the same form used by the interviewer (i.e., the SP Card and on the Household Folder). Household Folders for SP's with scheduled home examination appointments will be placed in the file drawer, "Awaiting Home Examination" (Station #5) until the day of the appointment. On the day of the appointment, the field office will give the home exam technician \$15 to be paid to the SP, the Household Folder containing the Screener, the SP Card, the Consent Form and the Home Exam Form. The Office Manager should use the same receipt system (described in Section 3.4) with the home exam technician as used with the MEC Coordinator to pay SP's examined on the MEC. The Office Manager should also write the race/ethnicity codes for the SP on the front of the Home Exam Form.

Similar to MEC reminders, a home exam reminder letter (Exhibit 5-1) is sent a week before the appointment and a reminder telephone call is made a day before the exam. The same fasting rules will apply for home examinations as MEC exams. Note that the letter which calls for a six-hour fast must be modified for individuals who do not fast (children, diabetics on insulin).

A Completion Code (e.g., C1-exam conducted, C2-exam rescheduled, etc.) will be recorded by the home exam technician on the SP Card and Household folder. When the technician returns the home exam materials (i.e., the Household Folder, the SP Card, the Home Exam Form, and the consent form) to the field office, it will be placed in the file drawer for log-in to the AFMS (Station #1). The Completion Code should then be entered into the AFMS using the Home Exam Screen, and the case should follow the routing form shown in the Household Folder (see Section 4.1).

The MEC Manager will have responsibility for reviewing the home examiner's work.

5.2 Instructions for Using the Home Examination Screens in the Automated Field Management System.

Pages II-213 through II-215 provide instructions for using the Home Examination Screen in the AFMS.

Exhibit 5-1

September 15, 1990

Mr. _____
Philadelphia, PA 19114

Dear Mr. :

This is to confirm your appointment for your home health examination. Ms. Sheila Shofe, our Health Examiner, will arrive at your home at 2:30 pm on your examination date, September 28, 1990.

Since a six hour fast is required for this examination, you should not have anything to eat or drink for six hours before your scheduled exam time. Only water is allowed: no coffee, tea, cola or other liquids should be consumed. Also do not have any gum or mints.

DO TAKE ALL of your normal medications at the prescribed time.

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

Let us assure you again that everything we learn from your examination will be kept confidential. However, with your permission, we will send a copy of our findings to your doctor and dentist. Please have this information on hand for our Examiner on your exam day.

If you have ANY questions, we hope you will call our office at (215) 568-3080 or if long distance 1-800-735-1433. As a token of our appreciation, you will receive \$15 for your participation. Thank you again for your help.

Sincerely yours,

Janet Warren
Field Coordinator

THE HOME EXAM SCREEN

*** NATIONAL HANES III ***
HOME EXAM SCREEN

IDENTIFYING INFORMATION

Enter: STAND/SEG/SER/FAM/SP-NO: 103/___/___/___/___ or NCHS#: _____
or NAME (LAST): _____ (FIRST): _____

Identify this person as a home examinee: _ Age: ___ Birth Date: _____

APPOINTMENT INFORMATION

Case is currently assigned to: ___ Reassign to: ___ Broken appt. _
Appointment date: _____ Appointment time: _____ Home exam disp: ()
Appt. Intvr: ___ Remarks: _____
Result of appt: Examined....: _ Date examined.: _____ Examiner: _____
Not Examined: _ Completion Code: ___ Date: _____

Char Mode: Replace Page 1

Count: *0

THE PURPOSE OF THE SCREEN:

The purpose of this four-part screen is to identify, reassign (if necessary), schedule and enter results for an SP for a home exam.

HOME EXAM SCREEN

WHAT TO DO

TO ACCESS SCREEN

What You Do

Access the *Home Exam* screen from the Main menu. To move about the screen from one block to another use the return key.

TO IDENTIFY AN SP AS A HOME EXAM CANDIDATE

Call up the SP screen by entering either the segment/serial, the NCHS number or the SP's name and pressing <FIND>. The AFMS will automatically enter SP birthdate and age.

To flag the SP in the system as a home exam candidate, enter Y(es) in the IDENTIFY THIS PERSON AS A HOME EXAM? field and press <RETURN>. If no further entries need to be made at this time exit the screen by pressing <DO>.

TO REASSIGN THE CASE

If the case needs to be reassigned, enter the new interviewer's initials and press <RETURN>. If the case does not need to be reassigned press <RETURN> and the following message will appear on the screen:

"Original Interviewer Remains Current Interviewer"

NOTE: If the case is not reassigned to a new interviewer at the time the SP is identified as a home exam candidate, the AFMS will not allow a reassignment until after a scheduling disposition (H code) has been entered for the original interviewer.

TO ENTER AN APPOINTMENT DATE

Enter appointment date and time in the appropriate fields and enter the home exam scheduling code in the HOME EXAM DISP. field. The appointment interviewer will be entered by the AFMS. Enter any remarks in the REMARKS field.

TO ENTER RESULTS OF APPOINTMENT

Arrow down to the correct results entry (EXAMINED/NOT EXAMINED) and press **<SELECT>**. If EXAMINED is selected, the AFMS will enter today's date in the DATE EXAMINED field and C1 in the COMPLETION CODE field. If the completion date is not today's date, type in the correct date and press **<RETURN>**. Then type in the Home Examiner's ID number and press **<COMMIT>**.

If NOT EXAMINED is selected, press **<COMMIT>**. Then enter the appropriate home exam completion code in the COMPLETION CODE field and press **<COMMIT>**.

6. THE REPORTING SYSTEM

Exhibit 6-1 lists each report that currently exists in the AFMS, who will use the report, and how frequently it should be generated. (Section 4.5 includes instructions on how reports are generated from the AFMS.) Appendix F shows an example of each one of the reports.

Exhibit 6-1

REPORTS GENERATED BY THE AFMS:
USE AND PRODUCTION SCHEDULE

<u>NAME OF REPORT</u>	<u>WHO USES IT</u>	<u>HOW FREQUENTLY GENERATED</u>
Appointment History	FM	On request
Quality Control Reports		
Validation Cases	AOM/FM	2 X week
Interviewer Edit	FM	
Summary of Office Edit	FM	On request
Daily Report	All managers	Daily
Physician/Dentist Reports		
Cases w/o DDS/MD		On request
List of MD/DDS		On request
Letters		Not used in field
Interviewer Reports		
Unassigned Cases	FM	Immediately after Subsample is released
Cases Assigned Not Complete	FM	On request
Report of Work by Interviewer	FM	2 X week
Interviewer Conference	FM	Daily
Summary of Active Cases	FM	On request
Scheduling Reports		
Scheduled Appts - Detailed	OM,MM	On request
Scheduled Appts - Total	OM,MM	On request
Daily appointment Schedule	OM,MM	Daily
Calendar	OM,MM	On request
Reminder Notices	OM	On request
Transportation	OM	Daily
DataBase Cross-references		
XREF All, by Sample # (Master List)	OM	Daily
XREF All, by Name	OM	Daily
XREF All, by Seg, Ser & SP#	OM	Daily
XREF All, by Age	OM	On request
XREF Examined, by Sample #	OM	On request
XREF Examined, by Name	OM	On request

XREF Examined, by Seg/Ser	OM	On request
XREF Refused, by Sample #	FM	On request
XREF Refused, by Name	FM	On request
XREF Refused, by Seg, Ser & SP	FM	On request
XREF Broken App't, by Sample#	FM	On request
XREF Broken App't, by Name	FM	On request
XREF Broken App't, by Seg, Ser & SP#	FM	On request
XREF, Not Examined, by Sample#	FM	On request
XREF, Not Examined, by Name	FM	On request
XREF, Home Exams, by Sample#	OM	On request
XREF, Home Exams, by Name	OM	On request
XREF, Home Exams, by Seg, Ser & SP#	OM/FM	On request
Control Cards	OM	On request
Log File		
Edit Status by Case		
Households and SPs with dispositions		
End of Stand		
Dump of Stand	OM	End of Stand
Screener s/no Dispositions	OM	End of Stand
SPs over Age 60	OM	End of Stand
Examined SPs by Interviewer	OM	End of Stand
Broken Appointment Report by Sex/Age		
Exams by Week-Day		
SPs Not examined		
All SP Disposition	OM	End of Stand
SP Int/MEC Exam,Response Rate by Sex/Age--Total	OM	End of Stand
SP Int/MEC Exam,Response Rate by Sex/Age, & Race	OM	End of Stand
Home Exam Response Rate by Sex & Age - Total	OM	End of Stand
Home Exam Response Rate by Sex, Age, & Race	OM	End of Stand
SPs Interviewed, not examined	OM	End of Stand
Stratum - Race/Ethnicity		End of Stand
Age/Sex/Race, Ethnicity		End of Stand
SPs in History Fifle		End of Stand
Examined SPs by Age Group-MEC		End of Stand
Transmittals	OM	End of Stand
Wesprint:	OM	Daily
Stop Rule		
Daily Report		

7. Maintaining Petty Cash Fund

A petty cash fund will be established at each stand that will supply the amounts of money needed to pay examinees as well as various other costs not being direct billed to the home office that are associated with running the field office and the MEC. The Office Manager will be in charge of setting up the fund at each stand, maintaining it and reporting on the status of the fund using the NHANES Weekly Payment Reconciliation Form (Exhibit 7-1).

7.1 Setting Up the Fund

By the time the field office opens at each stand, the advance team will have made arrangements with a local bank for providing cash for the fund. The name of the local bank and a contact person will be listed on the Advance Arrangements Summary Report. The Office Manager should contact this person upon arrival at a stand and arrange to go to the bank and pick up money to start the petty cash fund.

Securing the cash will be accomplished by obtaining a cash advance from the bank with a Westat Visa Card supplied to each Office Manager. This Visa Card and a driver's license are all that are usually required to get an advance, although the amount of withdrawals permitted per week or per day may be limited by each bank's rules. The amount of cash needed for a week should be estimated in advance. This estimate should be based on reviewing a number of factors.

1. Are weekly payments necessary for any services or equipment being provided to the office or MEC? These provisions will be noted on the Advance Arrangements Summary Form (see Exhibit 2-1).
2. Discuss with the MEC Manager any anticipated expenses for the MEC that will need to be funded from petty cash.
3. Once examinations begin, review the Master Appointment Calendar for the expected number of SP's to be examined that week. (See Section 3.4 for a discussion of money to be sent to the MEC.) Remember it will be necessary to provide at least \$100 per week to pay for mileage of SP's driving to the MEC. In the event that the taxi company requires cash payment every time an SP is dropped off or picked up at the MEC, additional money will be needed to cover this expense.

NATIONAL HANES WEEKLY PAYMENT RECONCILIATION

Stand Number: 134

Stand Location: RTP, NC

Week Ending: 02/07/91

Cash on Hand Beginning of Week: Item 1 .00

Cash Advances During Week: Item 2 2000.00

Signature: _____ SSN: _____

Cash Available for Disbursement: Item 3 2000.00

Cash Disbursed During Week

PROJECT NUMBER	(5656) RESPONDENT INCENTIVES	(5653) PRINTING & RECRUIT COSTS	(5652) MEC SUPPLIES	(5652) OFFICE SUPPLIES	(5654) SHIPPING & POSTAGE	(5600) AUTO REPAIR	(5651) TELEPHONE	(5648) COPYING	(5650) TRAINING EXPENSES
123456	500.00								
123456	475.00								
123456	340.00								
123456	360.00								
123456	340.00								

Total	Item 4	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10	Item 11	Item 12
2015.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

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NATIONAL HANES WEEKLY PAYMENT RECONCILIATION

(5650)	(5650)	(5650)	(5650)	(5650)	(5650)	(5650)	(5650)	(5650)	(5650)
MEC HOOKUP	EQUIPMENT REPAIRS	TRASH & CLEANING SERVICE	TRANSPORT TAXI & MLGE	SECURITY SERVICE	OFFICE EQUIPMENT	SAFE & FURNIT RENTAL	OFFICE RENTAL	TRAILER SPACE RENTAL	UTILITIES
			25.00						
			25.001						
			35.00						
			40.00						
			20.00						
=====									
.00	.00	.00	145.00	.00	.00	.00	.00	.00	.00
Item 13	Item 14	Item 15	Item 16	Item 17	Item 18	Item 19	Item 20	Item 21	Item 22

Total Cash Disbursed During Week: Item 23 1800.00
 Cash on Hand End of Week: Item 24 200.00

1 INTERPRETERS FEE

In the beginning of the survey until procedures become routine, we want the Office Manager to discuss with the home office the weekly estimate of money needed for the petty cash fund.

There are a few basic rules concerning the petty cash fund that should be observed. Obviously all cash and receipts should be kept locked in the office safe. The combination to the safe should only be known to the Office Manager and the Stand Coordinator. Office Managers should limit the amount of money in the safe to the extent possible. This means that instead of getting one large cash advance for the week, the Office Manager should get two or three smaller advances at different points during the week. In deciding when to obtain the cash advances remember that MEC sessions operate over weekend days but banks do not -- plan accordingly.

Arrangements and conditions for obtaining money for the fund will vary from stand to stand. Some banks will have a charge for each cash withdrawal and others will have none. Banks at some stands may limit the amount that can be withdrawn in any one day which would make frequent visits necessary to keep the fund at an adequate level. These differences and banking details unique to a stand will always be noted in the Advance Arrangements Summary Report.

One very important rule should be noted. The Visa Card should never be used for anything except cash advances for the petty cash fund. No services or goods should be charged on this card at any time. If an emergency arises that requires cash or the ability to purchase an item quickly, do not use the Visa Card. Instead, call the home office and other arrangements will be made.

7.2 Payment Reconciliation Form

All transactions in and out of the petty cash fund are documented by the Office Manager using the Petty Cash Voucher System on the AFMS. On each Friday the OM will generate a Weekly Payment Reconciliation Form and send it with accompanying receipts to the home office. The overall purpose of this form is to show how much money was in the fund at the beginning of the week, how much was added through cash advances during the week and how much was disbursed by specific cash categories. Usually receipts are held until the end of the day, totaled by cost category and one entry made for the day. The specific date of the disbursement is not necessary.

The 24 items in the Weekly Payment Reconciliation Form are described below:

- Item 1 -- Cash on Hand at Beginning of Week - This will generally as the note implies be the cash on hand from the previous week (item 23). If it is the first week of a stand the number will be zero until a cash advance is secured to start the fund.
- Item 2 -- Cash Advances During the Week - The total of all cash advances received during the week is entered here. Be sure to attach receipts for

each cash advance received.

- Item 3 -- Cash Available for Disbursement - Total of Item 1 and 2.
- Item 4-22 -- Cost Categories - These are the kinds of costs that are associated with the operation of the field office and MEC. Most are self explanatory but some further information is shown below. Receipts for disbursements must always be attached to the Payment Reconciliation Form.
- Item 4 -- Respondent Incentives - Enter here the totals of the amounts of the Incentives transferred to the MEC. Because these amounts are generally large they should be entered every time money is taken to the MEC Coordinator. The MEC Coordinator must have each examinee sign a receipt. These receipts should be attached to the Weekly Payment Reconciliation Form.
- Item 5 -- Respondent Reimbursement - This is mileage paid to an examinee who drives his/her car to & from the exam. The compensation is \$.24/mile. A receipt must be signed by the recipient. These receipts should be attached to the Weekly Payment Reconciliation Form.
- Item 6 -- Printing and Recruiting Cost - Frequently a flyer is printed locally giving the address and a map of how to find the MEC. The cost of this printing and other small scale printing necessary for the operation of the office & MEC is recorded here. Also, it is sometimes necessary to place advertisements for local clerical staff in the newspaper. If the local paper will not bill the Westat home office directly, the Office Manager can pay in cash and record the amount here.
- Item 7 -- MEC Supplies - Almost all of the MEC supplies will be sent to the stands from the main warehouse in Rockville. A few things, however, such as lightbulbs, toilet paper, paper towels, etc., may be purchased locally and recorded here.
- Item 8 -- Office Supplies - Again most of the office supplies for each stand will be sent from the main warehouse in Rockville. It will be necessary from time to time, however, to purchase various items locally. These expenditures are recorded here.
- Item 9 -- Training Expenses - Occasionally a staff training or retraining session will be held at the stand. Costs associated with these activities that cannot be direct billed to the home office should be entered here.
- Item 10 -- MEC Hookup - At every stand it is likely that there will be costs for items & services not covered by our agreements with electrical and plumbing contractors. Costs for length of pipe, a hose, electrical tape, etc., as well as costs for laborers from a temporary employment agency to lift and handle heavy equipment are recorded here. In addition, costs for local labor for loading and unloading MEC as well as truck rental to use in this task are entered here.
- Item 11 -- Shipping and Postage - The costs of day to day shipping by U.S. Mail from the field office and the MEC are recorded here. Shipping by Federal Express will not involve any cash disbursements and will not be

recorded here because they will bill the home office directly. Copies of FedEx Airbills should, however, be included with the other receipts being sent in to the home office weekly.

- Item 12 -- Repairs - This category applies mainly to the MEC and should cover a wide range of minor repairs to the trailers. The MEC Manager would always be the person who would authorize repairs to the MEC and approve the costs of those repairs.
- Item 13 -- Trash and Cleaning Services - This is for the costs of cleaning and trash removal from the office & MEC. Also included is biohazardous waste removal.
- Item 14 -- Transport & Taxi - This category is for taxi and other public transportation costs paid from the petty cash fund for getting examinees to and from the MEC. Also include baby sitting service for the children of SPs and interpreter's fees. When listing interpreter's fees put an asterisks by the amount and label it at the bottom of the page.
- Item 15 -- Security Service - Security service for the office and/or MEC may be necessary at some stands. This may include Escort Service. If the cost of this service is not direct billed to the home office but is paid from the petty cash fund, it should be shown here.
- Item 16 -- Copy Machine - This cost will usually be direct billed to the home office. If, however, the cost of the copy machine must be paid in cash from the fund, it should be shown here. Costs for the copy machine paper paid from the petty cash fund should be shown here.
- Item 17-22 -- Safe & Furniture Rental, Telephone Installation, Telephone Long Distance, Office Rental, Trailer Space Rental, and Utilities - These costs will almost always be direct billed to the home office. When they are not, pay them from the petty cash fund, get receipts and show them here.
- Item 23 -- Total Cash Disbursed During Week - Add up the totals from items 4-22 and enter the amount.
- Item 24 -- Cash on Hand End of Week - Count the remaining cash on hand. This amount should equal the amount of item 3 minus item 23. If the cash on hand does not equal item 24, report the discrepancy to the home office immediately.

In addition to the items above which are charged to the stand charge number, there are several items which must be included on the reconciliation form which are charged to other charge numbers. These items and their charge numbers are listed below.

Blood Pressure Recertification includes payment to volunteers and any other expenses of training. All charges should be entered under Item 9 (Training Expenses) and charged to 930311.

Holidays and vacations should be charged to 930147.

MEC training expenses, for example, payments to volunteers and equipment rental, should be charged to 930145.

At the end of each stand, the petty cash fund should be totally closed out. Any cash on hand should be converted to a money order made out to Westat, Inc. and sent in with the final Reconciliation Form.

7.3 Using the Petty Cash Voucher System From the Automated System

The Petty Cash Voucher System is a tool to assist the Office Manager in tracking the disbursement of cash during a stand. It is designed to:

Show the balance of petty cash at the beginning of the week;

Show how much money is added to petty cash through cash advances during the week; and

Show how much money is disbursed during the week, by specific cost categories.

There are three phases required for successful implementation of the Petty Cash Voucher System:

Table/file initialization (described in Section 2.6.9);

Data entry and maintenance; and

Reporting.

7.4 Instructions for Using the Petty Cash Voucher System From the Automated Field Management System.

The following pages provide instructions for using the Petty Cash Voucher System.

7.5 Interim Receipts

The Office Manager may give another staff person an advance of cash from the petty cash fund needed for a purchase provided s/he has the recipient sign an Interim Receipt. A copy of this Interim Receipt is retained by the Office Manger until the person returns with the actual receipt for the local purchases plus any unspent money. If the receipts and the change add up to the amount of the advance made by the Office Manager, the Interim Receipt is discarded and the expenditure is reported in the appropriate columns of the Reconciliation Form.

7.6 Audits

It is very important that all record-keeping associated with the petty cash fund be kept current and that the Payment Reconciliation Form be submitted weekly with all accompanying receipts. Westat will routinely review all returned Payment Reconciliation Forms.

Unannounced visits will be made by NCHS and Westat to audit the petty cash fund. At all times, it is very important that all money advances be accounted for either through actual receipts, interim receipts or cash on hand. It must be easy for the auditor to determine the amount of advances taken for the week and how the money was spent.

Petty Cash Voucher Screens

National HANES Weekly Payment Reconciliation			
Stand 134			
Location	West Palm Beach, FL	Cash on Hand	Beginning of Week 0.00
Date of Voucher	01/23/91	Advances	500.00
or Advance		Cash Available	467.16
Project Number	_____	*****	
Cash Advances	_____	Respondent Incentives	_____
Sp Transport	_____	Shipping & Postage	_____
Taxi & Mileage	_____	Office Supplies	_____
MEC Supplies	_____		
Auto Repair	_____		
** Press NEXT SCREEN for Other Operating Expenses - F8 to enter Remarks			
Char Mode: Replace Page 1		Count: 1	

National HANES Weekly Payment Reconciliation - cont.			
Security Service	_____	Equip Repairs	_____
Copying	_____	Training Expense	_____
Printing & Recruit Costs	_____	Telephone	_____
Trash & Cleaning Service	_____	Office Equipment	_____
Safe & Furniture Rental	_____	Office Rental	_____
Trailer Space Rental	_____	Utilities	_____
MEC Hookup	_____		
**Press Prev Screen to return to page 1 or Do key to commit			
Char Mode: Replace Page 2		Count: *0	

National HANES Weekly Payment Reconciliation - Remarks	
Remark Number	Enter Remark for this entry
1	_____
Char Mode: Replace Page 3	
Count: *0	

PETTY CASH VOUCHER SYSTEM SCREENS

WHAT TO DO

There are three screens used to enter voucher payment amounts and remarks. The first screen contains the identification information for the stand, as well as some of the payment categories. The second screen is a continuation of the first screen; it only contains the remainder of the payment categories, i.e., no identification information appears on the second screen. Use <PREV> and <NEXT> keys to move between the two screens. The third screen is provided for entering a remark about the payment categories displayed on screens 1 and 2. You must use the <Return> key to re-enter Screen 1 or Screen 2.

The first entry field on Screen 1, Date of Voucher, will default to yesterday's date but may be changed. Press the <RETURN> key when the date is acceptable. You should next enter a value for the Project Number, as prompted. From here on, you should press the <RETURN> key until you reach the item for which an entry is to be made. If the entry item is on the second screen, you should press <NEXT SCREEN> key to get to remaining fields.

If a remark is necessary for a screen item, enter the item's value, then press the <F8> key to access Screen 3 which allows you to specify a remark.

Note that the maximum length of the remark is forty characters. In most cases, this maximum is sufficient; however, if the remark field does not provide enough space for your comment, manually note the remark on a separate sheet of paper and attach it to the weekly report. After entering your remark, press the <RETURN> key to go back to the field you just left. Press the <RETURN> key to continue with further entries. When all entries have been made, press the <DO> key to commit the data, then press the <PF4> key to exit to the \$ prompt.

Any transaction (withdrawal/disbursal) for the petty cash fund should be entered on the day that the transaction occurs.

Reporting the Status of Petty Cash

On each Friday, the Office Manager will generate a Weekly Payment Reconciliation Form. This report, along with the accompanying receipts, shall then be forwarded to the home office. Once this report is generated for the week, the cash on hand at the beginning of the week will be updated to reflect the new balance; the week's transactions will then be moved to a master table to accommodate any future need to reference them. Because data are moved from the working table to a master table whenever the "@voucher" is used to generate the Weekly Payment Reconciliation Form, it is strongly recommended that you generate the report by use of "@tempvoucher" **before** using "@voucher." Once you have verified all entries on the report to be accurate, generate the report again by use of the "@voucher" to ensure **reliable** totals for the next week report.

Note: Once the **final** report is submitted, you **cannot** view or update the Voucher System entries.

To generate the Weekly Payment Reconciliation Form for verification, you should type at the \$ prompt:

@tempvoucher <return>

To generate the final Weekly Payment Reconciliation Form, you should type at the \$ prompt:

@voucher <return>

A sample of the Weekly Payment Reconciliation Form is attached.

8. Closing the Field Office

There are a number of activities involved in closing the field office at the end of a stand. They include reconciling all the stand's records and statistics, running a final set of reports, scanning, packing and shipping to NCHS questionnaires and related survey materials, preparing an inventory, and packing and shipping office supplies and materials to the next stand, generating a set of control cards, and arranging for the office furniture, equipment and telephones to be picked up.

These activities must be started well before the end of the stand if they are to be completed on schedule.

8.1 Reconciling the Stand's Records and Statistics

It is very important that all the stand's records and statistics agree before the field office is closed down. Reconciling inconsistencies between hard-copy documents and the data files from the AFMS is the responsibility of the field office before these materials are packed and shipped.

There are five types of reconciliation to be done:

(1) Internal Consistency Checks

This check ensures that:

All SPs are correctly identified including name, age and sex

All ID numbers (segment/serial and NCHS number) are correctly recorded on the front of all documents

All disposition codes are correct and consistent with the documents obtained for each household and SP (e.g., an SP questionnaire disposition code of S1 means that an interview was obtained from the SP; there should be a questionnaire on file for that SP).

(2) AFMS Data Entry Check

This task consists of running the All SP Disposition Report and searching households or SPs with blank dispositions in key fields (Screener, questionnaire, exam) to ensure that all dispositions have been entered into the AFMS.

(3) AFMS/Hard Copy Consistency Checks

This process checks to see that there are appropriate hard-copy documents for every household and SP listed in the AFMS. The Dump of Stand Report provides listings of sample numbers (SP level documents) and segment/serial numbers (Family Questionnaires and Screeners) by screener and questionnaire disposition. These lists are checked against each data collection instrument and form to insure that all questionnaires and forms are accounted for and are entered correctly in the AFMS.

(4) AFMS/Master Schedule Consistency Check

In this check the number of examined SPs from the Master Appointment Schedule is compared with the number shown on the AFMS generated daily report. This check is performed for both the MEC Exam and Home Exam Master Calendars.

(5) Edit and Validation Check

This check determines whether all editing and validations scheduled for the stand have been completed .

Exhibit 8-1 provides a detailed description of the reconciliation process. It displays the types of reconciliation to be performed, the documents needed to carry out each type, and the procedures to be followed in reconciling.

8.2 End-of-Stand Reports

A number of reports and other documents are produced on the automated system at the end of the stand after all data entry has been completed. Some are used for reconciliation or transmittal only . Others are final production reports and are mailed to NCHS and Westat. A chart displaying all reports run at the end of stand and how they are used is included as Exhibit 8-2.

RECONCILIATION TASKS, DOCUMENTS NEEDED AND PROCEDURES

TASKS	DOCUMENTS NEEDED	PROCEDURE																								
<p>1. Internal Consistency Check</p> <p>(1) All SPs correctly identified including name, age, race & sex</p> <p>(2) All ID numbers are correctly recorded on documents</p>	<ul style="list-style-type: none"> ■ XREF Report: All SPs by Sample # ■ Screeners as needed ■ <u>SP Specific</u> SP quex Consent forms Blood pressure forms Birth certificate author. SP cards ■ <u>Household Specific</u> Household folders Screeners Family quex ■ Control cards (as needed) 	<p>(Weekly)</p> <ul style="list-style-type: none"> ■ Check listing for each SP # to see that name, age, race and sex are listed. ■ If not, obtain from screener & enter into AFMS. <p>(Daily)</p> <ul style="list-style-type: none"> ■ As the contents of each household folder or interim folder are recorded and filed in stations 4 & 6 in central filing system, check to see that each document has an NCHS # (SP specific documents) or seg/ser # (Household specific) ■ Check that IDs are consistent for all documents relating to a specific to household or SP. ■ Resolve inconsistencies using the preprinted label on the household folder for correct seg/ser # and control card for correct NCHS #. 																								
<p>2. AFMS Data Entry Check</p> <p>(3) Disposition codes are correct and consistent with documents obtained for each household</p>	<p>Dump of SPs with dispositions (special request to RTP)</p> <ul style="list-style-type: none"> ■ Household Folders ■ SP and Family quex 	<p>(2 weeks before end of stand)</p> <ul style="list-style-type: none"> ■ Check listing for each SP to insure all dispositions have been entered. Check especially B, H, and C codes. <p>(Daily)</p> <ul style="list-style-type: none"> ■ As contents of householder folder or interim folder are filed, check to see that contents match dispositions, e.g., folder should contain a questionnaire for every S1, S2, or F1. ■ If questionnaire missing or questionnaire present but disposition shown is S3-9 or F2-6, resolve by search of files or interviewer conference. 																								
<p>3. AFMS/Hard Copy Consistency Check</p>	<table border="0"> <tr> <td><u>Hard Copy</u></td> <td><u>AFMS Report</u></td> </tr> <tr> <td>Adult quex</td> <td>S1s + S2s 17 yrs + (DOS)*</td> </tr> <tr> <td>Youth quex</td> <td>S1s 16 yrs & under (DOS)</td> </tr> <tr> <td>Family quex</td> <td>F1s (DOS)</td> </tr> <tr> <td>Screeners w/disp:</td> <td>Screeners:</td> </tr> <tr> <td>10s</td> <td>10s (DOS)</td> </tr> <tr> <td>11s</td> <td>11s (DOS)</td> </tr> <tr> <td>12s</td> <td>12s (DOS)</td> </tr> <tr> <td>13s</td> <td>13s (DOS)</td> </tr> <tr> <td>14-20s</td> <td>14-20s (DOS)</td> </tr> <tr> <td>30-31s</td> <td>30-31s (DOS)</td> </tr> <tr> <td>32s</td> <td>32s (DOS)</td> </tr> </table>	<u>Hard Copy</u>	<u>AFMS Report</u>	Adult quex	S1s + S2s 17 yrs + (DOS)*	Youth quex	S1s 16 yrs & under (DOS)	Family quex	F1s (DOS)	Screeners w/disp:	Screeners:	10s	10s (DOS)	11s	11s (DOS)	12s	12s (DOS)	13s	13s (DOS)	14-20s	14-20s (DOS)	30-31s	30-31s (DOS)	32s	32s (DOS)	<p>(At least 2 weeks before end of stand and as needed thereafter)</p> <ul style="list-style-type: none"> ■ Run AFMS reports. ■ For each list of dispositions be sure there is a hard copy document for each NCHS or seg/ser # on the AFMS report. ■ Locate any missing documents. ■ Correct any data entry errors on AFMS. ■ AFMS report used for transmittal should be run after all data entry has occurred. ■ Once scanning begins, scanning procedure reports can be used to determine if documents are missing.
<u>Hard Copy</u>	<u>AFMS Report</u>																									
Adult quex	S1s + S2s 17 yrs + (DOS)*																									
Youth quex	S1s 16 yrs & under (DOS)																									
Family quex	F1s (DOS)																									
Screeners w/disp:	Screeners:																									
10s	10s (DOS)																									
11s	11s (DOS)																									
12s	12s (DOS)																									
13s	13s (DOS)																									
14-20s	14-20s (DOS)																									
30-31s	30-31s (DOS)																									
32s	32s (DOS)																									

*Dump of stand report

TASKS	DOCUMENTS NEEDED	PROCEDURE
3. AFMS/Hard Copy Consistency Check (cont'd)	<p>Household folder w/screener disp:</p> <p>10s (DOS) 11s (DOS) 12s (DOS) 13s (DOS) 14-20s (DOS) 30-31s (DOS) 32s (DOS)</p> <p>Screeners:</p> <p>10s (DOS) 11s (DOS) 12s (DOS) 13s (DOS) 14-20s (DOS) 30-31s (DOS) 32s (DOS)</p> <p>Consent Form (MEC) XREF SPs Examined (MEC) Consent Forms (Home) XREF SPs Examined (Home Exam) Blood Press.Forms SIs 17 and above (DOS) Birth Cert. Auth. SIs 16 yrs & under (DOS) Adult quex-short form S3s and S4s (DOS)</p>	
4. AFMS/Master Calendar Check	<p>Daily Report (end-of-stand) Master Calendar (MEC) Master Calendar (Home Exam) X Ref SPs Examined (MEC) (as needed) X Ref SPs Examined (Home Exam) (as needed)</p>	<p>(End of stand)</p> <ul style="list-style-type: none"> ■ Count number of examined SPs on Master Calendar (MEC exam) ■ Compare with numbers on on Daily Report for examined SPs (MEC) ■ Reconcile differences by comparing the NCHS numbers on the XREF Report of SPs Examined to NCHS #'s listed on Master Calendar
5. Edit and Validation Check Edit	<p>Summary Edit Report Edit Status by Case (special request to RTP)</p>	<ul style="list-style-type: none"> ■ Repeat process with Master Calendar (Home Exam) and items on Daily Report for examined SPs (Home Exam) <p>(End of stand)</p> <ul style="list-style-type: none"> ■ Make sure that all screeners with disp. = 11 and all adult, youth, and family quex have been edited. ■ If not use Edit Status by Case to determine which cases have not been edited.
Validation	<p>Report of Validation Cases</p>	<p>(End of stand)</p> <ul style="list-style-type: none"> ■ Make sure all validations have been completed.

EXHIBIT 8-2. REPORTS TO BE RUN AT END OF STAND

	Send to NCHS	Send to Westat	Send to MEC
End-of-Stand Dump			
S1s and S2s 17 yrs+	X	X	
S1s 16 yrs and under	X	X	
S1s 17 yrs+	X	X	
S1s 16 yrs and under	X	X	
S3s and S4s	X	X	
F1s	X	X	
Screener dispositions (Separate report for each disp.)			
10s, 11s, 12s, 13s	X	X	
14-20, 30s & 31s, 32s	X	X	
Cross References by Sample Number			
All (Master List)	X	X	
Examined	X	X	X
Refused exam	X	X	
Broken appointments	X	X	
Not examined	X	X	
Home exams - examined	X	X	X
Validation			
Validation Listing		X	
Editing			
Summary Edit Report			
Other End-of-Stand Reports			
Daily Report (detailed)	X	X	
Control cards	X		
Report of Work by Interviewer		X	
Screeners with no dispositions	X	X	
SPs over age 60	X	X	
Examined SPs by Interviewer	X	X	
BA report by sex/age	X	X	
Exams by weekday	X	X	
SPs not examined	X	X	
SP Int/MEC Exam response rate by sex/age	X	X	X
SP Int/MEC Exam response rate by sex/age/race	X	X	
Home exam response rate by sex/age	X	X	
Home exam response rate by sex/age/race	X	X	
Closed SPs	X		

EXHIBIT 8-2. REPORTS TO BE RUN AT END OF STAND (cont.)

	Send to NCHS	Send to Westat	Send to MEC
<u>Wesprint: Stoprule</u>		X	
<u>All (Master List) by Last Name</u>	X		
<u>Medical Providers List</u>	X		
<u>Examined SPs by Age Group</u>		X	
Reports by Special Request to RTP			
<u>Edit status by case</u>			
<u>Dump of households and SPs with dispositions</u>			

A checklist of final reports is included as Exhibit 8-3. Some are run by the field office and others are run by the home office once the survey control file tape is received. The reports sent to NCHS (HEFOB) and Westat by the field office should be transmitted in the order listed on the checklist. As the report is run on the AFMS, it should be checked off the checklist. Briefly note the reason for any missing reports. A copy of the checklist showing the reports enclosed in the transmittal should be sent with the transmittal packets to NCHS and Westat. The names and addresses of destinations for transmittals are shown in Exhibit 8-4.

Reports to be Given to the MEC Coordinator for Use in MEC Reconciliation

The MEC requires several reports from the AFMS in order to carry out reconciliation for MEC documents. These reports should be run at the end of stand after all exam results have been entered into the AFMS and given to the MEC coordinator. The reports are:

XREF Examinee by NCHS number (MEC)

XREF Home Exams by NCHS number

SP Int/MEC Exam by sex and age

SPs Examined by Age Group (RUNAGE)

8.3 Transmittals

Transmittals are prepared in two ways. The majority of documents - questionnaires, Household Folders, Screeners - are prepared for shipping using a scanner which is connected to the automated system. The scanning program automatically prepares transmittal reports to be sent with each box of documents. There are a few types of documents, however, which are transmitted using a manual system. These include Consent Forms, Birth Certificate Authorizations, and Transportation Forms. Exhibit 8-5 is a list of documents which must be transmitted at the end of the stand and the method of preparation for transmittal.

REPORTS CHECKLIST

1. Daily Report (detailed)
2. Stratum - Race/Ethnicity Report
3. Age/Sex/Race/Ethnicity Report
4. Examined SPs by Age Group
5. All (Master List)
6. XRef, Examined
7. XRef, Home Exams - Examined
8. XRef, Replicates - MEC
9. XRef, Replicates - Home Exam
10. XRef, Dry Runs
11. XRef, Surpluses
12. SP Int/MEC Exam Response Rate by Sex/Age
13. SP Int/MEC Exam Response Rate by Sex/Age/Race
14. Home Exam Response Rate by Sex/Age
15. Home Exam Response Rate by Sex/Age/Race
16. Examined SPs by Interviewer
17. Report of Work by Interviewer
18. XRef, Refused Exam
19. XRef, Broken Appointments
20. XRef, Not Examined
21. BA Report by Sex/Age
22. Exams by Weekday
23. SPs Not Examined
24. SPs Interviewed/Not Examined
25. All SP Dispositions
26. SPs in History File
27. Validation Listing
28. Summary Edit Report
29. Screeners with No Dispositions
30. SPs over Age 60
31. S1s and S2s 17 yrs +
32. S1s 16 Yrs and Under
33. S1s 17 Yrs +
34. S1s 16 Yrs and Under
35. S3s and S4s
36. F1s
37. Screener Dispositions (Separate Report for Each Disp.) 10s, 11s, 12s, 13s, 14-20, 30s, 31s & 32s
38. Control Cards
39. Wesprint - Stoprule
40. XRef, All by Last Name

Exhibit 8-4

NAMES AND ADDRESSES OF DESTINATIONS FOR TRANSMITTALS

TRANSMITTAL DESTINATIONS

Send records for Research Triangle Park (RTP) to the following address:

Ms. Ruth Bowen
National Center for Health Statistics
Division of Data Processing
12 Davis Drive
Research Triangle Park, NC 27709

Send records for Health Examination Field Operations Branch (HEFOB) to the following address:

Ms. Mary Colbert
NCHS - SOB/DHES
6525 Belcrest Road - Room 900
Hyattsville, MD 20782

Exhibit 8-5

RECORDS TO BE TRANSMITTED & DESTINATION

<u>RECORD</u>	<u>DESTINATION</u>	<u>TRANSMITTAL</u>
Screeners - 10s	RTP	Scanner
11s	RTP	Scanner
12s	RTP	Scanner
13s	RTP	Scanner
14s-20s	RTP	Scanner
30s-31s	RTP	Scanner
32s	RTP	Scanner
Household Folders w/Screeener disp - 10s*	RTP	Scanner
11s*	RTP	Scanner
12s*	RTP	Scanner
13s*	RTP	Scanner
14s-20s	RTP	Scanner
30s-31s	RTP	Scanner
32s	RTP	Scanner
SP Questionnaires Adult	RTP	Scanner
Youth	RTP	Scanner
Family Questionnaires	RTP	Scanner
Birth Certificate Auth.	SOB	Manual
Blood Pressure Forms	SOB	Manual
Consent Forms MEC Home Exam	SOB (original) & Westat (copy)	Manual
Transportation Auth.	SOB	Manual
Master Appointment Schedule MEC Home Exam	SOB (original) & Westat (copy)	None
Daily Appointment Schedules	SOB	None
Transportation Assignments	SOB	None
Final Set of Reports	SOB & Westat	None
Edit Sheets	Westat	None
Validation Forms	Westat	None
Nonresponse Materials Adult Questionnaire - Short Form SP Cards Household Folder of Nonresponse Cases	SOB	Scanner
SPs Added or Deleted (Orange Folder)	SOB & Westat	None

* Excluding Household Folders of nonresponse cases.

8.3.1 The Scanning System

Each document to be scanned has a bar code label affixed to the cover. Each type of document (Screener, Adult Questionnaire, etc.) has a DEC number which is printed on the cover of each document (see Exhibit 8-6). Before individual documents are scanned, the DEC number for that type of document is entered into the computer so that the program knows the kind of document being scanned.

Bar codes are unique to each document and are printed on labels. For documents with segment/serial numbers only (the Screener and Household Folder) these bar codes are part of the address label which is affixed on these documents at the home office before shipment to the field. For SP level documents (the Household Adult and Household Youth Questionnaires) a bar code label is affixed during the editing process. (Exhibit 8-6). A hand held scanner is then used to read the label of each document.

The scanner is used in conjunction with the automated system. For each record scanned the scanning program checks the computer files to see if the ID number is valid (has actually been assigned to a case) and whether it has been scanned previously. At the end of the scanning the program prints a list of the ID numbers which have not been scanned. Section 8.3.1.1 describes how the scanning program is used.

The following are additional guidelines to be followed when using the scanning program.

1. The scanning program does not compare ID numbers against dispositions. For example, if you are scanning Family Questionnaires, as long as you scan/enter a valid segment/serial number, the computer will not check to see if there is actually an F1 disposition entered under that number. Thus, a scanning entry for a questionnaire to which an incorrect bar code label has been attached will not be caught by the system. Similarly, when scanning Screeners, a Screener with, say, a disposition of 10 which has been misfiled and scanned with Screeners with a disposition of 30, will not be caught by the system.
2. It is impractical (in terms of the amount of computer time it would take) for the system to do a disposition/ID comparison. Thus, you must do the comparison yourself using the end-of-stand dump. Use the following procedure:

Run an end-of-stand dump once all questionnaire and Screener dispositions have been entered.

Department of Health and Human Services Public Health Service Centers for Disease Control National Center for Health Statistics	Third National Health and Nutrition Examination Survey NHANES III
HOUSEHOLD ADULT QUESTIONNAIRE (AGES 17+ YEARS)	
NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).	
Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, Room 721-H, Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.	
CASE NO. FAMILY NO. SP NO. SAMPLE NO. DECK NO.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> EDITOR NO. </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Stand No. Segment No. Serial No. </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> BAR CODE LABEL → 135 108 7 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> NAME (First, Middle, Last) </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 5px;">AGE</div> <div style="border: 1px solid black; padding: 5px;"> SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female </div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> TIME BEGAN 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm 3 <input type="checkbox"/> noon </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> TIME ENDED 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm 3 <input type="checkbox"/> noon </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> LANGUAGE OF INTERVIEW 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other 4 _____ SPECIFY </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> DATE OF EXAMINATION ____/____/____ MO DAY YR </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> TIME _____ : _____ 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> TRANSPORTATION 1 <input type="checkbox"/> Taxi 2 <input type="checkbox"/> Self 3 <input type="checkbox"/> Staff </div>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> INTERVIEWER NO: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> DATE OF INTERVIEW ____/____/____ MO. DAY YR. </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 656 </div>

Organize hard copies for scanning by disposition. Although you do not have to put documents in numerical order, you will save time when errors are discovered if you do order them by seg/serial or ID number.

Scan all documents with the same disposition in a group. It will be easier to check for errors if you do not mix disposition groups when scanning.

Once all hard copies of a particular disposition have been scanned, print out the contents of the temporary file. You will receive the error reports produced by the system as well as a listing of the cases in the file.

Compare the temporary file list with the end-of-stand dump for that disposition. Resolve any inconsistencies. You will not be able to tell in advance which list will be "correct". In cases where an incorrect bar code label has been attached, the dump will be the "correct" list. In cases where a disposition was not entered correctly (or not entered at all) the temporary file list will be the "correct" one. You will have to check the inconsistencies between the two lists against a hard copy of the document to determine which is correct.

Once the errors have been found and corrected, move the temporary file to the permanent file. Do not build up a large number of records in the temporary file since this makes it more difficult in trying to find where the errors are.

8.3.1.1 Instructions for Using the Bar Code Scanner with the Automated Field Management System

The following pages provide instructions on using the Bar Code Scanner with the AFMS.

8.3.2 The Manual System For Transmission

The Record of Transmittal (Exhibit 8-7) is used for documents which have no DEC number and, thus, cannot be scanned. The form consists of an original and three copies. The following describes the procedures for completing this form.

8.3.1.1 Instructions for Using the Barcode Scanner with the AFMS

```

Screen 1
**** TRANSMITTAL MENU ****          03/28/91_

==> 1. Barcode Entry
    2. Keyboard Entry
    3. Delete Transmittal Error Records
    4. Move Temporary Recs to Permanent File
    5. Print Transmittals
    6. Delete ALL Temporary Records
    7. Unscanned record Report
    8. RETURN to Main Menu

Screen 2
*** NATIONAL HANES III ***
TRANSMITTALS
                                03/28/91
KEY ENTER ==> Shipment:01 Box:_____ Disposition:___ Deck#:_____

Press the "Next" key for print question.

Do you want a listing of what is in
the temporary transmittal file ? N

Screen 3
*** NATIONAL HANES III ***
TRANSMITTALS -- BAR CODE ENTRY
Shipment: 01 Box: 8C88889 Deck#: 652
-----
Screener or Household Folder:
                                Stand/Seg/Ser: 136/09/00072
                                _____
                                _____
                                _____
                                _____
                                _____
                                _____
                                _____
                                _____

Screen 4
*** NATIONAL HANES III ***
To Delete records entered in error from the temporary transmittal file -
Enter the information necessary to identify the record(s),
then press the "find" key.          **NOTE: Letters must be Upper Case.
-----
Problem Code:  _ Entered On:  _____
Form #:  _____ Segment:  _ Serial:  _____
Family:  _ SP_no:  _ NCHS_NO:  _____ Box #:  _____
Stand:  _ Shipment:  _
Delete ?  _
```

WHAT TO DO

1. Select option 9 on Main Menu (Transmittals)
2. Select option 1 on Transmittal Menu (Barcode Entry)
3. Screen 1 - Enter:
 - a) shipment # (press Return to accept 01)
 - b) box # (scan or keyboard entry)
 - c) disposition for this batch of quex (10, 30, 11, F1, S1, S2, etc.)
 - d) deck # (from quex or HH folder)
4. Screen 2 - Start scanning barcode (stand/seg/ser or NCHS #)

For family questionnaire -
 - a) the Family # is in front of stand/seg/ser
 - b) if you have a Family 02 (or higher), field back (F12) and key the Family # and press Return key, then either re-scan stand/seg/ser or dupe each field with the F7 key and press Return key at serial for next record
5. When through, press the Do key (to commit). If you need a printout of what is in the temporary file, you have this option on Screen 1.
6. Records will be written to the temporary file and checked for duplicates and incomplete dispositions (i.e., screener 14-20) and reports submitted. Reports include:
 - a) duplicates in temp file
 - b) duplicates in transmittal file
 - c) incomplete disposition
 - d) "bad" (garbage) stand #
 - e) other like dispositions not yet scanned
These reports only occur when there is something to print. (No news is good news)
7. More questionnaires can be scanned after changing any of the info on Screen 1.
8. Resolve problem codes and delete these records using option 3 on Transmittal Menu.

9. When all problems are resolved, records can be moved to the transmittal file using option 4 on Transmittal Menu. (They will be deleted from the temp file and a log printed when done).
10. Option 5 (on Transmittal Menu) is for printing transmittals after ALL quex have been scanned. They are printed by box # giving total documents for each box.
11. Option 6 (Delete All Temporary Records) allows you to use barcode reader to determine status of questionnaires (whether they are in the office files or are still in the field) anytime during the stand without making permanent files. For example, several weeks before the end of the stand you might want to begin your reconciliation process by checking which adult questionnaires are in the office and which are still out (in the field or at the MEC). Since you would not want to start your final transmittal listing this early (questionnaires currently in the office may still need to go to the MEC, etc.) you would simply delete these temporary file when you had finished your check.

Exhibit 8-7. Record of Transmittal

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control
National Center for Health Statistics

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
RECORD OF TRANSMITTAL

TO:	BOX NUMBER(S)	DATE	STAND NUMBER
	TOTAL NUMBER OF RECORDS		
	TOTAL NUMBER OF BOXES		
	COMPLETED BY		

Here are the _____ (Type of Record) For _____ (Deck Number) _____ (Stand Location)

Examinations were conducted from _____ (Date) through _____ (Date)

Sample numbers of records included are circled below:

001	041	081	121	161	201	241	281	321	361	401	441	481	521	561	601	641	681	721	761	801	841	881	921	961
002	042	082	122	162	202	242	282	322	362	402	442	482	522	562	602	642	682	722	762	802	842	882	922	962
003	043	083	123	163	203	243	283	323	363	403	443	483	523	563	603	643	683	723	763	803	843	883	923	963
004	044	084	124	164	204	244	284	324	364	404	444	484	524	564	604	644	684	724	764	804	844	884	924	964
005	045	085	125	165	205	245	285	325	365	405	445	485	525	565	605	645	685	725	765	805	845	885	925	965
006	046	086	126	166	206	246	286	326	366	406	446	486	526	566	606	646	686	726	766	806	846	886	926	966
007	047	087	127	167	207	247	287	327	367	407	447	487	527	567	607	647	687	727	767	807	847	887	927	967
008	048	088	128	168	208	248	288	328	368	408	448	488	528	568	608	648	688	728	768	808	848	888	928	968
009	049	089	129	169	209	249	289	329	369	409	449	489	529	569	609	649	689	729	769	809	849	889	929	969
010	050	090	130	170	210	250	290	330	370	410	450	490	530	570	610	650	690	730	770	810	850	890	930	970
011	051	091	131	171	211	251	291	331	371	411	451	491	531	571	611	651	691	731	771	811	851	891	931	971
012	052	092	132	172	212	252	292	332	372	412	452	492	532	572	612	652	692	732	772	812	852	892	932	972
013	053	093	133	173	213	253	293	333	373	413	453	493	533	573	613	653	693	733	773	813	853	893	933	973
014	054	094	134	174	214	254	294	334	374	414	454	494	534	574	614	654	694	734	774	814	854	894	934	974
015	055	095	135	175	215	255	295	335	375	415	455	495	535	575	615	655	695	735	775	815	855	895	935	975
016	056	096	136	176	216	256	296	336	376	416	456	496	536	576	616	656	696	736	776	816	856	896	936	976
017	057	097	137	177	217	257	297	337	377	417	457	497	537	577	617	657	697	737	777	817	857	897	937	977
018	058	098	138	178	218	258	298	338	378	418	458	498	538	578	618	658	698	738	778	818	858	898	938	978
019	059	099	139	179	219	259	299	339	379	419	459	499	539	579	619	659	699	739	779	819	859	899	939	979
020	060	100	140	180	220	260	300	340	380	420	460	500	540	580	620	660	700	740	780	820	860	900	940	980
021	061	101	141	181	221	261	301	341	381	421	461	501	541	581	621	661	701	741	781	821	861	901	941	981
022	062	102	142	182	222	262	302	342	382	422	462	502	542	582	622	662	702	742	782	822	862	902	942	982
023	063	103	143	183	223	263	303	343	383	423	463	503	543	583	623	663	703	743	783	823	863	903	943	983
024	064	104	144	184	224	264	304	344	384	424	464	504	544	584	624	664	704	744	784	824	864	904	944	984
025	065	105	145	185	225	265	305	345	385	425	465	505	545	585	625	665	705	745	785	825	865	905	945	985
026	066	106	146	186	226	266	306	346	386	426	466	506	546	586	626	666	706	746	786	826	866	906	946	986
027	067	107	147	187	227	267	307	347	387	427	467	507	547	587	627	667	707	747	787	827	867	907	947	987
028	068	108	148	188	228	268	308	348	388	428	468	508	548	588	628	668	708	748	788	828	868	908	948	988
029	069	109	149	189	229	269	309	349	389	429	469	509	549	589	629	669	709	749	789	829	869	909	949	989
030	070	110	150	190	230	270	310	350	390	430	470	510	550	590	630	670	710	750	790	830	870	910	950	990
031	071	111	151	191	231	271	311	351	391	431	471	511	551	591	631	671	711	751	791	831	871	911	951	991
032	072	112	152	192	232	272	312	352	392	432	472	512	552	592	632	672	712	752	792	832	872	912	952	992
033	073	113	153	193	233	273	313	353	393	433	473	513	553	593	633	673	713	753	793	833	873	913	953	993
034	074	114	154	194	234	274	314	354	394	434	474	514	554	594	634	674	714	754	794	834	874	914	954	994
035	075	115	155	195	235	275	315	355	395	435	475	515	555	595	635	675	715	755	795	835	875	915	955	995
036	076	116	156	196	236	276	316	356	396	436	476	516	556	596	636	676	716	756	796	836	876	916	956	996
037	077	117	157	197	237	277	317	357	397	437	477	517	557	597	637	677	717	757	797	837	877	917	957	997
038	078	118	158	198	238	278	318	358	398	438	478	518	558	598	638	678	718	758	798	838	878	918	958	998
039	079	119	159	199	239	279	319	359	399	439	479	519	559	599	639	679	719	759	799	839	879	919	959	999
040	080	120	160	200	240	280	320	360	400	440	480	520	560	600	640	680	720	760	800	840	880	920	960	

Sample numbers of records not included and reasons why are listed below

Fill out the top section of the transmittal by entering the address to which the record is being sent, box number, date, stand number, total number of boxes, the name of the person preparing the transmittal, type of record, stand location, and dates of examination. The addresses are listed in Exhibit 8-4.

Circle the sample number of all records being shipped.

Count the circled numbers and write the total in the space provided at the top of the form.

8.3.3 Preparing Boxes

Use the following procedures when preparing the boxes for shipment.

File the records in sample or segment/serial number order and pack them in boxes. You will have preprinted box number labels and mailing labels. If more than one box is needed for a particular set of records, number each box, for example 1 of 5, 2 of 5...., 5 of 5. Also write the name of the type of record, (for example, Family Questionnaires), on the outside of each box.

Write the number of boxes required to ship that set of records at the type of the form.

If you are using the scanner transmittal reports --

Xerox 5 copies of the report;

Enclose one copy with the first box of each shipment of a particular set of records;

Send a copy by registered mail in a separate envelope to the same place to which the records are being sent;

Send one copy to the Operations Manager, HEFOB;

Send one copy to the Director of Survey Operations, Westat;

Retain one copy for the Office Manager's records.

If you are using the Record of Transmittals form:

Xerox 2 additional copies of the form;

Enclose the pink copy in the first box of each shipment of a particular set of records;

Send the original (white) copy by registered mail in a separate envelope to the same place to which the records are being sent;

Send the yellow copy to the Operations Manager, HEFOB;

Send one xeroxed copy to the Director of Survey Operations, Westat;

Retain one xeroxed copy for the Office Manager's files.

8.4 Packing and Shipping

Follow the instructions below for shipping:

Boxes used for shipping should be in excellent condition. Tape both bottom and top with reinforced package tape.

Include a transmittal form for each set of records in a box. For records which require more than one box for shipping this will mean completing two or more transmittal forms.

Include a list of contents with each box.

Use a preprinted box number label on each box and write the box number on the list of contents. Place the label on the side of the box rather than the top.

We have experienced some problems with delays because address labels were destroyed during shipment. Be sure to attach to each box a large white and blue Westat label as well as the regular shipping label.

Include in the RTP package of transmittal forms sent by registered mail a note of the total number of boxes they should expect to receive and the date the boxes were shipped.

Exhibit 8-4 shows the shipping addresses for RTP and NCHS in Washington. Note that we have a street address for RTP to use when shipping boxes rather than a post office box number.

8.5 Additional End-of-Stand Tasks

1. Nonresponse Information

In order to help the home office analyze nonresponse, information is needed from the Household Folders, SP cards, and HAQ Short Forms of all nonresponse cases including those which were later converted. This means that at the end of the stand in addition to the nonresponse materials for the cases with final dispositions of either S8 through S9, F2, E2 or E3, you will need to search through all household folders and identify any which include SP cards (i.e., indicating that at some point during the stand this was a nonresponse case). The following records should be sent to Westat at the end of the stand.

For each SP nonresponse case:

Household Folder

SP card

Household Adult Questionnaire - Short Form

Be sure to prepare a transmittal form for the nonresponse documents and include copies for RTP and NCHS - Hyattsville.

2. Xerox of Master Calendar

Before shipping the Master Calendar for the MEC and Home Exams to HEFOB, Xerox one copy and send it to Westat.

3. Disposal of Documents with Identifiers

During the stand, there are always documents containing identifying information of SPs (names or addresses) which are no longer needed at the end of the stand. These consist primarily of Xerox copies of screeners which were filed with interim folders while the case continued to be worked.

When these identifying documents are no longer needed, they should be shredded. They can then be disposed of with the rest of the office trash.

4. Items to be called in to Home Office on Last Day in the Office

The following information should be phoned or faxed to the Home Office on the last day the office is open, after all data entry has been completed.

1. Number of SPs identified
2. Number and percent of SPs interviewed
3. Number and percent of SPs MEC appointed
4. Number and percent of SPs MEC examined
5. Number of SPs given Home Exam.

5. Transmittal of Documentation of Cross-Stand Work

The following procedures should be used in transmitting documentation of cross-stand work, that is, documentation of SPs who were worked in a stand other than their originating stand. (See Part III, Chapter 3 for a discussion of cross-stand work.)

The main idea with this documentation is that, to the extent possible, original documents - Screeners and all questionnaires -- should be sent directly to RTP at the end of the original stand with the rest of the stand materials. The Household Folder and SP Cards(s) will be the only original documents to be sent to the stand continuing work on the cases. The originals of these documents are needed so they can be updated as additional work is done on the case. Below is a list of documents connected with these cases and how they should be handled.

At the end of the original stand --

send the following documents to RTP:

Original Screener
All HAQs and HYQs

send the following documents to SOB:

Birth Certificate Authorizations
BP Forms

send the following documents to the stand continuing work on the case(s):

Xerox of the Screener
SP Cards
Household Folder
signed Consent Forms
Xerox of vitamin/mineral sections from HAQ and HYQ
Transportation Authorization
HAQ - Short Form
Office and Laboratory labels for each case

send a list to SOB, RTP, and Westat of the segment/serial and SP ID numbers of all cases being transferred for cross-stand work.

At the end of the stand continuing work on the case:

send all nonresponse materials to Pat Montalvan (SP cards, Household Folder, HAQ Short-forms

labels, transportation authorizations, and consent forms (when exams were done) should be sent to SOB in Hyattsville

destroy the Xeroxes of the Screener and the vit/mineral sections of the questionnaires.

C ase materials from the original stand should be sent to the Field Manager in the stand continuing work on the case since s/he will be assigning the work.

6. Orange Folders Containing Documentation of SPs Added or Deleted From the Stand

As described in Chapter 4, documentation on SPs added to and deleted from the file is kept in special orange files. These should be sent to Westat at the end of the stand.

7. Field Manager's Home Exam Report

This report is prepared by the Field Manger at the end of the stand to document home exam procedures. The report should be sent to Westat and is described in Part III of this manual.

8. End-of-Stand Report Prepared by the Stand Coordinator

The end-of-stand report written by the Stand Coordinator is a summary of events and issues which occurred during the stand. It includes staffing issues, issues related to the success or failure of achieving a high response rate, activities undertaken to create publicity for the study, and any other unique features of the stand. These reports are due at Westat seven days after the stand closes.

8.6 Preparing an Inventory, Packing and Shipping to the Next Stand

At the end of the stand the Office Manager with the assistance of the Assistant Office Manager must inventory all office supplies and forms using the Field Office Inventory Form (Appendix E). The inventory consists of counting the amount of supplies on hand when the stand closes and entering the counts on the form.

Mail the original Field Office Inventory Form to the NHANES III warehouse. The beginning stand inventory should be mailed within 5 working days after opening the office. The ending stand inventory should be mailed as soon as possible after packing up all supplies in preparation for moving to the next office site.

Early mailing is essential so that supply needs can be assessed and new supplies shipped as soon as possible. If necessary, the inventory may be faxed to the warehouse. The Office Manager should retain a photocopy of the completed inventory.

Once the inventory is complete, pack the supplies and office forms in boxes in preparation for shipping to the next stand. Use the Packing Form (Exhibit 8-8) to list the contents of each box. The boxes are shipped on the MEC to the next stand.

8.8 Pick-Up of Office Furniture, Equipment and Telephone

The Advance Arrangements Summary Form (Exhibit 2-1) will detail the information you will need to arrange the pick-up and disconnecting of office equipment and utilities. The names of contact people, the amount of time needed for advance notice and so forth will be noted on this form. Be sure to review this information at the beginning of the stand so that you can note the dates you will need to give advance notice for pickups/disconnections on your calendar. Remember that because MEC exams are carried out up through the day the stand closes, pick-up of office furniture and disconnection of telephones must wait until the day after the MEC closes.

8.9 Shutting Down the Automated Field Management System

At the end of the stand, after all data entries are made, the information in the AFMS must be transferred to tapes and the system shut down and packed up. The procedures for tearing down and packing up the hardware is included as Appendix E. On the rare occasions when the hardware must be shipped by commercial carrier rather than on the MEC, home office personnel will be on hand to pack the system for shipment. The procedure to follow in making back-up tapes and shutting down the system is shown in Exhibit 8-9.

Three tapes will be copied from the AFMS. Note in the procedures in Exhibit 8-9 that these are copied after the database dump to insure that data entries made on the day of the shutdown will be reflected on final reports. The tapes are sent to NCHS (HEFOB), RTP, and Westat. Use two-day Federal Express in shipping the tapes.

Exhibit 8-9

SHUTTING DOWN THE STAND

After all final results of appointments, editing, validation etc. are entered into the system, and end of stand reports show all cases completed (no discrepancies), the closing procedure should be run.

This procedure should ensure that all final data and dispositions are captured for the final backup tapes that are sent to Westat and NCHS.

To run the procedure, exit from the NHANES menu to the "\$" prompt. (All other field office personnel should be logged off).

At the "\$" prompt, type: @close stand
then press ~~the~~ Return key.

You will be reminded that all entries should have been made, and asked if everyone else has logged off. If for any reason you do not wish to proceed, type No or N. If everyone else has logged off and you wish to go on, type Yes or Y and press return.

The next question is "What stand are you closing down?". Type in the stand number (3 digits) and press return. The database dump will then be done. This will take about 15 or 20 min. and will require no input from you.

When the export program is finished, you will be informed that it is time to do the 3 backup tapes and to load the TK50 tape for backup no. 1.

Load the tape as you were instructed for the weekly backup procedure, then type a Y and press Return when the tape is loaded and ready. When the tape write is completed, you will be prompted to remove and label it, and to load a tape for backup no. 2. This will be repeated for the third backup and then the procedure will exit to the "\$" prompt.

If you get any error messages you don't understand, or feel you need help, you can call me.

Pat Hagwood

9. OPERATION AND Maintenance of Automated Equipment

9.1 Introduction

This chapter describes the procedures needed to operate and maintain the automated system in good working order. Procedures for handling malfunctions of the computer equipment are also described. The Assistant Office Manager is the person on each team who has the responsibility for the maintenance of the office automated system. However, as discussed in earlier chapters, NCHS, Westat or Digital Equipment Corporation (DEC) personnel will be on hand at the beginning and ending of each stand to set up and take down the system.

9.2 Running the Microvax, the Vaxmate, and the Terminals

NCHS and Westat personnel frequently use modems to dial into the Microvax to run production reports or to make adjustments to the programs. Therefore, the Microvax should be left on at night and on days when the office is closed. The Vaxmate should be turned off except when in use. The terminals should be left on during the work day so that there are no delays when interviewers call in from the field to make exam appointments. They may be turned off at night. Always remember to log off the terminals at the end of the day.

9.3 Instructions for Logging On and Off the Automated Field Management System

The following page provides instructions for using the Logging On and Off the Systems Screen in the AFMS.

9.4 Instructions for Rebooting the Automated Field Management System

Periodically the AFMS must be restarted (rebooted). This occurs when the system has been shut down for some reason or simply to make the system work more efficiently. Use the following procedure to reboot the system:

Make sure that all users are logged out before attempting to reboot.

LOGGING ON AND OFF THE SYSTEM

WHAT TO DO

Enter the following information at the prompts.

TO LOG ON

<u>PROMPT</u>	<u>WHAT YOU ENTER</u>
ENTER USER NAME:	(Your Name)
LOCAL >	C FIELD (1)
USER NAME:	NHANES
PASSWORD:	WESTAT
\$	IAP NHANES

TO LOG OFF

EXIT from Main Menu

\$	LOG OUT
LOCAL >	LOG

On the terminal, type in the following commands:

USER: SYSTEM
PASSWORD. RTP
Menu Selection: 1
At the \$ prompt: REBOOT

9.5 Instructions for Backing Up

9.5.1 The MicroVax

To safeguard the information collected in the Automated Field Management System, the system must be backed up (the information in the system copied onto a tape) every day the office is open. the Assistant Office Manager will be responsible for performing the backup, or the office Manager when the AOM is not there. The office will be furnished with seven tapes to use as backup tapes. Label each with a day of the week. at the end of the first week of the stand, you should have 6 days of backup data collected on the tapes. At the beginning of the second week of stand operations, the first tape is reused to backup the system. This system of tape rotation ensures that we always have 5 or 6 days of backup tapes at any point in the stand depending on the number of days the office was opened the previous week.

To backup the system, follow the procedures below:

Log on as you would normally;

Take the tape from the case. Be sure the orange square is not showing on the tape by pushing the appropriate slot in the back of the tape.

Put the tape in the IVAX by opening the door (the red light must be on), then insert the tape and the light will go off. Then push the red button. When the red and green lights are both on, the IVAX is ready for the backup release.

On the VT220 or the VAXMATE, you should type at the \$ prompt:

@databkup (then hit return key)

When the question requests you to type "Y", do so to indicate ready when asked.

The screen will tell you when the backup is finished. Then wait until the lights stop flashing to remove the tape.

9.5.2 The Vaxmate

Each office will have a boot disk and two types of backups for the Vaxmate.

1. The Vaxmate boot disk is labeled "FIELD 1, KEY DISKETTE or MATE 1". Write protect this diskette by covering the notch on the right side of the diskette.
2. There should be a backup of the entire hard disk saved on diskettes. This takes up about 15 high density diskettes. These diskettes should be write protected. This backup needs to be redone each time the software on the Vaxmate is modified. Pat Hagwood, Paul Hibbs or Judy Miller will let you know when to make this type of backup.
3. Each week, you should back up the word processing files to diskettes. This will take 2 diskettes. (Use a felt tip marker to write on the diskette labels, otherwise you may damage the diskettes.) Use the following commands:

Make sure the cursor is at the C:\> prompt.

Label the first diskette as follows -
today's date
Backup of WORD files from C:directory

Insert the diskette in drive A:

At the C:\> prompt type
BACKUP *.DOC A:

Follow the instructions on the screen. When this step is complete, remove the first diskette.

Label the second diskette as follows -
today's date
Backup of WORD files from WORD5 directory

At the C:\> prompt type
CD WORD5

The cursor should now be at the C:\WORD5> prompt.
Insert the second diskette in drive A.

At the C:\WORD5> prompt type
BACKUP *.DOC A:

Follow the instructions on the screen. When this step is complete, remove the second diskette.

At the C:\WORD5> prompt type
CD\

The cursor should now be at the C:\> prompt.

For word processing files, keep two sets of backups (four diskettes) so you will not be writing over the backups of the previous week.

It is a good idea to periodically delete any word processing files that you no longer need; this will save disk space.

9.6 Maintenance of DEC Equipment

The maintenance contract with DEC provides for a "carry-in service" for some equipment and "basic services" for others where a DEC representative comes to the office to make repairs. These services are described below. A second feature of the contract is that all equipment needs to be working properly before it is packed up and shipped at the end of a stand. If it does not work when DEC does the precontract inspection at the next location, it will not be covered under the maintenance agreement. ALL COMPUTER EQUIPMENT PROBLEMS MUST BE REPORTED AND REPAIRED BEFORE THE EQUIPMENT IS MOVED TO THE NEXT STAND.

The first step in solving equipment problems is to determine whether an equipment problem actually exists or, rather, if there is a problem with the software. If there is doubt as to what kind of problem exists, a technical person should be called for help. Field Office staff should call Judy Miller at Westat or PatHagwood at RTP to help determine whether the problem relates to the equipment or the software. MEC staff should call Bill Hadden or Judy Miller.

9.6.1 Responsibility for Coordinating Maintenance Activities

Regardless of the staff person dealing with the AFMS at the time it malfunctions, the Assistant Office Manager must be kept up to date on all activities and system changes. It is the responsibility of each staff member to inform the AOM when problems have occurred and about any steps taken to solve them. It is expected by the Home Office that the AOM will be completely knowledgeable about the current status of the system.

9.6.2. Basic Service

Basic Service Equipment

IVax computers

Vaxmate Computers

LNO3 Printers

For Basic Service the following information is needed:

The DEC Service Center Phone Number - 1-800-332-8000

The Serial Number of the system. This is found on a label on the front of the CPU. The identifier starts with WF followed by eight digits.

The Access Number for that system. This is also found on a label on the front of the CPU. It is a seven digit number starting with 177 or 158.

The Serial Number and name of the equipment which is malfunctioning. The name is on the front of the equipment, and the serial number should be printed on the front.

The address of the MEC or field office including the ZIP code.

The name and telephone number of the person at the field office who will be easiest to reach and is knowledgeable about the problem. You can give more than one name. Tell the person when the office will be open. It may be useful to have repairs done on off days, which means that someone would have to be there to meet the DEC representative.

The name and telephone number of a technical person. This can be Sidney Stephens or Bill Hadden at NCHS or Judy Miller at Westat. Always give the name and phone number of a technical person to DEC. When they ask for the contact person give them both the local contact and a technical contact.

Mention that the system is connected to a modem through a terminal server. DEC

does have the capability to run diagnostics through this means.

Describe the nature of the malfunction over the phone to DEC. The person may be able to give you a hint on how to fix it yourself. If you have no idea how to explain a problem call a technical person at NCHS or Westat for help.

Note: Always call a technical person first if there is a problem with the IVAX. When the IVAX is not functioning the entire system is shut down. A technical person can often determine what is malfunctioning with the IVAX and make sure that DEC arrives with the correct parts and makes repairs quickly.

In some rural sites, the DEC representative may be several hours away. Time is lost if s/he arrives without the correct replacement parts. Thus, it is very important to give DEC the fullest and most accurate information we can on the problem. Use the technical people to help you do this.

9.6.3. Carry-In Service

The carry-in equipment:

Terminal Servers
VT220 Terminals
VT320 Terminals
LA75 Printers
DESTA Boxes

Most of these items have spares in the MEC. This means that defective parts can be swapped with the MEC supplies. However, remember that the "swapping" arrangement will not work unless the defective equipment is repaired immediately.

To take in a defective part:

Find out the location of the DEC Carry-In service center. The address is available from the Survey Operations Branch at NCHS (SOB) or from Helene Klosman at DEC (see Exhibit 9-1 for telephone numbers).

Exhibit 9-1. Important Telephone Numbers for Automated System Reports

Phone Numbers

SOB Office	301/436-2867	
Emergency	301/436-5329	
Sidney Stephens	301/436-8267	
Bill Hadden	301/436-8425	
Helen Klusman	301/306-6005	DEC
Judy Miller	301/294-3942	
Catherine Novak	301/251-4318	
Pat Hagwood	919/541-0996	
Paul Hibbs	301/294-3959	

Have the access number for that system plus the serial number for the system (see Section 9.1 above).

Have the address and phone number of the stand plus the phone number of SOB.

Take item in and get:

Claim number

Estimate of repair time (you can't leave town without it)

Telephone number and name of responsible person at DEC service center.

Report repair to SOB. Also, report repair to the Director of MEC Operations if a MEC repair or to the Director of Survey Operations if a field office repair.

The current service contract with DEC does not cover weekend service, however, in some situations weekend repairs are necessary. In emergency situations where equipment cannot wait until Monday to be repaired, the field office staff should telephone Sidney Stephens at home (301-280-3149) to alert him of the problem. If Sidney is not available, leave a message on his answering machine and notify the Director of Survey Operations at Westat .

NOTE: The DECServer is a small computer. It cannot just be "swapped". The IVAX must be adjusted and the new DECServer will have to be configured before the modem or the printer will work. Thus, ALWAYS contact a technical person for help before "swapping" a DECServer.

9.6.4 All Service Calls

Please contact Sidney Stephens so we can also keep DEC on the problem. NCHS has set up an additional line with a recorder to log in equipment problems. This recorder will be monitored over the weekends. Only through a comprehensive maintenance program can we keep the equipment working and the frustration of all involved at a reasonable level.

Do not try to answer questions for DEC to which you do not know the answers. Call a technical person for help.

If the DEC representative wants to make a change to a DECServer or to any part of the system be sure to have them call Pat Hagwood at RTP or Judy Miller at Westat to get approval.

9.7 Servicing the Printer

The Digital Laser Printer may require routine maintenance during the stand. This is indicated when the "Maintenance" indicator lights on the Indicator Panel. If printing continues after the indicator comes on, the quality of print may deteriorate rapidly. The Office Manager will have a Digital Maintenance Kit Guide to provide instructions on how to perform routine maintenance on the printer. In addition, the Office Manager will have the Digital Toner Kit Guide to provide instructions on how to replace the toner cartridge and cleaning pad and the toner bottle. The office will be supplied with the replacement items needed to carry out these maintenance procedures.

In addition, for general maintenance, Digital recommends the following:

"At intervals of approximately 3,000 pages when toner is added, perform the following procedures to maintain peak performance from the printer.

Clean the external surfaces with a soft, damp cloth.

CAUTION: DO NOT USE ANY TYPE OF CLEANING FLUID TO CLEAN THE SURFACE OF THE PRINTER. TO PREVENT POSSIBLE DAMAGE, USE ONLY WATER TO DAMPEN THE CLOTH.

Vacuum stray toner, paper, etc. from the feed, exit and fusing areas of the printer."

9.8 Maintaining Computer Tapes

In order to insure the integrity of the tapes, use the following procedure. The Westat warehouse sends three new tapes at the beginning of the stand. Date each tape when you receive it. When you prepare your end-of-stand tapes, use your oldest tapes. This should insure that new tapes are rotated in and old tapes out before the old ones become damaged. In this way, the tapes in the field office should never be more than a couple of stands old.

9.9 Maintaining the AFMS Log

A log must be kept on all changes to the system made by the field staff, home office staff,

or NCHS. The log is included as Exhibit 9-2. The log shown in the example has been partially completed to indicate the kind of entries to be made. An entry should be made in the log when you:

Backup your MicroVax or Vaxmate;

Shut down or start up the MicroVax;

Put an entry in the batch queue;

Experience a hardware problem such as the printer not working;

Experience a software error, such as "Sethost" not working on the Vaxmate, or a corrupted WORD file;

Call DEC;

Call Pat Hagwood or Westat about a computer problem; or

Experience any other problem resulting in a change to the system.

9.10 Tearing Down the AFMS at the End of the Stand

Appendix F contains instructions for tearing down and packing the computer equipment at the end of the stand. As noted in Chapter 8, the field office staff will be responsible for this task in stands when the equipment will be sent on to the next stand on the MEC trailer. When the equipment must be sent via commercial carriers, home office staff will conduct the pack up.

NHANES III
Stand Name Duval, FIA
Stand Number 123

Automated Field Management System Log

Date	Name	Action
1/3/91	Rawl A.	Backup, 7 pm
1/5/91	Rawl A.	Shut down computer
1/5/91	Pat F.	Restarted computer
1/6/91	Rawl A.	Entries missing from batch queue; Pat DAILYWFS in batch queue
1/9/91	Rawl A.	Laser printer not working, called Dec
1/11/91	Rawl A.	Laser printer Fixed
1/12/91	Darwynne	Darwynne received Oracle error "Table does not exist; called Pat Hagwood
1/13/91	Darwynne	1/12/91 Oracle error resolved

10. REPLICATES, SURPLUSES AND DRY RUNS

Replicates are SPs who have been examined in the MEC and who receive a second MEC or a home exam for quality control purposes. Surpluses are individuals who receive MEC exams but are not SPs. Surpluses usually occur when SPs make their own participation conditional on having a family member examined who is not an SP. Dry Runs are individuals scheduled for exams during Dry Run Day at the MEC. Dry Run Day is used to check equipment, supplies and procedures to make sure that everything is functioning properly before MEC exams actually begin. Often, local VIPs are invited to participate in the survey as dry runs.

10.1 General Guidelines

The Office Manager is responsible for recruiting replicates and dry runs and for handling the administrative procedures for these two groups as well as for surpluses. Recording identifying information and assigning NCHS numbers to these individuals are handled by the AFMS. The AFMS also prints reminder letters for replicates and surpluses. Specific instructions to be followed for each group are described below; however, note the following when entering information on replicates, surpluses and dry runs on the AFMS screens:

Replicates, surpluses and dry runs will be assigned NCHS numbers by the AFMS from the beginning of the sample number list. Refer to David Larsen's memo Appendix A for a description of how NCHS numbers are assigned.

The Office Manager must remember to record replicate and surplus appointments on the Master Appointment Schedule just as s/he would with regular SP appointments.

To distinguish replicates, dry runs and surpluses from others in the system so that they will not be counted on reports involving SPs you must enter in the SP number field a SP number greater than 50. For replicates and dry runs this number must be unique (that is, you cannot assign two replicates an SP number of 51). Keep a log of the SP numbers you have already assigned so that this does not happen. However, the system will signal you if you try to assign an SP number that has already been used.

Once replicates and surpluses have been entered into the system and assigned NCHS numbers, appointments may be scheduled for them using the Schedule and Identify Screen. Because this screen will not work unless there is a current interviewer listed for the case, these individuals must be assigned to an "interviewer". Thus, at the beginning of the stand, assign to the office manager cases 76/999-9 (the segment and serial number for all replicates) and 77/999-9 (the segment/serial for all surpluses).

10.2 Replicates

10.2.1 General Guidelines

We must conduct replicate exams at each stand on 30 SPs examined in the MEC. Twenty replicates will be performed on the MEC and 10 in the home. The following are the guidelines for the replicate exams.

Fifty percent of the replicates should be under age 40 and the remainder 40+ . Replicate exams should not be offered to SPs under 20 years of age.

Half the MEC replicates and half the home exam replicates should be male.

MEC Replicates should be scheduled for the same session as their previous exam (a.m., p.m. or evening) and follow the same fasting guidelines.

Only SPs who have received venipuncture during their regular exam are eligible to be replicates. This will be indicated on the Exit Interview conducted in the MEC for each SP examined. Replicates must agree to receive venipuncture.

The following procedures should be followed to complete this task.

Begin scheduling replicates at the end of week two of exams.

Replicate candidates should be selected from the Exit Interviews conducted in the MEC. These interviewers ask whether the SP would be willing to undergo a second exam.

Obtain the Exit Interviews from the MEC Coordinator on a bi-weekly basis.

Contact replicate candidates by telephone only.

Replicate candidates examined in the MEC should receive \$30-\$50. Those examined in the home should receive \$15.

Do not appoint replicates during prime SP slots, especially weekends. Try to schedule replicates during underbooked sessions. Do not overbook a session for a replicate.

Replicates receiving home exams will receive exactly the same home exam as SPs their age.

Replicates receiving MEC exams will receive all exam components that they received during their first exam except x-rays.

Try to schedule most of the replicate home exams during the first weeks the home examiner is available. This will free up the schedule for "real" scheduled home exams and cold calls later on.

10.2.2 Record Keeping

Procedures for assigning ID numbers to and recording information on replicates are automated. Instructions on how to use the Replicate screen is found in Section 10.2.3. Note the following:

Replicates will receive a reminder notice which will be printed out by the AFMS with the rest of the reminders for a given MEC session. Replicate's names will appear automatically on the Daily Appointment Schedule. They will be designated with an "R" in the left-hand margin.

All replicates are assigned the same segment/serial number, 76/9999-9. When an appointment is made for replicates using the Schedule and Identify Screen you will not be able to enter unique screener dates for each individual since only one screener date is allowed per household. When entering replicate appointments on the Schedule and Identify Screen enter "today's date" as the screener date.

10.2.3 Instructions for Using the Replicate Screen in the Automated Field Management System

The following pages provide instructions on using the Replicate Screen in the AFMS.

REPLICATE SCREEN

** NATIONAL HANES III **

IDENTIFY REPLICATE

Enter Stand/segment/Serial 103/76/99999 NCHS# _____

SP Name: Last _____ First _____

Family # __ Sp __ GTT _ Replicate NCHS# _____

MEC? __ Home? __ Home appt date: _____ Time: _____

Enter examined date for replicate: _____

Char Mode: Replace Page 1

Count: *0

THE PURPOSE OF THE SCREEN:

This screen provides fields for entering information on SPs who agree to have a replicate exam. Replicates are SPs who agree to have two examinations; the second exam is used for quality control purposes.

REPLICATES

WHAT TO DO

TO ACCESS SCREEN

Access the *Replicate* screen from the *Quality Control* menu.

GENERAL INFORMATION

The screen is divided into three blocks. The first block displays identifying information on an SP once his/her NCHS number is entered. The second block records whether the replication will be performed in the MEC or in the home and, if in the home, the date and time of the appointment. The third block records the date the replicate examination was performed.

Once a replicate is identified using the *Replicate* screen, a MEC appointment can be made using the Schedule and Identify Screen.

NOTE: When using the Schedule and Identify Screen to make replicate appointments you will not be able to enter unique screener dates for each individual since only one screener date is allowed per household. Instead, enter "today's date" as the screener date.

PREAPPOINTMENT ENTRIES:

To distinguish them from regular SPs replicates are assigned a segment serial of 76/99999. This is entered automatically by the AFMS.

To identify a replicate SP, enter the SP's NCHS number and press <RETURN>. The SP's name, family number and GTT code will appear on the screen. Enter a replicate SP number greater than 50.

The system then asks if the replicate exam will be done in the MEC or as a home exam? Enter Y(es) or N(o) to these questions. If a Y(es) response is given for the home exam, enter the home appointment date and time; otherwise, leave these fields blank.

AFTER THE EXAM:

After the replicate exam is completed, move to the appointment results block of the screen and enter the date of the exam. Otherwise, leave this field blank.

10.3 Dry Runs

10.3.1 General Guidelines

The Dry Run Day date is determined by the home office and is usually held the day before exams begin. Dry Run Day normally consists of one exam session and the Office Manager is responsible for recruiting four individuals to be examined during the session. Since the purpose of Dry Run Day is to test equipment and procedures the Dry Run volunteer may receive only part of the exam. Dry Runs do not receive any payment.

Dry Run volunteers may be recruited from among the interviewers, the hotel staff or other administrative staff who work where the field office or MEC is located, local health officials and so forth. Do not encourage the local office assistants to be dry runs since this takes them away from office duties.

10.3.2 Instruction for Using the Dry Run/Surplus Screens in the Automated Field Management System

The following pages provide instructions on using the Dry Run/Surplus screens in the AFMS.

10.4 Surpluses

10.4.1 General Guidelines

Because of the limited number of exam slots available in the MEC, surplus appointments should only be agreed to as a last resort. Only when the interviewer is convinced the SP will not agree to be examined in any other way should a surplus appointment be arranged.

Surpluses are not paid. They will, of course, receive notification of their exam results just as the SPs do. Do not schedule surplus appointments on weekends. Also avoid evening slots, if possible, since these are popular with SPs. Section 10.3.2 provides instructions on using the Dry Run/Surplus screens in the AFMS.

DRY RUNS/SURPLUSES SCREENS

DRY RUN SCREEN

**** NATIONAL HANES III ****

IDENTIFY DRY RUN

Enter Stand/segment/Serial 103/77/99999 NCHS# _____

SP Name: Last _____ First _____

Family # __ Sp __ GTT _

Enter examined date for dry run: _____

Char Mode: Replace Page 1 Count: *0

SURPLUSES SCREEN

**** NATIONAL HANES III ****

IDENTIFY SURPLUS

Enter Stand/segment/Serial 103/_/_ NCHS# _____

SP Name: Last _____ First _____

Family # __ Sp __ GTT _

Enter examined date for surplus: _____

Char Mode: Replace Page 1 Count: *0

THE PURPOSE OF THE SCREENS:

The Dry Run screen provides fields to record information on individuals who are volunteers for examinations on dry run day. The Surpluses screen provides fields to record information on non-SPs who are given MEC examinations.

DRY RUNS/SURPLUSES

WHAT TO DO

TO ACCESS SCREEN

Access screens from the *Quality Control Procedures* menu.

GENERAL INFORMATION

Each screen contains a block with fields for pre-appointment information (name, SP number, GTT code) as well as a field containing a result field (date examined).

WHAT YOU DO

DRY RUNS:

Preappointment Entries:

To distinguish them from regular SPs, dry runs are all automatically assigned the segment serial 77/99999 by the AFMS.

Enter the identifying information (name, family number, and GTT code) and an SP number greater than 50. Then press **<DO>** and the NCHS number will be generated automatically by the AFMS.

After the Examination:

Move to the examination results block of the screen by pressing **<NEXT SCREEN>**. To show that the dry run was examined enter the examination date. Otherwise, leave this field blank.

SURPLUSES

Preappointment Information:

Enter the segment/serial number of the surplus (it will be the same as that of the SPs in the household from which the surplus comes). Then enter the rest of the identifying information (name, family number, an SP number greater than 50, and a GTT code). Press **<DO>** and the NCHS number will be automatically generated by the AFMS.

Use the Schedule and Identify Screen to make a MEC appointment for the surplus examinee.

DRY RUNS/SURPLUSES (continued)

After the Examination:

Move to the examination results block of the screen by pressing <**NEXT SCREEN**>. To show that the surplus was examined, enter the examination date. Otherwise, leave this field blank.

Special Note: In order to facilitate the timely delivery of Reports of Findings to NCHS and Westat staff participating in Dry Run activities, the individuals need to be identified clearly in the automated system. To do this, use the "Enter Household Folder Contents" screen. Enter "NCHS" or "Westat" in the "comments" field on the second screen in this menu. The information will then be printed automatically on the individual's control card.

PART III - WITHIN HOUSEHOLD OPERATIONS

1. OVERVIEW OF HOUSEHOLD INTERVIEWING AND HOME BLOOD PRESSURE

1.1 Introduction

This part of the manual describes the operations carried out by the interviewing staff within the SP's household. The staff person assigned the task of supervising this component is the Field Manager. The sections which follow describe the procedures needed for the Field Manager to perform his/her job, i.e., monitoring field work, obtaining high response rates, and assuring the quality of the interviewers' work.

The within household operations include the following major tasks:

Screening households, using a brief questionnaire, to enumerate and select all survey respondents (i.e., Sample Persons -- SP's);

Administering medical history questionnaires to all SP's using the Household Adult Questionnaire or the Household Youth Questionnaire (referred to at times as SP Questionnaires);

Taking home blood pressure measurements of all adult SP's;

Administering a Family Questionnaire for each eligible family in a sampled household with SP's;

Scheduling examination appointments for all SP's, either in the Mobile Examination Center (MEC) or in the home;

Obtaining birth certificate authorizations for all SP's who are children;

Making field reminders to SPs who do not have a telephone, within 48 hours, of their examination; and

Administering a nonresponse questionnaire to households who refuse to participate in the home interview.

1.2 Data Collection Instruments

Each of the data collection instruments used in the household interviewing component is briefly described below. Procedures for administering the instruments and question-by-question specifications for each questionnaire can be found in the NHANES III Interviewer's Manual. Both Spanish and English versions of the Screener and extended interview questionnaires will be available.

While the screening and interviewing phases of household interviewing are described separately, it should be noted that these tasks are performed simultaneously in a household, whenever possible. Although sometimes during one visit, but more frequently, over several visits, an interviewer will administer the Screener, the extended interview questionnaires with one or more SP's, take Blood Pressure measures and schedule MEC appointments.

The Household Screener Interview

A Screener will be conducted at each sampled dwelling unit to identify SP's who will then be interviewed on the survey's various questionnaires. The Screener can be conducted with any adult household member age 17+ .

The screening interview proceeds through three stages:

1. A complete enumeration of all people living in the household, divided by family.
2. Classification of these persons by the various categories that are important for the study -- age, ethnicity, race, and sex.
3. Using specific sampling instructions, SP's are selected.

A typical household will have 2-3 SP's, however, many households screened will have none and others will have many more than three.

The Sample Person Questionnaires

There are three different Sample Person household questionnaires. These instruments collect primarily medical and nutritional information. They are as follows:

1. HOUSEHOLD ADULT QUESTIONNAIRE - This instrument will be administered to each selected SP 17+ years of age. At the end of this questionnaire, there is a section used to record Blood Pressure measurements.
2. HOUSEHOLD YOUTH QUESTIONNAIRE - This instrument asks questions pertaining to children from 2 months to 16 years of age. This questionnaire will always be completed by a proxy respondent -- ideally the child's parent or guardian. No Blood Pressure measurements will be taken for children.
3. THE NONRESPONSE QUESTIONNAIRE (HOUSEHOLD ADULT QUESTIONNAIRE--SHORT FORM) - This brief questionnaire consists of two questions for the respondent and a series of questions on the interviewer's observations about the SP. It is completed at the time of the first refusal.

The Family Questionnaire

This questionnaire will be administered for each family with SP's. It collects information on household demographics, health insurance, housing and income. It is administered to a knowledgeable adult family member.

1.3 Role of the Automated Field Management System (AFMS)

The AFMS will be used to generate assignments, to monitor the status of each case, to track the work of each interviewer and to provide reports which give an overall picture of how production in the stand is going and whether any special problems need attention. In order to perform these functions, data must be entered into the system in a careful and timely manner.

The AFMS is an integral part of a number of key tasks at a stand. Consequently, all of the stand managers will be entering and extracting information from the system in the performance of their jobs. Thus, the managers will depend on each other to keep the information in the system accurate and up-to-date so that reports and other kinds of output contain the most current and accurate information as possible. The points at which the Field Manager must enter data and receive reports from the system are described in the appropriate sections below.

The AFMS provides much of the information upon which the Field Manager bases his/her administrative and supervisory decisions. Information on the status of each case is entered into the system daily as is initial assignment and reassignment information. Thus, the Field Manager will use this data not only to make assignments but also to monitor production and assess the work of each interviewer.

2. BEGINNING A STAND

The Field Manager will arrive at the stand several days before screening and interviewing begin. During this period, the Field Manager's job will be to arrange materials and supplies for the interviewing components, become familiar with the sample segments, make initial interviewing assignments, and enter all initial assignment information into the AFMS.

2.1 Setting Up the Stand Office for the Household Interviewing and Blood Pressure Component

It is very important that before the start of the field work, the office be organized and prepared to begin assigning, receiving and processing work. It is the primary responsibility of the Office Manager to initially set up the field office. The Field Manager should assist the Office Manager in this effort and organize the space involved with the household interviewing operations. Section 2 in Part II of this manual describes the Office Manager's responsibilities in setting up of the field office.

The following are some general guidelines for the Field Manager's organization of his or her area of the office. The reports and procedures mentioned below will be discussed in later sections.

1. Arrange Interviewer Supplies

Exhibit 2-2 in Part II of this manual lists the NHANES III interviewer supplies needed in the office. The Field Manager should arrange these supplies for easy access since interviewers will probably take new supplies every day. It is the Field Manager's responsibility to be sure the office is always well supplied.

2. Set Up Field Manager's Files

Apart from the central filing system, the Field Manager will need to have a series of file drawers for the following materials:

Initial Assignment Materials;

Extra Set of Sampling Message Labels;

Completed Time and Expense Sheets (T&E's); for each interviewer; and

Completed Trip Expense Reports (TER's) for each interviewer.

2.2 Becoming Familiar with Sample Segments

Before making assignments the Field Manager must become as familiar as possible with the location and composition of the segments. There are two steps the Field Manager should follow to achieve this.

- 1 .Review the table on Distribution of Total Sample by Segment and Subsample (Exhibit 2-1); and
- 2 .Cruise the segments.

The home office will provide the Field Manager with a stand and segment-level summary entitled Distribution of Total Sample by Segment and Subsample which will give basic stand demographic information to be used in making assignments. This table includes:

First column -- the name of the stand and a list of all the segments.

Next 11 columns -- the number of cases in each segment by subsample (A-K).

Keep in mind that you may only assign cases in subsamples which have been released by the home office. The numbers in these columns will also help you in determining the size of workload for the interviewers.

Column number 13 -- the total number of cases in a segment.

Exhibit 2-1

PALM BEACH 134	A	B	C	D	E	F	G	H	I	J	K	L	Z	TOTAL RESERVE (C-J-Z)	TOTAL ALL	BLACK PCT	MEXICAN PCT	WHITE OTHER PCT
SEGMENT																		
01 1	170	34	27	231	281	171	10	10	7	7	7	3	4	1101	341	0	0	100
02 1	54	11	9	74	61	3	4	3	4	2	2	1	1	34	108	0	0	100
03 1	7	1	1	5	11	2	0	1	0	0	0	0	0	5	14	99	0	1
04 1	70	14	11	95	11	6	7	4	5	2	3	3	2	44	139	9	0	91
05 1	17	4	3	24	3	1	2	1	2	0	1	1	0	11	35	100	0	0
06 1	42	8	6	56	7	5	4	2	2	2	2	1	1	27	83	0	4	96
07 1	118	26	19	161	19	12	12	7	7	5	4	5	3	76	237	0	1	99
08 1	50	9	9	68	7	5	3	3	2	2	2	1	1	31	99	1	1	98
09 1	141	29	22	192	23	14	14	9	8	6	6	2	3	91	283	0	0	100
10 1	56	11	8	75	9	6	5	4	4	2	1	2	1	36	111	1	0	99
11 1	12	3	2	17	3	0	2	0	1	0	2	0	0	8	25	100	2	-2
12 1	109	21	19	149	16	12	10	7	6	5	4	5	2	69	218	0	0	100
13 1	50	10	8	68	8	5	6	2	3	2	2	1	1	32	100	0	0	100
14 2	157	32	24	213	26	15	16	10	9	6	6	4	3	101	314	0	3	97
15 2	15	3	3	21	2	2	0	2	1	0	1	1	0	9	30	89	1	11
16 3	65	13	10	88	10	7	7	3	4	4	2	2	1	42	130	17	9	75
18 1	47	9	7	63	8	4	5	3	3	1	2	1	1	30	93	0	0	0
18 2	55	11	7	75	9	5	6	3	3	2	3	2	1	35	110	0	0	0
18 3	51	10	3	70	8	6	4	4	3	2	2	1	1	33	103	0	0	0
18 4	3	0	0	3	1	0	1	0	0	0	0	0	0	2	5	0	0	0
18 5	4	1	1	6	0	0	0	1	0	0	1	0	0	2	8	0	0	0
18 6	5	2	0	7	1	1	1	0	0	1	0	0	0	4	11	0	0	0
18 7	5	0	1	6	1	0	1	0	0	0	0	1	0	3	9	0	0	0

(CONTINUED)

DISTRIBUTION OF TOTAL SAMPLE BY SEGMENT AND SUBSAMPLE 12:41 WEDNESDAY, NOVEMBER 14, 1990

PALM BEACH 134	A	B	C	TOTAL BASIC (A-C)	D	E	F	G	H	I	J	K	L	Z	TOTAL RESERVE (J-Z)	TOTAL ALL	BLACK PCT	MEXICAN PCT	WHITE OTHER PCT	
SEGMENT																				
188	3	1	0	4	1	0	0	0	1	0	0	0	0	0	2	6				
189	5	1	2	8	0	1	0	1	1	0	1	1	0	0	3	11				
190	26	5	4	35	4	3	2	2	1	1	1	1	1	1	16	51				
TOTAL	1337	267	214	1818	214	134	133	82	80	52	59	53	29	24	856	2674				

There are two other total columns -- Total Basic and Total Reserve. Total Basic means that we believe that, generally, we will release this number of cases in order to identify the required number of SPs for the stand. The Total Basic sample is expected to yield approximately 68 percent of the total number of identified SPs targeted for the stand. Total Reserve is simply the total number of cases in the reserve subsamples. We will release some of these subsamples as needed. It is unlikely that we will ever release all of them.

The last two columns -- The percent black and the percent Hispanic in the segment. Information that is very important in making appropriate assignments.

At the bottom of the page you will find column totals.

Section 3.1.2 provides more details about working with subsamples.

Secondly, the Field Manager should obtain a good street map of the area and locate each segment on the map. S/he should then drive around, look at the segments (i.e., cruise the segments), and make descriptive notes. The information gained from familiarizing him/herself with the segments will be very helpful in making appropriate interviewer assignments.

2.3 Preparing Initial Assignments

Work in each stand will always begin with only the work in Subsample A. The Office Manager will release this subsample for assignment in the AFMS and the Field Manager will then prepare the initial assignments.

The Field Manager will begin the preparation of initial interviewer assignments by reviewing the Distribution of Total Sample by Segment and Subsample Table (Exhibit 2-1), analyzing the information s/he collected while cruising the segments, checking with the home office to see how many interviewers will be initially working the stand, and determining who they will be.

Next, the Field Manager will generate a report entitled Initial Cases Unassigned (Exhibit 2-2) (Instructions for generating reports from the AFMS are in Section 4.5 in Part II of this manual.) This report is simply a list, by subsample and segment, of all households just released and serves as a reference.* It must be generated before any assignments are made. The total number of cases in the segment by subsample should agree with the Distribution Table. The Field Manager will then make the assignment decisions and record them on the Assignment Log (Exhibit 2-3), prepare the assignment materials and either s/he or the Assistant Office Manager will enter the assignment data into the AFMS. Instructions for preparing the assignment materials for the interviewers will be discussed in Section 3.1.2.

2.4 Using the AFMS to Add, Deactivate, and Activate Interviewers, and Make Initial Assignments

2.4.1 Adding, Deactivating and Activating Interviewers

When the stand opens the first task the Field Manager must do is obtain from the home office a list of all the interviewers who will be arriving at the stand for the onset of interviewing. Then, those interviewers who will be working at the stand must be activated in the AFMS since the file will contain the names of all interviewers. Once an interviewer is activated for work in the stand s/he must never be deactivated regardless of when s/he leaves for another stand. Either the Field Manager or the Assistant Office Manager carries out the activate/deactivate procedures on the AFMS. Section 2.4.1.1 contains instructions for using the Activate/Modify Interviewer File screen in the AFMS.

2.4.1.1 Instructions for Using the Activate/Modify Interviewer Field Screen in the Automated Field Management System

Pages III-13 and III-14 provide information for using the Activate/Modify Interviewer File Screen in AFMS.

* This report should be accessed each time a new subgroup is released, as well as, when needed to make assignments. A copy should be kept in the Field Manager's file.

Exhibit 2-2

INITIAL CASES UNASSIGNED

SEGMENT: 05 DATE: 06/21/88

<u>SUB GROUP</u>	<u>SERIAL</u>	<u>ADDRESS</u>
A	00001	340L LYKES AVE TAMPA, FL 33607
A	00002	3403 LYKES AVE TAMPA, FL 33607
A	00003	3405 LYKES AVE TAMPA, FL 33607
A	00004	3407 LYKES AVE TAMPA, FL 33607
A	00005	3508 HANNA AVE TAMPA, FL 33607
A	00006	3510 HANNA AVE TAMPA, FL 33607
A	00007	3512 HANNA AVE TAMPA, FL 33607
A	00008	2802 WEST ST TAMPA, FL 33607

PURPOSE

Use as a reference when making assignments of initial work.

2.4.1.1 Instructions on How to Use the Activate/Modify Interviewer File Screen in the Automated Field Management System.

THE ACTIVATE/MODIFY INTERVIEWER FILE SCREEN

Enter Information for a New Interviewer

3-4 letter initials, full name and 4 digit number

Press: [Do] after entering new interviewer information
[PF4] to exit from the procedure
[Find] to view interviewer file
[Select] to query for one interviewer, then press [Find] to view

Interviewer Initials: _____

Last Name: _____ First Name and Initial: _____

Assigned number: _____ Active flag (1 = active, 0 = inactive): _

Optional Remarks:

Char Mode: Replace Page 1

Count: *0

THE PURPOSE OF THE SCREEN:

During the duration of the stand the number of interviewers at the stand varies considerably. This screen enables you to limit the interviewers in the Interviewer File to only those who are currently on-site and active. With this screen you can activate or deactivate interviewers in the file and add new interviewers when they are hired.

2.4.1.1 Instructions on How to Use the Activate/Modify Interviewer File Screen in the Automated Field Management System.

THE ACTIVATE/MODIFY INTERVIEWER FILE SCREEN

TO ACCESS SCREEN

What To Do:

Access the *Begin Stand* menu from the Main Menu using the arrow key or entering the menu number. Access *Activate/Modify Interviewer File*.

TO ENTER THE NAME OF A NEW INTERVIEWER

What To Do:

The cursor will be on **Interviewer Initials**. Enter three initials. Make sure you do not duplicate those used for another interviewer.

Enter the name of the Interviewer and a 4-digit identification number. Enter a 1 (active) or 0 (inactive) to indicate whether the interviewer is currently active at the stand. Enter any remarks you wish to make.

Press <DO> to commit your entries.

Comments:

For the Interviewer ID number, use the next consecutive number in the sequence of Interviewer ID numbers found on the List of Interviewers or by arrowing down to the last interviewer and obtaining the next number in the sequence.

TO ACTIVATE OR DEACTIVATE AN INTERVIEWER ALREADY IN THE FILE

What To Do:

Press <SELECT>. Enter the Interviewer's initials. Press <FIND>. The AFMS will fill complete the Interviewer's name and identification number. **Active Flag** will contain the Interviewer's current status - either 1 (active) or 0 (inactive). To change the status of the interviewer, type over the current status.

Press <DO> to commit your entries.

Comments:

First, Press <FIND> if you wish to view the names of the interviewers in the Interviewer File. Then, to continue list, use the down arrow.

NOTE: A Master List of interviewers can be printed using the *List* menu.

2.4.2 Making Initial Assignments

Initial assignments should be recorded by the Field Manager on the Assignment Log (Exhibit 2-3) and then entered into the AFMS by either the Field Manager or the Assistant Office Manager. Instructions for using the Assign Cases Screen in the AFMS are in Part II, Section 4.6.1.

2.5 List of Staff Housing and Telephone Numbers

At the beginning of the stand, compile a list of the traveling staff's local addresses and telephone numbers (Exhibit 2-4). This will facilitate locating staff in emergencies.

2.6 Check Blood Pressure Equipment

The Field Manager with the assistance of the QC Coordinator must inventory all interviewer and backup blood pressure equipment and check each piece of equipment for proper functioning. S/he then must complete an inventory form (Exhibit 2-5) and an equipment checklist (Exhibit 2-6) for each set of blood pressure equipment. These forms and checklists are filed in the field office until the end of the stand when they are sent to Westat.

EXHIBIT 2-4

NAT'L HEALTH & NUTRITION EXAM SURVEY, 2815 W.Adams	(817) 774-7285
MEC TRAILERS <u>Staff Rm/Lab</u>	<u>771-5122</u>
<u>Co-ordinator</u>	<u>774-7938</u>
<u>Computer</u>	<u>774-7129</u>
JIM ROBERTS, Summit Ridge, #116	<u>774-8857</u>
JAN WARREN, Summit Ridge, #409	<u>778-2529</u>
TOM KENNEDY, Summit Ridge, #409	<u>778-2529</u>
B. J. ARKOS, Summit Ridge, #305	<u>770-0253</u>
AMPARO ALEMANY, Woodbridge, #255	<u>778-4009</u>
PABLO ALEMANY, Woodbridge, #255	
MARIA ALONSO, Woodbridge, #256	<u>773-5160</u>
DELILAH NORRIGAN, Woodbridge, #256	
MARCIA CLARK, Wildwood, #405	<u>774-1933</u>
HELENE HASKIN, Wildwood, #405	
SHEILA ELLSBERG, Holiday Inn, #122	<u>778-4411</u>
TERESA FULLER, Summit Ridge, #156	<u>770-0543</u>
CARMEN VEGA, Summit Ridge, #156	
LYN HILL, Woodbridge, #248	<u>778-8113</u>
TED MALAVE, Woodbridge, #162	<u>773-8323</u>
MARJA RAMAGE, Summit Ridge, #198	
ROBERT SCHLEY, Holiday Inn, #213	<u>778-4411</u>
TONY SILVA, Wildwood, #283	<u>774-7644</u>
LINDA WORDEN, Summit Ridge, #176	<u>774-7187</u>
ANITA CLARY, 2501 Goliad	<u>774-7640</u>

Exhibit 2-6

NHANES III

BLOOD PRESSURE EQUIPMENT CHECKLIST

FIELD MANAGER

Field Manager Name _____

Date of Test / /

Interviewer Name _____

Stand No. _____

Interviewer ID No. _____

Item	Yes	No	Comments
1. Level of mercury at zero			
2. Mercury bounces with valve closed			
3. Cracks in glass tube			
4. Cap at top of tube is secure			
5. Spilled mercury in the manometer case			
6. Cracks, tears in cuffs, bulb and manometer/stethoscope tubing			
7. Cracks in stethoscope diaphragm			
8. Did blood pressure system pass "coffee can" air leak test			
9. Other			

3. OPERATIONS

3.1 The Supervision of Interviewers

3.1.1 Introduction

The most important task performed by the Field Manager is the supervision of the household interviewing staff. Basically, this involves the assignment of cases to interviewers, the monitoring of these assignments, and the receipt of completed work. Beyond these basics, however, good interviewer supervision requires much more. For this study, each Field Manager must:

Know his/her interviewers and develop the flexibility to utilize each interviewer's skills most effectively;

Continually assess each interviewer's individual capabilities and performance as well as relate the performance of the interviewers as a group to the overall stand production goals;

Monitor each interviewer's time and production;

Review non-response cases to assess their potential for reassignment and to guide interviewers toward improved methods of gaining respondent cooperation;

Assess the quality of each individual interviewer's work; and

Respond to the concerns and problems of interviewers. Interviewers must be kept aware that they are an essential element of the survey.

3.1.2 The Mechanics of Assigning and Reassigning Cases

A typical stand will have:

24 segments;

1,000 households to be screened;

450 SPs; and

18-19 SPs per segment.

Keep in mind that some stands will be much larger and could have more than 30 segments, 600-1,500 households to be screened, and over 600 SPs to identify. The number of interviewers that will work at the stand will obviously be effected by the sample size. The target number of SPs per stand will always be communicated to the stand office staff prior to the start up of a stand.

As mentioned in Section 2.2, Exhibit 2-1, the total sample in each segment was divided into 11 (Basic and Reserve) subsamples. The "Basic Sample" includes subsamples A, B, and C. The "Reserve Sample" includes subsamples D through K. We expect to always release the Basic Subsample (A-C). Subsequent groups will be released by the home office following close monitoring of sample yield. Note the following:

		<u>Subsample</u>	<u>% of Total Cases in Subsample</u>	
Basic Sample	[A	50]
		B	10	
		C	8	
Reserve Sample	[D	8]
		E	6	
		F	6	
		G	3	
		H	3	
		I	2	
		J	2	
		K	2	
			68%	
			32%	

It is the goal of NHANES III to always identify the target number of SPs in a stand plus or minus 20 SPs. This is critical to the survey since examination slots for the MEC have been determined based on the target number of SPs, plus or minus 20.

Again, work in each stand will begin with the release of Subsample A only, across all segments. When Subsample A is released, all cases in every segment of Subsample A must be worked. As subsequent subsamples are later released for assignment, then all cases in each released subsample, across all segments, must also be worked. NOTE: The Field Manager must never assign work in subsamples which have not been released by the home office and released in the AFMS by the Office Manager.

For each segment, there will be the following assignment materials:

1. A segment folder with maps and listing sheets for each segment assigned (see Interviewer's Manual);
2. A pre-labeled Household Folder for each case in the segment (see Interviewer's Manual);
3. A pre-labeled bilingual Screener for each case in the segment (see Interviewer's Manual); and
4. An Interviewer Assignment Report listing all cases assigned to an interviewer (see Interviewer's Manual).

All of these materials, prepared at the home office, are shipped to arrive at the stand the week before screening and interviewing begins.

When an interviewer is given an assignment, the Field Manager must give him or her the four assignment items listed above. The Field Manager should also be sure that the interviewer has a sufficient supply of all other materials s/he will need to complete work in the assigned households.

In addition, it is useful to the interviewing staff to have a hard copy schedule of the MEC examination sessions. Exhibit 3-1 shows an example of a MEC work schedule. Prepare one for your stand and distribute to the interviewers to aid them when discussing appointment times with SPs.

Making Assignments

The successful management of interviewer assignments will have an important impact on the progress of the field work. For each interviewer to operate efficiently, s/he must have the right assignment. However, individual assignments can only be made by first having an overall plan that considers all interviewers and all outstanding cases to be worked. Assignment plans will have to be reviewed every day and altered depending on interviewer productivity and field problems. If assignment decisions are haphazard and last minute, the progress of the field work will suffer.

EXHIBIT 3-1
EXAMINATION CENTER WORK SCHEDULE

TUESDAY	11/8	8:00 AM	- 5:00 PM	STAFF SET-UP
WEDNESDAY	11/9	8:00 AM	- 5:00 PM	STAFF SET-UP & DRY RUNS
THURSDAY	11/10	8:00 AM	- 12:30 PM	5:00 PM - 10:00 PM
FRIDAY	11/11	8:00 AM	- 5:00 PM	
SATURDAY	11/12	8:00 AM	- 5:00 PM	
SUNDAY	11/13	C L O S E D		
MONDAY	11/14	C L O S E D		
TUESDAY	11/15	8:00 AM	- 12:30 PM	5:00 PM - 10:00 PM
WEDNESDAY	11/16	8:00 AM	- 5:00 PM	
THURSDAY	11/17	8:00 AM	- 12:30 PM	5:00 PM - 10:00 PM
FRIDAY	11/18	8:00 AM	- 5:00 PM	
SATURDAY	11/19	8:00 AM	- 5:00 PM	
SUNDAY	11/20	C L O S E D		
MONDAY	11/21	C L O S E D		
TUESDAY	11/22	8:00 AM	- 12:30 PM	5:00 PM - 10:00 PM
WEDNESDAY	11/23	8:00 AM	- 5:00 PM	
THURSDAY	11/24	<u>H O L I D A Y</u>		
FRIDAY	11/25	8:00 AM	- 5:00 PM	
SATURDAY	11/26	8:00 AM	- 5:00 PM	
SUNDAY	11/27	C L O S E D		
MONDAY	11/28	C L O S E D		
TUESDAY	11/29	C L O S E D		
WEDNESDAY	11/30	8:00 AM	- 12:30 PM	5:00 PM - 10:00 PM
THURSDAY	12/1	8:00 AM	- 12:30 PM	5:00 PM - 10:00 PM
FRIDAY	12/2	8:00 AM	- 5:00 PM	
SATURDAY	12/3	8:00 AM	- 5:00 PM	
SUNDAY	12/4	8:00 AM	- 5:00 PM	
MONDAY	12/5	C L O S E D		
TUESDAY	12/6	C L O S E D		
WEDNESDAY	12/7	8:00 AM	- 12:30 PM	5:00 PM - 10:00 PM
THURSDAY	12/8	8:00 AM	- 12:30 PM	5:00 PM - 10:00 PM
FRIDAY	12/9	8:00 AM	- 5:00 PM	
SATURDAY	12/10	8:00 AM	- 5:00 PM	
SUNDAY	12/11	8:00 AM	- 5:00 PM	
MONDAY	12/12	C L O S E D		
TUESDAY	12/13	C L O S E D		
WEDNESDAY	12/14	8:00 AM	- 12:30 PM	5:00 PM - 10:00 PM
THURSDAY	12/15	8:00 AM	- 12:30 PM	5:00 PM - 10:00 PM
FRIDAY	12/16	8:00 AM	- 5:00 PM	
SATURDAY	12/17	C L O S E D		
SUNDAY	12/18	C L O S E D	-----	TEARDOWN/RELOCATE

Since interviewers will come in to the stand office every other day, assigning about 15-20 cases at a time to an interviewer should be sufficient. This number can go up for weekend assignments and will go down towards the end of a stand when most of the interviewing is completed.

Some factors that should be considered in making assignments are:

1. The pace that an interviewer is working. Each interviewer will work at his or her own pace, but it is up to the Field Manager to determine if that pace is sufficient. The Field Manager must determine if the interviewer is completing an adequate number of cases given the number of hours s/he has worked and the type of work s/he has -- initial or reassignment cases. While there is no firm rule that determines how many cases should be completed in a specific number of hours worked, based on past HANES experience, interviewers should be able to interview and appoint at least 8-12 SPs per week during the first three weeks in a stand. As the work progresses and interviewers are holding more difficult or reassignment cases this number will drop off -- sometimes substantially. This does not mean that interviewers are wasting their time as the stand progresses because SPs may be harder to find at home and they have fewer productive cases.

2. Travel time to a segment. In deciding how much work an interviewer can adequately complete, the Field Manager must take into consideration travel time to and from the segment. If a segment is far away, it makes sense to try to encourage the interviewer to stay in the segment and work a longer period of time. This will hopefully minimize the number of trips required to complete the segment.

The NHANES III Advance Arrangements Team will locate the field office and the interviewer living quarters in a central location to the stand. Only a few segments will be very far away from the stand office or where the interviewers are living.

3. Eligibility of segment. Some segments will have a higher percentage of non-eligible households than others and will require more time to work (more screening to identify eligible SPs). Other segments will have fewer households to screen, because most households are eligible. All segments will, however, have approximately the same number of SPs -- 18-19.

4. Number of cases an interviewer is still working. An interviewer should always have a sufficient number of cases to keep busy. This should usually include a number of "fresh" cases to work, so that an interviewer doesn't have to make unproductive calls to households just to fill up time. If an

interviewer has appointments to interview SPs, then a fewer number of cases will keep him or her busy. It is critical to always keep in mind the number and type of cases all interviewers have at any given time in a stand to insure that the work load is evenly distributed among the field staff.

Keep in mind that, as the field period progresses interviewers will also be working on rescheduling broken appointments, scheduling home exams and, making field reminders. Details on these tasks will come in subsequent sections.

5. Try to cluster work as much as possible. If an interviewer is working in two segments, the Field Manager should try to assign two segments that are near to one another. S/he should try to avoid having interviewers travel long distances to work only one or two cases. Whenever possible, interviewers should be kept working in the same segment if there are more cases to assign (i.e., the release of a new subsample). This interviewer will be more familiar with the segment and will work more efficiently.

6. Match interviewers with the neighborhoods they will work. Some interviewers will be more successful working in certain areas than other interviewers. This should be considered when making assignments. For example, one interviewer may do better than another interviewer in an area that is predominantly Hispanic, or in an area that is heavily populated with older people, or in an area composed mostly of families with young children. Also, there may be segments where it is wiser to send a man rather than a woman.

Section 2.2 discussed becoming familiar with the sample segment before making assignments. If the Field Manager follows the two steps outlined -- reviewing the Distribution of Total Sample by Segment and Subsample Summary and cruising the segments, s/he should be able to successfully match the interviewers with neighborhoods.

Making Reassignments of Nonresponse Work

Achieving high response rates is essential to the performance of NHANES. In previous rounds of NHANES the Screener response rate was always 100 percent, the interview response rate 90

percent or better, the appointment response rate 85 percent or better and the examination response rate 75 percent or better. We expect to do as well or better on NHANES III as the past surveys.

Since these goals are very high, we make a substantial effort to try to convince respondents to participate in our study. We do this primarily by training our interviewing staff thoroughly and by providing them with strategies and materials for obtaining respondent cooperation. Secondly, our policy is not to be deterred by nonresponse at any level, i.e., screening, interviewing, appointing, and examination. If the first interviewer was not successful with a case, perhaps a second interviewer will be. When necessary we may even send a third interviewer or a supervisor.

The Field Manager job includes making these reassignments. Some interviewers have more skill in converting nonresponse than others. The Field Manager will become familiar with who these interviewers are, and to the extent possible, will use them more than the others for converting nonresponse.

Each nonresponse case situation should be reviewed and an individual strategy determined. In deciding who should work the case, the Field Manager should think about the circumstances and the personalities involved. If a male interviewer was refused the first time, perhaps a female interviewer would have more success. If a younger interviewer failed, perhaps an older interviewer could be more convincing.

For each nonresponse case assigned, an interviewer should be given the original Household Folder and the Screener if completed, as well as the SP Card (if the nonresponse involved a Sample Person). Briefly, an SP Card must be completed anytime an SP refuses to be interviewed or examined, breaks an appointment, or when a home exam is offered or completed. The interviewer who obtains a refusal (see Interviewer's Manual) should begin the card, and every interviewer who follows should use it. Basically, this card explains in detail what happened during the refusal.

Nonresponse letters will also be available for use in these efforts. The purpose of the letter is to explain the study and asks the respondent to reconsider his or her decision to cooperate. If time allows, this letter should be mailed out before an interviewer tries to recontact a household or SP.

The Field Manager should present the Office Manager with a list of the nonresponse cases requiring a letter. (See Section 4.5 in Part II of this manual for a description of field office procedures relating to refusal letters.)

In the situation where we are unable to screen a household, it is very important that we obtain as much information about the household as possible from neighbors, superintendents, postmen, etc. This information must be recorded on the last page of the Screener. After an interviewer has tried unsuccessfully several times to complete a Screener with the household but has obtained enough information from two nonhousehold sources to apply the SP sample selection procedures, the Field Manager can close out the Screener as completed. (The case should receive a special Screener code of "12" or "13" depending on whether there are SPs in the household.) This situation is documented in Chapter 4 of the Interviewer's Manual.

It is important to try and organize the reassignments as efficiently as possible. It is usually better to wait until a number of reassignment cases have accumulated before assigning them. Try to cluster them as much as possible to minimize travel time. Try not to have interviewers travel far distances for just one or two cases. It may also be possible to fold them in with initial assignments if an interviewer is going back to or near a segment that has reassignment work. It is important that reassignments not compete with the completion of initial work.

The following are key issues to discuss with interviewers who will be working on reassignment cases.

Review the assignment materials for each case thoroughly with the interviewers and develop a conversion strategy.

When necessary review relevant sections of the Interviewer's Manual and the Obtaining Respondent Cooperation Manual.

Exchange ideas on gaining respondent cooperation. The importance of eye contact, tone of voice, smiling, a positive manner, etc., should be discussed.

Interviewers should be instructed to address the concerns of the SP on why s/he refused.

Interviewers should be counselled on the importance of getting the respondent involved in a conversation during the initial contact. This is especially important when the respondent's original reason for refusing is vague (e.g., "I'm just not interested"). Once the real refusal reason is known, interviewers can specifically address those concerns (e.g., "consider this", "Let me remind you of this", bring up points, etc.).

Interviewers should be reminded to use advance materials to their advantage during the initial contact at the door. The physical act of handing material to the respondent at crucial points during the conversation is an effective way for the interviewer to reinforce his/her purpose and express good intentions.

Interviewers should be provided with "answers" to special respondent questions not included in their original materials which may arise once the survey is underway.

Interviewers should be forewarned that not all conversion efforts will be successful. They should try not to be upset by second refusals or take them personally. When a second refusal is received, it is helpful, though, if the interviewer reconsiders his/her strategy and speculates as to what might be done differently in the future for similar respondents.

3.1.3 Using the AFMS to Reassign Cases

Whenever the Field Manager must reassign a case to another interviewer, s/he must first enter this information in the Reassignment Log (Exhibit 3-2). To ensure that interviewers are credited properly for interviews and appointments they complete, reassignments must be entered immediately into the AFMS by the AOM. It is the responsibility of the field manager to inform the AOM whenever reassignments need to be entered into the system.

3.1.4 Conference with Interviewers

Initially, NHANES III interviewers will be required to report to the field office for a conference with the Field Manager every day. As the survey progresses, interviewers with problems/questions or whose productivity is low should be kept to reporting on an every-other-day basis; for interviewers who are performing well, the Field Manager may use his or her discretion and reduce the number of conferences per week. Keep in mind that the interviewer conference should be used as a management tool to accomplish production goals and increase interviewer productivity.

The purposes of this conference are to:

1. Receive and review completed or finalized cases from the interviewer;
2. Review the status of cases the interviewer is retaining;
3. Evaluate and discuss the quality of the interviewer's work (results of editing, observation, validation);
4. Answer questions and discuss problems concerning field procedures or data collection instruments;
5. Review the interviewer's work schedule;
6. Assign new cases; and
7. Review dispositions and other information on the Household Folder and complete an Interviewer Conference Report.

Since interviewers will report to the stand office often, it will be important to set up a schedule of appointments. In the beginning weeks when many interviewers will be at a stand, there will be many conferences and unless appointments are scheduled, interviewers will be waiting unnecessarily in the office. The Field Manager should allow approximately 40-60 minutes for each interviewer conference. Conferences should be scheduled for any day that the office is open (i.e., Monday - Friday before examinations begin and Tuesday - Saturday after exams start). Exhibit 3-3 shows an example of an interviewer conference schedule. Once you have decided on appointment times with individual interviewers, post the schedule in the field office to ensure that the interviewers know when to come in for their conferences.

Steps in Conference with Interviewer

Although each Field Manager will develop a personal routine for conducting the conference, the basic steps are:

1. Obtain copy of the Interviewer Conference Report for each interviewer.

Exhibit 3-3

CONFERENCE REPORT SCHEDULE

STAND	FRIDAY 3-25	WEDNESDAY 3-27	THURSDAY 3-28	FRIDAY 3-29	SATURDAY	SUNDAY
136	JUANITA	JUANITA	FRANCES	JUANITA		
9:15	TONY	TONY	CARMEN	TONY		
10:00	DELLAH	DELLAH	ELEANOR	DELLAH		
10:45	LETICIA	LETICIA	MARIA	LETICIA		
11:30						
12:15						
1:00	PABLO AMPARO	PABLO AMPARO		PABLO AMPARO		
1:45						
2:30						
3:15						

Each morning the Field Manager will review the Interviewer Conference Report* (Exhibit 3-4) for each interviewer scheduled to report that day. This report lists every case currently assigned to the interviewer (i.e., each case the interviewer has in his or her possession). It includes initial cases, reassignment cases, broken appointments and home exams. It will give the identification number for the case, and allow space to record information about SPs, disposition codes and date of interviews. The Field Manager and interviewer will use this printed report as a guide for obtaining the information needed during the discussion on each outstanding case. It is crucial that all information entered on this report be correct since this report will be used by the Assistant Office Manager to enter the data into the AFMS. The next day's Interviewer Conference Report will reflect the data entered from the preceding day. For example, if a case is closed out and the interviewer has turned in the Household Folder, the case will not appear on the next day's report. If the case is still being worked, the data entered from the previous day will appear on the new report.

Let's review this report in more detail.

The following items will always be preprinted on the Interviewer Conference Report.

DATE	This is the date the report is run. This report should be accessed each morning for every interviewer who will report to the stand office that day. In order for the report to be current, the Assistant Office Manager should have entered into the AFMS all of the information reported on a case during the last conference.
STAND	This is the unique three digit stand number.
INTERVIEWER	This is the unique three letter interviewer ID.
SEG/SER	"Seg" means segment and "Ser" means serial number. These two identifiers plus the stand number compose the case ID.

For reassignment cases, an "R" will appear in the margin preceding this number.

*Each morning either the Office Manager or the Assistant Office Manager will generate all the AFMS reports needed for the stand that day and distribute them to the appropriate staff. A list of these reports appears in Section 4.5.

INTERVIEWER CONFERENCE REPORT
DATE: 06/08/89

STAND: 109

INTERVIEWER: ITA

SEQ/SER	SCR	DATE	FAM	FAM	SP	AGE	BDATE	ETH/ RACE	SP	EXAM	BA	HE
	DISP	COMPL	NO.	DISP	NO.			RACE	DISP	DISP	DISP	DISP
R 01/00252	11	05/12/89	01		01	51 Y	08/13/37	3/1				
					02	51 Y	06/14/37	3/1				
01/00605												
01/00618												
02/00806	11	06/08/89	01		01	5 Y	02/18/84	3/1				E1
					02	3 Y	10/06/85	3/1				E1
02/00819												

The next items will be blank until the Field Manager enters the required information during the conference.

- SCR DISP Enter the Screener disposition code from the Household Folder.
 - DATE COMPL Enter the date the Screener was completed.
 - FAM NO Enter the family number from the Household Folder. In most cases, there will be one family per household.
 - FAM DISP Enter the Family questionnaire disposition code from the Household Folder.
 - B or H If an SP is being worked because s/he has broken a MEC appointment or is a candidate for the home exam, a "B" or an "H" will appear before the SP no.
 - SP NO Enter a two digit SP number for each SP in the household.
 - AGE Enter the SP age from the Screener. Be sure to record age for children less than 1 as "03 M" which stands for 3 months.
 - B DATE Enter the date of birth for the SP from the Screener.
 - ETH/RACE Enter the race ethnicity codes for the SP. The race/ethnicity information is on the Screener. Use the following codes to enter this information on this report.
- | RACE | E | T | H | N | I | C | I | T | Y |
|-----------|---------|-----------|---------------|---|---|-----------------|---|---|---|
| 1 = White | 1 | = | M e x i c a n | | | A m e r i c a n | | | |
| 2 = Black | 2 | = | O t h e r | | | H i s p a n i c | | | |
| | 3 = N/A | 3 = Other | | | | | | | |
| | 4 = N/A | | | | | | | | |
- SP DISP Enter the SP disposition code from the Household Folder.
 - EXAM DISP Enter the exam appointment disposition code from the Household Folder.
 - BA DISP Enter the broken appointment disposition code from the Household Folder.
 - HE DISP Enter the home exam disposition code from the Household Folder.

2. Have interviewer present cases in appropriate order for efficient review using Interviewer Conference Report.

Interviewers should bring in all currently assigned work every time they report to the Field Manager. This includes Household Folders (with completed documents) that the interviewer will be turning in as well as folders that the interviewer will retain. It also includes all materials associated with broken MEC appointments (Section 3.3) and home exams (Section 3.4).*

The Household Folders and the other assignment materials (referenced above) should be put in sequential order by segment and serial number. Check that the Interviewer Conference Report agrees with the assignments the interviewer is holding. If there is a discrepancy, find out why. The interviewer may have forgotten to bring in a folder, or s/he may have lost a document. There may be a problem with the assignment information entered into the AFMS or the system may be malfunctioning in some way. These discrepancies cannot be ignored.

An interviewer is to turn back a case when s/he has worked the case to its conclusion. This can mean a number of different dispositions; for example, a completed Screener of a household with no SPs, or where all the SPs in a household have been interviewed and exam appointments have been made, or the dwelling unit is discovered to be vacant, or a household or SP has refused, etc. The interviewer should turn over the Household Folder and all accompanying questionnaires and materials and the Field Manager should enter the disposition information onto the Interviewer Conference Report.

In the situation where the interviewer has completed one or more SP interviews in a household but must return to interview other SPs, the interviewer should turn over all completed interviews. The interviewer keeps the Screener and the original Household Folder for the return trips to the household. For office processing an Interim Household Folder (see Exhibit 3-5) is used. In cases where the interviewer keeps the Screener for follow-up work, s/he must xerox a copy of the screener before the interviewer conference. The xerox copy is placed in the Interim folder until the original Screener is ready to be handed in.

* Field reminder assignments (section 3.5) should also be brought in although they do not appear in the Interviewer Conference Report.

An Interim Household Folder is used for one of the following reasons:

1. The Screener has been completed and the interviewer is returning to interview the SPs. In this situation;, the Field Manager must make a copy of the Screener and place it in the Interim Folder.
2. One or more SPs are complete, but the interviewer is returning to complete other SP(s). In this situation, all completed questionnaires are placed in the Interim Folder.
3. .One or more SPs are complete, but other SP(s) are nonresponse to the interview or exam. In this situation;,, the completed questionnaires would be placed in the Interim Folder and original Household Folder would be used to refield the nonresponse case.
4. .If there is only one SP in the household and this SP was interviewed but refused the MEC appointment. The completed questionnaire would be placed in the Interim Folder and the original Household Folder would be used to refield the case.

This Interim Folder will always be started by the Field Manager as follows:

Enter the case ID number;

Check the appropriate box below the case ID number;

When checking box one be sure to xerox the Screener and place it in the folder. (The interviewer retains the original Screener.);

If boxes two, three, or four are checked, complete the appropriate information below -- family number, SP number, NCHS Sample number, name, quex. in folder, and quex. previously transmitted.

Interim Folders will be placed with all other work being logged into the AFMS (Station #1) by the Assistant Office Manager. The "Routing" information will be completed by the Office Manager or the Assistant Office Manager.

3. Review the interviewer's completed cases.

As part of the interviewer conference, the Field Manager should perform a preliminary edit of cases being turned in. The edit should include the following items:

A complete edit of the Screener to insure that the information recorded is correct and complete. If any information is missing the interviewer must try to obtain the data as soon as possible. If the interviewer has incorrectly selected an SP, then the correction must be made immediately which may mean returning to interview the correct SP;

NOTE: A common error is incorrectly using the birth date and the AGE CHART.

If the Screener has not been completed with the household, be sure there is sufficient neighbor information to classify the case and that the last page of the Screener -- Part II Screener Non-Response has been completed;

Check that all necessary forms for all SPs are included in the Household Folder.

Check that the ID numbers have been assigned and recorded correctly on all survey documents;

Check that the age from the Screener and the age on the SP questionnaire agree;

Check that the front of the Household Folder and Household Call Record have been filled in correctly;

Check that all examination appointment information has been entered correctly on all necessary forms (Household Folder, front of SP questionnaires);

Check the Family Questionnaire and be sure that the columns have been set up correctly for each SP and Head of Family;

Check to see that blood pressure measurements were taken for all adult SPs; and

For non-response cases being turned in, check to see that the SP CARD has been completed thoroughly.

When applicable, check that the non-response section of the adult SP questionnaire has also been completed

4. Discuss cases still in progress.

The Field Manager should have the interviewer describe his/her efforts to complete outstanding cases. The Field Manager should review the Record of Calls on the back of the Household Folder to determine how the interviewer is using the prescribed number of calls to the households. S/he should be sure that the interviewer is making the correct number of evening and weekend calls and offer suggestions on more efficient ways of scheduling his/her calls or more productive approaches to the selected households. Work with the interviewer to formulate a definite and realistic plan for completing his/her work. Focus on the specific actions the interviewer plans to take: when will s/he go out? at what time of day? which cases will s/he work on? why does s/he expect that household to be home at that time? In this discussion, the aim of the Field Manager is not to badger the interviewer, but to work with him/her to be more productive and to set goals that are realistic to him/her, acceptable to the Field Manager, and compatible with the survey schedule.

5. Discuss edit results.

Completed questionnaires will undergo field quality control procedures (described in Part II) to assure the quality of the work being completed. If an interviewer's work has edit problems, the questionnaire and accompanying edit sheet will be available for review with the interviewer during the conference. Before the interviewer comes into the office, the Field Manager should check Station #2 in the central filing system to see if there are any edit problems to be reviewed.

If the edits continue to reveal serious deficiencies in the interviewer's work, the Field Manager will need to confer with the home office to decide if observation or additional training is needed. Based on the seriousness of the interviewer's problem and the time and cost associated with conducting observation or training, it may be decided to dismiss the interviewer. These issues must be reviewed with the home office before any action is taken.

6. Determine interviewer's work schedule and discuss general productivity.

The Field Manager should have a general idea of what each interviewer's daily/weekly work schedule is like. If an interviewer's productivity is good -- this is enough. However, if an interviewer's productivity is low, then it will be important to monitor his/her work schedule closely and keep a record of hours worked and hours to be worked on a weekly basis.

If an interviewer's productivity has fallen off, the Field Manager will need to discuss this with the interviewer. (See Section 3.2 for a discussion of monitoring interviewer productivity.)

7. Determine if interviewer needs new assignments.

Based on the Field Manager's assessment of the interviewer's productivity, work schedule and cases still being worked, s/he will have to determine if the interviewer needs a new assignment. If so, access an Initial Cases Unassigned Report (Exhibit 2-2) and review the file for nonresponse cases needing reassignment to select appropriate cases.

8. Determine if interviewer has sufficient quantities of interviewing materials.

The Field Manager should also ensure that the interviewer has enough questionnaires, forms, and other interviewing materials to carry out his/her assignments.

9. Check blood pressure equipment.

The Field Manager should check with interviewers to ensure that their blood pressure equipment is functioning correctly.

3.1.5 Monitoring Interviewer's Time

One of the responsibilities of the Field Manager will be to monitor the amount of time each interviewer spends working on the project. Since interviewing is not a 9 to 5 job but requires working evening and weekend hours, the job of controlling hours becomes more difficult. The reasons for monitoring interviewers' time are:

To assure that each interviewer is working the number of hours required to complete his or her assignment;

To assure that each interviewer does not work more than 40 hours a week; and

To assure the most effective use of time.

As part of the Field Manager/interviewer conference, work schedule will be discussed. Work schedule must take into consideration the interviewer's assignment. If the interviewer is holding cases that have been hard to contact, then evening or weekend hours are needed. If the interviewer is just starting to screen new cases, then working some morning hours will be satisfactory. If an interviewer has specific appointment times set up to conduct interviews, then that will dictate the hours worked for the day.

Helping the interviewer plan his/her work schedule will also require being alert to the total hours the interviewer is allowed to work in a week. The Field Manager will need to manage the interviewer's assignment against the number of hours an interviewer has left to work in the week. If an interviewer plans to work 4 hours in the morning and 3 hours in the evening, then s/he should take the afternoon off. We do not want interviewers putting in all their time between 9 and 5 on Monday through Friday. This will not get the job done. We also do not want interviewers working more than 40 hours in a week. The Field Manager can only approve overtime after consultation with the home office. Approval will be given on very rare occasions.

Since no one can watch how an interviewer spends his or her time when in the field, the only way to measure whether an interviewer is putting in the hours reported is to monitor the number of cases completed.

3.1.6 Periodic Interviewer/Office Staff "Group Meetings"

On occasion, "group meetings" will be required to discuss changes, problems affecting the entire staff/office operation, etc. Group meetings must be planned with the approval of the Stand Coordinator. Whenever possible, they should be scheduled when a home office person is conducting a site visit.

3.2 Monitoring Field Progress

3.2.1 Introduction

One of the most important tasks of the Field Manager is monitoring the progress of the field work. The quality of the interviewers' work, the response rates achieved, and the interviewers' costs must be monitored very closely throughout the field period. The success of NHANES III depends on how well the staff can balance the often competing goals of high quality, high response, and cost containment.

Monitoring the progress of field work means keeping the screening and interviewing operating on schedule. Each stand only has a limited number of weeks and resources to complete its work. Unless the screening and interviewing generates the required number of examination appointments on a timely basis, the MEC examination staff will not have sufficient work and the completion of the stand will be delayed.

Monitoring progress is comprised of a number of components. These include setting production goals, using reports generated by the AFMS, the daily conferences, and interaction and discussion with the home office. These components and how they are used are described in the sections which follow.

3.2.2 Setting Production Goals

Production goals provide a measure of whether screening, interviewing and examinations are proceeding at a pace which will allow them to be completed in the time allotted.

Stand production goals are set by the home office. They are based on the number of cases to be completed in the stand, the length of the field period, and the average amount of time estimated to be required to complete all work for each case (including initial and reassignment work). The production goals will estimate the number of Screeners/extended interviews, exam appointments and examinations which

should be completed at given points during the operation of the stand. Progress reports generated by the AFMS can then be compared to production goals so that the Field Manager can assess whether the field work is progressing adequately and whether any changes are required to complete the work in the time scheduled. When a general problem with production appears, the Field Manager and the home office should review the situation and plan a strategy. Subsequently, the Field Manager and the interviewers will implement this plan.

In a typical 9 week stand, we expect that by the end of the third week, 85 percent of all Screeners and interviews have been completed, 75 percent of all MEC appointments have been scheduled. By the end of the sixth week, 100 percent of all Screeners, 95 percent of all MEC appointments have been scheduled. During the final two weeks, the focus should be on converting broken appointments and scheduling home examinations and the final few percent of MEC appointments.

Setting goals for individual interviewers is done during the daily conference. As noted previously during the first three weeks at a stand, interviewers should be interviewing and appointing at least 8-12 SPs per week. As the field period progresses, this number will change due to the fact that interviewers are then working difficult/nonresponse cases. However, there are several factors that might affect timely interviewing and appointing. Among these are:

The location of the cases in the assignment. If the cases are spread throughout the stand, then it may be more difficult for the interviewer to work a number of cases in a day. The Field Manager's familiarity with the stand and the sample segments should provide a basis for determining whether this situation exists.

The characteristics of the case. How many SPs remain to be interviewed in each case? Have contacts already been attempted and have the SPs been hard to locate? The interviewers will develop a sense of the characteristics of the cases as they work them. The Field Manager will help interviewers plan their work efficiently, but must keep in mind that some cases are harder than others and will require more time.

The characteristics of the segment. Is the area a difficult one to work? Are there many locked apartment buildings or buildings without apartment numbers?

The overall goal of completing all of the cases with the time and hours budgeted will not change during the field period. The intermediate goals that the Field Manager sets as s/he reviews the AFMS reports and talks with the interviewers will change to reflect what is actually happening in the field. If an interviewer has been assigned unusually difficult cases or has had problems such as illness that have

slowed her down, then the goal for the next few days will be to make up the lost ground, so that at the end, s/he will not be behind.

The Field Manager must keep in mind that the production goals are based on averages -- the average time to complete an interview, the average time to complete a case, and so on. Not all interviewers, stands, or segments will be the same. The Field Manager, in consultation with the home office, must judge whether the work assigned to a particular interviewer or the work in a particular segment is above or below average in difficulty and therefore, whether the interviewer is working at a satisfactory pace.

3.2.3 Using AFMS Production Reports to Monitor Progress

Production reports generated by the AFMS will be an important tool in monitoring the field work. Some reports must be reviewed daily, others will be used on an as needed basis. The reports to be used daily will be run each morning by the Office Manager or the Assistant Office Manager and given to the Field Manager. When the Field Manager needs one of the other reports, s/he should ask the Assistant Office Manager to access it. The reports to be used by the Field Manager are:

Name of Report	When Used by Field Manager
Daily Report (Part II Exhibit 6-6) Daily	
Interviewer Reports	
-- Initial Cases Unassigned (Exhibit 2-2) and as needed	Run when a subsample is released
-- Cases Assigned Not Complete (Exhibit 3-6)	As Needed
-- Report of Work by Interviewer Twice per week (Exhibit 3-7)	(Tuesday & Friday)
-- Summary of Active Cases by Interviewer Report (Exhibit 3-8) As Needed	
-- Interviewer Conference Report (Exhibit 3-3)	Daily
XREF Refused MEC App't, by Seg, Ser, & SP# (Exhibit 3-9)*	As Needed
XREF Broken MEC App't, by Seg, Ser, & SP# (Exhibit 3-10)* As Needed	

The purpose of each report is noted in the actual exhibit.

*These two reports can also be obtained sorted by name but for Field Manager interviewer use sorting by segment, serial or sample number is more appropriate.

Exhibit 3-6

CASES ASSIGNED NOT COMPLETE

Date: 06/21/88 Interviewer: BAR

	<u>SEGMENT/SERIAL</u>	<u>SCR DISP</u>
B	01 / 00010	
	01 / 00032	
	01 / 00045	
	01 / 00081	

PURPOSE

This report should be used to track cases still assigned to interviewers, if there is any questions as to which interviewer has a case, or toward the end of the stand when you are trying to wind up outstanding work and need to determine pending cases. Note that this report will also display the letters R, B and H as appropriate (R = reassignment, B = broken appointment, H = home exam) describing the type of case.

Date: 06/21/88

REPORT OF WORK, BY INTERVIEWER

INTV	CASES				SCREENERS		SPS				
	ASSGN	CLOSD	PENDG	COMPL	COMPL (NON-HH)	VAC/ NON-DU	RESP RATE	RESP RATE	APPTD RATE	EXAMD RATE	RESP RATE
BAR	I										
	R										
	T										
GRN	I										
	R										
	T										
NOR	I										
	R										
	T										
OGA	I										
	R										
	T										
ROB	I										
	R										
	T										

Exhibit 3-7

PURPOSE

This report provides a summary of each interviewer's production to date, by Case (i.e. assigned households), Screener, and SP. It also provides information for initial work and reassignment work. This report should be used to assess each interviewer's productivity and response rates. It should be reviewed each Tuesday and Friday, and whenever else it appears necessary. This report will also be discussed regularly by the Field Manager and the home office. The column headings are self-explanatory. The I, R and T stand for initial assignment work, reassignment and total. Thus this report will give you a breakdown of all categories by type of assignment.

SUMMARY OF ACTIVE CASES BY INTERVIEWER

DATE: 6/21/88

<u>Interviewer</u>	<u>Active Cases</u>	<u>Assigned Cases</u>
BAR	10	30
NOR	12	32
OGA	8	32
ROB	9	29
SHE	10	30

PURPOSE

This report lists all of the interviewers currently working (active) at the stand and the total number of cases they have been assigned and how many of those cases are still being worked.

This report can, at a glance, give you an idea of the distribution of the work by interviewer. Is the workload equitably distributed among the interviewers? Do you need to make some reassignments? Keep in mind that this report does not include field reminders; it does not tell you how many SP's are pending for each case; nor, whether it is an initial case or a reassignment case.

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 ALL SAMPLE PERSONS WHO REFUSED MEC APPOINTMENTS
 FOR STAND 998
 SEQUENCED BY SEGMENT, SERIAL, AND SP NUMBER

6/21/88

<u>SEG</u>	<u>SER</u>	<u>SP</u>	<u>NAME</u>	<u>AGE</u>	<u>RACE</u>	<u>SEX</u>	<u>SEG/SER</u>	<u>FAM</u>	<u>SP</u>	<u>DATE OF</u>	<u>CURR</u>	<u>SP</u>	<u>FINAL</u>
										<u>LAST APPT</u>	<u>INTV</u>	<u>DISP</u>	<u>CLOSEOUT</u>

TOTAL NUMBER OF SAMPLE PERSONS:

PURPOSE

This a useful list of each SP who has refused to make a MEC appointment. It should be used to keep track during nonresponse conversion that all SP's have been reassigned.

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

ALL SAMPLE PERSONS WITH BROKEN, NON-RESCHEDULED APPOINTMENTS
FOR STAND 998
SEQUENCED BY SEGMENT, SERIAL, AND SP NUMBER

6/21/88

<u>SEG</u>	<u>SER</u>	<u>SP</u>	<u>NAME</u>	<u>AGE</u>	<u>RACE</u>	<u>SEX</u>	<u>SEG/SER</u>	<u>FAM</u>	<u>SP</u>	<u>DATE OF LAST APPT</u>	<u>CURR INTV</u>	<u>BA DISP</u>	<u>FINAL CLOSEOUT</u>
------------	------------	-----------	-------------	------------	-------------	------------	----------------	------------	-----------	------------------------------	----------------------	--------------------	---------------------------

TOTAL NUMBER OF SAMPLE PERSONS:

PURPOSE

This is a list of every SP who broke a MEC appointment and has not been rescheduled. This list is useful in keeping track that all broken appointments have been transmitted from the Office Manager to the Field Manager and that the Field Manager has assigned the broken appointments to interviewers.

The following items from the Report of Work by Interviewer should be examined especially carefully and discussed with the interviewer when appropriate:

The number and percent of completed Screeners and interviews. We are interested in the number and type of interviews obtained and how efficiently the interviewer is working (the percent of cases s/he has completed each day/week).

The number of MEC appointments made and the number of exams completed. A major part of the interviewer's job is to get the SP to make an appointment and complete the examination at the MEC. We are interested in the number of appointments made in relation to the number of SP interviews completed and the percentage of these who actually complete the examination.

Refusals, breakoffs and broken appointments. No matter how "productive" an interviewer may be, if a substantial proportion of his/her cases are refusals, breakoffs, or broken appointments, s/he may be doing the survey more harm than good. If an interviewer is experiencing a high refusal rate, the Field Manager should review carefully each case where there has been a refusal and discuss the cases with the interviewer in an attempt to determine the reason for the refusals. If necessary, additional training and observation should be scheduled. On the other hand, if an interviewer's completion rate is extraordinarily high, the Field Manager should check for falsification problems.

Quality control problems. It is crucial that screening procedures be carried out correctly. Interviews administered to ineligible SPs are wasted interviews. If an interviewer appears to be having problems with administering the Screener correctly (or any of the questionnaires), additional observation and, if necessary, retraining should be scheduled.

Week-by-week and stand-by-stand comparisons. The Field Manager should compare the week-by-week and stand-by-stand reports to spot any trends in the interviewer's work. Be particularly alert for signs of decreasing productivity: a drop in the number of completed Screeners, extended interviews, exam appointments scheduled; an increase in the time required per case. This is usually an indication of some problem.

3.3 Rescheduling Broken MEC Appointments

The Field Manager and the interviewers will be involved in the efforts to reschedule SPs who do not show for their MEC appointments. Initially, the Office Manager and his/her staff will attempt to reach these SPs by telephone immediately after learning from the MEC Coordinator that the person did not show. Those who do not have phones or who persist in refusing to come in for their exams will be referred to the Field Manager for in-person efforts.

The work on broken appointments (BAs) will begin slowly in the early weeks of the examination period when screening and interviewing may still be going on in the stand. As the field period progresses, however, more interviewer time will be spent on this task; and finally, in the last week or two of exams, interviewers will spend a substantial amount of time rescheduling broken appointments.

To coordinate this task, the following steps will be followed:

1. The MEC Coordinator will report to the field office the results of SPs who had exam appointments. The Office Manager or the Assistant Office Manager will enter these results into the AFMS.

The Office Manager/Assistant Office Manager will immediately try to reschedule BA's by telephone. When successful in these office rescheduling efforts, they will simply enter the new appointment data into the AFMS.

2. All BA's not rescheduled by the Office Manager/Assistant Office Manager will be given to the Field Manager for assignment to interviewers. The Field Manager will receive from the Office Manager/Assistant Office Manager a copy of a AFMS report entitled Family Appointment History (Exhibit 3-11). This report will help the Field Manager make an appropriate assignment by providing a brief history of the case -- appointment history data on all SPs in a household.

This report, along with a SP Card (see Interviewer's Manual), and a xerox of the Household Call Record will be the assignment materials given to the interviewer -- no Household Folder will be given out. Together these items will be used to plan a conversion strategy and record the results of the effort.

3. Things to consider when making BA assignments are:

Review the original HH Folder contents thoroughly. Be familiar with the family contact history.

Should the original interviewer be assigned to the BA to maintain the rapport established? (Original interviewer may not still be at stand.)

Should it be assigned to a new interviewer -- some one who is especially effective in refusal conversions?

Have other SPs in the family been examined and can the interviewer enlist their support to reschedule BA?

If other SPs in the family are scheduled for future appointments, it is probably wise to wait until after these SPs have been successfully examined to try to convert the BA.

Exhibit 3-11. Family Appointment History

05/16/91 NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 APPT. HISTORY REPORT FOR STAND/SEGMENT/SERIAL: 137/02/00050
 CURRENT INTERVIEWER = LOS

<u>FAM</u>	<u>SP</u>	<u>NCHS</u>	<u>NUMBER</u>	<u>NAME</u>	<u>TY</u>	<u>CURRENT</u>	<u>APPT</u>	<u>TRAN</u>	<u>B/H</u>
					<u>PE</u>	<u>APPTMENT</u>	<u>INTV</u>	<u>CODE</u>	<u>DSP</u>
01	01	U	137 055 3	ALEX J. MCNEIL	M	03/29/91	LOS	S	
01	02	U	137 056 1	ASHLEY M MCCARTER	M	03/29/91	LOS	S	
01	03	U	137 503 2	PAIGE M. VENSON	M	04/04/91	LOS	T	

Is there something special we should offer the SP(s) in the household -- personal pickup by interviewer, baby sitting money, encourage coming with a companion, etc.?

4. Assignments of broken appointment information should be recorded in the Reassignment Log (Exhibit 3-2). Subsequently, the Assistant Office Manager will enter this appointment information into the AFMS from the Reassignment Log.
5. The Field Manager will monitor the interviewer's performance with these cases just as s/he would with other field interviewing components.
6. The mechanics of rescheduling BA's will be handled in the same way that the original appointments were handled, that is, the interviewer will call in rescheduled appointments to the field office to coordinate date and time. The interviewer will leave an appointment slip with the SP and record the appointment information on the Appointment History Sheet.
7. After the appointment is rescheduled, the interviewer will turn in the assignment materials -- the green SP Card, the Household Call Record and the Appointment History Sheet. The Field Manager will update the Interviewer Conference Report and give the assignment materials to the Assistant Office Manager for filing.

3.4 Scheduling Home Exams

The primary goal of NHANES III is to interview and examine in the MEC as many SPs as possible. The more interview and examination data we have about SPs, the more confidently we can relate what we know about SP's health to the U.S. population as a whole.

However, we know that we will not be able to examine 100 per cent of all SPs in the MEC. Therefore, a home exam component has been added to NHANES III to try to obtain some examination data from those who do not receive the MEC exam.

To standardize the NHANES III approach to SPs, rules have been developed which provide a decision-making framework. These guidelines determine when and to whom the home exam should be offered. These rules apply only to SPs who have been interviewed. They should be followed very carefully.

1. Interviewers should offer the MEC exam followed immediately by the home exam to the following:

- All bedbound sample persons
- All sample persons age 60+ and in a wheelchair.

2. After review by the Field Manager, and only with prior authorization from the latter, interviewers should on the first non-response visit offer the MEC exam and if they receive a second refusal they should offer the home exam immediately to:

- Premature infants
- Sample persons less than age 60 and in a wheelchair
- Sample persons offering serious personal or family illness as reason for nonresponse
- Primary caretakers of a seriously sick spouse or relative
- Recently hospitalized sample persons (excluding maternity cases)
- Sample persons needing help with ADL ("Yes" at HAQ H13)
- Sample persons age 75+

3. SPs under the age of one year and 60 years and above who have been interviewed but have refused the MEC exam should be offered the home exam at least once prior to the last 7 days of the stand.

To facilitate the implementation of these home exam rules/guidelines, SPs eligible for the home exam have been divided into two priority groups:

Priority #1 - SPs under the age of one year or sixty years and above who have been interviewed but have refused the exam. Priority #1's may be addressed in each of the three above noted rules. They are, as indicated by their categorization, the principal targets of the home exam component.

Priority #2 - SPs aged 20-59 who have been interviewed but have refused the MEC exam. Priority #2's may or may not fall into one of the three above noted rules. They should be offered the home exam when appropriate and as time and exam slots exist.

Note: Respondents between the ages of one year and 19 years are not eligible for the home exam.

To aid the Field Manager in tracking these cases the AFMS generates the Sample Persons Interviewed but not MEC Examined Report (Exhibit 3-12) which categorize SP nonresponse into Priority #1 and #2 cases. This report lists basic identifying information on each SP, current and previous interviewer, and broken appointment and home exam dispositions. The report should be generated at least twice per week (more often after exams start) to insure that home exams are being offered according to guidelines. In most cases, home exams should be offered to Priority #1 cases as soon as possible so that there is adequate time to work these cases properly. The Field Manager must decide when a refusal is unlikely to be converted to a MEC exam and that a home exam offer should be made. Obviously, the challenge is to put sufficient work into the MEC exam effort while allowing enough time to effectively work for the home exam.

Exhibit 3-13 Home Exam Rules demonstrates the field strategies which should be followed. A copy of this chart should be posted in each Field Office.

It is important to keep in mind that these guidelines should be followed in the majority of situations. Exceptional situations will arise, and alternative actions may be necessary. These exceptions should be discussed with the home office.

At the end of the stand the Field Manager must document home exam activities using the Home Exam Report Form (Exhibit 3-14). This report provides documentation for home exam activities concerning SPs under one and 60 years and above. The specifications for this report are described below:

SP #, Age, Sex Ethnicity/Race	Self explanatory
# of NR Contacts	This number includes first refusal and all other substantive contacts with SP or competent significant others. It does not include "00" contacts.
When HE offered/ # Days Prior to End of Exam	Number of days prior to (and including) the last day of exams that HE offered
BA Disposition	Broken appointment disposition
HE Disposition (H & C Codes)	Home exam disposition codes
Reason HE not offered	This column should be used to explain why guidelines were not followed.

Exhibit 3-12

1.

Sample Persons Interviewed but Not MEC Examined

List of Age Under 1 and 60 and Over

Stand: 136 Date: 03/09/91

<u>SEG/SER</u>	<u>FAM/SP</u>	<u>AGE</u>	<u>NCHS NO</u>	<u>INTV DISP</u>	<u>S1/S2 INTVR</u>	<u>CURR INTVR</u>	<u>BA DISP</u>	<u>HOME DISP</u>
01/00186	01/01	82 Y	1364227	S1	CIA	CIA		
03/00106	01/01	91 Y	1362828	S1	ISR	ISR		H2
05/00100	01/01	84 Y	1365177	S1	CIA	CIA		
05/00100	01/02	79 Y	1365185	S1	CIA	CIA		
05/00223	01/02	10 M	1365215	S1	CIA	CIA		
10/00117	01/01	84 Y	1364170	S2	ITA	ITA		
24/00017	01/02	92 Y	1364219	S1	NAN	NAN		

Total records selected: 7

Exhibit 3-12 (cont.)

2.

Sample Persons Interviewed but Not MEC Examined

List of Age 20 to 59 Years

Stand: 136 Date: 03/09/91

<u>SEG/SER</u>	<u>FAM/SP</u>	<u>AGE</u>	<u>NCHS NO</u>	<u>INTV DISP</u>	<u>S1/S2 INTVR</u>	<u>CURR INTVR</u>	<u>BA DISP</u>	<u>HOME DISP</u>
09/00328	01/02	30 Y	1362186	S1	FMK	FMK		
13/00066	01/01	35 Y	1365487	S1	FMK	FMK		
17/00077	01/02	32 Y	1365533	S2	MAR	MAR		

Total records selected: 3

Exhibit 3-13

GRAPH OF HOME EXAM RULES

(Currently being reviewed by Vicki Burt before inclusion)

NHANES III
HOME EXAM REPORT

PRIORITY #1 GROUP (SPs UNDER 1 and 60+)

STAND _____

SP #	Age	Sex	Ethn/ Race	# of NR Con -HE Offered	When HE Offered/ # Days Prior to End of Exams	BA Disp	HE Disp (H & C) Codes	Reason HE* Not Offered

*In certain situations you may want to use this column to explain why an SP, who was offered a Home Exam, refused.

It is very important that the Field Manager be aware, even after the fact, that a home exam was offered, because we want to keep track of how many SPs were offered home exams and what were the outcomes. The Field Manager must enter into the AFMS every time an interviewer offers a home examination to an SP. The interviewer records the result of the appointment attempt on the SP Card from which the AOM enters the information into the AFMS. The Home Examination Screen is used to enter information about home exams into the AFMS. To repeat, the Field Manager must take care to enter into the AFMS, every SP for whom a home examination was offered. Whether the home examination was scheduled, will be entered by the Assistant Office Manager once the case is received and logged-in through the central filing system.

Interviewers should turn in all information on home exams during their scheduled conference and the Field Manager will record the outcome on the Interviewer Conference Report and file the Household Folder in Station #1 (Log-In) in the central filing system.

3.5 Making Field Reminders

Forty-eight hours prior to their MEC appointment, all SPs will receive a reminder telephone call. This call is made from the field office. SPs who do not have telephones, whose phones are not working, or who have not been contacted by phone for some reason, must be contacted in the field by an interviewer.

This field contact must be done in-person -- leaving a slip under the door is not a successful field reminder. (In the unusual event that face-to-face contact is not possible after multiple attempts to contact the household, then the interviewer should 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.

During this contact, interviewers should follow the same guidelines discussed in Section 3.3, Part II for telephone reminder calls. Interviewers should also be reminded that each time they contact a household, they should leave the SP with a positive feeling about NHANES III since it will surely affect future participation, i.e. whether the SP shows up for his or her examination.

The Office Manager will notify the Field Manager when field reminders are needed. The Office Manager will give the Field Manager: A copy of the Daily Appointment Schedule (Appendix C), with the names of the SPs requiring field reminders highlighted. The Office Manager will highlight all information on each page which relates to the SP in question. (In a situation when more than one SP in a household is coming in on the same day obviously all of these SPs should be contacted by one interviewer and thus all of these SPs should be highlighted on the same Daily Appointment Schedule.)

In addition to the Daily Appointment Schedule, the interviewer should also be given a xerox copy of the Household Folder Record of Calls.

The Field Manager should also keep a copy of the Daily Appointment Schedule noting on it to whom the field reminder was assigned and on what date.

When making assignments, the Field Manager should keep the following in mind:

Whenever possible have the original interviewer conduct the field reminder;

Field reminders should be made by interviewers working in nearby segments;

Have interviewers look at original HH Folder Call Record to determine the best time to contact a household;

Use the same guidelines used for making original initial assignments -- match interviewers to neighborhoods and individual SPs; and

Be particularly sensitive to elderly or handicapped SPs -- assign interviewers best suited for these SPs.

After a field reminder has been conducted, the interviewer should turn back their copy of the Daily Appointment schedule to the Field Manager indicating the result of the contact. The Field Manager will note this on his or her copy of the appointment schedule so there is a record that the field reminder was completed or a reason it was not.

3.6 Cross-Stand Field Work

Occasionally SPs are examined in a stand other than their originating stand. Normally these are SPs who, for some reason, are not available during the exam period of their originating stand or who are refusals whom the Field Manager believes are good candidates for conversion. The following types of cases should be considered for cross-stand work:

1. SPs who will be out of town or otherwise unavailable during the exam period of the originating stand.
2. SPs who are refusals or BAs but are judged by the Field Manager and the Current Interviewer to be good candidates for conversion.

All cases which are candidates for cross-stand work should be discussed with and approved by the Director of Survey Operations.

Once a decision is made to transfer cases to another stand, the Field Manager is responsible for all materials and documentation. A list of the cases being transferred must be sent to the home office. To the extent possible, original documents - screeners and all questionnaires - should be sent directly to RTP at the end of the original stand with the rest of the stand materials. The Household Folder and the SP Card(s) will be the only original documents sent over to the stand continuing work on the cases. The originals of these documents are needed so that they can be updated as additional work is done on the case.

It will be the responsibility of the Field Manager in the stand continuing work to:

keep track of case materials;

alert the rest of the field office staff when these cases are assigned so the staff will be prepared to handle them appropriately if an appointment is called in;

provide the Office Manager with the support documents (labels, consents, etc.) in cases where exam appointments are made; and

hand over all case materials to the Office Manager at the end of the stand so that the OM can send them to the appropriate destinations.

3.7 Handling Special Situations

3.7.1 Introduction

Other sections in this manual describe how to handle the planned or expected activities in a stand. However, supervising field work often requires coping with emergencies and problems. When emergencies occur, such as lost materials and interviewers getting sick, the Field Manager supported by the Stand Coordinator and the home office will have to work on a solution.

Problems with production or performance will become evident from reports and the interviewer conferences. In handling these situations, the Field Manager will need to do the following:

1. Identify what the problem is. Sometimes the most obvious is not the "real" problem.
2. Analyze production reports and talk with the interviewers to determine the source(s) of the problem. The source may be the interviewer's approach to his/her cases, confusion or misunderstanding of procedures, the type of area s/he is working, the "match" of interviewer and assignment or combination of these factors.
3. Decide on a course of action, consulting with the home office if necessary. Sometimes a conference will straighten things out. Sometimes stronger measures are needed, such as retraining, observation, or letting the interviewer go.

In solving problems of production or quality, the Field Manager has a variety of tools depending upon the type and extent of the problem: S/he can:

1. Take work back from an interviewer to reduce workload;
2. Withhold further work;
3. Reassign work from one interviewer to another;
4. Retrain the interviewer;
5. Observe the interviewer at work;
6. If necessary, the home office after consultation with the Field Manager may dismiss the interviewer.

The Field Manager should discuss these alternatives with the home office before taking any action.

While we cannot anticipate all of the problems which may arise, past experience indicates that those described in this section are the most common.

3.7.2 High Refusal Rate

High refusal rates jeopardize the success of the study and discourage the interviewers, particularly early in the field period. It is very important that the Field Manager watch for this problem as s/he reviews reports and deal with it quickly. The Field Manager should talk with the interviewer and try to figure out what is causing the problem. Have the interviewer role-play his/her introduction to the study. Is s/he hesitant, uncertain, or unprepared? The Field Manager may be able to identify what the interviewer is saying that "turns off" the respondent, or perhaps s/he needs to study the interviewer's manual more so that s/he sounds more confident and knowledgeable.

The Field Manager may suspect that the characteristics of the cases in a particular assignment are not a good match to the interviewer's characteristics. If possible, assign a few cases of a different type to the interviewer to see if s/he is more successful with them. If the interviewer continues to have a high refusal rate, then s/he is doing the project more harm than good and should be dismissed. Dismissal should be considered only after consulting with the home office.

3.7.3 Ineffective or Inefficient Work

As we have discussed before, interviewers must plan their time efficiently. This means dedicating a block of time, trying to schedule several interviews in the same segment during the same trip to a segment, varying the time of day that visits are made, and getting as much information as possible from neighborhood sources about not-at-home respondents. During the daily conferences, the Field Manager should encourage the interviewers to plan their time carefully and solve their problems creatively. This can be done by asking interviewers questions like: "What other approaches do you think you could try?" "What do you think might be the problem?" "According to my notes, you visited the SP only during the mornings, when do you think you should try again?" As the field period progresses, the interviewers should get better at figuring out their problems and developing solutions.

3.7.4 Suspected Fraud

This is a very serious problem, but one that fortunately happens infrequently. If the Field Manager suspects that an interviewer is not working the required hours or faking his/her work, s/he must make sure that s/he is right before confronting the interviewer. Anytime fraud is suspected, the Field Manager should consult with the home office before any action is taken.

Fraudulent work is the most serious problem. The Field Manager may be suspicious of interviewers with very high response or unusually high production, especially if the Field Manager thinks the assignment is difficult or hard to work. In these cases, notify the home office. A special validation of the interviewer's completed work will be necessary. Cases of interviewers falsifying work also may be discovered during the office edit or the scheduled validation procedures. If any case does not validate, then all of an interviewer's work must be rechecked.

3.7.5 Personnel Issues

Any time the Field Manager encounters a staff personnel issue which is affecting or could affect the successful completion of the survey, s/he should contact the Stand Coordinator and the home office immediately. Together, this group will decide upon a plan of action.

3.8 SPs Added to or Deleted From the File

Occasionally SPs are removed from the sample or added to the sample after the original screening (household enumeration) is completed. These situations should occur very infrequently and should be thoroughly investigated by the Field Manager and discussed with the Westat home office prior to implementation. All such cases should be thoroughly documented.

Documentation for the case should include the following:

A xerox copy of the cover page and the Household Composition Table(s) for the screener; and

An explanation of the situation which caused the SP to be deleted or added.

These materials should be placed in the special orange folders provided to the stand for these cases and copies shipped to Westat and NCHS - Hyattsville at the end of the stand.

4. CLOSING OUT THE HOUSEHOLD INTERVIEWING OPERATIONS

4.1 Transmittal of Completed Cases to the Office Manager

It is the responsibility of the Field Manager to ensure that by the end of the stand, all cases have been turned into the field office.

4.2 Reconciliation of Stand Records and Statistics

Reconciliation of stand records and statistics will be the responsibility of the Office Manager but the Field Manager is to help with these efforts. See Section 8.1 in Part II of this manual for a description of these activities.

4.3 Inventory, Packing and Shipment of Materials

At the end of the stand, the Field Manager should inventory all supplies and materials associated with his or her component and turn the inventory over to the Office Manager. The list of materials provided in Exhibit 2.2 in Part II of this manual should be used as the guide for taking inventory.

The Field Manager is also responsible for packing all unused interviewing materials and supplies remaining at the end of a stand. S/he should turn over all packed materials to the Office Manager. The shipment of these materials will be the responsibility of the Office Manager.

5. REPORTING TO THE HOME OFFICE

The Field Manager will have a daily phone conference with the home office to discuss the progress of the field work. Since the home office will have access to the same AFMS reports produced in the field office, the Field Manager must be prepared to discuss the contents of the most recent reports and to brief the home office on current progress as reported during the interviewers' conferences. The home office will also be particularly interested in plans and results of nonresponse conversion and home examinations.

The Field Manager should bring to the attention of the home office any general production problems encountered, as well as specific problems found concerning the field procedures, the question-by-question specifications, editing and verification. These calls, should also be used to discuss any serious problem which could result in the termination of an interviewer. Keep in mind that the dismissal of an interviewer must be authorized by the home office.

During these conferences, the Field Manager will also discuss the results of quality control procedures. The home office will request information concerning the quality of work as reflected in the editing reports or on reasons for an editing backlog at the stand. The home office will also need a validation status report.

PART IV - MEC OPERATIONS

1. THE MOBILE EXAMINATION CENTER

1.1 Background

1.1.1 History of the MEC

The Health Examination Survey was launched two years and four months after passage of the National Health Survey Act (1956). A mobile examination center (MEC) was designed and constructed, the necessary equipment installed, and routes and schedules arranged. In November 1959, the first MEC began examinations in Philadelphia. A second MEC was added the following year. The survey began slowly because of a lack of equipment and staff; full-scale data collection started in April 1961. By 1972 three MECs were in operation.

In January 1973 (during NHANES I) the Vietnam War budget cuts forced a reduction from three to two examination centers and later to just one center. During NHANES II and Hispanic HANES, two examination teams operated with three MECs.

In NHANES III, two examination teams operate with three MEC's. One MEC will always be in transit while the remaining two MECs are occupied by examination teams.

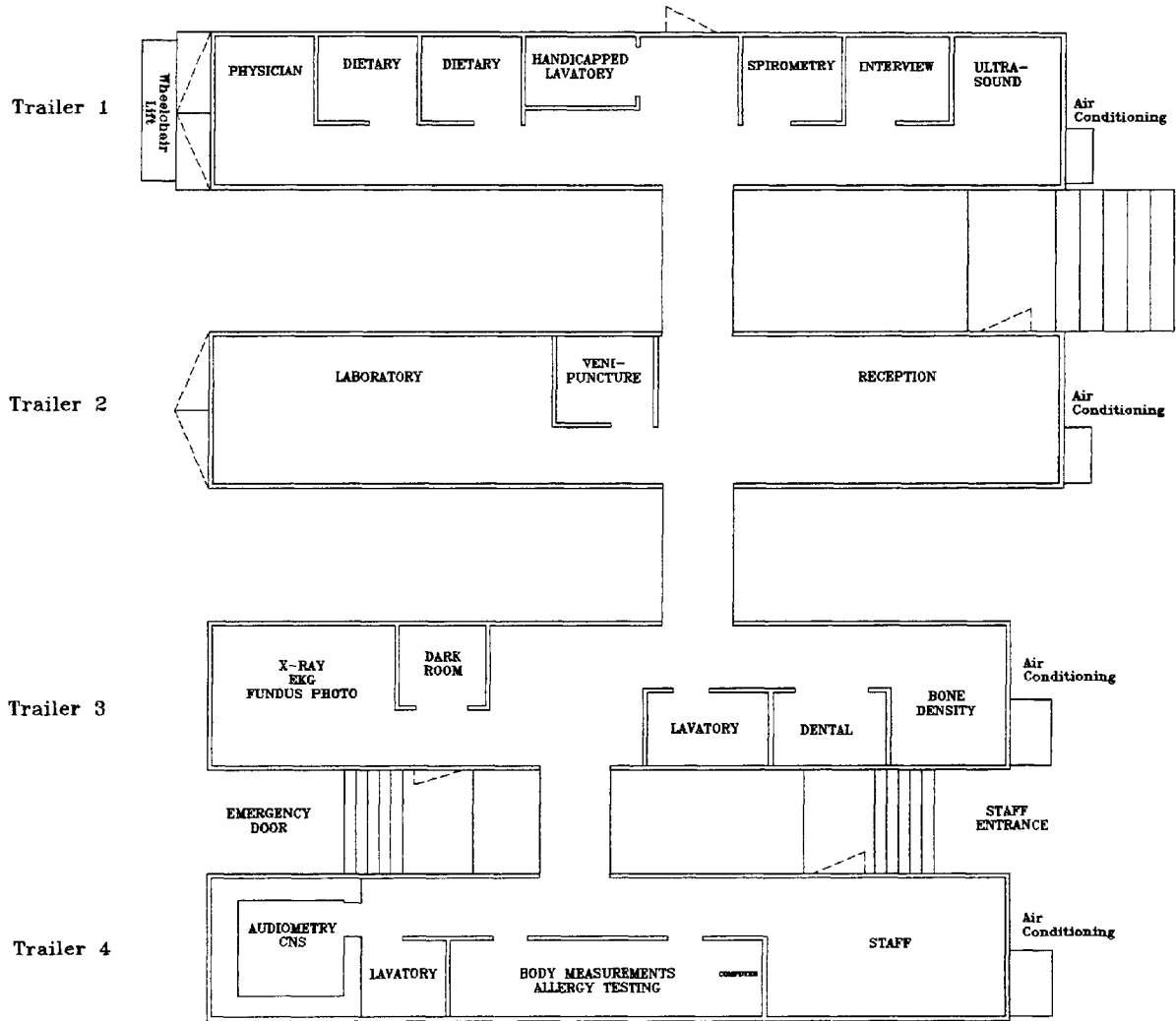
1.1.2 General Description

A Mobile Examination Center is composed of four semi-type trailers parked parallel to each other and connected by extendable passageways (see Exhibit 1-1). The trailers are identified as follows:

Trailer 1 -- Interview/Examination Trailer

Trailer 2 -- Reception/Laboratory Trailer

Exhibit 1-1. Connection of Trailers



Trailer 3 -- X-Ray Trailer

Trailer 4 -- Body Measurements Trailer

Trailers 3 and 4 were delivered in 1971 by Pritchard King of Baltimore Maryland and has the following dimensions:

Length	45.0 ft
Width	8.0 ft
Height	12.8 ft
Weight	30,000 lbs.

Trailers 1 and 2 were delivered in 1989 by Tesco-Williamsen Manufacturing of Salt Lake City, Utah. Trailer 1 is equipped to accommodate handicapped SPs by having wider hallways, a non-ambulatory bathroom and a motorized lift for entry into the MEC. It has the following dimensions:

Length	48.0 ft
Width	8.5 ft
Height	13.5 ft
Weight	30,000 lbs

1.2 Setting Up the MEC

The MEC Manager is responsible for accepting delivery of the MEC and assuring that it is assembled properly. The MEC examination team is responsible for setting up the interior of the MEC including unpacking, arranging equipment and supplies and arranging the examination and interviewing areas. The NCHS biomedical engineer will "fine-tune" the systems and troubleshoot problems with the exam equipment and the MEC.

1.2.1 Accepting Delivery of the MEC

When the trailers are delivered to the stand, the MEC Manager must carefully inspect each trailer for damage prior to releasing the transportation company driver. If any damage is found, the MEC Manager must note this on the freight bill and notify the NCHS engineers and the Director of MEC Operations as soon as possible.

1.2.2 Parking and Leveling Trailers

The travel doors enclosing the passageways should be opened before parking. The trailers must be parked parallel with a separation distance, rubrail-to-rubrail, of at least 48 inches and not more than 50 inches when measured at the center of the passageway. The distance should not vary more than 2 inches from the front of the trailers to the rear of the trailers. If the trailers are skewed more than this, the passageways will be overstressed when connected. The rear of the trailers should line up as shown in Exhibit 1-1.

This critical distance between trailers allows for full extension of the passageways and for erection of entry stairs and platforms. An easy method of alignment is to measure the distance between the outer edges of the jack pads. When the trailers are properly parked this distance should be approximately 56 inches.

After final positioning of all trailers, and before the truck drivers leave, bleed all the air from the air-ride suspension system by pulling the steel lanyard attached to the valve on the airbags. This will prevent the trailer from lurching forward when the trailer's weight is taken off the wheels and put on the leveling jacks. Note: The new trailers have two lanyards while the older trailers have only one.

The plumbing system and the passageway connections between trailers require that all four trailers be level and at the same elevation. If trailers are not level, the plumbing system will not drain properly and the passageways will not mate.

Once the trailers are parallel and the proper distance apart, they can be leveled. Start with the trailer sitting on the highest ground. The leveling jacks will jam if they are jacked to the limit of their 16 inch travel. So, use plenty of the 16"x16" pads that are stored in the belly compartments.

Place a 3-foot carpenter's level on the underside of the kingpin plate at the front of the trailer. Raise the low side of the trailer until the front of the trailer is level from side to side. Due to the rigidity of the frame, the front jack on the high side of the trailer may leave the ground. If this occurs, raise the corner of the trailer which is diagonally opposite the jack which is off the ground. When the front jack is firmly on the ground, continue leveling the front from side to side. After the front has been leveled from side to side, level the rear from side to side, holding the level on the top of the rear rub rail.

The last step is to level the trailer from front to rear. First, ensure that both front jacks are in low gear. Next, turning both cranks at the same speed, raise or lower the front of the trailer until a level altitude is reached. The best place to use the level during this operation is on top of the rub rail mid-way down the side of the trailer.

Level all four trailers in this manner. Then bring the lower trailers up to the level of the highest trailer. First, operating the front pair of jacks at the same speed, raise the front of the trailer to the desired height. As this is done, COUNT the number of turns taken. Raise the rear jacks the same number of turns. It may be necessary to repeat this process several times to bring the trailers to the same level. NOTE: If all four jacks are not raised an equal number of turns, the trailer will not remain level.

After raising and leveling the trailers do the following eyeball techniques to check: Open the two doors to the audiometer room about halfway. If they tend to swing then Trailer 4 is not level. Also, place the carpenter's level across the film processor (Trailer 3) with the cover off. If the processor is not level, the trailer is not level, which means that the photochemicals in the processor's tanks may contaminate each other. Other tricks include checking entry doors, the doors on the freezers and refrigerators, and pocket sliding doors.

1.2.3 Passageway Connection

Pull each passageway section out. If two sections are aligned and mated, connect the four toggle clamps on the one to the brackets on the other. The toggle clamps are heavy-duty and can withstand side loading. However, they should not be used to force the passageway sections to mate. Forcing the connection overstresses them and means that the trailers are skewed, out-of-level, or not at the same height. Each toggle clamp should have a 3/8" bolt which passes through its handle. The bolt is used to lock the

handle in place once the clamps are attached to the brackets. Seal the rubberized weather flap around the passageway by connecting the velcro strips to the velcro strips on the wall of the trailer. Then place floor sections in the space created when the passageway is extended. The hinged kick plate attached to the passageway can now be lowered, completing the setup. If the trailers are not all at the same height, the kickplates will not lie down flat. This is a tripping hazard. Do not force the kickplate down or even attempt to tape it. LEVEL THE TRAILER.

The flooring for the Trailer 2 passageway consists of eight 2'x2' tiles supported by pedestals. The pedestals are not secured to the subfloor as they impede the travel of the passageway sections. The four inboard tiles are interchangeable. They can be placed in any inboard position and/or orientation. The four outboard tiles are custom fit to unique positions and orientations. These tiles have holes in their remotest outboard corners which serve to connect the coaxial cables of the local area network (LAN). Be careful not to pinch the LAN cables or the telephone cables that are in the subfloor of the passageway space.

When the MEC is level, connect the LAN cables within the passageways and the telephone jumpers between trailers.

1.2.4. Entrance Steps, Platforms, and Wheelchair Lift

Mounted below each personnel door on the side of the trailer are two stainless steel keyways used for attaching the step platform. When setting up the platform, insert the two 1/2-inch diameter studs into the keyways. The galvanized steel pipe legs fit into the sockets on the underside of the platform. The step assembly bolts to the platform. Handrails are provided with each step/platform assembly. The handrails are installed by inserting the ends of the rails into the sockets located on the platform and steps.

The motorized wheelchair lift on the rear of Trailer 1 should be exercised on a weekly basis. This amounts to raising and lowering it to the limits of its travel. The lift is raised and kept in place by hydraulic pressure developed by a non-reversing electric motor. The lift lowers when the pressure is released. The motor is operated by the top half of a toggle switch located at the rear of Trailer 1 driver side. To lower for use, remove the safety chain and then push down on the yellow safety handle. The handle should swing the retaining hooks away and the lift will gently lower as hydraulic pressure is relaxed.

(If the hooks do not swing out of the way, use the motor to raise the lift a little.) Next, manually unfold the lift and install the safety bars. Leave the lift down when not in use.

To raise the lift, depress the toggle switch while simultaneously pulling up on the yellow safety handle. The lift will only move with continuous application of power. When the lift is fully raised, it will disengage from the motor. Further application of power will be ineffectual and no damage will be done to the motor or the lift.

For travel or storage, manually fold the lift over on itself. Then raise it to the retaining hooks located just below the bumper. Raise the lift to a point almost past the level of the hooks; then, manually snug the lift onto the hooks. Finally, attach the safety chain.

1.2.5 Exterior Lighting

Atop each trailer there are strategically located outlets and connections for exterior floodlights. Place the exterior floodlights that are provided at each outlet or connection point on the trailers. The light base fastens to the wall by wing nuts on threaded bolts. The lights can be adjusted and fixed into position by turning the tightening ring clockwise. At this point wrap the electrical cord around the base of the light to take up excess cord and plug the cord into the outlet.

Each trailer has a photo cell that activates/deactivates the exterior lights. Also, each trailer, inside, has a toggle switch that allows the lights to be turned off if they are on. The switch will not turn the lights on if they are off. This switch needs to be ON for the photocell to work. If the lights do not come on the photocell or an outlet may need to be replaced. If any change in internal wiring is suggested by the contractor contact the NCHS engineering staff for instructions. NOTE: The survey operates on the principle that the internal wiring (both the electrical and the telephone) is correct for our purposes.

1.2.6 Electrical System

General Description

The Mobile Examination Center (MEC) consists of four (4) interconnected trailers. It operates on 240 Volt (Center-tapped), single phase, 60 Hertz AC power. The power demand is 75 KVA in winter

when heating is required and 60 KVA in summer when no heating is required. The current draw is normally 250-300 Amperes.

Power enters a single main distribution box which is supplied with the MEC. The box is installed upon a locally procured pole by a locally procured electrical contractor.

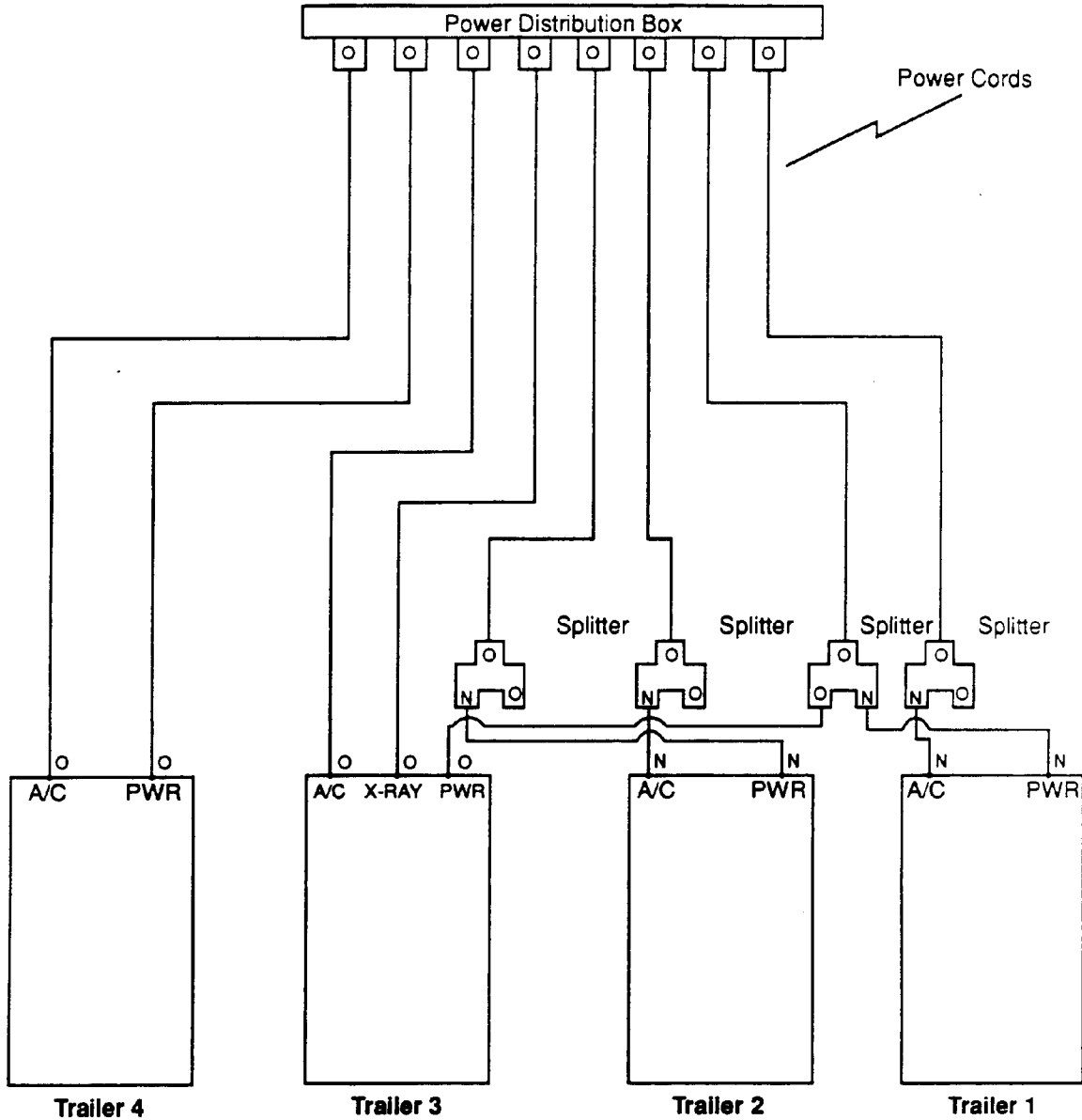
The main box has eight (8) receptacles at the bottom. These receptacles are connected to the trailers by power cables that are also supplied with the MEC (see Exhibit 1-2). Each trailer has a distribution breaker panel for the main and branch circuit breakers.

The MEC operates best at 220-240 Volts. It will operate, but with reduced efficiency, at 208 Volts. Below 208 Volts, the operation of air-conditioners and other motor- driven instruments becomes problematic.

Material Supplied

1. Main Distribution Box. Pole-mounted box with one main circuit breaker and eight branch circuit breakers, each rated at 100 Amperes. See Note 1 below. The box is a 4 ft x 5 ft x 1 ft and weighs approximately 300 lbs.
2. Old Main Cables. Seven (7) 50-foot, all weather, 100 Ampere rated, center-tapped, 00 cables each with four conductors of twisted copper (2 hot, 1 neutral, and 1 ground). These cables are interchangeable with each other but are not interchangeable with the New Main Cables (Item 3 below) or with the Extension Cables (Item 4 below).

Exhibit 1-2



Notes:

- 1) Schematic not drawn to scale. All power cords are 50' feet long.
- 2) All power cords connect to electric panels located most forward curbside belly compartment.
- 3) Cords marked with "O" are Old main cables.
Cords marked "N" are New main cables.
- 4) No extension cords shown on this schematic.
- 5) Extension cords normally used with Trailer 3 & Trailer 4.

3. .New Main Cables. Four (4) cables described as in Item 2 above. These cables are interchangeable with each other but are not interchangeable with the Old Main Cables (Item 2 above) or with the Extension Cables (Item 4 below).
4. Extension Cables. Six (6) cables described as in Item 2 above. These cables are interchangeable with other extension cables. However, they are not interchangeable with any of the main cables and must be connected to the main distribution box first if extension is required.
5. Splitters. Trailer 1, Trailer 2, and the four (4) new main power cables mentioned in Item 3 above are recent additions to the system. There are now nine required connections into eight receptacles at the main distribution box. The splitters integrate the new trailers into the system. The input to the splitter requires an old main cable; and, the output accommodates an old main cable and a new main cable.

Requirements for Local Electrical Contractor

1. Beginning of Stand
 - a. Provide 75 KVA, single-phase, 220 Volt, 60 Hertz power metered to local power company requirements.
 - b. Install pole, if necessary, and hang main power distribution box at least 18" above the ground. Install ground connection from main box to meet the standard established by the National Fire Protection Association for grounding of hospital equipment. As a minimum, the fourth conductor of the power cables should be connected to an earth ground copper rod located at the main distribution box.
 - c. Tighten all connectors in all power panels.
 - d. Connect all trailers to the main distribution box via extension and/or main cables.
 - e. Check for correct voltage at each trailer distribution panel before turning on internal power. Also, verify adequacy of service by monitoring the voltage drop at the main distribution box under full seasonal load.
 - f. Check that all electrical outlets are functioning and have the correct polarity. This includes the outlets for the floodlights and the outlets for the electrical heat tape. Repair or replace any outlet that malfunctions.
 - g. Check that the photosensor that operates the floodlights on each trailer is functioning properly. Replace any photosensor that malfunctions.
 - h. Check that the motor on the wheelchair lift is functioning properly.

2. End of Stand

- a. Turn OFF all breakers at trailers and at the power distribution box.

- b. Turn service OFF to main power distribution box.
- c. Disconnect all cables and splitters between the MEC and the power distribution box.
- d. Dismount the main power distribution box.
- e. Store all supplied materials in the designated belly compartment.

Notes

- 1. READ AND BELIEVE: The main distribution box is rated for 600 Amperes. The MEC DOES NOT, repeat, DOES NOT draw 600 AMPS. The service demand is, as stated elsewhere, 250-300 Amps. The contractor should fuse his connective equipment appropriately.
- 2. IMPORTANT Each trailer has its own water heater which may or may not be filled. Make sure that all four heaters are turned OFF before applying power to the trailers.
- 3. EQUALLY IMPORTANT: Each trailer has its own air-handling system which can be damaged by sudden current surges. Make sure that these are turned OFF also before applying power to the trailers.
- 4. Should the electrical contractor have any questions that the WESTAT representative cannot answer, the following NCHS engineers should be contacted:

WORK HOME

Sidney B. Stephens 301-436-8267301-224-2835

Vera Z. Osidach 301-436-8267301-946-0261

1.2.7 Plumbing System

General Description

The Mobile Examination Center (MEC) consists of four (4) interconnected semi-type trailers. Each trailer is plumbed with sinks and water heaters. Trailers 1, 3, and 4 have toilets. In addition, Trailer 3 has an X-ray film processor that drains separately from the rest of the system. City water is supplied to

the MEC at the curbside bulkhead of Trailer 4 and then carried to the other trailers via jumper hoses. (See Exhibit 1-4. Water Supply Diagram.)

Similarly, all waste, including that from the film processor, flows through the MEC via jumper connections and exits at the curbside bulkhead of Trailer 4. (See Exhibit 1-5. Drainage Diagram.) The MEC will typically drain 1200-1500 gallons of effluvia per week.

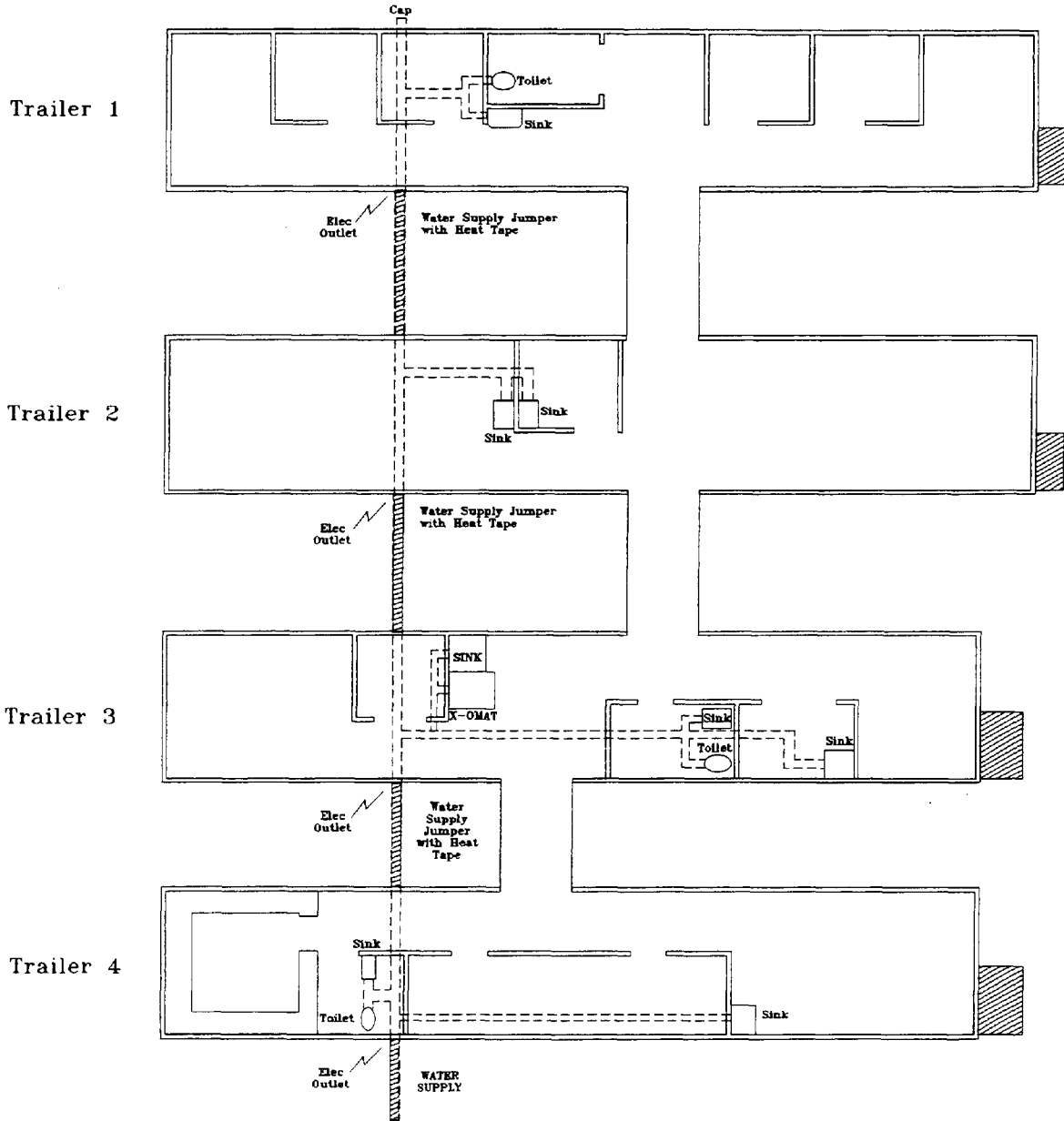
Material Supplied

1. 100 ft. of standard 1-1/2" hose wrapped with electric heat tape and insulation.
2. 100 ft. of standard 1-1/2" hose that is not wrapped with heat tape.
3. 4 each - 4 ft. of 1-1/2" jumper hose wrapped with electric heat tape and insulation.
4. 100 ft. of standard 3" PVC waste pipe in 7 ft heat taped sections.
5. 3 each - 4 ft. of 3" jumper pipe.
6. Portable tank with electric pump for winterizing the MEC.

Requirements for Local Contractor

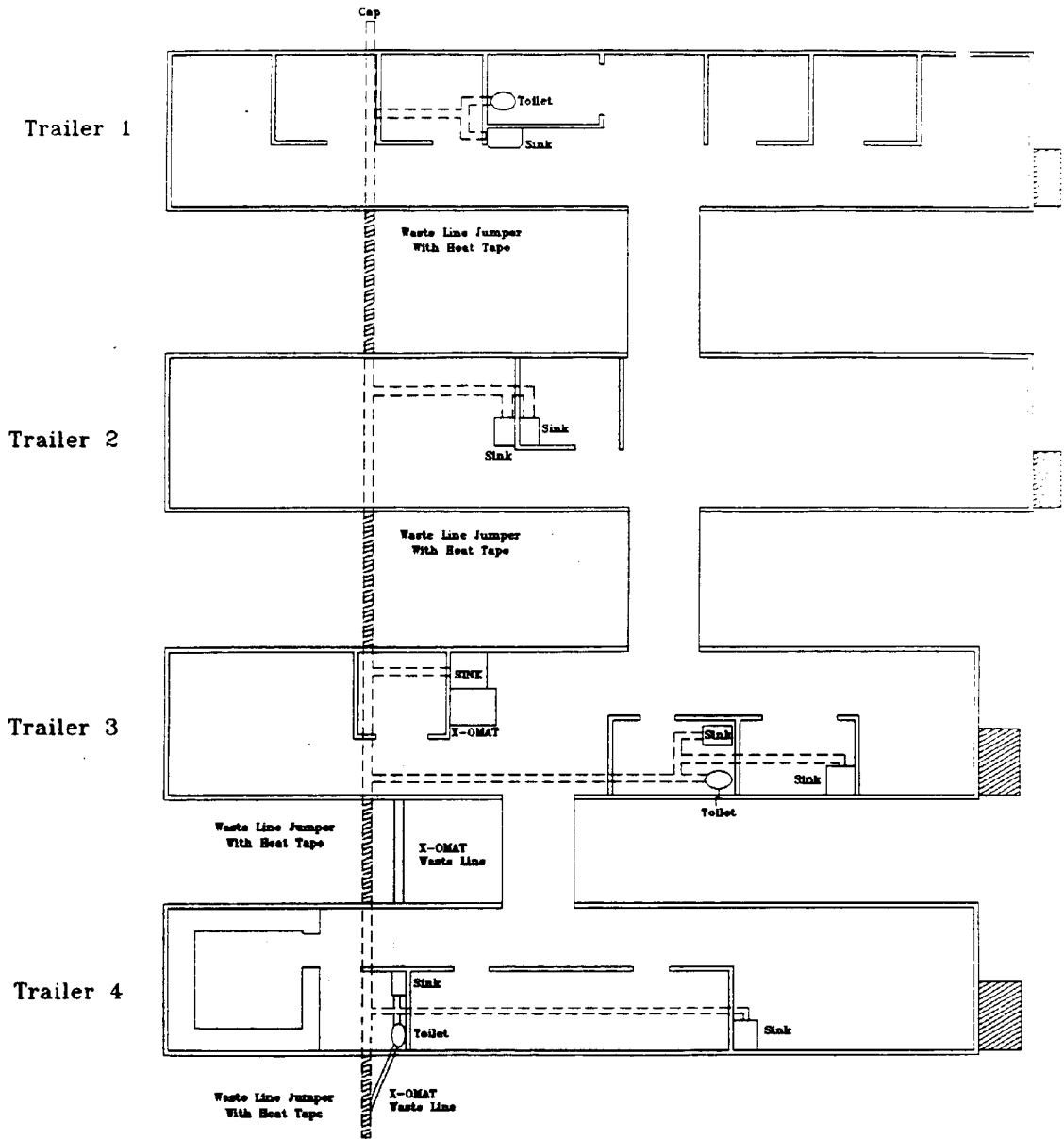
1. Beginning of Stand
 - a. Install all supply jumpers (1-1/2") between trailers.
 - b. Install all waste jumpers (3") between trailers.

Exhibit 1-3. Water Supply Diagram



- Notes:
- 1) Schematic shows relative positions of plumbing fixtures and plumbing lines.
 - 2) Each trailer has a water heater in belly compartment - Not shown.

Exhibit 1-4. Drainage Diagram



Notes:

- 1) Schematic shows relative positions of plumbing fixtures and plumbing lines.
- 2) Each trailer has a water heater in belly compartment - Not shown.

- c. Install waste line and connect MEC to local sanitary sewer.
- d. Connect MEC to city water source.
- e. Check that water heater bypasses are closed and that each water heater is filled.
- f. Check the integrity of the entire system and repair all leaks. This includes all fixtures, fittings, pipes, hoses, and connections internal and external to the MEC.
- g. When the temperature is at or below freezing, check that all electrical heat tape is functioning properly and that it is plugged into the outlets provided at the trailer bulkheads. Repair or replace any malfunctioning heat tape.

2. End of Stand

- a. Disconnect MEC from city water.
- b. Drain all toilet bowls and tanks.
- c. Turn water heaters OFF. Then check that electrical power to the water heaters is turned OFF. Then, drain the water heaters and open the bypasses.
- d. Disconnect all jumpers from between trailers.
- e. Disconnect waste line between the MEC and the sewer. Disassemble the waste line.
- f. Thoroughly wash all waste lines and waste jumpers.
- g. When the temperature is near freezing or when it is anticipated that the MEC will sit in storage for a while, fill each trailer of the MEC with undiluted antifreeze designated for use in recreational vehicles.
- h. Store all supplied materials in the designated belly compartment.

Notes

- 1. The supply and waste jumpers that connect between the trailers are wrapped with electric heat tape. The curbside bulkhead of each trailer is equipped with an electrical outlet into which the heat tape is plugged. When installing the jumpers make sure that the heat tape plugs are nearest the outlets.
- 2. It is important that each water heater and the breaker for each water heater be turned OFF before draining the water heaters. Otherwise, the heating elements will burn up within a matter of minutes.

3. To winterize the MEC:

Disconnect the jumpers between trailers.

Drain the water heaters and open the bypasses.

Close the outlet on the roadside bulkhead of each trailer.

Close the valves to the toilet tanks and the film processor.

Open all faucets.

Fill tank of portable pump with antifreeze and connect hose to water inlet of each trailer.

Plug the pump into the nearest electrical outlet.

Pump antifreeze into each trailer separately until it flows out of the faucets.

Disconnect the hose and close the inlet.

Close all faucets and pour some antifreeze into each toilet bowl.

Remove excess antifreeze from the tank and store the tank in the belly compartment.

4. Should the plumbing contractor have any questions that the WESTAT representative cannot answer, contact the NCHS engineers.

1.3 Disconnecting Subsystems and Securing Equipment

Once exams are completed, packing may begin. All examination staff members will remain in the MEC until there is no further work to be done or to be shared with others. When individuals have completed their own work they should provide assistance to other staff members. Permission to depart must come from the MEC Manager in consultation with the Director of MEC Operations in the home office.

1.3.1 Interior

MEC staff should ensure that boxes and items for shipping have been packed and labeled properly. The MEC Manager is responsible for the actual shipment of materials.

The MEC Manager shall check the entire MEC for proper packup and cleanliness before releasing staff.

The MEC Manager will transfer permanent files and boxed records and equipment from the field office to the trailers. All furniture and equipment must be secured so that they are immobile during transit. There are four main principles to keep in mind during tear-down:

1. Place all movable items on the floor toward the front of the trailers to prevent shifting or tipping over when moving.
2. Be sure that all doors and other suspended items like cabinet drawers are secured and that all windows are closed.
3. Turn off and then unplug all electronic equipment. Be sure the water has been drained from toilet bowls. Shut off hot water heaters before cutting water or power off. Make sure the plumbing system, including the film processor, has been flushed out thoroughly before shutting off the water supply.
4. Turn off each individual breaker on units before turning off individual breakers of the main power unit. The main breaker should be the last to be shut off. This is the reverse of the order used to turn power on.

1.3.2 The Exterior

Remove all portable air-conditioners and outside lights and store in one place in the belly compartments. If portable air-conditioners were used, replace the window. Dismantle all stairways and store in appropriate belly compartments. Prior to locking doors, check trailers to be sure that any part which might swing out in transit is secured.

Be sure that all electrical and plumbing fixtures have been properly stored in the belly compartments by the contractors.

Water Heaters. Check all water heaters to be sure they have been drained and are in the off position.

Locking Belly Compartment Doors. Lock all belly compartment doors except first compartment on driver's side (storage of blocks and cranks). Always put the tool box in the front of Trailer 4. Inspect trailers to see that there are no protruding parts such as windows.

1.4 Transport of MEC from Site

1.4.1 Procedures for Tractor Hook-Up

Raise the rear leveling pads and remove the blocks. The tractor can now hook up to the trailer. After hook up, raise the front leveling pads and remove the pads, store all blocks and cranks in the appropriate belly compartments, lock and give keys to the driver.

Once the trailers are ready for transit, an inventory should be made of all supplies used in the dismantling process (tools, ladder, cranks, cleaning equipment, and so forth).

1.4.2 Transfer of MEC Responsibility to Driver

Once the drivers have left the parking area, they have complete responsibility for getting the trailers to the next stand location or storage area.

2. MEC OPERATIONS

2.1 Overview of MEC Operations

The MEC Manager has administrative responsibility for the operation of the MEC in the field; the Director of MEC Operations in the Westat Home Office is responsible for all personnel and operational issues related to the MEC. The MEC team is composed of a physician, a dentist, laboratory technicians, health technicians, interviewers and the MEC coordinator who acts as a office manager and receptionist for the MEC.

The MEC exam is scheduled to last about three hours and consists of physiological examinations, biochemical measurements, psychological testing and dietary interviewing.

Appointments for MEC exams are arranged by the Health Representatives (Household Interviewers) while they are in SP households conducting screening and interviews. Two exam sessions are held each day, five days per week. Each session lasts 4 hours. Ten examinees are scheduled in each session, though occasionally more may be appointed if the need arises. The results of all exams are recorded directly into the automated system by the examination team.

2.2 Advance Preparations

2.2.1 Follow-Up on Advance Team Arrangements

The Advance Team will make every effort to ensure that all arrangements have been made for MEC operations; however, it is the MEC manager's responsibility to follow through on the arrangements. In some cases it will be merely checking to see if the arrangement was made; in other cases the MEC manager may need to expand on or even initiate arrangements.

Permits

Usually, all permits will have been granted by the time the trailers arrive. The MEC manager should check with the Advance Team to verify this as well as to find out if it is necessary to post any permits (e.g. staff room, electrical pole, etc.).

Security

The level of security will vary from stand to stand. The Advance Team will have made initial contact with those responsible for providing security for the MEC. In those locations where the MEC is set up in a motel parking lot it may be possible to use the motel security team. The MEC manager should meet with security personnel, assess how much coverage they can provide and determine if it is necessary to hire outside help. The guard service should be familiar with MEC staff and the cleaning staff so that they can differentiate between a potential burglar and someone who has a legitimate reason for entering the MEC or belly compartments after hours.

Cleaning

The MEC needs to be cleaned every day that sessions are conducted. Because the MEC environment is similar in many ways to a medical clinic or hospital, the same precautions and the same level of cleanliness must be observed. Initially, the MEC manager will meet with the housekeeping supervisor and staff, give them a tour of the MEC and describe the cleaning requirements. S/he should be available for the first two cleaning sessions to answer any possible questions; optimally, s/he will sporadically "drop-by" the MEC on future occasions to ensure that a high level of cleaning is maintained. Keys will be provided to the housekeeping staff so it is imperative that we can trust them.

Housekeeping Duties

1. Empty all trash cans and replace with a new trash can liner. Note: The housekeeping staff should not empty the biohazardous waste containers. This is done separately by a licensed contractor.
2. Vacuum all carpeted areas.
3. Mop all tiled areas. Note: To prevent damage to equipment or film bins, the housekeeping staff should not enter the dark room.

4. Replace paper towels and toilet paper as indicated.
5. Clean bathrooms thoroughly.

Equipment, tables and working areas will be cleaned by the MEC staff. The housekeeping staff will be provided with the necessary cleaning supplies if they do not have them.

Permissible and Non-Permissible Products

Since we are conducting a volatile toxicants study it is important to avoid contamination of specimens. Therefore, the following items are not used in the MEC:

1. Toilet bowl block deodorizers that contain paradichlorobenzene (very common item).
2. Pesticides that contain Chlorpyrifos, Dursban, Lorsban, Propoxur, Baygon, Carbaryl, or Sevin.

The following items are acceptable for MEC use.

Air Fresheners:

Airwick Magic Mushrooms

Glade II Air Freshener by Johnson Wax

Renuzit Roommate or Adjustable Air Freshener by Drackett

Pesticide Products:

Black Flag Roach Ender, EPA Reg. No 2724-325-475

dCon Professional Formula Ant and Roach Killer, EPA Reg. No. 11715-6-3282

dCon Double Power Roach and Ant Killer, EPA Reg. No. 3282-17

dCon Roach Traps (contains no pesticides).

Hot Shot Flying Insect Spray, EPA Reg. No. 8845-63

Raid Flying Insect Killer, EPA Reg. No. 4822-73

Raid Professional Strength Flying Insect Killer, EPA Reg. No. 4822-85

Waste Disposal and Pickup

The MEC generates a large amount of trash each day (boxes, etc.). The MEC manager should ensure that a method of waste disposal is provided. Optimally, a dumpster within close walking distance of the MEC will be provided by the waste removal company. If this is not possible the MEC manager should acquire a dumpster. Biohazardous waste is a special issue and will be dealt with in a different section.

Telephone Service

The MEC is wired for six telephone lines (See Exhibit 2-1). At the present time only five are being used. The lines service the coordinator's area (the front phone), the staff room (the back phone), the laboratory and physician's room (shared), the dietary interview rooms (shared), and the modem for the computer. Jacks for the front and back phones are located in each trailer. The back phone is the number used for incoming calls from Westat, NCHS and other pertinent callers. The front phone is reserved for field office and SP specific calls (transportation, etc.). It is not to be used for personal calls, calls to equipment representatives, etc. The front phone is also used by NIOSH during off hours to transmit spirometry data from the MEC to its laboratory in Morgantown, West Virginia.

Telephone service is supplied to the MEC by connecting the incoming telephone wires to the telephone junction box located between the air conditioning and main power supply ports on Trailer 4. Jumper cables are then connected between the other trailers. NOTE: The internal wiring for the phone lines is correct for our purposes. If a contractor or a phone company representative suggests any internal wiring change, contact the NCHS engineering staff for instructions.

The telephone wiring in the MEC consists of six color-coded twisted pairs. The coding, which does not conform to the standard adopted by telephone companies throughout

Exhibit 2-1
MEC Telephone lines

	T4	P	T3	P	T2	P	T1
Blue							
Black							
Green		I		I		I	*
Black	*						*
Yellow	*	G		G	*	G	*
Black	*				*		*
Brown	*	T		T	*	T	*
Black	*				*		*
Red		A		A	*	A	*
Black					*		*
White	*	I		I		I	
Black	*						
		L		L		L	

LEGEND

Internal Wiring Color Code

Tip/Ring

Blue/Black
Green/Black
Yellow/Black
Brown/Black
Red/Black
White/Black

Unused
Dietary Rooms
Reception Room
Staff Room
Lab/Physician's Room
Computer Modem

Phone Jacks in MEC

Tip/Ring
Green/Red

NOTES:

1. Horizontal lines within trailers represent the runs of twisted pairs.
2. Horizontal lines between trailers represent the pigtail connectors.
3. Asterisks identifying active phone lines in each trailer.

the United States, is as shown in Exhibit 2-1. Note that a colored wire (Tip) alternates with a black wire (Ring). These black wires do not represent a common ground nor are they interchangeable with each other. If they get untwisted from their companion colored wires mass confusion could result.

Electrical and Plumbing

The MEC manager should check with the Advance Team as well as the contractors to see if any required permits are outstanding, if additional materials will be needed (i.e. PVC tubing), and if the contractor will be able to set up power and plumbing on the expected date. The manager should be on-site during the installation of these systems.

Air Express Mail

Air express mail carriers will be picking up MEC packages from the staff lounge located in Trailer 4. The company will need to know the physical location as well as the address of the MEC since the MEC is not a permanent address. Be very specific in giving directions (i.e. "four large white interconnected trailers located in the rear parking lot of the motel") and give the staff lounge number to call for verification.

MEC Equipment Repair Service

A list of the nearest authorized service dealers for each piece of MEC equipment must be compiled for each stand in case equipment breaks down during the course of the stand. Lists of authorized service dealers should be obtained from the equipment manufacturers. If a problem occurs during MEC operations the NCHS biomedical engineer is to be called immediately. The NCHS engineer will a) troubleshoot and hopefully resolve the problem over the phone, b) call the equipment representative or c) have the MEC manager or responsible staff member call the equipment representative. If a problem arises with the Coulter equipment, the Coulter representative is called directly and the biomedical engineer is notified of this. Significant problems that lead to delay or cancellation of exams, or require repair should be reported to the Westat Director of MEC Operations after the NCHS engineer has been consulted.

Receipt of MEC Supplies

MEC supplies will be shipped by NHANES III warehouse staff at Westat to arrive at the MEC ahead of the examination team. When the shipment arrives the MEC manager will check the invoices from the packages and make sure all boxes were received. Missing boxes should be reported to the NHANES warehouse immediately. The supplies will then be held in the MEC until the exam team arrives to inventory and set up. A copy of the packing list for each box will be given to the respective staff members to assist in accounting for inventory. Supplies received while MEC members are present will follow the same procedure with the exception that the supplies will be given directly to MEC staff members.

Post Office Schedule

The post office schedule affects the field office team more than the MEC staff; however, the MEC manager will list the location and hours of the nearest post office branch as well as the nearest 24 hour post office.

Emergency Numbers

It is extremely important that emergency services numbers are determined and listed by the phone in the coordinator's area and in the staff room before examinations begin. Fire, rescue, police and the nearest poison control center numbers should be listed. In most areas the 911 number is applicable; however, it is imperative that this is known to be factual for the particular stand. If 911 is not in operation, the nearest Fire and Rescue Squad number must be posted. Addresses of the nearest hospital emergency rooms should also be listed.

SP Medical Referral List

It is likely that some examinees will not have a primary care provider and will be want to choose one prior to the MEC examination so that abnormal Reports of Findings can be sent to a physician. Also the MEC physician or dentist may need to refer SPs for medical/dental followup who have not designated a personal physician or dentist. The MEC manager should ensure that the SP medical referral list is complete and available before the first day of exams. Referral information is provided by the Advance Team to the Director of MEC Operations. A memo will be issued at the start of each stand with pertinent referral sources. Examinees may elect to have a physician receive the Reports of Findings or choose to have the findings sent to themselves.

2.2.2 Other Advance Preparations

Biohazardous Waste

Certain wastes from the laboratory, phlebotomy, dental and allergy areas will need to be removed by special methods. The MEC manager will contact the companies identified by the Advance Team that are responsible for handling these materials, arrange a pick-up schedule and request the number of containers needed for waste removal. Also request a copy of the state biohazardous waste regulations as requirements differ between states. Give the company the location and phone number of the MEC. If financial considerations have not been resolved, have the company contact the AT in the Westat home office.

Dry Ice

The laboratory will use approximately 150 lbs. of dry ice chips per week for shipping to various laboratories throughout the United States. The MEC manager will contact the local supplier of dry ice, give them the lab's requirements, the MEC's address and the number of deliveries needed per week. The laboratory chief technician will keep the MEC manager informed of any change in their requirements.

Hiring MEC Local Support

The MEC utilizes one FTE per stand: a coordinator's assistant. This employee is recruited and hired locally by the field office manager although at times the MEC manager may be asked to assist in interviewing and/or offer recommendations on potential applicants. In areas with large Spanish speaking populations, the assistant coordinator should speak Spanish. It may be necessary to have another local person to serve as a translator for MEC staff and SPs if 50% or more of the SPs speak only Spanish. The need for a translator should be discussed with the Home Office as soon as possible.

MEC Copier

At each site two rented copiers are provided; one for the field office and one for the MEC (staff room). The MEC manager is responsible for maintaining the copier in working order and returning it at the end of the stand. The MEC copier will be placed in the staff lounge.

2.3 Set-Up Day

The unpacking and arrangement of the interior of the MEC is done on staff set-up day. All members of the examining team will report to the MEC Manager for the purpose of setting up their areas, assembling all equipment in working order and calibrating the equipment. The manager will make room

assignments for the health technicians as needed. Malfunctioning equipment should be reported to the NCHS biomedical engineer and the MEC Manager as soon as possible. In addition, respective areas for the first examinees should be prepared. It is assumed that all plumbing, electrical, and MEC physical plant problems (stairwells, exterior lights, ethernet connections, etc.) will have been resolved at this point by the MEC Manager.

A beginning of stand inventory (Section 2.5.2) is also completed on set up day.

2.4 Dry Run Day

The purpose of dry run day is to ensure that all equipment is calibrated and working properly, to serve as a practice run for the staff to expedite "flow", and to provide a public relations opportunity. "SPs" chosen for dry run day can be interviewers, local dignitaries, selected Westat or NCHS staff, or other interested guests. The MEC manager needs to be accessible to staff, the advance team and the Westat home office on this day and keep notes of all events. The problem log (Section 2.8) and the visitor log (Section 2.9) are two of the main tools that the MEC manager should have on hand to document Dry Run Day activities. The biomedical engineer is on site this day to solve problems that arise with equipment. S/he should be notified of any problem as soon as possible.

2.5 Inventory

A MEC is normally stocked at the beginning of a stand, and, usually with enough supplies to last two stands. At the beginning and end of a stand an inventory is taken by the exam team so that Westat warehouse personnel will know what items to restock.

2.5.1 Data Based Inventory Supply System (DBISS)

The Data Based Inventory Supply System (DBISS) is an inventory system designed for the NHANES III project to allow tracking of warehouse inventory levels, supply usage by MEC team and

stand, and order/receipt information for items ordered. Current information on suppliers, supplies, and orders is maintained by the user in order to accomplish this.

Monitoring of inventory levels for restocking will be made possible by an automated report listing items with current warehouse levels below a pre-specified minimum. Orders for supplies are made using this report and are, in turn, entered into the system for tracking to ensure that all ordered items are received. As orders are received and added to warehouse inventory, this receipt information is entered against information on what was ordered. At the same time, the system will use price and quantity information on these received orders to update warehouse supply levels and average costs.

Each time a MEC is restocked, the amount supplied is posted to a historical record. These records are used to determine usage and costs of items by stand. For a more indepth coverage of the automated inventory system the MEC manager should refer to the DBISS manual.

2.5.2 Supervision of Staff

The MEC staff should complete a comprehensive beginning of stand inventory which includes all items inside the MEC and the belly compartments as well as any items that have been shipped to the stand. The MEC Manager is responsible for consolidating the inventory reports of staff members and submitting a total inventory to the NHANES III warehouse as soon as possible on the MEC Inventory Form. This report is the basis for the amount and kind of supplies shipped from the home office to the next stand. Copies of the Inventory Form are given to the respective MEC staff, one copy is kept by the MEC manager and the originals are sent to the Westat home office. The beginning supply shipment to the next MEC site is based on the ending inventory for the MEC. It is important that the ending inventory be correct.

2.5.3 Tracking Supplies

Supplies are tracked via the DBISS network but are highly dependent on timely and accurate feedback from the MEC manager. S/he should ensure that a thorough and accurate beginning of stand (BOS) and end of stand (EOS) inventory is conducted by the MEC staff. In addition, s/he must indicate

what supplies are received in the field during the stand and also any supplies that have to be purchased locally.

2.6 Shipping

Shipping refers to the transmittal of data or forms and should not be confused with inventory. As data are collected in the field they will be shipped back to NCHS, Westat and various contract laboratories across the country. Shipping schedules will vary with component and possibly SP response. The MEC manager is ultimately responsible for the timely and accurate transmission of the data. S/he should read and become familiar with the pertinent shipping chapters of the laboratory, health technician, and interviewer manuals in order to be able to supervise the process.

2.6.1 Transmittals

The Record of Transmittal Form is used by the staff to record forms and exam data transmitted to various locations throughout the U.S. The MEC manager will ensure that the transmittal for each component generated by the MEC Automated System is reconciled. In the event of automated system problems, a hard copy transmittal form (Exhibit 2-1) will be used to record shipped data. The transmittal record must reflect all SPs that were present during the transmittal period, the number of examinations performed and the number of examinations not performed with explanations as to why they were not performed. Transmittal records must match the station logs and the coordinator's record for a specific transmittal period.

Exhibit 2-2. Record of transmittal form

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control
National Center for Health Statistics

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
RECORD OF TRANSMITTAL

TO:	BOX-NUMBER(S)	DATE	STAND NUMBER
	TOTAL NUMBER OF RECORDS		
	TOTAL NUMBER OF BOXES		
	COMPLETED BY		

Here are the _____ (Type of Record) For _____ (Stand Location)
_____ (Deck Number)

Examinations were conducted from _____ (Date) through _____ (Date)

Sample numbers of records included are circled below:

001	041	081	121	161	201	241	281	321	361	401	441	481	521	561	601	641	681	721	761	801	841	881	921	961
002	042	082	122	162	202	242	282	322	362	402	442	482	522	562	602	642	682	722	762	802	842	882	922	962
003	043	083	123	163	203	243	283	323	363	403	443	483	523	563	603	643	683	723	763	803	843	883	923	963
004	044	084	124	164	204	244	284	324	364	404	444	484	524	564	604	644	684	724	764	804	844	884	924	964
005	045	085	125	165	205	245	285	325	365	405	445	485	525	565	605	645	685	725	765	805	845	885	925	965
006	046	086	126	166	206	246	286	326	366	406	446	486	526	566	606	646	686	726	766	806	846	886	926	966
007	047	087	127	167	207	247	287	327	367	407	447	487	527	567	607	647	687	727	767	807	847	887	927	967
008	048	088	128	168	208	248	288	328	368	408	448	488	528	568	608	648	688	728	768	808	848	888	928	968
009	049	089	129	169	209	249	289	329	369	409	449	489	529	569	609	649	689	729	769	809	849	889	929	969
010	050	090	130	170	210	250	290	330	370	410	450	490	530	570	610	650	690	730	770	810	850	890	930	970
011	051	091	131	171	211	251	291	331	371	411	451	491	531	571	611	651	691	731	771	811	851	891	931	971
012	052	092	132	172	212	252	292	332	372	412	452	492	532	572	612	652	692	732	772	812	852	892	932	972
013	053	093	133	173	213	253	293	333	373	413	453	493	533	573	613	653	693	733	773	813	853	893	933	973
014	054	094	134	174	214	254	294	334	374	414	454	494	534	574	614	654	694	734	774	814	854	894	934	974
015	055	095	135	175	215	255	295	335	375	415	455	495	535	575	615	655	695	735	775	815	855	895	935	975
016	056	096	136	176	216	256	296	336	376	416	456	496	536	576	616	656	696	736	776	816	856	896	936	976
017	057	097	137	177	217	257	297	337	377	417	457	497	537	577	617	657	697	737	777	817	857	897	937	977
018	058	098	138	178	218	258	298	338	378	418	458	498	538	578	618	658	698	738	778	818	858	898	938	978
019	059	099	139	179	219	259	299	339	379	419	459	499	539	579	619	659	699	739	779	819	859	899	939	979
020	060	100	140	180	220	260	300	340	380	420	460	500	540	580	620	660	700	740	780	820	860	900	940	980
021	061	101	141	181	221	261	301	341	381	421	461	501	541	581	621	661	701	741	781	821	861	901	941	981
022	062	102	142	182	222	262	302	342	382	422	462	502	542	582	622	662	702	742	782	822	862	902	942	982
023	063	103	143	183	223	263	303	343	383	423	463	503	543	583	623	663	703	743	783	823	863	903	943	983
024	064	104	144	184	224	264	304	344	384	424	464	504	544	584	624	664	704	744	784	824	864	904	944	984
025	065	105	145	185	225	265	305	345	385	425	465	505	545	585	625	665	705	745	785	825	865	905	945	985
026	066	106	146	186	226	266	306	346	386	426	466	506	546	586	626	666	706	746	786	826	866	906	946	986
027	067	107	147	187	227	267	307	347	387	427	467	507	547	587	627	667	707	747	787	827	867	907	947	987
028	068	108	148	188	228	268	308	348	388	428	468	508	548	588	628	668	708	748	788	828	868	908	948	988
029	069	109	149	189	229	269	309	349	389	429	469	509	549	589	629	669	709	749	789	829	869	909	949	989
030	070	110	150	190	230	270	310	350	390	430	470	510	550	590	630	670	710	750	790	830	870	910	950	990
031	071	111	151	191	231	271	311	351	391	431	471	511	551	591	631	671	711	751	791	831	871	911	951	991
032	072	112	152	192	232	272	312	352	392	432	472	512	552	592	632	672	712	752	792	832	872	912	952	992
033	073	113	153	193	233	273	313	353	393	433	473	513	553	593	633	673	713	753	793	833	873	913	953	993
034	074	114	154	194	234	274	314	354	394	434	474	514	554	594	634	674	714	754	794	834	874	914	954	994
035	075	115	155	195	235	275	315	355	395	435	475	515	555	595	635	675	715	755	795	835	875	915	955	995
036	076	116	156	196	236	276	316	356	396	436	476	516	556	596	636	676	716	756	796	836	876	916	956	996
037	077	117	157	197	237	277	317	357	397	437	477	517	557	597	637	677	717	757	797	837	877	917	957	997
038	078	118	158	198	238	278	318	358	398	438	478	518	558	598	638	678	718	758	798	838	878	918	958	998
039	079	119	159	199	239	279	319	359	399	439	479	519	559	599	639	679	719	759	799	839	879	919	959	999
040	080	120	160	200	240	280	320	360	400	440	480	520	560	600	640	680	720	760	800	840	880	920	960	

Sample numbers of records not included and reasons why are listed below:

2.6.2 Preparation for Shipment

Timely shipment is dependent on station logs and transmittal forms being current; shippers, boxes, envelopes and Federal Express forms being prepared; and data that has been verified and filed sequentially by SP number. The MEC manager should check frequently with the staff to ensure that they are keeping current with the process. Because of the rigid time constraints of the examinations, there is rarely a large block of time available for the staff to work entirely on shipping. It is to their advantage to use the occasional few minutes of "down-time" between examinations to catch up on transmittals and to reconcile forms and data items (e.g., spiromgrams) at the end of each exam session.

Laboratory

The MEC laboratory has a unique shipping procedure for their blood and urine specimens. Specimens are shipped frequently (almost daily) on dry ice or insul-mat ice (wet ice) in double sided polyfoam and corrugated cardboard shippers with a copy of a Shipping Transmittal and a floppy diskette. It is estimated that the laboratory will be mailing 26 shippers per week to various contract laboratories throughout the United States. The MEC manager is responsible for ensuring that dry ice is supplied (Section 2.2.2), prepared shippers are picked up by Air Express (Section 2.6.3) and that an adequate supply of shippers are on hand. The lab shipping schedule should be reviewed and coordinated by the Chief Laboratory Technician and MEC Manager at the start of the stand.

At the end of the stand the laboratory will mail forms back to NCHS; the procedure is similar to shipping by other sections of the MEC. For an indepth treatment of laboratory shipping procedures it is recommended that the MEC manager refer to Chapter 8, Specimen Shipment in the MEC Laboratory Manual.

Other MEC Components

The rest of the MEC examination staff members transmit data on a weekly basis or at the end of each stand. The coordinator, physician, and interviewers will primarily produce forms while health technicians will produce a combination of forms and hard data (x-ray films, spiromgrams, data disks, etc.) For an in depth coverage of shipping by the other MEC sections (exclusive of laboratory) refer to the shipping chapter in the respective component manual.

2.6.3 Air Express Arrangements

The MEC manager is responsible for arranging air express shipments for the MEC. In general we will attempt to utilize Federal Express for shipping. Federal Express forms (Exhibit 2-2) and address labels to be used at each stand will be typed by the Field Office staff. The MEC manager should ensure the timely completion and prompt delivery of the forms to the MEC staff. Refer to Section 8.6 in chapter 8 of the laboratory manual to ascertain the correct way to complete a "FedEx" shipping form.

2.7 MEC Maintenance and Troubleshooting

Optimal operation of the MEC is dependent upon the efficient and trouble-free performance of the equipment. Down-time due to equipment problems will result in a loss of data that will probably not be recovered. Preventative maintenance and expedient repair of the equipment should minimize the loss. At the beginning of each stand the NCHS biomedical engineer will be on site to check over and calibrate equipment. The technicians should report any equipment abnormalities to her/him.

2.7.1 MEC Manager's Role

The MEC manager is the liaison between the MEC staff and the NCHS biomedical engineer. Managers will receive training in all MEC examination components, although the manager will not have the same level of expertise as the exam staff. Managers should however, have sufficient knowledge to determine if the problem can be resolved locally or if outside assistance is indicated. When staff members report a problem with equipment, the MEC manager will assess the problem and if necessary call the NCHS engineer for assistance. The engineer may resolve the problem over the phone, call the equipment representative or ask the MEC manager to contact the equipment representative.

Exhibit 2-4
EQUIPMENT PROBLEM REPORT

Date _____

Stand No. _____

MEC Manager _____

Component _____

Item of Equipment _____

Date Problem Occurred: _____

Serial/Model No. _____

Description of Problem:

NCHS Biomedical Engineer Notified N Y

Date _____

Service Representative Visited MEC N Y

Date _____

Name _____

Phone No. _____

Outcome:

Equipment Sent via Federal Express for Repair N Y

Date _____

Destination _____

Back-up Equipment Available N Y

Date _____

Exams Lost N Y Number lost _____

Equipment Problem Resolved

Date _____

(If not, elaborate below)

Repaired Equipment Returned to MEC

Date _____

Additional Comments:

cc: C. Maffeo
MEC No. _____ Equipment File
NCHS Biomedical Engineer

The MEC manager should monitor the calibration logs to determine if equipment is operating within the specified tolerances. Observe the equipment and note how well it is maintained and cleaned. The manager's problem log should be kept up to date regarding equipment issues; persistent problems with equipment should be noted and reported to the Director of MEC Operations.

2.7.2 MEC Staff's Role

The MEC staff will have the day to day familiarity with the quirks of the equipment. The health technicians will rotate through the various stations, but all exam staff members will be responsible for the daily calibrations and care of the equipment as well as responsibility for transmission of data from their respective stations. Because staff members have varied backgrounds, some will have more expertise than others; however, the MEC staff should seek assistance from the MEC manager with any equipment problems that they cannot resolve. If the problem is minor and another staff member is able to propose a solution, they should inform the MEC manager so that the problem and outcome can be entered in the problem log. Although some problems may appear minor or routine, it is necessary to keep a record so that the equipment can be tracked over time. If the problem cannot be resolved locally the biomedical engineer should be consulted.

2.7.3 Biomedical Engineer's Role

The NCHS biomedical engineers have the most comprehensive knowledge of the MEC physical plant and equipment. Duties of the engineer include:

- Involvement with physical plant construction
- Initial installation of equipment
- Primary contact with equipment representatives
- Consultant to local electricians and plumbers
- Assisting in MEC set up
- Repairing or replacing equipment
- Fine tuning equipment that is out of calibration
- Instructing MEC technicians in equipment maintenance

The engineer should be apprised of any equipment malfunctions, any equipment damaged during transit or any problems with the MEC physical plant as soon as the problem is detected. NCHS engineers are the first line of contact for all equipment and plant concerns.

2.7.4 Equipment Representative's Role

A list of local equipment representatives and their contact numbers should be posted in the MEC. In addition, technical specifications for all equipment should be present in the MEC with the equipment so that it can be accessed by the biomedical engineer or equipment representative.

When a problem cannot be resolved locally or when periodic maintenance is indicated the equipment representative may be called in with prior knowledge and consent of the NCHS biomedical engineers. The MEC manager should ensure that the visit is indicated in the MEC visitor log and the NCHS bioengineer is notified. The equipment representative should leave a report of the problem and how it was resolved; however, it is the MEC manager's responsibility to indicate the reason and outcome of the visit in the MEC problem log. Copies of all reports should be sent to the NCHS engineer. Examination staff members should be informed of repairs, adjustments or maintenance of their equipment in the event daily calibration procedures need to be changed.

2.8 Problem Log

The MEC manager will find it useful to carry a small notebook to record daily occurrences in the MEC. This informal recording is for the MEC manager's personal use and is intended to assist the MEC manager in keeping track of events, questions, problems, and other activities of note in the MEC, and to generate a record for making decisions. In addition, the notes will serve as an adjunct source in writing the End of Stand Report. Entries in the log might include:

Equipment problems

Staff/personnel issues (performance, morale, etc.)

Problems with SPs (non-ambulatory, refusing exams, etc.)

Local problems (taxi service, permits, etc.)

Logistic problems (flow, shipping, etc.)

Observations

2.9 Visitor Log

The Visitor Log (Exhibit 2-3) is kept in the MEC and serves as a record for all non-examination staff and non-SPs who enter the MEC during a stand. The MEC manager is responsible for ensuring that all MEC visitors sign and date the log. In addition, there are fields provided for "purpose of visit" and "comments". If the MEC manager is not present when a visitor goes through the MEC, the Coordinator will assume the responsibility for seeing that the log is signed.

At the end of the stand the Visitor Log should be removed and forwarded to Westat with other stand records.

2.10 Security

During the course of the stand, individual staff members will be responsible for storing and locking expensive portable equipment such as cameras, tape records, and so forth used during the examination. The MEC Coordinator, usually the last person to leave the trailers, is responsible for checking all rooms and should remind staff members in cases of noncompliance. The coordinator will also be responsible for making sure that all doors are locked when s/he leaves. Guard service for the units, in areas where it is required, will have been arranged by the Advance Team and implemented by the MEC manager.

2.11 Sample Persons

Sample Persons (SPs) or "examinees" are the central focus of the survey. The examinee should be treated courteously as a person, not as a sample number. Exchanges of information between staff members for the better understanding of an examinee must be discreet.

2.11.1 Safety

Safety has always been one of the main concerns in NHANES; however, in NHANES III there will be a larger and older sample of the elderly than on previous surveys. Consequently, more non-ambulatory SPs may participate in NHANES III. The issue of non-ambulatory SPs is addressed in Section 2.11.3. In addition, the threat and perceived threat of AIDS contagion may influence participation in this particular survey. The MEC manager may find it necessary to address questions by SPs concerning risk of contracting AIDS during the examination, and thus should be familiar with the procedures that the MEC staff follow (gloves, biohazardous waste, etc.) to minimize contagion.

Safety is such an important issue that a chapter on safety procedures is included in each component manual. The MEC manager should be familiar with these manual chapters and ensure that copies of the manuals are in the MEC. In addition, the MEC manager's role in a Level 1 emergency (acute crisis necessitating emergency medical service) will be to maintain order in the MEC; keeping SPs away from the location of the emergency and assuring that an orderly and prompt transport of the affected SP is expedited.

2.11.2 Comfort

The MEC examination imposes a lengthy body burden on the SP; however, it is important that the SP is kept as comfortable as possible in order to enhance their concentration during interviews, decrease their probability of refusing examinations and promote an efficient flow in the examination center. The MEC manager should observe SPs for verbal (complaints, requests) and non-verbal ("goose-bumps", shaky gait, etc.) signs of discomfort.

2.11.3 Non-Ambulatory SPs

Non-ambulatory SPs may arrive at the MEC with their own wheelchairs. Due to the size of the MEC hallways, most wheelchairs will not move efficiently and may occlude the passageways. The MEC has a collapsible wheelchair located in the handicapped bathroom in Trailer 1 to be used for wheelchair transport in the exam center. The field office should notify the MEC Manager prior to the arrival of a non-ambulatory SP so that the wheelchair lift at the end (physician's area) of Trailer 1 can be prepared.

When the SP arrives the MEC manager will assist in transport of the SP into the MEC. Optimally, the MEC manager will push the SP, in their wheelchair, onto the lift and then a MEC staff member will close the gate and ride the lift with the SP to the level of the physician's room. At this point the physician and another MEC staff member will assist the SP into the MEC wheelchair, and the SP's wheelchair will be lowered and stored under the stairs until the SP has finished the session. At that time the procedure is reversed for exit from the MEC. Exam staff members should not physically lift or otherwise remove an SP from their wheelchair. Examinees who cannot rise and support themselves on one leg should remain in their own chairs. A modified exam, directed by the MEC Coordinator, will be conducted for these SPs.

The physician may want to conduct the first examination because if the SP appears to have significant medical limitations.

During examinations it may be necessary to assist the SPs to position themselves for certain procedures. In addition, certain procedures may prove more difficult due to the SP's limited movement. The MEC manager must strike a sensitive balance between the SP's comfort and safety, the need to acquire a maximum of reliable data, and the safety of the staff. If SPs are unable to actively assist in the transfer or support of their own body weight they should not be transferred, in any manner, by examination staff members.

2.11.4 Elderly SPs

Because there is no upper age limit for SPs and because we are oversampling the elderly population, there will be a greater number of old and very old SPs participating in the MEC exam. The MEC manager should keep the following in mind whenever elderly SPs are in the MEC:

Be sensitive to the MEC temperature. Elderly SPs may need to keep sweaters or jackets over their gowns or wear socks in the MEC.

Some SPs may have gait limitations or impairments. Make sure that these SPs are escorted throughout the exam.

Difficulty hearing/understanding instructions may be a problem.

Possible confusion as to their location in the MEC may arise.

The elderly may have a greater number of illnesses. MEC staff should be alert to any medical complications.

Elderly SPs may need to eat a snack during the MEC session (as permitted by the exam, unless they feel ill).

Elderly SPs may have an increased potential for falls or fainting.

The MEC manager should ensure that the elderly SPs are treated with the same respect and patience as more mobile SPs. In the flurry of MEC activity and emphasis on optimal flow, this point may be overlooked.

2.11.5 Infectious SPs

Care should be taken with SPs that have open, weeping sores, and cuts, or obvious respiratory infections. Occasionally an SP will enter the MEC who has an infectious disease such as measles or chicken pox. When this occurs, the SP will be sent first to the physician who will ascertain if the staff or other SPs are at risk, and whether the SP is well enough to participate in the exam. The MEC manager should ensure that staff and SPs are protected; however, the contagious SP should not suffer undue embarrassment or substandard treatment by the staff.

It is important that the MEC manager balance the opinion of the physician and staff with the need to obtain the examination data from the SP. Occasionally, staff members may over-react to the problem, and question the need to examine the SP. When in doubt, contact the Director of MEC

Operations for recommended action. If no assistance is available to the manager, the physician's clinical opinion should be the major criterion for examining or rescheduling the SP.

If the decision is made to delay the examination, make sure that the SP receives a rescheduled appointment while at the MEC or is called by the Field Office as soon as possible. Appointments that are cancelled on the advice of the physician or Westat home office staff should be clearly documented in the SP record and in the End of Stand report. The Field Office should also be notified of this decision.

2.12 Examinations

The MEC examination is the major goal of the NHANES III survey; years of careful planning, design and testing have produced a set of specific procedures to be followed in conducting each piece of the exam. Anything that can create a bias at the moment of the exam will have repercussions throughout the analytic process. The MEC manager should be alert to possible sources of bias, record them in the problem log and report them to the Director of MEC operations.

2.12.1 Scheduling

The examination schedule is determined by the field office. Approximately 10 SPs are scheduled per session. The optimal range is 8-12 SPs. More than 12 SPs will exceed the capability of the MEC staff increase the waiting time of the SP and result in uncompleted examinations. Less than 8 SPs will under-utilize the capabilities of the MEC staff and cause staff to wait for SPs to become available.

Occasionally, near the end of a stand there will be sessions with fewer than 8 SPs, some sessions in which no SPs are scheduled, or sessions in which SPs fail to keep appointments. If no appointments are scheduled, staff will be placed on stand-by procedures until one hour after the session start times. MEC staff may be dismissed if the Field Office cannot schedule SPs for exams by that time.

Stand-by procedures mandate that staff be available to be contacted by phone and must report to the MEC within 30 minutes after being contacted. MEC staff should recognize that being on stand-by

is not "off-time" and should not be used to run errands. Being unavailable if contact is attempted is the same as being absent from work without permission.

If less than 10 examinees are scheduled, the entire team will report to the MEC and stay for the duration of the exam session. Sessions are not cancelled without conferring first with the Director of MEC Operations. Light exam sessions present an opportunity for the staff to catch up on shipping and general "housekeeping" duties, or get an early start on organizing for end-of-stand activities.

2.12.2 Examination Times

Extensive testing has been conducted on each exam component to determine the length of time needed to complete the examination. For an average SP tested under normal conditions by an experienced technician, the projected times should be valid. Because SPs, equipment, and technicians have a great deal of variability it is a challenge to operate within the time constraints. The MEC manager should be present as much as possible during exam sessions, observing technician performance (efficiency, not quality assurance), the type of SPs present and the operating status of the equipment. If possible, MEC Managers should assist the exam staff in obtaining optimal efficiency. Any deviations from the norm should be noted in the Problem Log and the Director of MEC operations should be notified if the problems persist.

To assist in keeping track of the number of sample persons examined, number of exams performed and duration of sessions, the MEC Manager will maintain a log, "Session - Staff Start/End Times" as shown in Exhibit 2.4 - Session Log. An entry should be made for each session worked, and the forms should be sent to the Director of MEC Operations with other forms at the end of the stand.

2.12.3 Examination Flow

"Flow" is a term used to describe the orderly interfacing of staff, SPs and examination components. When flow is optimal, all examination components for all SPs are completed without the session's running overtime. Certain examinations and procedures have been designated by NCHS to have priority over others during the exam session. The coordinator is responsible for enforcing the priorities and maintaining the flow in the MEC. These priorities are to be used to order flow, especially on days with a large number of SPs and are explained in greater detail in the Coordinator's Manual. It is imperative that MEC staff keep the coordinator informed of their location and that of their SP at all times.

The Coordinator directs the overall flow of the exam; MEC staff members must obtain SP and task assignments from the Coordinator. Circumventing the Coordinator will produce disorderly flow and possibly result in incomplete or inaccurate exams. The MEC manager should ensure that the staff are providing feedback to the coordinator and that they are not attempting to complete another examination or obtain another SP without the coordinator's consent.

Managers should also minimize congestion in the passageways, especially the hallways between Trailers 2 and 3, the film processor area, and the SP waiting area to prevent delays in moving staff and SPs between exam rooms. MEC staff that are not performing examinations should be encouraged to use the staff lounge if they do not have work that can be completed in exam rooms.

3. EXTRA-MEC OPERATIONS

Although the MEC is the primary focus, there are other functions that come under the responsibilities of the MEC manager.

3.1 Home Health Examination

The home health examination is a short exam containing several abbreviated components from the MEC examination. The home health technicians will receive training on laboratory procedures and selected portions of the health technician training. They will be performing anthropometric measurements, phlebotomy, spirometry, physical functioning and cognitive testing of the elderly, as well as general health and dietary interviews. Blood specimens will be brought back to the laboratory for processing. If the MEC is in session, MEC lab staff will process the blood. If the MEC is not in session, the home examiners will process the blood. MEC laboratory equipment should not be shut down at the end of the session if home exams are planned during non-session hours. The home health technicians will also rotate through the MEC as health and laboratory technicians.

3.1.1 Supervision of Home Health Technicians

The home health technicians report directly to the MEC manager, who will collect timesheets and keep track of working hours, number of appointments and work load of the home examiner. Occasionally, the MEC manager may accompany the home examiner on a home visit to observe the examiner's efficiency and rapport with the SP, and possibly to serve as an escort when the home health technician has to go to a questionable area or household. If the MEC manager is unable to serve as an escort, an individual (perhaps an interviewer) should be secured from the field office to escort the home health technician. It is good practice for the technician to contact the MEC manager after a late evening call to verify that there were no problems during the exam or in the MEC after hours.

3.1.2 Equipment

The MEC manager should issue the equipment to the home health technician at the beginning of the stand and check it in at the end of the stand. Equipment care and maintenance is the primary responsibility of the home health technician; however, if equipment problems arise, the technician should contact the MEC manager. With the exception of the spirometer, most of the equipment has counterparts in the MEC which can be used as backups until the defective parts are repaired/replaced.

3.2 Public Contact

The MEC manager serves as an extension of the advance and outreach teams by representing the MEC. S/he should ensure that the MEC staff decorum is professional at all time. Each member of the MEC staff has a responsibility to Westat and NCHS for promoting good public relations. Exam staff members should be discreet in speech and action, exercise good judgement in any discussion of controversial subjects, and avoid any actions which might reflect unfavorably upon Westat or NCHS. The responsibilities do not end at the end of the MEC session but carry over into personal interaction with the community.

3.2.1 MEC Tours

Occasionally the MEC manager will be asked to give tours to local officials, Westat or NCHS staff or other interested groups. The MEC manager should ensure that the tours in no way impede MEC operations or violate the confidentiality of the SPs. Tours should be arranged at those times when SPs are not in the MEC. Members of the tour group should be listed in the visitor log. In addition, the MEC manager should avoid controversial subjects and should not engage in technical discussions in detail beyond his/her level of expertise.

3.2.2 MEC Representative

The MEC manager represents the MEC staff, the MEC physical plant, and the examinee. Anything that impedes the orderly flow of SP, examiner and equipment is the MEC manager's responsibility. S/he should make these issues known to the Westat home office as well as recording them in the problem log.

The MEC manager also serves as the spokesperson for the MEC. MEC staff may refer questions from SPs or others to the MEC manager. Usually, it is the MEC manager, the physician and the coordinator who are receive the most questions from SPs. It is important that the MEC speaks with a consistent voice.

3.3 Arrangements and Special Requests

The MEC manager will at times be asked to make arrangements to accommodate special needs by Westat and NCHS. Depending on the unique skills of the manager, these special requests will vary. Some past examples have been:

reserving conference rooms for meetings;

shooting exterior photographs of the MEC;

testing peak electrical load for the MEC;

assisting in simulated emergency drill;

supervising clean-up of a mercury spill;

organizing staff meetings with consultants on NCHS staff;

assisting in contacting SPs or staff to talk with SPs regarding results of test or rescheduling of tests on an urgent basis.

The MEC manager should be prepared for almost any type of request or emergency. MEC and extra-MEC operations are rarely routine and no day is typical. The MEC manager should be comfortable with the unusual, the unexpected and the unbelievable.

4. MEC AUTOMATION SYSTEM

4.1 Background

The goals of the MEC automation system are to improve the quality and timeliness of NHANES data. The means of achieving these goals are direct data entry, real-time data editing, and other programmed support for MEC operations. The automation system is intended to assist MEC staff in performing their examination and administrative duties, or, in other words, to help them do their work well.

The automation system consists of computers and related equipment tied together in such a way that they can work together. These computers run both general programs that were purchased with the systems and specialized programs that were developed specifically for the NHANES III survey.

4.2 MEC Manager Responsibilities

4.2.1 General Responsibilities

MEC managers have general responsibility for supervising the operations of the MEC automation system. To meet the objectives for which it was designed and built, the automation system must be operational during examination sessions. Yet, like other MEC systems, the automation system is subject to failures of its mechanical or electrical equipment and limited by its functional design. The MEC managers must work with these failures and limitations to keep the system operational. They must:

watch the systems to verify that they are working properly

assist staff in diagnosing problems

call for maintenance when it is required

work with programming staff and DEC field engineers

Like other areas of MEC manager responsibility, maintaining the automation system requires resourcefulness in troubleshooting problems and finding solutions. In these activities the MEC manager

is supported by the Systems and Programming Branch of NCHS/DHES, other programmers working on the system, and DEC's field engineers.

4.2.2 Specific Responsibilities

In addition to their general responsibilities MEC managers have specific responsibilities in the operation and maintenance of the systems. These responsibilities are detailed in following sections, but they include:

- turning systems on and off

- verifying that systems are operational before stands begin and properly prepared for shipping after they end

- obtaining files with appointment schedules from field offices and loading them into the MEC system

- backing up data collected in the automation system

- exporting collected data to NCHS

- installing software updates

4.3 Hardware System

4.3.1 Overview

The MEC automation system is composed of computers and related equipment tied together in a local area network. The configuration of equipment is diagrammed in Exhibit 4.1. This diagram is both a physical and logical map of the relationships among the systems parts. The four trailers are represented by the four horizontal groupings of the terminals and servers. The dark line down the center represents the network cable. In a real MEC this cable winds around much more than shown in this diagram. The diagram shows the relative location in a MEC of the types of terminals (VT terminals), terminal servers, personal computers (VaxMates), and other

NHANES 3 Mobile Examination Center Data Collection System Configuration

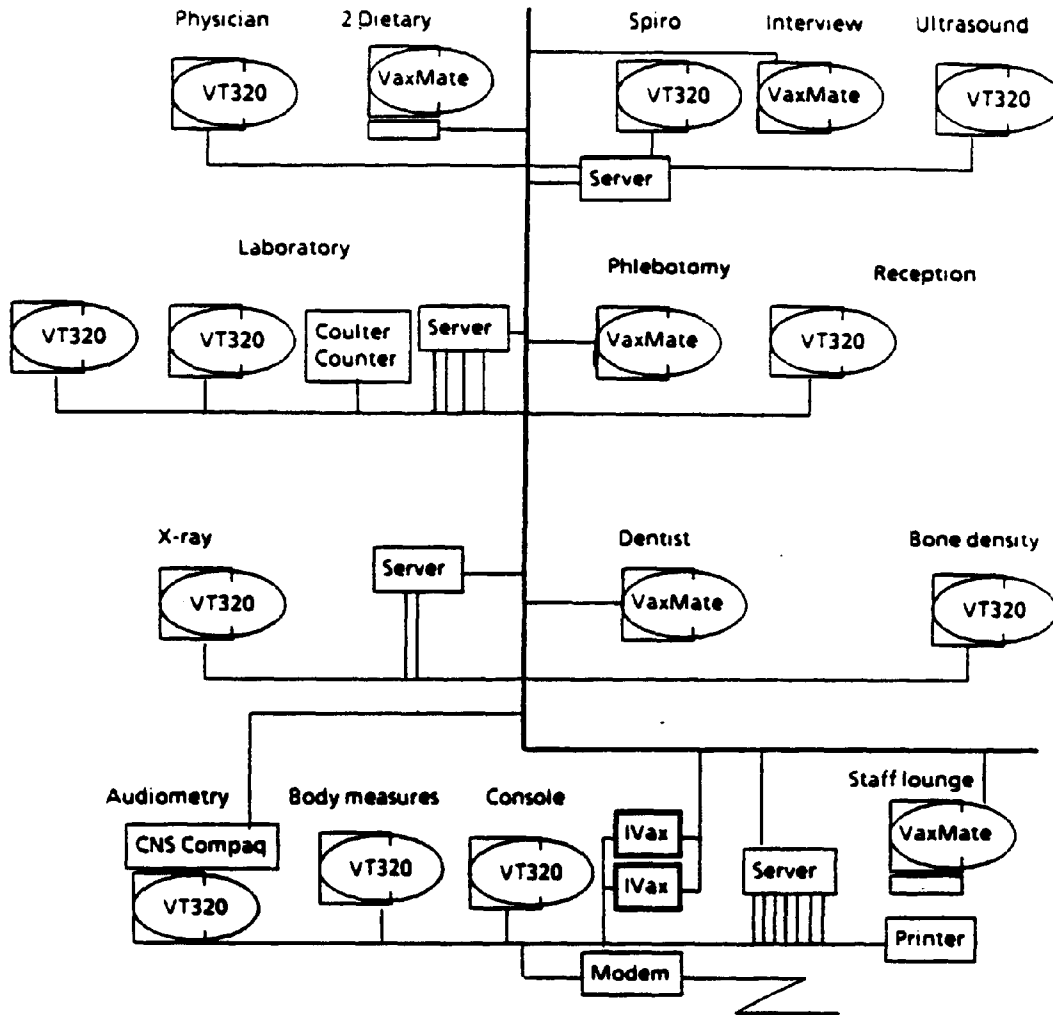


Figure 4-1. MEC automation system configuration

equipment. At the bottom of the picture, where the body measure room is represented, are symbols that represent the Vax computers that are the mind of the system.

The hardware and some of the software for this system was purchased from Digital Equipment Corporation. This vendor was selected through a competitive bidding process. Other software, in particular a program called a database management system, was purchased from Oracle Corporation. Most of the applications that run on the Vax were developed with the Oracle system.

The individual pieces of equipment are discussed in the following paragraphs. The last paragraphs of this section discuss setup, teardown, and maintenance requirements.

4.3.2 Vax Computers

The MEC Vax system consists of two industrial MicroVax computers. Each computer contains a processor, memory, network interface, peripheral controllers, two fixed disk drives and one magnetic tape drive. The systems are named for the MEC in which they are located and their position in the cabinet in the body measures room. One system, for instance is named MEC1A, MEC1 for the first MEC and A for above since it sits above the other system, MEC1B, B for below. While the two systems work cooperatively at some tasks and there is some differentiation in their functions, in large measure there are two because it was intended that one should be able to backup up the other in case of failure. For this reason the software on each system is nearly identical and it is often necessary to perform maintenance tasks twice, once on each system, to keep them that way.

4.3.3 Ethernet

The local area network that connects the Vax to the other parts of the system is called ethernet. The cable is a shielded coaxial cable. An ethernet system must have one continuous segment of cable with terminators on each end to work. If the cable is broken, any connector disconnected, or terminator removed, communication among the pieces of equipment on the network will fail. The specifications for this cable specify that it should not be bent around corners with less than a 3" radius. The connectors that join computers to the ethernet cable are called T-connectors. Computers may be removed from the network

without disrupting the continuity of the ethernet (i.e., the operation of other systems) by disconnecting the base of the T from the computer. Disconnecting either the terminator or the cable from the T will disrupt the network and anyone's work who is using the system.

4.3.4 Terminal Servers

Terminal servers are special purpose computers that support the operation of devices like VT terminals, Coulter Counters, modems, and printers on an ethernet. The terminal servers do not have on and off switches. To turn them on, plug them in. To turn them off, unplug them. When you plug in a terminal server it performs a self-diagnostic and broadcasts a help message on the network. One of the Vax will respond with an operating system for the terminal server. After its operating system is loaded the terminal server will respond to users at its terminals with a "local> " prompt. If the Vax are not up yet the terminal server will continue to broadcast its message at intervals until they do come up and provide an operating system. Terminal servers will respond to "help" entered at the "local> " prompt with instructions on entering commands.

4.3.5 VaxMate and Compaq Personal Computers

The applications in the MEC interview, dietary, and dental rooms require a different kind of computer than the Vax. For them we have VaxMates. These are personal computers that run the MS-DOS operating system. The CNS application also runs on a personal computer under MS-DOS, but for this application we have Compaq computers. There are VaxMates in the staff lounge and the lab too. These are used to create disks for transmittals and to load appointment schedules. The one in the lounge may also be used as a dietary workstation in case one in a dietary interview room malfunctions. In addition to special application software, the VaxMates may also run a program to make them work like a VT terminal. This program is used routinely in MEC laboratories. Personal computers are connected directly to the ethernet. They communicate with the Vax computers to store data collected by their applications and to use printers in staff lounges. When personal computers are turned on they load their operating systems and then they have been programmed to display a menu of their functions.

4.3.6 VT Terminals

VT terminals connect physically to the terminal servers. Through the terminal servers they can be connected functionally to the Vax. For each terminal there is a user account on the Vax named after the room in which it is located. After logging in to these accounts MEC staff are given appropriate menus of application functions. The closest terminal to a terminal server should be plugged into port 1 of the server; there they will display status messages from the terminal server that may be useful in diagnosing problems.

4.3.7 LN03 printer

The LN03 printer in the staff lounge is a laser printer. It must be connected to port 8 of the terminal server in the body measures room. The printer requires periodic maintenance and replacement of toner and other parts.

4.3.8 Modem

A modem is a device for connecting computers to telephone lines. Each MEC has a phone line which must be plugged into the modem, and the modem in turn must be connected to port 7 of the terminal server in the body measures room. Communication with computers over telephones is often tricky. Both the server port and the modem must be correctly set up for communication to succeed.

4.3.9 Setting Up the Automation System

During setup of each stand the MEC manager should contact the local DEC field service office and make an appointment to have an engineer come and turn on and inspect the computer equipment. The equipment is covered by a maintenance contract with DEC, but the contract does not cover damage incurred in transit. DEC field service must inspect the equipment to bring it back under the maintenance contract. It is therefore important that equipment be in working order before it is moved.

In preparation for the visit from the DEC engineer the MEC manger must connect the ethernet cables that run through the passageways so that the sections of ethernet cable in each trailer are joined into one continuous strand.

Before turning the Vax computers on the MEC manager should check the setting of the halt enable switch. This switch has two positions labeled with a circle and a dot. In one setting the dot is inside the circle and in the other it is outside. This switch should be kept in the disabled position, the one with the dot outside the circle. There will be times when field engineers or other support staff will want to enable halt, but in general it should be disabled.

Turn on Vax computers by setting the power switch to the "1" side. On power-up a Vax computer performs a series of hardware self-diagnostics and loads its operating system software. As the startup process progresses it sends a series of messages to a console terminal. The last message says that network startup processes have completed. To receive these messages a VT terminal must either be connected to the console port on the front of the Vax, or both the Vax and the VT terminal must be connected to the terminal server and the terminal connected to the Vax console through the server software. Field engineers may need to connect the console terminal directly to the Vax, but most of the time connecting through the terminal server should be easier. Note, however, that since terminal servers obtain their software from a Vax, until at least one Vax has come up at a stand the connection through the server software cannot be established.

After field service has left, MEC managers must disable the field accounts on the Vax.

4.3.10 Preparing the Automation System for Transport

Preparation for transport begins with exporting the data collected during a stand. This procedure is discussed in paragraph 4.4.5. This section discusses preparation of the hardware.

The MEC manager should:

verify that all equipment is working. Field service should be arranged to put all equipment in working order before it is moved.

verify that the local hard disk drives on the VaxMates in the dietary interview rooms and the staff lounge have been prepared for moving with the park command. This command runs a program that puts the disk drives of these computers in a state in which they are less likely to be damaged by the bumps and vibrations of shipping. At the end of this command the computer screen displays an instruction to turn the computer off. Turning a computer on will unpark its disk drive.

enable the field service account so that when DEC field service engineers turn on the systems they can log in to check them out.

shutdown the Vax computers and turn them off. There is a menu option to shutdown a Vax on the MEC managers personal menu. See section 4.4.5.2. To receive the messages sent by the shutdown process the menu option must be chosen in a session connected through the console port. To turn off a Vax set the power switch to 0.

It is much preferable to invoke the shutdown process before turning off a Vax. If power to a Vax is simply cut off the system will take extra time to come back up and there is a possibility of complications that could reduce the functioning level of the system.

disconnect the ethernet cable running through the walkways and store it for travel.

4.3.11 Maintenance

There are two types of maintenance to be performed on the MEC automation systems, software and hardware. Of the two, hardware is more troublesome.

There are two main strategies for approaching hardware maintenance. MEC managers should, probably will, become familiar with both strategies during their work. The first strategy emphasizes listening and information gathering. When a MEC staff member is having a problem with the system the MEC manager must develop with the staff member a description of the problem and the conditions under which it emerged. When successful, this strategy recovers the operational dialogue between the user and the system; it may uncover an operational error or

recover an error message. Sometimes it produces a direct explanation of the problem. The second strategy is problem definition and determination. The basic method of this strategy is the scientific method of formulating an hypothesis and testing it; it is systematic trial and error. This second strategy builds on the first. After listening to the user's dialogue with the system fails to produce an explanation of the problem, in pursuing this strategy you enter into a kind of dialogue with the system to get it to tell you more, or produce more evidence, about its condition.

Once it has been determined that there is a hardware problem a MEC manager should obtain service. On some parts managers can call for field service. Other parts have to be taken to DEC for service.

Software maintenance means installing update tapes from system developers and working with them to complete updating procedures. There is a menu item in managers personal menu to install update tapes. To maintain PC applications developers may need managers to type commands into PCs and read their screens.

4.3.12 Vax Tape Drives

Each Vax computer has a tape drive. We use tapes and the tape drives to move system software and survey data from one system to another. The operation of the tape drive is just a little bit fussy, so it is described in detail here. The tape drives are in the upper right corner of the systems. They have a vertical slot into which tape cartridges can be inserted. Along one edge of the slot there is a door. This door should always be opened and closed gently. It must never be forced or snapped. At the top of the drive there is a button, called a load button. The load button has two positions, in and out, and is moved from one position to the other by pushing it. The load button has a red light on it. There is also a green light located near the bottom of the tape drive.

Before loading a tape for use, check the tape cartridge. On the front there is a rectangular piece that slides back and forth. If it is toward the center there is an orange color that can be seen through a hole in it. In this position the tape is write-locked. That means nothing can be written on it. This is good if the tape contains software upgrades you mean to install, but bad if you are preparing to use the tape to

export data. To write on a tape slide the rectangular piece toward the edge of the cartridge away from the label.

To load a tape, open the door on the tape drive, insert the cartridge, close the door, and push the load button to the in position. The red light on the load button will come on. The cartridge will only go in one way. If you look into a slot you can see a notched wheel in the drive that meshes with the notched wheel on the bottom of a the cartridge. In loading, the tape drive will grab a loop on one end of the tape and pull it into the tape drive. It will also lock the door to the tape slot so you cannot remove a loaded tape.

To remove a tape from the tape drive, put the red button in the out position. What happens next depends on whether or not the tape has already been rewound and unloaded. If the red light is out and the green light is on steady, then the tape has been rewound and unloaded and it may be removed. If the tape has not been rewound the red light will stay on and the green light will blink while the tape rewinds. While the tape unloads the red light remains on and the green light off. In unloading, the tape drive winds the tape entirely into the cartridge and lets go of its end. When the red light is out and the green light on steady, the tape may be removed.

4.4 Software System

4.4.1 Overview

The software systems for the MECs have several parts and layers. There are the operating systems, network software, database management systems, and application systems. This section discusses the application systems.

4.4.2 Coordinator's System

The coordinator's system is programmed with the Oracle application generator. It provides coordinators with a computerized record keeping system in which to record and monitor the progress of examination sessions. It has processes for checking examinees into and out of the MEC. During the

process of checking in coordinators verify the name, age, sex, and race of examinees. During the process of checking out coordinators verify that all scheduled examinations have been performed or that it is recorded why they were not performed. There are status reports that the coordinator can look at to monitor the progress of an examination session.

The coordinators' system works within sessions. At the beginning of a session coordinators set a current session in the computer. Thereafter most of the applications discussed in the next paragraph can access data only for persons checked into that session.

4.4.3 Application Systems, Vax Based

Many examination rooms have Vax based applications. Like the coordinator's system, these were programmed with the Oracle application generator. These systems use a common menu interface and share common definitions of keys. These applications are accessed from VT terminals in examination rooms by connecting to a user account on a Vax named after the examination room.

4.4.4 Application Systems, PC Based

The applications in the MEC interview, dietary interview, dental examination rooms, and CNS tests all run on personal computers. These applications each have their own characteristics and modes of operation.

4.4.5 MEC Manager's System

4.4.5.1 Overview

Some functions that the MEC managers perform have broader implications than the others. Their functions have been separated into two sets, each accessed through a separate account on the Vax in their MEC. One account is a personal one, an account with their own name and a password, through which MEC managers may access the potentially more troubling functions. The other account is named Manager and contains the more routine functions.

Another function, loading the appointment schedule from a field office system into a MEC system is described separately.

4.4.5.2 Personal Menu

Each Vax in a MEC is provided with an account in the MEC manager's name. Upon logging in to this account a MEC manager is presented with the following menu.

Computer system management

- 1 - Log out of system
- 2 - Set password
- 3 - Show users
- 4 - Show/set date and time of day
- 5 - Authorize field service
- 6 - Unauthorize field service
- 7 - Shut down the network
- 8 - Start up the network
- 9 - Install updates from tape
- 10 - Read log from update tape installation
- 11 - Assign new space for 24 hour recall backup
- 12 - SHUT DOWN the system

Enter a number (? or ?# for HELP):

The instruction at the bottom of the menu suggests that choices may be made from the menu by entering one of the numbers listed in front of the function descriptions. It also suggests that if a question mark is entered instead of a number then a general help message will be presented. If a question mark followed by a number is entered then instructions and explanations specific to a particular function will be presented.

The show users function is provided so that a MEC manager may verify that no one is using the system before taking the network or the system down.

The install updates and read log from update installation are provided so that MEC managers may update their systems without immediate coordination with the development staff. The usual time for updates is setup day and this is a particularly hectic time for MEC managers. These items give them flexibility to schedule this task at their convenience. The functions to enable and disable field service are important. Field service accounts are obvious targets for anyone who might wish to break into a system. The field service account should be kept disabled. It should be enabled only when field service engineers are present in the MEC and working on the Vax.

4.4.5.3 Field Office to Vax File Transfer

There are two purposes to transferring appointment schedules from field offices to MECs. The first is that entering the information from the field offices saves the coordinator a lot of typing, i.e. time and trouble. The second is that since field office staff have carefully entered and edited these schedules, copying them from the field offices to the MECs reduces errors.

The procedure for transferring data from one system to another is not difficult, but it has several steps. Field office managers must produce a file containing the schedule. They have a menu option to do this. The MEC manager or the field office manager must put the schedule on a disk. This step is accomplished by booting the VaxMate in the field office with a special disk (see next paragraph) containing a program that copies the file to the disk and deletes it from the field office system. The MEC manager must take the disk to the MEC and copy the file to his Vax. There is a menu option to do this on the VaxMate in the lounge. There is also a program on the disk to do this which can be executed with the command "a:copyon". This command can be executed at a DOS prompt on any PC in a MEC and is available in case the lounge PC is not working or is otherwise tied up. The last step is to load the file into the database management system. The program to do this task is executed from the manager's menu discussed in the next section.

Disks for carrying schedules from field offices to MECs may be made on lounge VaxMates in the MECs. There is a menu option for making them. Selecting the menu option will format a disk and copy needed programs to it.

4.4.5.4 Manager Menu

The second menu system that MEC managers have is reached by logging into a user account named manager. Each Vax has one.

The menu for this account has several levels. The top level has the following entries.

- MEC manager applications
- Select one
- Load appointment schedule
- Run session backup job
- System status
- Export data to NCHS
- Maintain database records
- Search for sample # by name
- Print calculator help message

In the discussion of the coordinator's system it was mentioned that coordinators must set a current session and that most applications in the MEC automation system can access data only for the current session. The MEC managers are responsible for creating the session records in the system. They create these records when they load the appointment schedule; it is part of the program. They may also create these records, or correct them, or set the current session under the menu item "Maintain database records".

In addition to session records MEC managers may also maintain records for technicians and examinees. Only technicians known to the system may access application programs. New staff members have to be made known to the system.

There may be occasions where there is some question about individual records. Since most records are stored by sample person number there is a function to find this number for a known name. MEC managers may review, create, or change records of individuals.

Under the item "System status" managers will find a number of reports that may be useful in monitoring the system. Reports about system B are available from system A. There are reports on the status of batch and print queues, system users, operating processes, disk drives, the network interface, device errors, and PC connections. The first few of these reports can be used to monitor the operation of the system. They tell who is logged on and what work is being performed. The last few are reports that will display errors if there are problems. There is also a function to start the print queues which may have been stalled by malfunctions of the printer.

There are two types of exports of data to NCHS. One is described as a periodic export because it is designed to be run periodically. The only period used so far, however, has been once per stand and for this there is a special export. The period export has been used where summer or New Year breaks have fallen in the middle of stands. Both of these jobs start out on system A, start a job on system B, and finally print a report. They give an instruction to put a tape in the drive of system B. The tape and the report should both be sent to the receiving group in NCHS/DHES.

5. MEC MANAGER'S ADMINISTRATIVE AND SUPERVISORY ROLE

The MEC manager directly supervises the MEC staff, the home health technicians and the local staff. Managers are responsible for collecting, checking and mailing time sheets and expense reports; distributing paychecks and assuring that all MEC staff have been cleared to cash checks at the local bank; and submission of an End of Stand (EOS) Report. The MEC manager also serves as a liaison between the MEC staff and the Westat home office and reports directly to the Director of MEC Operations. Finally, the MEC manager must also keep in touch with the NCHS biomedical engineer. Any and all incidents involving equipment should be reported to him/her.

5.1 MEC Manager's Liaison Role

The MEC Manager acts as a liaison between many interested parties. Managers must have a global perspective of the needs and goals of Westat, NCHS, the MEC (staff and equipment), SPs and the Field Office. The MEC Manager must remember that the primary role at all times is the optimal operation of the MEC.

5.1.1 Westat

MEC Managers report directly to the Director of MEC Operations at Westat. Any questions or ambiguities regarding the MEC manager's role should be directed to the Director of MEC operations.

5.1.2 MEC

The MEC is composed of four major components: the physical plant; the equipment; the staff; and the SPs. The MEC manager should insure that all four components are interfacing as optimally as possible. Particular responsibilities and features of each section are discussed in chapters 1, 2, and 5.

5.1.3 Field Office

The MEC manager will precede the MECs and the exam staff at a stand. Managers should assist in the Field Office to staff telephones and to provide relief for office coverage. The MEC manager should always keep an open channel of communication between the MEC and the Field Office and be available to give feedback or assistance when indicated.

5.1.4 Sample Persons

Without the sample person (SP) there would be no survey. The MEC manager should ensure that the SP is always treated with respect and with awareness for the SP's safety and comfort. The MEC examination experience has considerable impact on the reliability of the SP's responses and the rate of refusal of certain exam components. In addition, it is possible that the SP may know other potential SPs, especially in smaller, rural areas. The MEC experience may determine whether the examined SP will encourage or discourage the prospective SP from participating in the examination.

Managers should be prepared to answer questions from SPs and family members regarding the survey, the exam and the MEC, and to help smooth over difficult situations. Hostile or abusive SPs should be encouraged to abbreviate their examinations and exit at the earliest possible opportunity. Confused or disoriented SPs not accompanied by relatives may also need to be "exited" prematurely.

5.2 MEC Manager's Relationship to MEC Staff

The MEC manager is responsible for administrative supervision of the MEC staff, and as such serves as a resource person to answer questions regarding the exam, shipping, SP problems, and administrative concerns. At times, the MEC manager may find it necessary to act as an arbitrator and/or counselor for the staff members. The MEC manager will also be the liaison between the MEC staff and the Westat home office. It is important that the MEC manager be equitable and consistent in dealing with the staff. Exam staff members will often look to the MEC manager for guidance and support; consequently, the MEC manager will play a major role in "setting the tone" for day-to-day MEC operations.

5.2.1 Local Staff

At each stand it will be necessary to recruit and hire 1 FTE to assist in the MEC. The Office Manager has the primary responsibility for this task; however, s/he may enlist the assistance of the MEC

manager in interviewing or giving feedback on a prospective applicant. The MEC manager will supervise local staff members, sign and collect time sheets, distribute paychecks and assure that local staff adhere to the MEC Operation policies that are followed by the Examination Staff.

Local staff members are paid on an hourly basis for the exact number of hours worked. If sessions are ended early or cancelled, local staff members are not paid for the unworked hours, unless they remain to perform MEC-related tasks. Assignment of such tasks is left to the discretion of the MEC manager.

Job Descriptions

The local staff member is the coordinator's assistant. Although the MEC manager is her/his supervisor, direct supervision of the coordinator's assistant is by the coordinator.

The coordinator's assistant is a full-time position with the following duties:

- assists the SPs in getting dressed;
- ensures that urine samples are taken to the laboratory;
- prepares the SP clothes basket for the following day;
- acts as a chaperone for the physician when indicated;
- gives feedback to coordinator as to SPs location;
- assists the coordinator in facilitating SP movement in the MEC;
- assists the coordinator in entering reports of findings;
- assists coordinator in MEC set-up and pack-up;
- assists coordinator in packing, shipping and inventory; and
- records for the body measurement exam if a health technician is not available.

Training and Supervision

Training and direct supervision of the coordinator's assistant is conducted by the coordinator. Any problems regarding training or supervision should be referred to the MEC manager. The MEC

manager will collect assistant coordinator's time sheets and forward them to the Westat home office. Occasionally, the local staff may request that the MEC manager write them a letter of recommendation.

5.2.2 Examination Staff

The Examination Staff is recruited and hired by the Westat home office. Each member of the MEC team has specialized skills that are utilized in MEC operations. In addition, as much as possible, members were chosen that displayed traits of working well under pressure and an orientation toward the "team concept".

Job Descriptions

The MEC team can be divided into areas of expertise.

Technical area

Laboratory technicians (3)

Health technicians (4)

Home Examiner (1)

Sonographers (1)

Phlebotomist (1)

Physician and Dental area

Physicians (1)

Dentists (1)

Interviewers

Dietary interviewers (2)

MEC interviewers (1)

Coordination

MEC coordinator (1)

For an indepth discussion of job descriptions and duties the MEC manager should refer to the respective manuals for each of the positions.

Supervision

The MEC manager is the direct supervisor of all members of the MEC staff. Performance, appearance, professionalism, teamwork and demeanor should be observed. If any of these are substandard, the MEC manager should note it in the problem log and discuss it with the respective staff member. Persistent problems with MEC staff should be referred to the Director of MEC operations.

5.2.3 Staff Issues

The MEC manager should encourage teamwork and contributions by the MEC staff. S/he should be receptive to feedback, allow the staff to express concerns and, when indicated, present their issues to the Westat home office. The MEC staff operates in a highly stressful environment, and it is important for the MEC manager to be sensitive to disturbing or unresolved issues that may interfere with MEC operations.

Absenteeism and Tardiness

The MEC manager will keep a log of staff absences from the stand (Exhibit 5-1). The log should list the name of the employee, the date and time that the employee was absent, and the reason for the absence. Because the MEC team is highly interdependent, an absent employee will impose a heavy burden on the rest of the staff. Tardiness should be noted in the problem log and the employee should be confronted with the issue if it becomes persistent.

Scheduling

The MEC staff is expected to arrive at each session thirty minutes before the SPs arrive. Usually 10 SPs will be scheduled for each exam schedule; however, two SPs may be scheduled to arrive 15 minutes before the others. Optimal efficiency depends on a complete MEC team examining a range of 8-12 SPs per session.

Appearance and Decorum

All MEC staff are expected to present a professional appearance. Attire should reflect this attitude; thus blue jeans, tennis shoes, etc. should not be worn while SPs are present. Lab coats should be worn; ostensibly, they should be washed and pressed frequently.

MEC staff are expected to maintain a professional attitude at all times during the examination session. The MEC manager should ensure that staff do not congregate in the hallways, discuss personal issues in front of SPs or engage in horseplay. Any disagreements should be moved to the staff room and discussed.

Performance

Each MEC member is expected to give a high level of performance on their respective examination component. Quality control will be monitored by NCHS. The MEC manager's role is concerned more with the manner in which the staff carries out tasks. Key areas of performance include:

rapport with SPs;

thoroughness and efficiency in completing the examination;

timely completion of examination forms and logs;
availability for next exam component;
attitude toward work and the MEC team;
completing tasks/calibrations before leaving the MEC; and
assisting team members when needed.

Meetings

Meetings are scheduled periodically by Westat or NCHS. The MEC manager may also schedule meetings whenever s/he feels that topics or issues need to be discussed or clarified in a group setting. In addition, managers may decide to convene a meeting to allow the group to express concerns or to boost team morale.

5.3. Administrative Duties

Time Sheets and Expense Reports

The MEC manager is responsible for collecting time sheets and expense reports from the MEC staff. Staff should be cautioned that time sheets have to be turned in on time and should be filled out correctly. Managers should review the time sheets and expense reports for accuracy and return any forms that need corrections to the respective MEC staff member. The MEC manager should then make sure that the forms are sent to Westat via Federal Express. Since the Field Office and Interviewing teams will also follow this procedure, all Federal Express mailings for this purpose should be coordinated through the Field Office. In addition, the MEC manager is responsible for disbursing the paychecks to staff members.

Banking Arrangements

At every site, Westat will arrange for a bank that will cash Westat payroll and expense checks. The address of the local bank will be available from the field office. The MEC manager needs to assure that all MEC staff have their signature on the list that is generated by the Stand Coordinator so that the staff will be able to cash their checks.

End of Stand Report

The End of Stand Report is a summary of noteworthy events that occurred during a stand and will be used by Westat home office staff to stay apprised of MEC operations. The report should be handwritten or typed, and submitted to the Director of MEC Operations within days after the close of a stand. Positive observations as well as problems should be discussed.

Recommendations and observations from these reports will be distributed to other MEC managers to allow sharing of successful and unsuccessful problem solving techniques. End of Stand Reports also serve as helpful summaries for NCHS planning and operations personnel.

The report should be organized into three major portions; the MEC physical plant (trailers and equipment), MEC operations (setup, SP issues, shipping, etc.) and personnel issues (local and field staff). The visitor and problem logs that are kept during the stand will serve as a valuable resource in writing the report. The recommended format for the end of stand report appears in Appendix A.

APPENDIX A

PROCEDURES FOR SELECTING POTENTIAL JOB CANDIDATES AND SELECTING AND TRAINING STAFF

1. Identifying Potential Job Candidates

Westat Field Files: The first source for applicants is the Westat field files maintained in the Westat home office. The files contain the names and employment information on individuals who have worked for Westat on other studies. Upon request they can provide the Office Manager with a list of names of those who live in the stand area and who might be available and suitable as office assistants. the OM should contact likely candidates and interview them by telephone several weeks before the stand opens so that, if possible, a selection can be made before the stand begins.

Outreach Contacts: If the field files do not yield a satisfactory candidate, the Office Manger may use the contacts the Advance Team will have made with local officials in conducting outreach and advance preparations for setting up the stand. The Advance Team will ask these contacts for suggestions for local employees. A list of these contacts and any suggestions they have provided will be included in the Advance Team Summary Form.

Local Agencies: Organizations such as college or university placement centers or state employment offices may be fruitful sources for applicants. Local ethnic organizations may be particularly helpful when seeking Spanish-speaking staff. When one of these sources is visited, a job description should be left for posting (see Exhibit 1). This will ensure that the proper information is relayed to applicants and will enable the agency to screen for likely candidates. In addition, when contacting an agency by phone, the job description should be used to be certain that key items are mentioned such as qualifications, duties, number of positions available, duration of the study, training schedule and person to contact.

Newspaper ads: After exhausting the other sources for recruiting, it may still be necessary to recruit through newspaper ads. Because the use of newspaper ads require considerably more planning and preparation than other forms of recruiting, they should be used only when the other forms fail to turn up enough suitable candidates.

Exhibit 1 Job Description

Job Description:

Westat Inc., a research firm in Rockville, Maryland is looking for 3 office assistants to work in the field office of a national health study. The study is being conducted for the U. S. Public Health Service. The purpose of the study is to interview household members about their current health and nutrition status and to administer a health examination at a mobile health center. Office assistants will work at both the field office and the mobile examination center.

Qualifications:

- Ability and willingness to work at least 20-40 hours per week;
- Must be amenable and available for weekend and evening work;
- General office skills. Typing and filing experience desirable;
- Ability to read, write, comprehend and communicate in English.

Duration of study: 8 weeks

Salary: \$5.00 per hour

Person to contact:

Westat, Inc.
An Equal Opportunity Employer V/H

When selecting the newspaper in which to run the ad, consider the paper's circulation (Sunday ads usually generate the greatest response, but ethnic newspapers maybe good sources when recruiting minority staff), frequency of publication (in rural areas a newspaper may publish only once a week). Be sure to check on deadlines for the submission of ads.

For newspaper ads, use the following wording verbatim, inserting information about the schedule of the study in that particular stand. Salary will vary by locality.

OFFICE STAFF NEEDED

Survey research organization needs office assistants both full- and part-time to perform general office work for a 8-week national health survey sponsored by the U.S. Public Health Service. Applicants must have general office skills. Office experience desirable. Salary \$5/hour. Call (Office Manager) at (Telephone Number).

2. What to Look For In Candidates

Listed below are some characteristics or qualifications to look for in potential candidates for office and MEC assistants.

Availability. Applicants should be available to work a minimum of 40 hours per week if applying for the full-time positions or 20 hours per week if applying for the part-time positions, including some weekend and evening hours.

Specific Skills. All applicants must have a basic ability to read and write English, and to understand and follow oral and written instructions. Some stands will require assistants with an ability to read and speak Spanish as well as English. All applicants must be able to do simple addition, subtraction, multiplication and division. In addition, applicants for office assistant should be able to type and be familiar with general office procedures.

General Personality Traits. Applicants should have a professional appearance and a facility for meeting and dealing with people. Look for applicants who have an eye for detail, a concern for careful, accurate work, and the ability and willingness to learn new skills and work routines.

Experience. Previous experience with general office work is desirable.

3. Hiring Procedures

3.1 Screening Applicants

Screening means a preliminary review of the applicants' qualifications to identify the most qualified to be interviewed for the position. This can be done as the Office Manager receives telephone calls from interested candidates or reviews resumes.

Once qualified candidates have been identified, they must be called to describe the job and to find out about their interest in and availability for the study. Candidates should be given a general description of the study and the work they will be required to do, the details on training and the stand schedule, and the number of hours they will be expected to work. The conversation should be focused on the key qualifications for the job: the applicants availability during the duration of the stand and his/her general office skills and experience.

NOTE: It is extremely important to remember that during screening calls, and throughout recruitment of applicants, questions with discriminating overtones may not be asked. Questions about age, sex, marital status, and race or ethnicity are forbidden by law.

3.2 Interview the Most Qualified Candidates

In some stands, there will be a number of applicants for the available positions. In other stands, finding qualified candidates may be more difficult. Regardless of the number of applicants, the same interviewing guidelines should be followed. Once potential candidates have been screened and choices narrowed down to a limited number of qualified applicants, in-depth interviews must be conducted. One purpose of the in-depth interview is for each applicant to become familiar enough with the study and its procedures to make an informed decision about his/her interest in and suitability for the job. The second purpose is to find out enough about the candidate and his/her abilities that a decision can be made on

whether s/he is the best person for the job. In many respects, evaluation of the applicants will remain a matter of personal judgement.

Upon arrival for the interview, all applicants should be asked to fill out a Westat Application Form.

Review the major features of the study and the role of the office assistants, referring, when it is appropriate, to the printed project description. Also review the Application Form; ask questions to be sure the entries on the application are clearly understandable, including, particularly, the kinds of work the applicant did for previous employers and its relevance to the work on this study.

At the completion of the interview, the applicants should be thanked for their interest and informed that they will be sent notification of the hiring decision within a few days. For those applicants with the best chance of selection, check to make sure they have provided a telephone number at which they can be reached.

If the applicant claims Spanish-speaking ability, be sure to have a Spanish-speaking staff member test the applicant on language skill.

3.3 Select and Notify Staff

Before hiring decisions are made, the references of the strongest candidates should be contacted.

Applicants can not be rejected for the following reasons:

Age;

Sex;

Ethnicity;

Marital status.

Although candidates may not be excluded solely on the basis of race or ethnicity, sometimes due to the composition of the respondents in an area, it will be preferred to hire a minority or Spanish-speaking applicant for the job.

Divide the applicants into three categories: Those to whom the first offers will be made, those who will be held as back-up to replace those to whom offers are made but cannot accept, and those who are clearly not to be selected. The candidates who were not selected must be notified by mailing the appropriate notification (Exhibit 2). Make sure that the candidates who are not selected are not notified until staffing has been completed.

When the assistants report for training, they must fill out the necessary forms in the Westat Employment Packet. The Office Manager should send the completed forms as quickly as possible to the home office for processing so that paychecks for the local assistants will not be delayed.

File the following materials together for each applicant:

Application form

Applicant resume (if any)

At the end of the stand, these materials should be shipped to the home office.

4. Training

The objective of training for the office assistant is to ensure that each trainee will be fully prepared to carry out the functions which are the responsibility of the field office. MEC assistants will be trained by the MEC staff when they arrive in the stand. Office assistants for the field office will be given a one-day training and orientation by the Office Manager before starting work.

The first part of training should include describing the study and the roles and general responsibilities of staff in the office including the importance of confidentiality. In addition, the local assistant should be taught the correct way to answer the telephones, take messages and handle SPs who call in. As the office activities increase, the Office Manager can train the local assistant to perform other clerical tasks in the office. Exhibit 3 presents a list of duties which may be performed by the local office assistants.

WESTAT

Exhibit 2 Notification of Nonacceptance

An Employee-Owned Research Corporation

1500 Research Triangle Park, North Carolina 27709

Dear Applicant:

Thank you so much for your time and interest in being an office assistant on the National Health and Nutrition Examination Study III Westat is conducting for the U.S. Public Health Service.

At the present time, we are fully staffed. If at any time in the future our staffing needs change, we will contact you as to your availability.

Sincerely,

Office Manager

Exhibit 3

LOCAL STAFF JOB DUTIES

1. Answer telephone
2. Prestamp return envelopes and prestamp mileage receipt books for MEC
3. Fold letter and stuff money envelopes for OM
4. Responsible for sending all reminder letters on timely basis
5. Learn to check in SPs at sessions
6. Prepare MEC packages and take to MEC 2 days prior to exam date
7. Send out refusal letters
8. Train on how to reschedule appointments and leave proper information
9. Help with reconciliation and pack up
10. Type up Federal express labels for Laboratory shipments
11. Perform screener editing as directed by the QCC
12. Generate refusal letters from word processor

APPENDIX B

ITEMS USED FOR STAND PUBLICITY CONTACTS

ALAMEDA COUNTY CONTACTS

Carl L. Smith, M.D.
Health Officer
Alameda County Health Care
Services Agency
499 5th St.
Oakland, California 94607
(415) 268-2727

The Honorable Lionel J. Wilson
Mayor of Oakland
505 14th Street - Suite 601
Oakland, California 94612
(415) 273-3141

Admiral Robert Tony
President
Oakland Chamber of Commerce
475 14th Street
Oakland, California 94612
(415) 874-4800

Mr. Henry Gardner
City Manager
475 14th Street - 9th Floor
Oakland, California 94612
(415) 273-3301

Jared Fien, D.D.S.
Dental Services
4400 McArthur Boulevard
Oakland, California 94619
(415) 535-6400

Ms. Marty Boyer
Public Relations Officer
County Administration Office
1221 Oak Street - Room 555
Oakland, California 94612
(415) 272-6984

Ms. Beverly Clark
Project Director - WIC
499 5th Street
Oakland, California 94607
(415) 268-2548

ALAMEDA COUNTY CONTACTS

Mr. Charles C. Plummer
Sheriff - Alameda County
1225 Fallon Street - Room 103
Oakland, California 94612
(415) 272-6878

Mr. George T. Hart
Chief of Police
455 7th Street
Oakland, California 94607
(415) 273-3365

Dr. William Berck
Superintendent of Schools
Alameda County
313 W. Winton Avenue
Hayward, California 94544
(415) 887-0152

Dr. Richard P. Mesa
Superintendent's Office
Room 301
1025 2nd Avenue
Oakland, California 94606
(415) 836-8200

Mr. William Guertin
Executive Director
Alameda Medical Society
6230 Claremont Avenue
Oakland, California 94618
(415) 654-5383

Ms. Norma Claassen
Executive Director
Alameda County Dental Society
1904 Franklin Street - Suite 812
Oakland, California 94612
(415) 832-4461

Joseph Zam muto, D.O.
Chairman
Bay Area Osteopathic Medical Association
37605 Fremont Boulevard
Fremont, California 94536
(415) 793-3616

ALAMEDA COUNTY CONTACTS

Mr. Don Perata, Chairman
Alameda County Board of Supervisors
1221 Oak Street - Suite 536
Oakland, California 94610
(415) 272-6691

Mr. Steven C. Szalay, County Administrator
County Administrator Office
1221 Oak Street - Suite 555
Oakland, California 94612
(415) 272-6984



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

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

Ms. Beverly Clark
Project Director - WIC
499 5th Street
Oakland, California 94607

October 23, 1990

Dear Ms. Clark:

The National Center for Health Statistics is conducting a major study of the health of persons living in the United States aged two months and older. Alameda County has been selected as one of the survey locations for the third National Health and Nutrition Examination Survey (NHANES III). The enclosed fact sheet describes the survey which will be used to gather information to assess the health and nutrition status of children and adults and their needs for health care.

This survey is part of the U.S. Public Health Service's continuing study of the Nation's health. During the past 27 years similar surveys have been successfully conducted on various segments of the U.S. population and have provided us with important data on health conditions and concerns in this country. Data are collected through household interviews and standardized medical examinations in our mobile examination center.

Our personnel will be conducting the survey in your area from January 17 through March 21, 1991. A sample of 418 people from Alameda County will be selected and asked to participate in the survey. Interviewers will be calling on selected households throughout the area. They will obtain the demographic information used to identify and select people for the examination.

Since we do not provide nutrition counseling services, it is our policy to find out as much as possible about local nutrition programs and resources so that we can refer survey respondents who have nutrition questions to appropriate places. We also need to obtain information on local dietary practices to improve the accuracy and interpretation of the data we collect. After we arrive in the area, one of our dietary interviewers will contact you to obtain information you may have in these areas.

Shortly before we begin operations, we will send you additional information including the addresses and telephone numbers of our field office and mobile examination center. Please contact Dr. Ronette Briefel, (301) 436-7080, or Mr. Clifford Johnson, (301) 436-7072, if you have questions about the nutrition component or me at (301) 436-8267 for further information about other aspects of the survey.

Sincerely yours,

Jean S. Findlay
Acting Chief, Survey Operations Branch
Division of Health Examination
Statistics

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

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

Mr. Charles C. Plummer
Sheriff - Alameda County
1225 Fallon Street - Room 103
Oakland, California 94612

November 1, 1990

Dear Mr. Plummer:

The National Center for Health Statistics is conducting a major study of the health of persons living in the United States aged two months and older. Alameda County has been selected as one of the survey locations during the third National Health and Nutrition Examination Survey (NHANES III). The enclosed fact sheet describes the survey which will be used to gather information to assess the health and nutrition status of children and adults and their needs for health care.

This survey is part of the U.S. Public Health Service's continuing study of the Nation's health. During the past 27 years similar surveys have been successfully conducted on various segments of the U.S. population and have provided us with important data on health conditions and concerns in this country. Data are collected through household interviews and standardized medical examinations in our mobile examination center.

Our personnel will be conducting the survey in your area from March 4 through May 5, 1991. A sample of 500 people from Alameda County will be asked to participate in the survey. Interviewers will be calling on selected households throughout the area. They will obtain the demographic information used to identify and select people for the examination.

We want you to be aware of our planned activities so you will be able to answer any inquiries you receive about the survey. We are also informing the appropriate health officials and medical societies in your area.

Shortly before we begin operations, we will send you additional information including the addresses and telephone numbers of our field office and mobile examination center. If you wish, you may also reach my office by phone at (301) 436-8267. Thank you for your assistance.

Sincerely yours,

Jean S. Findlay
Acting Chief, Survey Operations Branch
Division of Health Examination
Statistics

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

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

Mr. Don Perata, Chairman
County Board of Supervisors
1221 Oak Street - Suite 536
Oakland, California 94610

December 19, 1990

Dear Mr. Perata:

The National Center for Health Statistics is conducting a major study of the health of persons living in the United States aged two months and older. Alameda County has been selected as one of the survey locations during the third year of the third National Health and Nutrition Examination Survey (NHANES III). The enclosed fact sheet describes the survey which will be used to gather information to assess the health and nutrition status of children and adults and their needs for health care.

This survey is part of the U.S. Public Health Service's continuing study of the Nation's health. During the past 27 years, similar surveys have been successfully conducted on various segments of the U.S. population and have provided us with important data on health conditions and concerns in this country. Data are collected through household interviews and standardized medical examinations in our mobile examination center.

Our personnel will be conducting the survey in your area from March 4 through May 5, 1991. A sample of 500 people from Alameda County will be asked to participate in the survey. Interviewers will be calling on selected households throughout the area. They will obtain the demographic information used to identify and select people for the examination.

We want you to be aware of our planned activities so you will be able to answer any inquiries you receive about the survey. We are informing the appropriate officials of the State and local health departments and medical societies about this survey. We are also informing the law enforcement officials in the area. If you have any questions, please feel free to contact me at the above address, or you can reach my office at (301) 436-8267.

Shortly before we begin operations, we will send you additional information including the addresses and telephone numbers of our field office and the mobile examination center.

Sincerely yours,

Jean S. Findlay
Acting Chief, Survey Operations Branch
Division of Health Examination
Statistics

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

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

November 1, 1990

Mr. George T. Hart
Chief of Police
455 7th Street
Oakland, California 94607

Dear Mr. Hart:

The National Center for Health Statistics is conducting a major study of the health of persons living in the United States aged two months and older. Alameda County has been selected as one of the survey locations during the third National Health and Nutrition Examination Survey (NHANES III). The enclosed fact sheet describes the survey which will be used to gather information to assess the health and nutrition status of children and adults and their needs for health care.

This survey is part of the U.S. Public Health Service's continuing study of the Nation's health. During the past 27 years similar surveys have been successfully conducted on various segments of the U.S. population and have provided us with important data on health conditions and concerns in this country. Data are collected through household interviews and standardized medical examinations in our mobile examination center.

Our personnel will be conducting the survey in your area from March 4 through May 5, 1991. A sample of 500 people from Alameda County will be asked to participate in the survey. Interviewers will be calling on selected households throughout the area. They will obtain the demographic information used to identify and select people for the examination.

We want you to be aware of our planned activities so you will be able to answer any inquiries you receive about the survey. We are also informing the appropriate health officials and medical societies in your area.

Shortly before we begin operations, we will send you additional information including the addresses and telephone numbers of our field office and mobile examination center. If you wish, you may also reach my office by phone at (301) 436-8267. Thank you for your assistance.

Sincerely yours,

Jean S. Findlay
Acting Chief, Survey Operations Branch
Division of Health Examination
Statistics

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

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

Mr. Steven C. Szalay, County Administrator
County Administrator Office
1221 Oak Street - Suite 555
Oakland, California 94610

December 19, 1990

Dear Mr. Szalay:

The National Center for Health Statistics is conducting a major study of the health of persons living in the United States aged two months and older. Alameda County has been selected as one of the survey locations during the third year of the third National Health and Nutrition Examination Survey (NHANES III). The enclosed fact sheet describes the survey which will be used to gather information to assess the health and nutrition status of children and adults and their needs for health care.

This survey is part of the U.S. Public Health Service's continuing study of the Nation's health. During the past 27 years, similar surveys have been successfully conducted on various segments of the U.S. population and have provided us with important data on health conditions and concerns in this country. Data are collected through household interviews and standardized medical examinations in our mobile examination center.

Our personnel will be conducting the survey in your area from March 4 through May 5, 1991. A sample of 500 people from Alameda County will be asked to participate in the survey. Interviewers will be calling on selected households throughout the area. They will obtain the demographic information used to identify and select people for the examination.

We want you to be aware of our planned activities so you will be able to answer any inquiries you receive about the survey. We are informing the appropriate officials of the State and local health departments and medical societies about this survey. We are also informing the law enforcement officials in the area. If you have any questions, please feel free to contact me at the above address, or you can reach my office at (301) 436-8267.

Shortly before we begin operations, we will send you additional information including the addresses and telephone numbers of our field office and the mobile examination center.

Sincerely yours,

Jean S. Findlay
Acting Chief, Survey Operations Branch
Division of Health Examination
Statistics

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

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

Cari L. Smith, M.D.
Health Officer
Alameda County Health Care
Services Agency
499 5th Street
Oakland, California 94607

October 23, 1990

Dear Dr. Smith:

The National Center for Health Statistics is conducting a major study of the health of persons living in the United States aged two months and older. Alameda County has been selected as one of the survey locations during the third year of the third National Health and Nutrition Examination Survey (NHANES III). The enclosed fact sheet describes the survey which will be used to gather information to assess the health and nutrition status of children and adults and their needs for health care.

This survey is part of the U.S. Public Health Service's continuing study of the Nation's health. During the past 27 years similar surveys have been successfully conducted on various segments of the U.S. population and have provided us with important data on health conditions and concerns in this country. Data are collected through household interviews and standardized medical examinations in our mobile examination center.

Our personnel will be conducting the survey in your area from March 4 through May 5, 1991. A sample of 500 people from Alameda County will be selected and asked to participate in the survey. Interviewers will be calling on selected households throughout the area. They will obtain the demographic information used to identify and select people for the examination.

In a week or so, one of our representatives may contact you for help in finding suitable space for our mobile examination center. He also will seek your advice in locating health facilities such as medical and dental clinics to which persons may be referred who do not have a regular source of care. And, he will ask you to inform these clinics and your staff, particularly your dental and nutrition directors, about the program.

Shortly before we begin operations, we will send you additional information including the addresses and telephone numbers of our field office and mobile examination center. If you have any questions about the survey, please contact Ms. Jean Findlay of my staff at (301) 436-8267.

Sincerely yours,

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

Enclosure

MEDIA LIST FOR ALAMEDA COUNTY, CALIFORNIA

Segment Areas

Oakland
Berkley
Alameda
Pleasanton
Ashland
Fremont
Dublin
San Leandro
Hayward
Union

Newspapers

Alameda Times-Star (Daily - morn. excpt Sun.)
1516 Oak St.
Alameda, CA 94501-2947
(415) 523-1200 - FAX: 785-4195

The Daily Californian (Mon.-Fri. morn.)
2150 Dwight Way
Berkley, CA 94704
(415)849-2482

East Bay Express (Fri.) Young Adult
P.O. Box 3198
Berkeley, CA 94703-0198
(415) 652-4610 - FAX: 652-7424

The Herald (Daily)
P.O. Box 3000
6207 Sierra
Dublin, CA 94568
(415) 829-9111

Fremont Argus (Daily - morn.)
Alameda Newspapers
3850 Decoto Rd.
Fremont, CA 94555
(415) 794-0111 - FAX: 794-9605

Hayward Daily Review (Daily eve. - Sat./Sun. morn.)
P.O. Box 5050
116 W. Winton Ave.
Hayward, CA 94540
(415) 783-6111 - FAX: 785-4079

ACCMA Bulletin (Monthly)
Alameda-Contra Costa Medical Assn.
6230 Claremont Ave.
Oakland, CA 94618

Berkley Tri City Post (Wed./Sun.)
The Alameda Publishing Co.
P.O. Box 1350
630 20th St.
Oakland, CA 94604-1350
(415) 763-1120 - FAX: 763-9670

El Mundo (Thurs. - Spanish)
Alameda Publishing Co.
630 20th St.
Oakland, CA 94604-1350
(415) 763-1120 - FAX: 763-9670

La Unidad (Monthly)
P.O. Box 29293
Oakland, CA 94604

Oakland Post (Wed./Sun.)
Alameda Publishing Co.
630 20th St.
Oakland, CA 94604-1350
(415) 763-1120 - FAX: 763-9670

Press (Wed.)
Box 10151
Grand Lake Station
Oakland, CA 94610
(415) 547-4000

San Francisco Post (Wed./Sun.)
Alameda Publishing Co.
630 20th St.
Oakland, CA 94604-1350
(415) 763-1120 - FAX: 763-9670

Oakland Tribune (Mon.-Sun. morn.)
409 13th St.
P.O. Box 24304
Oakland, CA 94612
(415) 645-2000
Editor: Robert Maynard

San Francisco Chronical (Daily a.m.)
901 Mission St.
San Francisco, CA 94103-2905
777-1111

Valley Times (Daily a.m.)
127 Spring St.
P.O. Box 607
Pleasanton, Ca 94566
462-4160

Alameda County/Bay Area Observer (Fri.)
Box 817
San Leandro, CA 94577
483-7119

Oakland/San Leandro Observer
Box 817
San Leandro, Ca 94577
635-2100

Television

KTVU - Ch. 2
2 Jack London Sq.
Oakland, CA 94623
874-0242

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE

Barbara Greene (301) 436-8267
Jan Warren (800) 735-1433

Alameda County, California has been selected as a site in a nation-wide study of the health and nutritional status of persons living in the United States, according to Dr. Manning Feinleib, Director of the National Center for Health Statistics. Beginning March 7 through May 4, 1991, residents of Alameda County, randomly selected, will have the opportunity to undergo extensive physical examinations and respond to questions on health-related issues.

"The third National Health and Nutrition Examination Survey is an important source of information on the health of all Americans," Dr. Feinleib said. "The survey is the cornerstone of our efforts to evaluate the progress in promoting good health and preventing disease in this country."

NHANES III is designed to learn more about and prevent such major diseases as heart disease, hypertension, and diabetes. The survey will gather information on the dietary habits and nutritional status of Americans, and on their blood pressure, serum cholesterol, height, weight, and other physiological and body measurements. The extent of asthma, liver disease, arthritis and other major chronic conditions will also be measured.

Health Examination Surveys have been conducted by the U.S. Public Health Service for the past 30 years. Earlier health examination survey findings have identified populations with high blood lead levels and iron deficiency anemia. The national standards for growth and development of children used by physicians as guides to early signs of health problems among children are based on survey results. Effective national health research, education and health promotion programs rely on information from this survey.

Before the survey ends in 1994, about 40,000 people living in 88 communities across the country will have been asked to participate. In Alameda County, approximately 500 individuals are expected to take part in the survey, which includes an interview in the household about health and dietary habits and a standardized physical examination given in a specially designed mobile examination center.

Personal interviews include detailed questions on physical activity, medical history, diet and other health concerns. Physical examinations include a medical and dental examination, physiological and body measurements, and laboratory tests.

The mobile examination center is staffed by a team of health personnel, including a physician, dentist, nutritionists, and health and laboratory technicians. Interviewers calling on Alameda County residents will display official government identification. Participation in the survey is strictly voluntary and all information collected is confidential.

The National Health and Nutrition Examination Survey is being conducted by the National Center for Health Statistics. NCHS is the principal health statistics agency of the Federal Government and is part of the Centers for Disease Control, U.S. Public Health Service.

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE

Jan Warren (800) 735-1433
Barbara Greene (301) 436-8267

El condado de Alameda, California ha sido seleccionado para participar en un estudio nacional sobre el estado de salud y nutrición de las personas que residen en los Estados Unidos, según el Dr. Manning Feinleib, director del Centro Nacional de Estadísticas de Salud. Empezando el 7 de marzo hasta el 4 de mayo 1991, a los residentes del condado de Alameda quienes se ofrecen como voluntarios para el estudio, al ser seleccionados al azar, se les brindará la oportunidad de hacerse un extenso examen físico y responder a un cuestionario sobre temas relacionados con la salud.

"El Tercer Estudio Nacional de Salud y Nutrición es una importante fuente de información sobre la salud del pueblo americano," afirmó el Dr. Feinleib. "Esta encuesta es la 'piedra angular' de nuestros esfuerzos para evaluar el progreso que se ha logrado en la promoción de buena salud y la prevención de la enfermedad en este país."

NHANES III está diseñado para conocer más sobre las enfermedades principales, tales como enfermedad del corazón, la hipertensión, y la diabetes. El estudio recolectará información sobre los hábitos de alimentación y el estado de nutrición de los americanos, así como sobre su presión de sangre, su nivel de serocolesterol, su estatura, peso y otras medidas fisiológicas y del cuerpo. También, se medirá la frecuencia de otras condiciones crónicas importantes tales como el asma, las enfermedades del hígado y la artritis.

El Servicio de Salud Pública ha realizado encuestas de salud con examen durante los últimos 30 años. Los resultados de las encuestas anteriores han identificado poblaciones con altos niveles de plomo en la sangre y anemia o deficiencia de hierro. Las normas nacionales de crecimiento y desarrollo de niños, que los médicos utilizan como guía para señales iniciales de problemas médicos entre los niños, están basadas en los resultados de esta encuesta.

Para el final del estudio en 1994, se les habrá pedido a unos 40,000 individuos, residentes de 88 comunidades a través del país, que participen. En el condado de Alameda esperan que unos 500 individuos tomarán parte en la encuesta, lo cual implica una entrevista en el hogar sobre los hábitos de alimentación y de salud, y un examen físico que se lleva a cabo en una unidad móvil específicamente diseñada para la encuesta.

Las entrevistas, conducidas en persona, incluyen preguntas detalladas sobre la actividad física, un historial médico, la dieta y otros asuntos relacionados con la salud. Los exámenes físicos incluyen exámenes médicos y dentales, pruebas de laboratorio, y medidas fisiológicas y del cuerpo.

El personal de la unidad móvil está compuesto de un equipo de profesionales de salud, el cual incluye un médico, un dentista, nutricionistas, y técnicos de salud y laboratorio. Los entrevistadores que se comunican con los residentes del condado de Alameda llevarán prueba oficial de su identidad. La participación en la encuesta es completamente voluntaria, y toda la información recolectada será mantenida estrictamente confidencial.

El Estudio Nacional de Salud y Nutrición se está llevando a cabo por el Centro Nacional de Estadísticas de Salud. Esta es la agencia principal de estadísticas de salud del Gobierno Federal y forma parte de los Centros para el Control de las Enfermedades, del Servicio de Salud Pública de los Estados Unidos.

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE

Barbara Greene (301) 436-8267
Jan Warren (800) 735-1433

Heart disease, hypertension and diabetes--diseases that strike hardest in the black community-- are the among the major chronic conditions targeted in the Third National Health and Nutrition Examination Survey, being conducted in Alameda County, California from March 7 through May 4, 1991. In Alameda County, 500 residents will have the opportunity to participate in the survey to learn more about their health and contribute to programs to prevent and better treat the diseases which bring about premature disability and death, especially among black Americans. Alameda County residents, who volunteer for the study after being randomly selected, will be asked to respond to questions on health-related issues and to undergo a physical examination.

"The Third National Health and Nutrition Examination Survey is conducted by the National Center for Health Statistics, U.S. Public Health Service. It is an important source of information on the health of all Americans, according to Center Director, Dr. Manning Feinleib. "The survey is the cornerstone of our efforts to promote good health and prevent disease," said Dr. Feinleib.

NHANES III is designed to learn more about and prevent such major diseases as heart disease, hypertension, and diabetes. The survey gathers information on the dietary habits and nutritional

status of Americans, and on their blood pressure, serum cholesterol, height, weight, and other physiological and body measurements. The extent of asthma, liver disease, arthritis and other chronic conditions is also determined.

Health Examination Surveys have been conducted by the U.S. Public Health Service for the past 30 years. Earlier health examination surveys reported higher blood lead levels in black children, leading to programs to reduce exposure to this serious hazard. The survey also documented rates of high blood pressure about twice as high among blacks as whites, which pointed the way for special hypertensive control programs for African Americans.

The national standards for growth and development of children used by physicians as guides to early signs of health problems among children are based on survey results. Effective national health research, education and health promotion programs rely on information from this survey.

The survey includes an interview in the household about health and dietary habits and a standardized physical examination given in a specially designed mobile examination center. Personal interviews include detailed questions on physical activity, medical history, diet and other health concerns. Physical examinations include a medical and dental examination, physiological and body measurements and laboratory tests.

The survey's mobile examination center is staffed by a team of health personnel, including a physician, dentist, nutritionists and health and laboratory technicians. Interviewers calling on Alameda County residents will display official government identification.

Participation in the survey is strictly voluntary and all information collected is confidential. Before the survey ends in 1994, about 40,000 people living in 88 communities across the country will have been asked to take part in NHANES III.

#

Note to Reporters: To schedule an interview with NHANES III program director and researchers who have specialized in the analysis of health data on black and other minority groups, call the NCHS contacts listed on front.

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Barbara Greene (301) 436-8267
Jan Warren (800) 735-1433

NATIONAL HEALTH SURVEY TO HIGHLIGHT HEALTH OF OLDER AMERICANS

Alameda County has been selected as a site in the first nationwide study since 1976 of the health and nutritional status of persons living in the United States. The National Health and Nutrition Examination Survey (NHANES III) includes persons from 2 months of age and up. This survey is particularly important for older Americans since it is the first time persons 75 years of age and older will be invited to participate in a national health survey of this type. NHANES III is designed to learn more about prevention of major diseases common to older Americans such as heart disease, hypertension, diabetes, arthritis and hip fractures. Beginning March 7 through May 4, 1991 approximately 500 residents of Alameda County, randomly selected, will have the opportunity to participate when representatives of the Public Health Service call at their homes.

The information gathered in NHANES III will be used by lawmakers, other public health officials and physicians in order to design better health care programs for older persons. Organizations representing older Americans need this information to improve the quality of life for older Americans and help them live independently. NHANES III is endorsed by the American Association of Retired Persons and supported by the National Institute on Aging.

The survey will gather information on dietary habits and nutritional status through personal interviews and on blood pressure, serum cholesterol, height, weight and other body measurements through physical examinations and tests. The survey does not involve internal examinations of any kind and there are no experimental procedures

involve internal examinations of any kind and there are no experimental procedures included. All of the tests are accepted standard measures which can be linked to disease prevention.

Participation is vitally important because those chosen for the survey represent thousands of persons just like themselves and cannot be replaced by volunteers, friends or family. An inaccurate picture of the health and needs of the nation's older population will emerge if only those who are very healthy or those who are very frail participate.

The tests performed in this survey are designed to measure health and do not take the place of a doctor. Whether those people selected visit their doctor often or never go to a doctor does not influence the value of the information they can provide in the survey. No medical care is provided directly in the examination center, but the results of all tests will be sent to the participant.

In order to make participation in the survey easier, transportation to the survey's mobile examination center is provided. In addition, participants will be reimbursed for their time in recognition of the contribution they will be making.

The mobile examination center is staffed by a team of health personnel, including a physician, dentist, nutritionists, and health and laboratory technicians. Interviewers calling on Alameda County residents will display official government identification. Participation in the survey is strictly voluntary and all information collected is confidential.

The National Health and Nutrition Examination Survey is being conducted by the National Center for Health Statistics. NCHS is the federal government's principal health statistics agency and is part of the Centers for Disease Control, U.S. Public Health Service.

APPENDIX C

NUMBERS, LABELS, and BAR CODES

A system has been devised for assigning the identification numbers to sample people in NHANES III. For each sample person a seven digit unique number is provided. This number is started with three digits which identify which stand the sample person is from. The first stand is given the number 101 and each stand is numbered in ascending order. After the stand number there is a three digit number which uniquely identifies the sample person in that stand. The final digit is a check digit. An example of the number is 110 233 8.

At a stand there are people who are examined but should not be counted as part of the sample. These dry runs, surpluses, and full replicates will be given the sample numbers from 001 to 050; and the people who are part of the probability sample will be given the sample numbers starting with 051. This process is different from what was proposed originally where the 50 numbers would be taken from the top. The new process will be started in Houston, Texas. Temple and McAllen are being done under the old method.

For completeness, it should be noted that CDC will be using the sample numbers between 800 and 850. The partial replicates done in the examination center will be given sample numbers between 900 and 999. The laboratory replicates done at each stand will use the last 20 sample numbers printed for that stand. These 20 numbers will change each stand since the number of labels printed for a stand will change. Finally, nonsampled heads of households will be assigned sample number 851 or 852.

The number of sample person labels printed per stand depends on the expected sample size, the number of labels needed for dry runs, surpluses, full replicates, and laboratory quality control plus an excess to absorb the stop rule overshoot. For example, if we expect 450 sample people, we need 50 labels for dry runs, surpluses and replicates, 20 for laboratory quality control, and 50 for stop rule problems. We would print 570 labels for that stand.

NCCHS is printing fifteen stands of labels per year which is enough to cover the expected number of stands done each year. CDC will be printing all 88 stands of the 800 to 850 laboratory labels at one time. The 900 numbers will not have labels printed for them since they are computer recorded and counts.

For each sample number there will be printed two types of labels forms and laboratory. For each sample number there will be one sheet of 105 forms labels, but the sheet is not coated to resist exposure to water as the laboratory labels are. For each sample number the laboratory labels are on one sheet and are only 48 in number. The sheet is prepared specially for use in the laboratory, shipping, and storage environment.

Also printed will be 5 different color label sheet which will be used to identify the five age and test groups that the sample is broken into. On each of these sheets there are test specific labels which will distinguish between the tubes and containers of specimens collected from a sample person. The number of these labels per sheet is age and test dependent.

To keep the HIV sample separate from the other tests, a unique set of labels will be printed. There will be only one each of these labels so each HIV tube will be uniquely labeled. The identifier will be made up of two alphabetic characters followed by five numerical characters, four sequential numbers and a check digit. The first character will always be Z. The label size and preparation is the same as the laboratory labels discussed above. An example on the numbering is ZA 2205 5. The check digit does not take into consideration the two alpha characters or the spacing.

We will print a large label we call the box label. This is also a uniquely identified label in that only one label per identifier will be printed. The identifier will start with two alphabetic characters followed by five numbers; four sequential numbers and a check digit. The first character will be a B. An example is BB 6041 3. The check digit does not take into consideration the two alpha characters or the spacing.

For clarity, the box and HIV labels differ by the label size and the first character of the identifier; B for box and Z for HIV.

On all of the labels there is a bar code representation of the number or identifier. The type of bar code used is a 3 of 9 code and the code will not contain the spaces in the HIV and box label's identifier, or the spaces in the sample number. It will represent both the alpha and numeric characters.

The DHES staff who have been involved in the decisions around the numbers, labels and bar codes have been Bill Hadden, Carolyn Petty, Dollie Kendrick, and David Larson. Contact any one of these people if additional information is needed.

Also refer to memorandum dated July 29, 1988 entitled "Summary of NCHS-Westat Steering Meeting on July 21, 1988" by Kurt R. Maurer, Ph.D.

David L. Larson
12/2/88

APPENDIX D

REMINDER LETTERS

12-19 Yrs.
6 Hour Fast
AM App't

#1

Dear Mr. :

This is just a reminder of your appointment for our free health examination on Sunday, February 10, at 08:30 AM at our mobile examination center, 1601 N. CONGRESS AVE., BOYNTON BEACH, FL 33426. Our telephone number is 407-369-4481.

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

ON THE DAY BEFORE YOUR APPOINTMENT

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

ON YOUR APPOINTMENT DAY

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

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

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

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

Sincerely yours,

Field Coordinator

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

20+ Yrs.
12 Hour Fast
AM App't

#2

Dear Mr. :

This is just a reminder of your appointment for our free health examination on Thursday, February 14, at 08:30 AM at our mobile examination center, 1601 N. CONGRESS AVE., BOYNTON BEACH, FL 33426. Our telephone number is 407-369-4481.

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

ON THE DAY BEFORE YOUR APPOINTMENT

DO:

- o EAT AS YOU WOULD ON ANY NORMAL DAY UP TO 8:30 PM.
- o TAKE YOUR NORMAL MEDICATIONS.

DON'T:

- o EAT OR DRINK ANYTHING EXCEPT WATER AFTER 8:30 PM. THIS MEANS NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES OF ANY KIND.

ON YOUR APPOINTMENT DAY

DO:

- o DRINK A GLASS OR TWO OF WATER.
- o TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.

DON'T:

- o EAT OR DRINK ANYTHING EXCEPT WATER NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

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

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

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

Sincerely yours,

Field Coordinator

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

D-2

D-2

20+ Yrs.
6 Hour Fast
Evening App't

#3

MR. MICHAEL
520 CEMETERY ST

Dear Mr.

This is just a reminder of your appointment for our free health examination on Tuesday, May 02, at 05:30 PM at our mobile examination center, Our telephone number is _____. The taxi will pick you up at 05:15 PM.

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

ON THE DAY BEFORE YOUR APPOINTMENT

- DO:
- o EAT AS YOU WOULD ON ANY NORMAL DAY.
 - o TAKE YOUR NORMAL MEDICATIONS.

ON YOUR APPOINTMENT DAY

- DO:
- o DRINK A GLASS OR TWO OF WATER.
 - o TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.
 - o EAT SOMETHING FOR LUNCH BEFORE 11:30 AM.
- DON'T:
- o EAT OR DRINK ANYTHING EXCEPT WATER AFTER 11:30 AM
NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

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

Let me also assure you again that everything we learn from your examination will be kept confidential. However, with your permission, we will send a copy of our findings to your doctor and dentist. Please bring their full address with you to the exam center, if you have not already given us this information.

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

Sincerely yours,

Field Coordinator

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

12-19 Yrs.
6 Hour Fast
PM App't

#4

Dear Mr. :

This is just a reminder of your appointment for our free health examination on Saturday, February 16, at 01:30 PM at our mobile examination center, 1601 N. CONGRESS AVE., BOYNTON BEACH, FL 33426. Our telephone number is 407-369-4481. The taxi will pick you up at 05:15 PM.

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

ON THE DAY BEFORE YOUR APPOINTMENT

DO:

- o EAT AS YOU WOULD ON ANY NORMAL DAY.
- o TAKE YOUR NORMAL MEDICATIONS.

ON YOUR APPOINTMENT DAY

DO:

- o DRINK A GLASS OR TWO OF WATER.
- o TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.
- o EAT SOMETHING FOR BREAKFAST BEFORE 7:30 AM.

DON'T:

- o EAT OR DRINK ANYTHING EXCEPT WATER AFTER 7:30 AM, NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

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

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

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

Sincerely yours,

Field Coordinator

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

D-4

D-4

2-11 Yrs.
No Fast

#5

PARENTS OF:

Dear Parents:

This is just a reminder of your child's appointment for our free health examination on Saturday, February 09, at 08:30 AM at our mobile examination center, 1601 N. CONGRESS AVE., BOYNTON BEACH, FL 33426. Our telephone number is 407-369-4481.

Since fasting is not required for this examination, your child should eat as he or she would on any normal day.

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

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

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

Sincerely yours,

Field Coordinator

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

12+ Yrs.
No Fast
(Diabetic on Insulin)

#6

Dear Ms. :

This is just a reminder of your appointment for our free health examination on Saturday, February 16, at 01:30 PM at our mobile examination center, 1601 N. CONGRESS AVE., BOYNTON BEACH, FL 33426. Our telephone number is 407-369-4481.

Since fasting is not required for this examination, please eat as you would on any normal day.

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

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

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

Sincerely yours,

Field Coordinator

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

September 15, 19

Mr.

Ambridge Place
PA 19114

Dear Mr. :

This is to confirm your appointment for your home health examination. Ms. our Health Examiner, will arrive at your home at 02:30pm on your examination date, September 28, 19

Since a six hour fast is required for this examination, you should not have anything to eat or drink for six hours before your scheduled exam time. Only water is allowed: no coffee, tea, cola or other liquids should be consumed. Also do not have any gum or mints.

DO TAKE ALL of your normal medications at the prescribed time.

Your examination is very important to the success of our health survey. Without your help, our findings will not be complete. this is why it is essential that you keep your appointment as scheduled.

Let us assure you gain that everything we learn from your examination will be kept confidential.

If you have ANY questions, we hope you will call our office at 568-3080) or if long distance 1-800-735-1433. As a token of our appreciation, you will receive \$15 for your participation. Thank you again for your help.

Sincerely yours,

Janet Warren
Field Coordinator

APPENDIX E

SCREENER PARTICIPATION

By now you should have received a letter from the U.S. Public Health Service announcing that you may be one of approximately 450 county residents selected for participation in the Third National Health and Nutrition Examination Survey.

We need to ask you a few initial questions that will determine whether you have been selected as a participant. These questions will take only a few minutes of your time.

If you are chosen to participate you will represent thousands of people throughout the county in an evaluation of the nation's health status. Information you provide will become the foundation for knowledge regarding the health and nutritional status of persons residing in the United States and is used in part to determine the type and amount of health services needed in this country.

Our representative has so far been unsuccessful in reaching someone in your household who can answer the few initial screening questions. We are very anxious to speak with you and suggest you call our office at _____ or 1-800-_____. We will be happy to answer any questions you may have at that time.

We have enclosed some literature that summarize the study goals. Please take a few minutes to look at this literature.

Thank you in advance for contributing to this important study.

Sincerely,

Stand Coordinator
National Health and Nutrition Examination
Survey III

SCREENER COMPLETED
NO FURTHER CONTACT POSSIBLE

February 6, 1991

Dear Ms. :

One of our representatives was at your home recently regarding our health survey. We would like to explain just how important your help can be and give a clear picture of how easy it is for you to help us.

Our purpose is to learn how we can improve health care services for all persons living in the United States. The more facts we can gather, the better job we can do. You are one of those selected in this area to represent many others in your community. This is why your help is so very important.

By helping us, you will also be helping yourself and your family. You will receive--Free--a health examination that would normally cost \$500 or more. There is nothing painful in the examination, and all results are kept confidential.

Not only will you receive this free examination, but we will also pay you to drive yourself to the exam center--or, if you wish, arrange free taxi service. At the end of the examination, you will receive \$30-\$50 (depending on your age and the time you schedule your appointment). This is our way of saying "Thanks for your help."

In hope that you will help, one of our representatives will call on you to arrange a convenient time to talk with you about this important survey. I have enclosed some literature that will give you a better idea of what we are all about. Please take a few minutes to look at this literature.

Unfortunately our time here is limited. We will be leaving Palm Beach County in a few more weeks. Therefore, it is very important that we talk with you now!

Please call our office if you have any questions or to set up a good time for our representative to come talk to you. **YOU ARE VERY IMPORTANT AND CANNOT BE REPLACED WITH SOMEONE ELSE!** Our office number is (407) 369-4481 or 1-800-735-1433 if long distance.

Sincerely,

Stand Coordinator
National Health and Nutrition
Examination Survey III

SCREENER COMPLETED BUT NO
FURTHER CONTACT POSSIBLE (ENGLISH)

We have been trying to reach you about taking part in our health survey. We would like to explain just how important your help can be and give a clear picture of how easy it is for you to help us.

Our purpose is to learn how we can improve health care services for all persons living in the United States. The more facts we can gather, the better job we can do. You are one of those selected in this area to represent many others in your community. This is why your help is so very important.

By helping us, you will also be helping yourself and your family. You will receive--Free--a health examination that would normally cost \$500 or more. There is nothing painful in the examination, and all results are kept confidential.

Not only will you receive this free examination, but we will also pay you to drive yourself to the exam--or, if you wish, arrange free taxi service. At the end of the examination, you will receive \$30-\$50 (depending on your age and the time you schedule your appointment). This is our way of saying "Thanks for your help."

In hope that you will participate, one of our representatives will call on you to arrange a convenient time to talk with you about this important survey. I have enclosed some literature that will give you a better idea of what we are all about. Please take a few minutes to look at this literature.

We will be leaving _____ County on _____. Therefore, it is extremely important that we talk with you now!

Please call our office if you have any questions or to set up a good time for our representative to come talk with you. **YOU ARE VERY IMPORTANT AND CANNOT BE REPLACED WITH SOMEONE ELSE!** Our office number is _____ or _____ if long distance.

Sincerely,

Stand Coordinator
National Health and Nutrition Examination
Survey III

ELDERLY RESPONDENT OR RESPONDENT
WITH SPECIAL NEEDS/HANDICAP (ENGLISH)

We would like to talk to you about taking part in our health survey. We want to explain just how important your help can be and give you a clear picture of how easy it is for you to help us. To be sure everything is understood, we would also like for you to have a friend or relative present when we talk to you.

Our purpose is to learn how we can improve health care services for all persons living in the United States. The more facts we can gather the better job we can do. You are one of those selected in this area to represent many others in your community. This is why your help is so very important.

By helping us you will also be helping yourself and your family. You will receive--free--a health examination that would normally cost \$500 or more. There is nothing painful in the examination, and all results are kept confidential.

Not only will receive this free examination, but we will also pay you to drive yourself to the exam center--or, if you wish, arrange free taxi service. At the end of the examination, you will receive \$30-\$50 (depending on your age and the time you schedule your appointment). This is our way of saying "Thanks for your help."

In hope that you will participate, one of our representatives, _____, will call on you to arrange a convenient time to talk with you about this important survey. I have enclosed some literature that will give you a better idea of what we are all about. Please take a few minutes to look at this literature.

We will be leaving _____ County on _____. Therefore, it is extremely important that we talk with you now!

Please call our office if you have any questions and to set up a good time for our representative to come talk to you. If you cannot call us, please have a friend or family member call. **YOU ARE VERY IMPORTANT AND CANNOT BE REPLACED WITH SOMEONE ELSE!** Our office number is _____ or _____ if long distance.

Sincerely,

Stand Coordinator
National Health and Nutrition Examination
Survey III

PARTICIPATION OF ONE FAMILY MEMBER

November 5, 1990

Dear Mr. :

Recently, we have made several attempts to enlist the participation of you and your family in the National Health and Nutrition Examination Survey. We hope that after reading this letter you will conclude that participating in this survey will benefit your family and make a significant contribution to health care research.

The National Health and Nutrition Examination Survey is the primary source of information on the health of Americans. During the course of the survey approximately 40,000 Americans will be selected at random to participate. The information gathered through interviews and examinations contributes significantly to research on such health conditions as arthritis, diabetes, hypertension and osteoporosis. I have enclosed a brochure which describes the uses of the data. For example, the growth charts used by your pediatrician are compiled from NHANES data. In short, this research is vitally important and we need your participation.

What does participation entail? First, a brief interview covering health history and nutritional habits is conducted in your home. Your wife and children have already completed those interviews. Then, we make an appointment, at your convenience, for a health exam to be conducted at our exam center, located at Fort Belvoir. These tests are painless and there are no internal exams. The overwhelming majority of those who participate find it a rewarding experience. Of course, we will provide free transportation to the exam center or reimburse your mileage, whichever you prefer. Finally, as a way of saying thanks for your participation, we offer a modest cash payment (\$50 or \$30 depending on your age and the time you schedule your appointment).

We assure you that the information you provide will be held in strictest confidence. Both the Privacy Act and the 1974 Public Health Service Act prohibit the identification of any individual participant and guarantee the confidentiality of data collected.

Because of the logic of random sampling each of your family members represents 7,500 other Americans and cannot be replaced! If you have any questions, or would like additional information, please call me at (703) 719-6206.

The importance of this survey cannot be overstated. Please contribute to its success through your participation. Thank you.

Sincerely,

Stand Coordinator
National Health and Nutrition Examination
Survey III

SURVEY PARTICIPATION STRESSING
ISSUE OF CONFIDENTIALITY

October 10, 1990

Dear Sir:

Recently an interviewer came to your door requesting the participation of you and your family in the National Health and Nutrition Examination Survey.

As the Interviewer explained, the National Health and Nutrition Examination Survey is designed to assess the health and nutritional status of Americans. About 40,000 individuals are being selected at random to participate in the survey. I have enclosed a Fact Sheet which describes the survey, its components, and methodology.

Confidentiality is the cornerstone of this data collection effort. Both the Privacy Act of 1974 and the Public Service Act (42 USC 242M) prohibit the identification of any individual participant and guarantee the confidentiality of data collected. I have enclosed a copy of these assurances as they appear in the questionnaire as well as a copy of the confidentiality agreement our interviewers are required to sign.

Clearly we are serious in our responsibility to maintain the confidentiality of our data. Some participants, however, require additional assurances. When our interviewer (Mr. Scott) returns, he will describe special measures that can be taken to address your concerns. The logic of random sampling dictates that, once you have been selected, you cannot be replaced. As such, your participation is a critical element in the success of our survey. If you have questions or require additional information, please call me at (703) 719-6206.

Sincerely,

Stand Coordinator
National Health and Nutrition Examination
Survey III

YOUTH QUESTIONNAIRE AND EXAMINATION
CHILD PARTICIPATION

Dear

Recently, _____, one of our Health Representatives with the National Health and Nutrition Examination Survey visited your home. This important nationwide study conducted by the U.S. Public Health Service is based on randomly selected household information throughout the United States.

Your granddaughter, Monica's participation in this study is extremely important. Since the results of this study will be based on the actual physical examination of a sample of people across the country, Monica's participation represents many other children her age. Because of the statistical nature of the study, Monica cannot be replaced with any other child.

The National Health and Nutrition Examination Survey is the primary source of information on the health of all people living in the United States and the results of this study are used for a variety of purposes. For example, the growth charts used by your pediatrician are compiled from NHANES data.

I am enclosing some information for your review which briefly summarizes the goals of this study.

I would appreciate a call from you at my office _____ or 1-800 _____ if long distance. At that time I would be happy to answer any questions you may have.

Sincerely,

Stand Coordinator
National Health and Nutrition Examination
Survey III

APPENDIX F

FIELD OFFICE END-OF-STAND REPORTS

06/08/89 NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
APPT. HISTORY REPORT FOR STAND/SEGMENT/SERIAL: 107/07/00672
CURRENT INTERVIEWER = ITA

<u>FAM</u>	<u>SP</u>	<u>NCHS</u>	<u>NUMBER</u>	<u>NAME</u>	<u>TY</u>	<u>CURRENT</u>	<u>APPT</u>	<u>TRAN</u>	<u>B/H</u>
					<u>PE</u>	<u>APPTMENT</u>	<u>INTV</u>	<u>CODE</u>	<u>DSP</u>
01	01	M	107 410 5	WILLIAM E. WEEKS	M	05/05/89	ITA	S	
01	02	M	107 411 3	ROBIE B. WEEKS	M	05/05/89	ITA	S	

1.

VALIDATION LISTING
 DATE: 05/20/89 STAND: 107

<u>SEG/SER</u>	<u>TYPE</u>	<u>RSLT</u>	<u>VAL INTVR</u>	<u>HH DISP</u>	<u>CURR INTVR</u>	<u>CURR COMP</u>	<u>INTVW COMP</u>	<u>CLOSED</u>	<u>EXAM PNDG</u>
01/00065	T	1	JAB	10	VAN	Y	Y	Y	N
01/00162	F	1	LAQ	10	VAN	Y	Y	Y	N
01/00269	T	1	JAB	10	VAN	Y	Y	Y	N
01/00366	F	1	LAQ	10	VAN	Y	Y	Y	N
01/00463	T	1	JAN	10	VAN	Y	Y	Y	N
01/00560	F	1	BJA	10	VAN	Y	Y	Y	N
01/00667	T	1	BJA	11	VAN	Y	Y	Y	N
02/00062	F	1	JAB	11	CIA	Y	Y	Y	N
02/00169	T	1	BJA	11	CIA	Y	Y	Y	N
02/00211	T	1	BJA	32	CIA	Y	Y	Y	N
02/00266	F	1	JAB	11	CIA	Y	Y	Y	N
02/00363	T	1	INA	10	CIA	Y	Y	Y	N
02/00460	F	1	JAB	10	CIA	Y	Y	Y	N
02/00567	T	1	INA	10	CIA	Y	Y	Y	N
03/00069	F	1	INA	30	VAN	Y	Y	Y	N
03/00166	T	1	LAQ	10	VAN	Y	Y	Y	N
03/00263	F	1	JAB	10	VAN	Y	Y	Y	N
03/00360	T	1	JAB	10	VAN	Y	Y	Y	N
03/00467	T	1	BJA	11	FRA	Y	N	Y	N
03/00564	T	1	INA	10	VAN	Y	Y	Y	N
03/00661	F	1	JAB	10	VAN	Y	Y	Y	N
04/00024	F	1	JAB	10	GER	Y	Y	Y	N
04/00121	T	1	JAB	10	GER	Y	Y	Y	N
04/00228	F	1	ROG	30	GER	Y	Y	Y	N
04/00325	F	1	JAB	11	COZ	Y	Y	Y	N
04/00422	F	1	ROG	10	COZ	Y	Y	Y	N
05/00092	F	1	JAB	10	ITA	Y	Y	Y	N
05/00199	T	1	JAB	10	ITA	Y	Y	Y	N
05/00296	F	1	INA	30	ITA	Y	Y	Y	N
05/00393	T	1	JAB	10	ITA	Y	Y	Y	N
05/00490	F	1	JAN	10	ITA	Y	Y	Y	N
05/00597	T	1	INA	10	ITA	Y	Y	Y	N
05/00694	F	1	INA	10	CIA	Y	Y	Y	N
06/00028	F	1	JAB	10	HEL	Y	Y	Y	N
06/00125	T	1	INA	11	OGA	Y	Y	Y	N
06/00222	F	1	INA	32	HEL	Y	Y	Y	N
06/00329	T	1	INA	10	HEL	Y	Y	Y	N
07/00106	T	1	JAN	11	ITA	Y	Y	Y	N
07/00203	F	1	JAB	10	ITA	Y	Y	Y	N
07/00300	T	1	INA	32	ITA	Y	Y	Y	N
07/00407	F	1	JAB	10	ITA	Y	Y	Y	N
07/00504	T	1	INA	32	ITA	Y	Y	Y	N
07/00601	T	1	BJA	11	MAL	Y	Y	Y	N
07/00708	F	1	JAB	10	ITA	Y	Y	Y	N
08/00064	F	1	JAB	11	BAR	Y	Y	Y	N
08/00161	T	1	LAQ	10	BAR	Y	Y	Y	N
08/00268	F	1	LAQ	32	BAR	Y	Y	Y	N
08/00365	F	1	LAQ	32	BAR	Y	Y	Y	N
08/00462	F	1	LAQ	32	BAR	Y	Y	Y	N

EDITING STATISTICS BY INTERVIEWER

STAND: 107 DATE: 06/08/89

INTERVIEWER: BAR

SCREENER

Number of Screeners Edited	303
Average Summary Evaluation	1.12
Total Cases Requiring Data Retrieval	0
Number of Screeners with Sampling Problems	0

FAMILY

Number of Family Questionnaires Edited	22
Average Summary Evaluation	1.09
Total Cases Requiring Data Retrieval	0

SAMPLE PERSON

Number of SP Questionnaires Edited	43
Average Summary Evaluation	1.00
Total Cases Requiring Data Retrieval	0

SUMMARY EDIT REPORT

STAND: 107 DATE: 05/20/89

a) Number of Screeners requiring editing (count of screener disposition 11)	245
b) Number of Family questionnaires requiring editing (count of all F1's)	224
c) Number of SP questionnaires requiring editing (count of all S1's and S2's)	407
d) Number of Screeners edited	245
e) Number of Family questionnaires edited	224
f) Number of Sample Person questionnaires edited	407
g) Number of Screeners still to be edited	0
h) Number of Family questionnaires still to be edited	0
i) Number of SP questionnaires still to be edited	0

1.

NATIONAL HANES III
Daily Report Segment Totals

Date: 06/07/89 Stand: 108

1.	Number of cases	1323
2.	DU's Added	26
3.	Cases free to assign	843
4.	Cases assigned	843
5.	Households closed out	760
6a.	Screeners w/dispositions	843-
6b.	Screeners with no disposition	
7.	Vacant. No DU (30, 31)	55
7a.	New construction (32)	26
8.	Occupied DU's	762
9.	Households taken out of sample	
10.	Complete screener, No SPs, HH info (10)	514
11.	Complete screener, No SPs, non-HH info (12)	49
12.	Complete screener, SPs, HH info (11)	199
13.	Complete screener, SPs, non-HH info (13)	
14.	Incomplete screener, not home (14)	
15.	Incomplete screener, refused (15)	
16.	Incomplete screener, other (16 - 20)	
17.	Screener response rate	100.0
18.	Number of SPs identified	438
18a.	Total complete questionnaires	354
18b.	Completed questionnaires w/ BP or NA (S1)	345
18c.	Completed questionnaires w/o BP (S2)	9
18d.	Completed youth questionnaires (S1, S2)	136
19.	Number of families within segment	208
20.	Completed family questionnaires (F1)	174
21.	Incomplete family questionnaires, not home (F5)	
22.	Incomplete family questionnaires, refused (F2-F4)	13
23.	Incomplete family questionnaires, other (F6-F8)	2
24.	Family questionnaire response rate	83.7
25.	Percent vacant/Not a DU	6.5
26.	Percent screeners with complete disposition	90.4
35.	Total appointments (E1)	346
36.	Appointment Response Rate	79.0
37.	Broken Appointments	44
38.	Broken Appointments Rescheduled (B1)	14
39.	SP's Examined, total	298
40.	SP's Examined on Original Appointment	288
41.	SP's Examined on Rescheduled Appointment	10
42.	Examination Rate - all SP's	68.0
43.	Examination Rate - SP's scheduled as of report	93.7
44.	Number of SPs immed. offered home exam (E4)	
45.	Number of SPs identified for home exam	1
46.	Number of SPs scheduled for home exam (H1)	1
47.	Number of SPs examined - home exam (C1)	1
48.	Number of SPs who refused home exam (H2)	
49.	Number of SPs with refusal result (C3 - C7)	
50.	Number of SPs with codes H3 - H6	
.	Number of SPs rescheduled (C2)	

NATIONAL HANES III
Daily Report Totals (for SPs)

Date: 06/07/89 Stand: 108

1.	Number of SP'S identified	438
2.	Number of SP'S taken out of sample	5
3.	Complete SP questionnaire	354
4.	Incomplete SP questionnaire (not home)	
5.	Incomplete SP questionnaire (refused)	25
6.	Incomplete SP questionnaire (other)	4
7.	SP questionnaire response rate	80.8

3.

NATIONAL HANES III
Daily Report Totals for Examination Center

Date: 06/07/89 Stand: 108

1. Number of original appointments	346
2. Broken appointments (of original number)	44
3. Rescheduled appointments (of original number)	14
4. SP'S examined on original appointment	288
5. SP'S examined on rescheduled appointment	10
6. SP'S examined, total	298
7. Broken appointments, not examined	34
8. Non-response to exam appointment	41
9. Examination Rate	68.0
10. Replicates Examined - MEC	20
11. Replicates Examined - Home	10

Home Exam Response Report

<u>Total SP'S</u>	<u>Total APPT'S</u>	<u>Rate</u>	<u>Total Examined</u>	<u>Rate</u>
1	1	1.00	1	1.00

End of Report

'08/89

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
REPORT FOR STAND
SAMPLE PERSONS MISSING MEDICAL/DENTAL DOCTOR INFO

<u>NCHS NUMBER</u>	<u>NAME</u>	<u>SEG</u>	<u>SER</u>	<u>FAM</u>	<u>SP</u>	<u>MEDICAL</u>	<u>DENTAL</u>
1467	CLIFTON W.	03	000	01	01	X	X
2862	LUREE	10	007	01	02	X	X
5314	JOSHUA J.	21	007	01	01	X	X

NATIONAL HANES IIIListing of MEDICAL Providers

Stand: 107 06/08/89

<u>TYPE</u>	<u>CODE</u>	<u>NAME and ADDRESS</u>	
M/P	142	KING, M.D. JAMES 590 E. MULBERRY	SELMA, TN 38367
M/P	142	KING, M.D. JAMES 590 E. MULBERRY	SELMA, TN 38367
M/P	155	LEWIS, M.D. TERRY A. MAGNOLIA DRIVE ROUTE 10, BOX 8	CORINTH, MS 38834
M/P	136	MADARA, M.D. JOSE L. 102 HOTEL STREET	BOONESVILLE, MS 38829
M/P	117	MARY PACE, IMA OF TUPELO LTD INTERNAL CLINIC P. O. BOX 7240	TUPELO, MS 38802
M/P	125	MC CLENDON, JR., M.D. JACK M. 203 AVALON AVENUE	MUSCLE SHOALS, AL 35661
M/P	129	MOORE, SR., M.D. MALCOLM S. 833 SOUTH GLOSTER	TUPELO, MS 38801
M/P	133	PARKER, M.D. CHARLES R. ROUTE 10, BOX 6 ALCORN DRIVE	CORINTH, MS 38834
M/P	151	PEELER, M.D. 203 PAHARR AVENUE	SELMER, TN 38357
M/P	150	PHILLIPS, M.D. C. SANFORD ROAD	CORINTH, MS 38834
M/P	103	PRATHER, M.D. JOHN 102 MAGNOLIA DOCTORS PLAZA	CORINTH, MS 38834
M/P	143	PUTNAM, M.D. JOSEPH 208 N. FIRST STREET	BOONVILLE, MS 38829
M/P	114	REDDY, M.D. DIRENDER P. O. BOX 503, 305 EAST MAIN STREET	ADAMSVILLE, TN 38310
M/P	107	REID, M.D. SHELBY P. O. DRAWER 989	CORINTH, MS 38834

NATIONAL HANES IIIListing of DENTAL Providers

Stand: 107 06/08/89

<u>TYPE</u>	<u>CODE</u>	<u>NAME and ADDRESS</u>	
D/P	141	RHEA, D.D.S. ROSCOE 735 POPLAR AVENUE	SELMER, TN 38367
D/P	141	RHEA, D.D.S. ROSCOE 735 POPLAR AVENUE	SELMER, TN 38367
D/	998	SELF	
D/P	130	SIMPSON, D.D.S. 233 MAIN STREET	OKOLONA, MS 38860
D/P	140	STRACHAN, D.M.D. RICHARD 1500 HARPER ROAD	CORINTH, MS 38834
D/C	120	THE JACKSON CLINIC 616 W. FOREST AVENUE	JACKSON, TN 38301
D/P	138	WAYNE, D.D.S. JAMES 1500 HARPER ROAD	CORINTH, MS 38834

SUBGROUPS RELEASED
NOT YET ASSIGNED

SEGMENT: 02 DATE: 07/22/88

<u>SUB GROUP</u>	<u>SERIAL</u>	<u>ADDRESS</u>
A	00010	5001 N WINNIE ST TAMPA , FL 33610
A	00076	1513 LINEBAUGH AVE TAMPA , FL 33612
A	00102	1525 LINEBAUGH AVE TAMPA , FL 33612
A	00126	NO # MEREDITH ST TAMPA , FL 33617
A	00130	910 W ALICIA ST 5A TAMPA , FL 33604
A	00140	2110 W. COMMANCHE AVE TAMPA , FL 33603
A	00161	7409 CENTRAL PARK CIRCLE IND F TAMPA , FL 33637
A	00424	2220 LEE CT 205 TAMPA , FL 33607
A	00659	1705 W HANNA AV TAMPA , FL 33604

ASSIGNED CASES
NOT YET COMPLETED

DATE: 08/06/88 INTERVIEWER: NOR

	<u>SEGMENT/SERIAL</u>	<u>SCR DISP</u>
B	02 / 00103	11
R	03 / 00161	11

1.

Date: 06/07/89 Stand: 110

1:00 AM

REPORT OF WORK, BY INTERVIEWER

INTV	CASES					SCREENERS					SPS		
	ASSGN	CLOSD	PENDG	COMPL	COMPL (NON-HH)	VAC / NON-DU	RESP RATE	NO.	INTVWD	RESP RATE	MCC APPTD	MCC RESP RATE	RESP RATE
BAR	I 50	39	11	37	1	4	1.00	13	9	.69	9	.69	.00
	R 4	1	3	1	1	4	***	6	2	***	2	***	***
	T 54	40	14	38	2	4	1.00	19	11	.58	11	.58	.00
CAR	I 28	19	9	17	3	3	1.00	14	13	.93	13	.93	.00
	R 1	1	1	1	1	3	***	14	13	***	13	***	***
	T 29	19	10	17	3	3	1.00	14	13	.93	13	.93	.00
CCC	I 70	65	5	57	5	6	1.00	13	4	.31	4	.31	.00
	R 70	65	5	57	5	6	1.00	13	4	.31	4	.31	.00
	T 70	65	5	57	5	6	1.00	13	4	.31	4	.31	.00
CIA	I 79	59	20	56	5	3	.98	16	9	.56	10	.63	.00
	R 79	59	20	56	5	3	***	16	9	***	10	***	***
	T 79	59	20	56	5	3	.98	16	9	.56	10	.63	.00
DEL	I 23	23		22	1		1.00	21	18	.86	18	.86	.00
	R 23	23		22	1		***	21	18	***	18	***	***
	T 23	23		22	1		1.00	21	18	.86	18	.86	.00
DIA	I 50	42	8	41	2	2	1.00	12	11	.92	9	.75	.00
	R 50	42	8	41	2	2	***	12	11	***	9	***	***
	T 50	42	8	41	2	2	1.00	12	11	.92	9	.75	.00
DON	I 72	51	21	42	5	6	1.00	9	4	.44	3	.33	.00
	R 72	51	21	42	5	6	***	9	4	***	3	***	***
	T 72	51	21	42	5	6	1.00	9	4	.44	3	.33	.00
FIS	I 25	15	10	19			.95	22	12	.55	14	.64	.00
	R 25	15	10	19			***	22	12	***	14	***	***
	T 25	15	10	19			.95	22	12	.55	14	.64	.00
GWR	I						.00						
	R						***			***		***	***
	T						.00						
HEL	I 76	63	13	60	4		1.00	16	16	1.00	12	.75	.00
	R 76	63	13	60	4		***	16	16	***	12	***	***
	T 76	63	13	60	4		1.00	16	16	1.00	12	.75	.00

Date: 06/07/89 Stand: 110

2.

REPORT OF WORK, BY INTERVIEWER

INTV	CASES				SCREENERS				SPS					
	ASSGN	CLOSD	PENDG	COMPL	COMPL (NON-HH)	VAC / NON-DU	RESP RATE	NO.	INTVWD	RESP RATE	MEC APPTD	RESP RATE	MEC EXAMD	RESP RATE
JCH	I						.00			***		***		***
	R						***							
	T						.00							
OFA	I	22	21	1	17	2	.89	13	8	.62	5	.42		.00
	R						***			***		***		***
	T	22	21	1	17	2	.89	13	8	.62	5	.42		.00
ROB	I	22	19	3	5	15	1.00	8	7	.88	7	.88		.00
	R						***			***		***		***
	T	23	19	4	5	15	1.00	8	7	.88	7	.88		.00
SHE	I	48	44	4	39	1	1.00	11	10	.91	5	.45		.00
	R						***			***		***		***
	T	48	44	4	39	1	1.00	11	10	.91	5	.45		.00
SYL	I	24	16	8	15	1	1.00	15	12	.80	12	.80		.00
	R						***			***		***		***
	T	25	16	9	15	1	1.00	15	12	.80	12	.80		.00
TEC	I	65	36	27	34	5	1.00	14	11	.79	6	.43		.00
	R						***			***		***		***
	T	66	38	28	34	5	1.00	14	11	.79	6	.43		.00
JAN	I	106	73	33	77	6	1.00	39	18	.46	19	.49		.00
	R						***			***		***		***
	T	106	73	33	77	6	1.00	39	18	.46	19	.49		.00
Total		768	588	180	539	29	55	242	164	148		0		

Date: 06/07/89 Stand: 110

3 .

REPORT OF WORK, BY INTERVIEWER

<u>INTV</u>	<u>BROKEN APPOINTMENTS</u>			<u>HOME EXAMS</u>		
	<u>ASSIGNED</u>	<u>RESCHED</u>	<u>RESP RATE</u>	<u>ASSIGNED</u>	<u>SCHED</u>	<u>RESP RATE</u>
	<u>EXAM'D</u>			<u>EXAM'D</u>		
BAR	.00					.00
CAR	.00					.00
CCC	.00					.00
CIA	.00					.00
DEL	.00					.00
DIA	.00					.00
DON	.00					.00
FIS	.00					.00
GWR	.00					.00
HEL	.00					.00
JCH	.00					.00
JPA	.00			1	1	.00
ROB	.00					.00
SHE	.00					.00
SYL	.00					.00
TED	.00					.00
VAN	.00					.00

(end of report)

INTERVIEWER CONFERENCE REPORT
DATE: 06/06/89

STAND: 109

INTERVIEWER: ITA

<u>SEG/SER</u>	<u>SCR</u>	<u>DATE</u>	<u>FAM</u>	<u>SP</u>	<u>ETH/</u>	<u>SP</u>	<u>EXAM</u>	<u>HE</u>
	<u>DISP</u>	<u>COMPL</u>	<u>NO.</u>	<u>AGE</u>	<u>RACE</u>	<u>DISP</u>	<u>BA</u>	<u>DISP</u>
R 06/00503								
R 06/00529								
R 07/00092	11	05/06/89	01	42 Y	05/03/47	3/1	S1	E1
07/00665	11	06/06/89	01	65 Y	05/27/24	3/1	S1	E1
07/00681			02	36 Y	06/07/52	3/1		

NATIONAL HEALTH AND EXAMINATION SURVEY III
SUMMARY OF ACTIVE CASES

DATE: 08/02/88

<u>Interviewer</u>	<u>Active Cases</u>	<u>Assigned Cases</u>
BAR	3	3
GEB	4	4
NOR	3	3

'08/89

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
DETAIL SCHEDULING REPORT FOR STAND 107
FROM 02/28/89 TO 05/20/89

<u>DATE</u>	<u>DAY</u>	<u>TIMESLOT/TOTAL/STATUS</u>	<u>NCHS NUMBERS</u>						
		E		D					
04/24	MON	M		D					
		A		D					
		E		D					
04/25	TUE	M	10	E	1070991	1071211	1071238	1071297	1071947
					1072099	1072587	1072595	1074083	1074490
		A		D					
		E	12	E	1072943	1072951	1072978	1072986	1073117
					1073206	1073214	1073575	1073796	1073818
					1075101	1075152			
04/26	WED	M	8	E	1072080	1072323	1072617	1074075	1074520
					1074539	1074741	1075063		
		A	6	E	1070819	1070827	1070835	1071319	1074431
					1075454				
		E		D					
04/27	THU	M	9	E	1072064	1072404	1073559	1073672	1074229
					1074237	1074245	1074253	1075039	
		A		D					
		E	11	E	1072269	1072277	1072285	1072293	1072811
					1072838	1073109	1073826	1073834	1074067
					1074830				
04/28	FRI	M	7	E	1071955	1071963	1072218	1072226	1074393
					1075330	1070096			
		A	11	E	1071149	1071688	1072102	1072307	1072676
					1072684	1072919	1072935	1073265	1073273
					1075322				
		E		D					
04/29	SAT	M	11	E	1070916	1070924	1072706	1072714	1072722
					1072870	1072889	1072897	1072900	1074407
					1075144				
		A	9	E	1070630	1070649	1070665	1070673	1071718
					1072781	1072803	1072846	1074482	
		E		D					
04/30	SUN	M		D					
		A		D					
		E		D					
05/01	MON	M		D					
		A		D					
		E		D					

5/20/89

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
AVERAGES/TOTALS OF APPOINTMENTS, BY DAY OF WEEK
FOR STAND 107

<u>DAY OF WEEK</u>	<u>AVERAGE</u>	<u>TOTAL</u>
SUNDAY	5.6	28
MONDAY	4.6	23
TUESDAY	12.0	60
WEDNESDAY	7.2	36
THURSDAY	17.6	88
FRIDAY	12.0	60
SATURDAY	14.0	84

78/88

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 CALENDAR OF APPOINTMENTS
 FOR STAND 998

APPOINTMENT DATE	MORNING APPTES/STATUS				AFTERNOON APPTES/STATUS				EVENING APPTES/STATUS			
	S	M	*	E	S	M	*	E	S	M	*	E
02/03/88 WEDNESDAY	5	0	8	E	0	4	6	E	0	0	0	D
02/04/88 THURSDAY	8	0	8	E	0	0	0	D	0	5	6	E
02/05/88 FRIDAY	6	0	7	E	0	5	9	E	0	0	0	D
02/06/88 SATURDAY	3	0	7	E	0	7	8	E	0	0	0	D
02/07/88 SUNDAY	0	0	0	D	0	0	0	D	0	0	0	D
02/08/88 MONDAY	0	0	0	D	0	0	0	D	0	0	0	D
02/09/88 TUESDAY	4	0	4	E	0	0	0	D	0	6	8	E
02/10/88 WEDNESDAY	7	0	8	E	0	9	9	E	0	0	0	D
02/11/88 THURSDAY	6	0	9	E	0	0	0	D	0	6	6	E
02/12/88 FRIDAY	6	0	8	E	0	0	0	D	0	0	0	D
02/13/88 SATURDAY	3	0	4	E	0	6	12	E	0	0	0	D
02/14/88 SUNDAY	0	0	0	D	0	0	0	D	0	0	0	D
02/15/88 MONDAY	0	0	0	D	0	0	0	D	0	0	0	D
02/16/88 TUESDAY	0	0	0	D	0	0	0	D	0	0	0	D
02/17/88 WEDNESDAY	4	1	9	E	0	0	0	D	1	4	10	E
02/18/88 THURSDAY	6	0	9	E	0	5	8	E	0	0	0	D
02/19/88 FRIDAY	7	0	8	E	0	0	0	D	0	0	0	D
02/20/88 SATURDAY	3	0	6	E	0	6	6	E	0	0	0	D
02/21/88 SUNDAY	8	0	9	E	0	4	9	E	0	0	0	D
02/22/88 MONDAY	0	0	0	D	0	0	0	D	0	0	0	D
02/23/88 TUESDAY	0	0	0	D	0	0	0	D	0	0	0	D
02/24/88 WEDNESDAY	5	0	9	E	0	0	0	D	0	3	4	E
02/25/88 THURSDAY	7	0	7	E	0	7	8	E	0	0	0	D
02/26/88 FRIDAY	0	0	0	D	0	0	0	D	0	0	0	D
02/27/88 SATURDAY	6	0	10	E	0	4	8	E	0	0	0	D
02/28/88 SUNDAY	3	0	10	E	0	2	5	E	0	0	0	D
02/29/88 MONDAY	0	0	0	D	0	0	0	D	0	0	0	D
03/01/88 TUESDAY	0	0	0	D	0	0	0	D	0	0	0	D
03/02/88 WEDNESDAY	4	0	4	E	0	0	0	D	0	4	4	E
03/03/88 THURSDAY	1	0	1	E	0	0	0	D	0	5	11	E
03/04/88 FRIDAY	3	0	3	E	0	5	6	E	0	0	0	D
03/05/88 SATURDAY	0	0	3	E	0	3	6	E	0	0	0	D
03/06/88 SUNDAY	5	1	11	E	0	4	9	E	0	0	0	D
03/07/88 MONDAY	0	0	0	D	0	0	0	D	0	0	0	D
03/08/88 TUESDAY	0	0	0	D	0	0	0	D	0	0	0	D
03/09/88 WEDNESDAY	0	0	0	E	0	0	0	D	0	1	4	E
03/10/88 THURSDAY	1	0	1	E	0	0	0	D	0	0	0	E
03/11/88 FRIDAY	0	0	0	E	0	0	0	E	0	0	0	D
03/12/88 SATURDAY	1	1	2	E	0	2	2	E	0	0	0	D

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NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
TRANSPORTATION ASSIGNMENTS

LIBERTY CAB COMPANY

SATURDAY , MAY 06, 19

<u>PICK-UP</u> <u>TIME</u>	<u>DELIVERY</u> <u>TIME</u>	<u>NAME/TELEPHONE</u>	<u>ADDRESS/COMMENTS</u>
01:00 PM	01:30 PM	DEEN 286 64	803 MEIGG ST

Please pick up examinees at their door and deliver to:

U.S. Health and Nutrition Examination Survey

If any questions, please call: JAN WARREN 601-286-8046

06/08

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NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 MASTER LIST OF SAMPLE PERSONS FOR STAND
 SEQUENCED BY SEGMENT, SERIAL, FAMILY AND SP NUMBERS

SAMPLE NUMBER	NAME	AGE	RACE	SEX	SEG/SER	FAM	SP	CURRENT MEC STATUS	CURRENT HOME STATUS
1833	JACOB	4M	1	M	01 00023	01	01	EXAMINED	
1832	PEARL	85	1	F	01 00175	01	01	EXAMINED	
1645	JOHN AMER	77	1	F	01 00372	01	01	E2	
1653	ROY	83	1	M	01 00324	01	01	S/A	
1661	ALMA	82	1	F	01 00324	01	02	S/A	
2560	WILLIAM	54	1	M	01 00492	01	01	EXAMINED	
2575	MORNA SUE	46	1	F	01 00492	01	02	EXAMINED	
2587	ROYLE	59	1	M	01 00344	01	01	EXAMINED	
2595	BRENDA JEAN	56	1	F	01 00344	01	02	EXAMINED	
2608	ALAN	27	1	F	01 00344	01	03	EXAMINED	
2617	BRENDA	26	1	M	01 00344	01	04	EXAMINED	
2625	WESLEY	8M	1	M	01 00344	01	05	EXAMINED	
2633	BURK	79	1	M	01 00612	01	01	E5	
2641	JEWELL	76	1	F	01 00612	01	02	E5	
3990	CHARLES	72	1	M	01 00667	01	01	EXAMINED	
4008	BEULAN	57	1	F	01 00667	01	02	EXAMINED	
3773		2	1	M	02 00662	01	01	EXAMINED	
1149	WILLIAM	2	1	M	02 00662	01	01	EXAMINED	
0797	CLEVELAND	62	1	M	02 00662	01	01	EXAMINED	
8880	MARY EMILY	58	1	F	02 00366	01	01	EXAMINED	
8991	ROY	85	1	M	02 00389	01	01	EXAMINED	
2919	CARRIE	5M	1	F	02 00428	01	01	EXAMINED	
3567	JUNE	54	1	F	02 00431	01	01	EXAMINED	
3575	MARK	20	1	M	02 00431	01	02	EXAMINED	
4875	ERIN	5	1	F	02 00504	01	01	EXAMINED	
5084	OTIS	85	1	M	02 00504	01	01	EXAMINED	
5012	FRANCES	69	1	F	02 00504	01	02	EXAMINED	
4490	HARLE	82	1	F	02 00522	01	01	EXAMINED	
1440	YILMER	69	1	M	03 00038	01	01	E2	
1459	EVELYN	66	1	F	03 00038	01	02	EXAMINED	
1467	CLIFTON	22	1	M	03 00085	01	01	EXAMINED	
1475	DEBRA	19	1	F	03 00085	01	02	EXAMINED	
1483	JESSICA	1	1	F	03 00085	01	03	EXAMINED	
0886	EDDIE	52	1	M	03 00205	01	01	EXAMINED	
0894	BILLIE RUTH	42	1	F	03 00205	01	02	EXAMINED	
0908	GREGORY	18	1	M	03 00205	01	03	EXAMINED	
0916	LESSIE	77	1	F	03 00205	01	04	EXAMINED	
1491	RUBEN	80	1	M	03 00247	01	01	E2	
4016	VIVIAN	79	1	F	03 00467	01	01	E2	
4660	ROBERT	72	1	M	03 00533	01	01	E3	
4024	CHARLES	45	1	M	03 00632	01	01	E7	
4032	GIJOI	36	1	F	03 00632	01	02	E7	

06/08/89 NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 MASTER LIST OF SAMPLE PERSONS FOR STAND 107
 SEQUENCED BY LAST NAME

SAMPLE NUMBER	NAME	AGE	RACE	SEX	SEG	SER	FAM	SP	CURRENT MEC		CURRENT HOME	
									STATUS	STATUS	STATUS	STATUS
U1071920	ACREE BRANDI A.	8	2	F	17	00011	01	03	EXAMINED			
S1071858	AGNEW QUITMAN	80	2	M	16	00111	01	01	E2			
S1071874	AGNEW CHARLES	46	2	M	16	00111	01	03	E2			
M1072471	AGNEW MICHAEL	40	2	M	16	00182	03	01	EXAMINED			
S1071866	AGNEW BERTHA L.	68	2	F	16	00111	01	02	E2			
T1072064	ALEXANDER CRAIG	19	2	M	14	00049	01	02	EXAMINED			
S1074229	ALEXANDER DEBRA A.	21	2	F	14	00023	01	01	EXAMINED			
U1072072	ALEXANDER JERRY	6	2	M	14	00049	01	03	EXAMINED			
T1070169	ALEXANDER CRAIG	19	2	M	76	99999	01	57	EXAMINED			
U1074253	ALEXANDER TVESHIA J.	1	1	F	14	00023	01	04	EXAMINED			
U1074245	ALEXANDER JOSHUA T.	4	2	M	14	00023	01	03	EXAMINED			
M1070843	ASBERRY OPHELIA E.	67	2	F	06	00170	01	01	B/A			
U1070851	ASBERRY CEDRIC B.	5	2	M	06	00170	01	02	B/A			
U1070878	ASBERRY EMMERSON B.	4	2	M	06	00170	01	03	B/A			
S1075004	ASKEW OTIS	85	1	M	02	00606	01	01	EXAMINED			
S1075012	ASKEW FRANCES	69	1	F	02	00606	01	02	EXAMINED			
S1070916	AUSTON LESSIE M.	77	1	F	03	00205	01	04	EXAMINED			
U1074318	BARNETTE SHAUN	10	2	M	23	00135	01	01	EXAMINED			
U1074326	BARNETTE DAUN	10	2	M	23	00135	01	02	EXAMINED			
U1075152	BARTON JACOBI B.	5	2	M	15	00059	01	01	EXAMINED			
M1073958	BASWELL SYBIL M.	42	1	F	19	00691	01	01	EXAMINED			
M1073974	BASWELL CHARLES DAVID	32	1	M	19	00691	01	03	EXAMINED			
M1073966	BASWELL STEVIE	33	1	M	19	00691	01	02	EXAMINED			
U1071505	BIRCHAM VALERIE J.	4	1	F	18	00584	01	01	E2			
M1075551	BODIFORD M.E.	60	1	M	81	00478	01	01	E2			
M1075578	BODIFORD VIRGINIA	40	1	F	81	00478	01	02	E2			
S1073982	BOGANS QUEEN ESTER	87	2	F	06	00303	01	01	E4			
M1073796	BOSMAN KATHY R.	30	2	F	06	00316	01	01	EXAMINED			
U1073834	BOSMAN DEMETRUS EMIL	10	2	M	06	00316	01	04	EXAMINED			
M1073818	BOSMAN FREDDIE L.	31	2	M	06	00316	01	02	EXAMINED			
S1073451	BOYD JAMES	72	2	M	16	00195	01	01	EXAMINED			
U1073842	BRADLEY WILLIAM	4M	1	M	10	00850	01	01	EXAMINED			
S1074490	BRICE MAMIE H.	82	1	F	02	00622	01	01	EXAMINED			
U1071521	BRIGHTS LAUREN	11M	1	F	04	00257	01	01	B/A			
S1075411	BRIGHT BIRDIE D.	84	1	F	11	00734	01	01	B/A			
S1071548	BROCK JAMES	46	1	M	10	00245	01	01	EXAMINED			
U1071564	BROCK EDEN	3	1	M	10	00245	01	03	EXAMINED			
S1071556	BROCK JOYCE	36	1	F	10	00245	01	02	EXAMINED			
U1073311	BROCK ANTHONY WILL	2M	1	M	09	00935	01	01	EXAMINED			
S1071653	BROOKS ROY	83	1	M	01	00324	01	01	B/A			
S1071661	BROOKS ALMA W.	82	1	F	01	00324	01	02	B/A			
T1071017	BROWN COLISHA L.	12	2	F	15	00143	01	02	EXAMINED			

06/21/

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 ALL EXAMINED SAMPLE PERSONS FOR STAND
 SEQUENCED BY LAST NAME

SAMPLE NUMBER	NAME	AGE	RACE	SEX	SEG/SER	FAM	SP	DATE OF EXAM
1920	BRANDI	8	2	F	17 00011	01	03	05/06/
2471	MICHAEL	40	2	M	16 00182	03	01	05/02/
2064	CRAIG	19	2	M	14 00049	01	02	04/27/
2072	JERRY	6	2	M	14 00049	01	03	05/18/
4253	TYESHIA	1	1	F	14 00023	01	04	04/27/
4245	JOSHUA	4	2	M	14 00023	01	03	04/27/
0169	CRAIG	19	2	M	76 99999	01	57	05/05/
4229	DEBRA	21	2	F	14 00023	01	01	04/27/
5004	OTIS	85	1	M	02 00606	01	01	05/02/
5012	FRANCES	69	1	F	02 00606	01	02	05/02/
0916	LESSIE	77	1	F	03 00205	01	04	04/29/
4318	SHAUN	10	2	M	23 00135	01	01	05/04/
4326	DAUN	10	2	M	23 00135	01	02	05/04/
5152	JACOBI	5	2	M	15 00059	01	01	04/25/
3958	SYBIL	42	1	F	19 00691	01	01	05/05/
3974	CHARLES DAVID	32	1	M	19 00691	01	03	05/19/
3966	STEVIE	33	1	M	19 00691	01	02	05/19/
3796	KATHY	30	2	F	06 00316	01	01	04/25/
3834	DEMETRUS EMIL	10	2	M	06 00316	01	04	04/27/
3818	FREDDIE	31	2	M	06 00316	01	02	04/25/
3451	JAMES	72	2	M	16 00195	01	01	05/08/
3842	WILLIAM	4M	1	M	10 00850	01	01	04/19/
4490	MAMIE	82	1	F	02 00622	01	01	04/25/
1548	JAMES	46	1	M	10 00245	01	01	05/14/
1564	EDEN	3	1	M	10 00245	01	03	04/19/
3311	ANTHONY WILL	2M	1	M	09 00935	01	01	05/08/
1556	JOYCE	36	1	F	10 00245	01	02	04/19/
1017	COLISHA	12	2	F	15 00143	01	02	04/22/
4970	VALERIE	29	2	F	17 00053	01	02	05/02/
1130	CASEY	4	1	M	10 00410	01	03	04/22/
4644	GREG	16	1	M	11 00543	01	04	05/12/
2218	WILLIE JAMES	53	2	M	23 00025	01	01	04/28/
0266	MARY RUTH	54	2	F	76 99999	01	66	05/19/
0258	WILLIE JAMES	53	2	M	76 99999	01	65	05/20/
3737	JESSE	57	2	M	23 00180	01	01	05/05/
4334	RUBY	64	2	F	23 00180	01	02	05/07/
2226	MARY RUTH	54	2	F	23 00025	01	02	04/28/
3745	CHERON	4	2	M	23 00180	01	03	05/07/
0754	THEORDORE	80	1	M	05 00186	01	01	04/19/
0762	MARY	63	1	F	05 00186	01	02	04/19/
5357	NORMA	52	2	F	14 00120	01	02	05/11/
5349	MARCUS	62	2	M	14 00120	01	01	05/11/

05/21/89 NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 MASTER LIST OF SAMPLE PERSONS FOR STAND 107
 SEQUENCED BY AGE

SAMPLE NUMBER	NAME	AGE	RACE	SEX	SEC/SER	FAM	SP	CURRENT MEC STATUS	HOME STATUS
U1071289	GIBENS BRITNEY K.	2M	1	F	07	00083	01 01	EXAMINED	EXAMINED
U1072952	YATES DANIEL B.	2M	1	M	07	00342	01 01	EXAMINED	EXAMINED
U1073311	BROCK ANTHONY WILL	2M	1	M	09	00935	01 01	EXAMINED	EXAMINED
U1074148	JOHNSTON MATTHEW MORRIS	2M	1	M	10	00740	01 01	EXAMINED	EXAMINED
U1072153	SHIELDS ODLA S.	2M	2	F	23	00054	01 01	EXAMINED	EXAMINED
U1071033	JOHNSON JACOB H.	4M	1	M	01	00023	01 01	EXAMINED	EXAMINED
U1073842	BRADLEY WILLIAM	4M	1	M	10	00850	01 01	EXAMINED	EXAMINED
U1075144	JONES JIMMY LEE	4M	1	M	19	00688	01 01	EXAMINED	EXAMINED
U1073699	RORIE TIFFANY L.	4M	1	F	21	00539	01 01	EXAMINED	EXAMINED
U1075314	ROBERTSON JOSHUA J.	4M	1	M	21	00746	01 01	EXAMINED	EXAMINED
U1072900	CRUMP ISAAC	4M	2	M	22	00073	01 04	EXAMINED	EXAMINED
U1071610	POTTS CODIE A.	4M	1	M	81	00203	01 03	EXAMINED	EXAMINED
U1074431	VANDIVER ASHLEY	5M	1	F	19	00549	01 01	EXAMINED	EXAMINED
U1072307	POLLARD CHRISTOPHER J.	6M	2	M	15	00033	01 01	EXAMINED	EXAMINED
U1075101	HOWELL BRAD B.	6M	1	M	19	00633	01 01	EXAMINED	EXAMINED
U1071831	SWEAT DANIEL O.	6M	1	M	20	00435	01 01	EXAMINED	EXAMINED
U1072625	JONES WESLEY A.	8M	1	M	01	00544	01 05	EXAMINED	EXAMINED
U1072919	SMITH CARRIE L.	9M	1	F	02	00428	01 01	EXAMINED	EXAMINED
U1074741	PHILLIPS MATHEW	9M	1	M	11	00695	01 01	EXAMINED	EXAMINED
U1074504	WILBANKS WHITNEY J.	10M	1	F	11	00226	01 03	EXAMINED	EXAMINED
U1072412	ROATEN KERRI L.	10M	1	F	13	00301	01 01	EXAMINED	EXAMINED
U1075047	DOWD RANDAL G.	10M	1	M	19	00086	01 01	EXAMINED	EXAMINED
U1074407	CARTWRIGHT REBECCA E.	10M	1	F	21	00759	01 01	EXAMINED	EXAMINED
U1071521	BIGGS LAUREN	11M	1	F	04	00257	01 01	EXAMINED	B/A
U1071327	WALTERS MEGAN R.	11M	1	F	18	00063	01 01	EXAMINED	EXAMINED
U1071483	THOMAS JESSICA	11M	1	F	03	00085	01 03	EXAMINED	EXAMINED
U1074830	ROBERTSON JR. SAMMY D	1	1	M	04	00273	01 01	EXAMINED	EXAMINED
U1070711	CLARK ROSSIAN T.	1	2	F	06	00141	01 01	EXAMINED	EXAMINED
U1070568	LYELL JEREMY	1	1	M	08	00064	01 04	EXAMINED	EXAMINED
U1072749	CRUMP JOSHUA A.	1	2	M	09	00812	01 07	EXAMINED	EXAMINED
U1072927	MOORE TENISHA D.	1	2	F	09	00854	01 01	EXAMINED	EXAMINED
U1070746	STORY CHELSY	1	1	F	10	00148	01 01	EXAMINED	B/A
U1074393	RAINEY ERIN	1	1	F	11	00394	01 01	EXAMINED	EXAMINED
U1074253	ALEXANDER YESHIA J.	1	1	F	14	00023	01 04	EXAMINED	EXAMINED
U1075136	GRAHAM SHASTA D.	1	2	F	16	00221	01 02	EXAMINED	EXAMINED
U1074938	JONES JEREMY K.	1	1	M	19	00099	01 01	EXAMINED	EXAMINED
U1075675	ROSE HEATHER	1	1	F	19	00293	01 03	EXAMINED	B/A
U1072773	TULL LEE	2	1	M	02	00062	01 01	EXAMINED	EXAMINED
U1071149	MARECLE WILLIAM K	2	1	M	02	00169	01 01	EXAMINED	EXAMINED
U1071998	STEVENS BILLY LEWIS	2	1	M	07	00287	01 01	EXAMINED	EXAMINED
U1070738	GLIDWELL COREY LEE	2	1	M	10	00041	01 01	EXAMINED	EXAMINED
U1074512	WILLINGHAM CHRISTY M	2	1	F	11	00514	01 01	EXAMINED	EXAMINED

05/20/89 NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 ALL EXAMINED SAMPLE PERSONS FOR STAND 107
 SEQUENCED BY SEGMENT, SERIAL, FAMILY AND SP_NO

SAMPLE NUMBER	NAME	AGE	RACE	SEX	SEG/	SER	FAM	SP	DATE OF EXAM
U1071033	JOHNSON JACOB H.	4M	1	M	01	00023	01	01	04/19/89
M1071432	GRISHAM PEARL	85	1	F	01	00175	01	01	05/05/89
M1072560	DOLES WILLIAM H.	54	1	M	01	00492	01	01	04/18/89
M1072579	DOLES NORMA SUE	46	1	F	01	00492	01	02	04/18/89
E1072587	JONES HOYLE R.	59	1	M	01	00544	01	01	04/25/89
S1072595	JONES M. JEAN	56	1	F	01	00544	01	02	04/25/89
S1072609	JONES BRENDA K.	27	1	F	01	00544	01	03	05/13/89
S1072617	JONES ALAN DAVID	26	1	M	01	00544	01	04	04/26/89
U1072625	JONES WESLEY A.	8M	1	M	01	00544	01	05	05/13/89
S1073990	FORTUNE CHARLES	72	1	M	01	00667	01	01	05/04/89
S1074008	FORTUNE BEULAH	57	1	F	01	00667	01	02	05/04/89
U1072773	TULL LEE	2	1	M	02	00062	01	01	05/05/89
U1071149	MARECLE WILLIAM K	2	1	M	02	00169	01	01	04/28/89
S1070797	MC KELVEY CLEVELAND E.	62	1	M	02	00266	01	01	05/07/89
S1070800	MC KELVEY MARY EMILY	58	1	F	02	00266	01	02	05/07/89
S1070991	WILLIS ROY	85	1	M	02	00389	01	01	04/25/89
U1072919	SMITH CARRIE L.	9M	1	F	02	00428	01	01	04/28/89
M1073567	PETTIGREW P. JUNE	54	1	F	02	00431	01	01	05/02/89
M1073575	PETTIGREW MARK	20	1	M	02	00431	01	02	04/25/89
U1074075	KENNEMUR ERIN C.	5	1	F	02	00554	01	01	04/26/89
S1075004	ASKREW OTIS	85	1	M	02	00606	01	01	05/02/89
S1075012	ASKREW FRANCES	69	1	F	02	00606	01	02	05/02/89
M1074490	BRICE HAMIE H.	82	1	F	02	00622	01	01	04/25/89
M1071459	ROBERTS EVELYN PEARL	66	1	F	03	00030	01	02	05/12/89
T1071475	HOLLOWAY DEBRA L.	19	1	F	03	00085	01	02	05/06/89
U1071483	THOMAS JESSICA	1	1	F	03	00085	01	03	05/06/89
S1070886	MOSS EDDIE W.	52	1	M	03	00205	01	01	05/14/89
S1070894	MOSS BILLIE RUTH	42	1	F	03	00205	01	02	04/22/89
T1070908	MOSS GREGORY S.	18	1	M	03	00205	01	03	05/14/89
S1070916	AUSTON LESSIE M.	77	1	F	03	00205	01	04	04/29/89
M1070819	FARRIS JAMES E.	70	1	M	04	00176	01	01	04/26/89
E1070827	FARRIS BERTHA	70	1	F	04	00176	01	02	04/26/89
M1070835	FARRIS MINNIE BELL	91	1	F	04	00176	01	03	04/26/89
U1074830	ROBERTSON JR. SAMMY D	1	1	M	04	00273	01	01	04/27/89
S1075039	MCCROY FREDDIE L.	37	2	M	04	00325	01	01	04/27/89
S1075071	HALL LORRAINE	28	2	F	04	00325	01	02	05/07/89
U1075098	HALL LATOYA N.	7	2	F	04	00325	01	03	05/07/89
M1070770	SMITH CLARENCE E.	82	1	M	04	80000	01	01	04/21/89
M1070789	SMITH JANIE L.	80	1	F	04	80000	01	02	04/21/89
S1071041	DAVIS WILLIAM L.	53	1	M	05	00131	01	01	05/13/89
S1071068	DAVIS MARTHA	55	1	F	05	00131	01	02	05/13/89
M1070754	BUSHEY THEODORE J.	80	1	M	05	00186	01	01	04/19/89

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NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 ALL EXAMINED SAMPLE PERSONS FOR STARD
 SEQUENCED BY SEGMENT, SERIAL, FAMILY AND SP_NO

SAMPLE NUMBER	NAME	AGE	RACE	SEX	SEQ/SEG	FAM SP	DATE OF EXAM
1033	JACOB	4M	1	M	01 00023	01	01 04/19/
1432	PEARL	85	1	F	01 00175	01	01 05/05/
2560	WILLIAM M.	54	1	M	01 00492	01	01 04/18/
2579	NORMA RUC	46	1	F	01 00492	01	02 04/18/
2587	HOYLE	59	1	M	01 00546	01	01 04/25/
2595	JEAN	56	1	F	01 00546	01	02 04/25/
2609	BRENDA	27	1	F	01 00546	01	03 05/13/
2617	ALAN	26	1	M	01 00546	01	04 04/26/
2625	WESLEY	8M	1	M	01 00546	01	05 05/13/
3990	CHARLES	72	1	M	01 00667	01	01 05/04/
4088	BEULAN	57	1	F	01 00667	01	02 05/04/
2773	LEE WILLIAM	2	1	M	02 00169	01	01 04/28/
1149	CLEVELAND	2	1	M	02 00169	01	01 05/03/
0797	MARY EMILY	62	1	F	02 00266	01	01 05/07/
0800	ROY	58	1	F	02 00266	01	02 05/07/
0391	CARRIE	85	1	M	02 00383	01	01 04/25/
2919	JUNE	9M	1	F	02 00428	01	01 04/25/
3575	MARIE	54	1	F	02 00431	01	01 05/02/
4075	ERIN	20	1	M	02 00431	01	02 04/25/
5084	OTIS	5	1	F	02 00554	01	01 04/26/
5812	FRANCES	83	1	M	02 00506	01	01 05/02/
4498	MARIE	69	1	F	02 00686	01	02 05/02/
1459	EVELYN	82	1	F	02 00622	01	01 04/25/
1467	CLIFTON	66	1	F	03 00310	01	02 05/13/
1475	DEBRA	22	1	M	03 00885	01	01 05/20/
1483	JESSICA	19	1	F	03 00885	01	02 05/06/
0886	EDDIE	1	1	F	03 00885	01	03 05/06/
0896	BILLIE	52	1	M	03 00205	01	01 05/14/
0908	GREGORY	42	1	F	03 00205	01	02 04/22/
0916	LESSIE	10	1	M	03 00205	01	03 05/14/
0819	JAMES	77	1	F	04 00176	01	04 04/23/
0827	BERTHA	70	1	M	04 00176	01	01 04/26/
0835	MIMMIE BELL	78	1	F	04 00176	01	02 04/26/
4830	SAMMY	91	1	F	04 00176	01	03 04/26/
5039	FREDDIE	1	1	M	04 00273	01	01 04/27/
5071	LOREANE	17	2	M	04 00325	01	01 04/27/
5098	LATOYA	28	2	F	04 00325	01	02 05/07/
0778	CLARENCE	7	2	F	04 00325	01	03 05/07/
0789	JARIE	82	1	M	04 00800	01	01 04/21/
1061	WILLIAM	80	1	F	04 00800	01	02 04/21/
1868	MARTHA	53	1	M	05 00131	01	01 05/13/
		55	1	F	05 00131	01	02 05/13/

06/21/

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 ALL SAMPLE PERSONS WHO REFUSED TO MAKE REC APPOINTMENT
 FOR STAND
 SEQUENCED BY LAST NAME

SAMPLE NUMBER	NAME	AGE	RACE	SEX	FAH	FAH	FAH	CURR INTV	PREV INTV	SP DISP	FINAL CLOSEOUT
1858	QUINMAN	60	2	16	00111	01	01	GER	YED	83	F
1874	BERTHA	61	2	16	00111	01	02	GER	YED	83	F
1874	CHARLES	46	2	16	00111	01	03	GER	YED	83	F
1895	VALENE	4	1	18	00384	01	01	GER	MAJ	83	F
2351	M.S.	48	1	01	00478	01	01	FIS		83	F
2576	VIRGINIA	48	1	01	00478	01	02	FIS		83	F
3982	ESTER	67	2	06	00393	01	01	WOR	MEL	82	F
4024	CHARLES	45	1	03	00632	01	01	ITA	MAJ	87	F
4032	GIGI	36	1	03	00632	01	02	ITA	MAJ	87	F
4859	PATRICK	4	1	03	00632	01	04	ITA	MAJ	87	F
4840	ABRLEY	13	1	03	00632	01	03	ITA	MAJ	87	F
3222	EVA	61	1	21	00474	01	01	FRA	FRA	81	F
3306	JEFF	50	1	13	00327	01	01	ITA	FIS	83	F
5319	RUPE	50	1	13	00327	01	02	ITA	FIS	83	F
1408	WARD	70	1	13	00132	01	01	WOR	GER	83	F
1016	LOUISE	70	1	13	00132	01	02	WOR	GER	83	F
2141	KORA	82	1	11	00129	01	02	MAJ	MAJ	81	F
5479	ANA	83	1	11	00569	01	01	WOR	MAJ	83	F
4660	ROBERT	72	1	03	00335	01	01	GER	VAN	81	F
3885	JAMES	61	1	19	00471	01	01	GER	ITA	83	F
3893	BILLY	58	1	19	00471	01	02	GER	ITA	83	F
3397	ORLANDER	87	2	41	00594	01	03	DGA	MEL	82	F
1491	UBER	88	1	03	00247	01	01	FRA	VAN	83	F
1864	FABOS	57	1	08	00187	01	01	GER	FRA	83	F
1892	SYBIL	58	1	08	00187	01	02	GER	FRA	83	F
3997	JOANIE	31	1	19	00523	01	01	ITA	WOR	83	F
3515	WILLIAM	52	1	19	00523	01	02	ITA	WOR	83	F
5055	LELMA	81	1	19	00316	01	01	ITA	WOR	88	F
5233	BERRY	71	1	01	00151	01	01	MEL		83	F
5438	OBIE	18	1	11	00763	01	02	WOR	FRA	83	F
5446	MANDA	12	1	11	00763	01	02	WOR	FRA	83	F
4296	KAY	41	1	05	00461	01	02	ITA		88	F
5195	MICHAEL	31	1	23	00287	01	01	WOR	GER	83	F
5241	BILLY	44	1	19	00073	01	01	WOR	ITA	83	F
5209	SUSAN	28	1	23	00287	01	02	WOR	GER	83	F
5217	MICHAEL PAUL	2	1	23	00287	01	03	WOR	GER	83	F
3516	DWIGHT	49	1	08	00225	01	01	GER	JAN	83	F
3524	PAN	30	1	06	00225	01	01	GER	JAN	83	F
3540	CHRIS	13	1	08	00225	01	04	GER	JAN	83	F
3532	MARRCA	16	1	08	00225	01	03	GER	JAN	83	F
3923	ARY	18	1	19	00523	01	03	ITA	WOR	83	F
3931	JOSUVA	7	1	19	00523	01	04	ITA	WOR	83	F

08/04/88

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 ALL SAMPLE PERSONS WHO REFUSED TO MAKE MEC APPOINTMENT
 FOR STAND 998
 SEQUENCED BY SAMPLE NUMBER

SAMPLE NUMBER	NAME	AGE	RACE	SEQ/SER	FAM	SP	CURR INTVR	PREV INTVR	SP DISP	FINAL CLOSEOUT
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TOTAL NUMBER OF SAMPLE PERSONS:

05/20/
 NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 ALL SAMPLE PERSONS WHO REFUSED TO MAKE NEC APPOINTMENT
 FOR STAND
 SEQUENCED BY SEGMENT, SERIAL, FAMILY AND SP NUMBERS

SAMPLE NUMBER	NAME	AGE	RACE	REG/SEX	FAM	SP	CURR	PREV	SP	FINAL
							INSTR	INSTR	DISP	CLOSEOUT
1645	JOHN	77	1	01	00272	01	01	WOR	83	F
2633	SUNT	79	1	01	00612	01	01	FRA	83	F
2641	JEWELL	76	1	01	00612	01	01	FRA	83	F
1440	WILMER	69	1	03	00030	01	01	GER	82	F
1491	UBERK	80	1	03	00247	01	01	FRA	83	F
4916	VIVIAN	79	1	01	00457	01	01	FRA	83	F
4660	ROBERT	72	1	01	00535	01	01	GER	81	F
4024	CHARLES	45	1	03	00632	01	01	ITA	87	F
4032	GIGI	36	1	03	00632	01	02	ITA	87	F
4040	ASHLEY	13	1	03	00632	01	03	ITA	87	F
4059	PATRICK	4	1	03	00632	01	04	ITA	87	F
5224	LAURA	66	1	04	00367	01	01	COX	81	F
1203	MARGARET	72	1	05	00403	01	01	FRA	83	F
4256	RAY	41	1	05	00461	01	01	ITA	80	F
3982	ESTER	87	2	06	00103	01	01	WOR	82	F
3044	DALE	86	1	07	00166	01	01	ITA	82	F
3060	VIRGIL	79	1	07	00261	01	01	ITA	86	F
3079	THELMA	77	1	07	00261	01	02	ITA	83	F
3087	NEVA	56	1	07	00261	01	03	ITA	86	F
3095	BRADY	56	1	07	00313	01	01	GER	83	F
1091	FARON	57	1	08	00167	01	01	GER	83	F
1091	SYBIL	50	1	08	00187	01	02	GER	83	F
3516	DWIGHT	40	1	08	00225	01	01	GER	83	F
3524	PAH	38	1	08	00225	01	02	GER	83	F
3532	MARCEA	16	1	08	00225	01	03	GER	83	F
3540	CHRIS	15	1	08	00225	01	04	GER	83	F
4022	KEITH	24	1	09	00492	01	01	GER	81	F
3281	J. M.	63	1	09	00483	01	01	WOR	82	F
3141	KOMA	82	1	11	00129	01	02	NAJ	81	F
3166	WANCY	82	1	11	00174	01	01	FRA	83	F
3470	ARA	85	1	11	00569	01	01	WOR	83	F
3430	OSBIE	18	1	11	00763	01	01	WOR	83	F
3446	MARDA	12	1	11	00763	01	02	WOR	81	F
1408	WARD	76	1	13	00132	01	01	WOR	83	F
1416	LOUISE	70	1	13	00132	01	02	WOR	83	F
1161	MATHAN	70	1	13	00275	01	01	GER	82	F
5500	JESSE	50	1	13	00327	01	01	ITA	83	F
5519	RUTH	50	1	13	00327	01	02	ITA	83	F
1058	QUITMAN	80	2	16	00111	01	01	GER	83	F
1066	BERTHA	66	2	16	00111	01	02	GER	83	F
1074	CHARLES	66	2	16	00111	01	03	GER	83	F
5365	ARLENDER	60	2	16	00124	01	01	WOR	83	F

06/21/

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 ALL SAMPLE PERSONS WITH BROKEN, NON-RESCHEDULED APPOINTMENTS
 FOR STAND
 SEQUENCED BY SAMPLE NUMBER

SAMPLE NUMBER	NAME	AGE	RACE	SEX	SEQ/SEQ	PAN SP	DATE OF LAST APPT	CURR INTY	SA DISP	FINAL CLOSEOUT
0703	LUCILLE	72	2	F	15	00101	01 01 05/	OPA	B6	F
0746	CHELSEY	1	1	F	10	00140	01 01 04/	WOR	B3	F
0843	OPHELIA	67	2	F	06	00170	01 01 04/	WOR	B2	F
0851	CEDRIC	5	2	M	06	00170	01 02 04/	WOR	B2	F
0878	EMERSON	4	2	M	06	00170	01 03 04/	WOR	B2	F
1106	BENJAMIN	80	1	M	10	00038	01 01 04/	WOR	B2	F
1513	EDALL JAMES	76	1	M	10	00096	01 01 04/	GER	B2	F
1521	LAUREN	11M	1	F	04	00257	01 01 05/	GER	B2	F
1653	ROY	83	1	M	01	00324	01 01 04/	VAN	B2	F
1661	ALMA	82	1	F	01	00324	01 02 04/	VAN	B2	F
1734	KATHERINE	36	2	F	22	00057	01 02 05/	ITA	B2	F
2242	ADDIE MAE	79	2	F	17	00037	01 01 05/	OPA	B2	F
2854	M. B.	63	1	M	10	00724	01 01 05/	GER	B2	F
3249	ROBERT	85	1	M	01	00643	01 01 05/	ITA	B2	F
3508	VERBA	81	1	F	20	00516	01 01 05/	ITA	B2	F
3591	DANN	18	1	F	21	00335	01 02 05/	ITA	B3	F
3869	IRENE	79	1	F	19	00468	01 01 05/	GER	B2	F
3877	BILLIE	82	1	M	19	00468	01 02 05/	GER	B2	F
4210	AULTON	57	1	M	20	00745	01 01 04/	GER	B2	F
4261	EDGAR	77	1	M	11	00446	01 01 05/	GER	B2	F
4733	FANNIE	88	1	F	11	00642	01 01 05/	WOR	B2	F
4792	ANGEL	58	1	M	11	00710	01 01 01	WOR	B2	F
4806	LEAH	75	1	F	11	00710	01 01 02	WOR	B2	F
5373	LORNAE	36	1	F	11	00230	01 01 05/	WOR	B6	F
5411	BIRDIE	84	1	F	11	00734	01 01 05/	MAJ	B2	F
5489	FRANK	30	1	M	19	00123	01 01 05/	JAN	B2	F
5659	BILL	25	1	M	19	00293	01 01 01	GER	B2	F
5667	MENDOLYN	25	1	F	19	00293	01 02	GER	B2	F
5675	BEATHER	1	1	F	19	00293	01 03	GER	B2	F

TOTAL NUMBER OF SAMPLE PERSONS: 29

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NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 ALL SAMPLE PERSONS WITH BROKEN, NON-RESCHEDULED APPOINTMENTS
 FOR STAND
 SEQUENCED BY LAST NAME

SAMPLE NUMBER	NAME	AGE	RACE	SEX	SEG/SEER	FAM SP	DATE OF		CURR SA	FINAL	
							LAST	REPT			
									INTV	DISP	CLOSURE
'0843	OPHELIA	67	2	F	06 00170	01 01 04			WOR	B2	F
'0851	CEDRIC	5	2	M	06 00170	01 02 04			WOR	B2	F
'0878	EMERSON	4	2	M	06 00170	01 03 04			WOR	B2	F
'1521	LAUREN	11M	1	F	04 00217	01 01 05			GER	B2	F
'9411	MURDIE	61	1	F	11 00714	01 01 05			MAJ	B2	F
'1653	ROZ	83	1	M	01 00324	01 01 04			VAM	B2	F
'1661	ALMA	82	1	F	01 00324	01 02 04			VAM	B2	F
'3508	VERNA	81	1	F	20 00516	01 01 05			ITA	B2	F
'2242	ADDIE	79	2	F	17 00037	01 01 05			OPA	B2	F
'2854	B.	63	1	M	10 00724	01 01 05			GER	B2	F
'4792	ANSEL	69	1	M	11 00718	01 01 05			WOR	B2	F
'4806	LEAN	75	1	F	11 00718	01 02 05			WOR	B2	F
'3249	ROBERT	68	1	M	21 00643	01 01 05			ITA	B2	F
'1513	JAMES	74	1	M	10 00096	01 01 04			GER	B2	F
'5489	FRANK	30	1	M	19 00125	01 01 05			JAN	B2	F
'1734	KATHERINE	36	2	F	22 00037	01 02 05			ITA	B2	F
'0703	LUCILLE	72	2	F	15 00101	01 01 05			OPA	B6	F
'4733	FANNIE	86	1	F	11 00602	01 01 05			WOR	B2	F
'1106	BENJAMIN	80	1	M	01 00038	01 01 04			WOR	B2	F
'4261	EDGAR	77	1	M	11 00446	01 01 05			GER	B2	F
'5659	L.	25	1	M	19 00233	01 01 05			GER	B2	F
'5673	THER	1	1	F	19 00233	01 01 03			GER	B2	F
'5673	DOLEH	23	1	F	19 00233	01 02 05			GER	B2	F
'3591	DAWN	18	1	F	21 00339	01 02 05			ITA	B3	F
'0746	CHELSEY	1	1	F	10 00148	01 01 04			WOR	B3	F
'3869	IRENE	79	1	F	19 00468	01 01 05			GER	B2	F
'3877	BILLIE	82	1	M	19 00468	01 02 05			GER	B2	F
'4210	AULTON	57	1	M	20 00765	01 01 04			GER	B2	F
'5373	LORAIN	50	1	F	21 00238	01 01 05			WOR	B2	F

TOTAL NUMBER OF SAMPLE PERSONS: 28

05/20/ NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 ALL SAMPLE PERSONS WITH BROKEN, NON-RESCHEDULED APPOINTMENTS
 FOR STAND
 SEQUENCED BY SEGMENT AND SERIAL

SAMPLE NUMBER	NAME	AGE RACE SEX			SEQ/SEER			DATE OF			CURR BA	DA	FINAL
		AGE	RACE	SEX	SEQ	SEER	FAM	SP	LAST	APPT			
1653	ROY	83	1	M	01	00324	01	01	04/	VAM	B2	F	
1661	ALMA	82	1	F	01	00324	01	02	04/	VAM	B2	F	
1467	CLYPTON	22	1	M	03	00085	01	01	05/	ITA	B2	F	
1521	LAUREN	11M	1	F	06	00257	01	01	05/	GER	B2	F	
0843	OPHELIA	67	2	F	06	00170	01	01	04/	WOR	B2	F	
0851	CEDRIC	5	2	M	06	00170	01	02	04/	WOR	B2	F	
0878	EMERSON	4	2	M	06	00170	01	03	04/	GER	B2	F	
1513	JAMES	74	1	M	10	00096	01	01	04/	WOR	B3	F	
0786	CHELSEY	1	1	F	10	00148	01	01	04/	WOR	B3	F	
2854	H.	63	1	M	10	00724	01	01	05/	GER	B2	F	
4261	EDGAR	77	1	M	11	00466	01	01	05/	GER	B2	F	
4733	FANNIE	86	1	F	11	00682	01	01	05/	WOR	B2	F	
4792	ARSEL	69	1	M	11	00718	01	01	05/	WOR	B2	F	
4806	LEAH	75	1	F	11	00718	01	02	05/	WOR	B2	F	
5411	BIRDIE	84	1	F	11	00734	01	01	05/	MAJ	B2	F	
0783	LUCILLE	72	2	F	15	00101	01	01	05/	OPA	B6	F	
2242	ADDIE	79	2	F	17	00037	01	01	05/	OPA	B6	F	
3489	FRANK	30	1	M	19	00125	01	01	05/	JAM	B2	F	
5659	BILL	25	1	M	19	00293	01	01	05/	GER	B2	F	
5667	MENDOLYN	25	1	F	19	00293	01	02	05/	GER	B2	F	
5675	HEATHER	1	1	F	19	00293	01	03	05/	GER	B2	F	
3369	CRENE	79	1	F	19	00468	01	01	05/	GER	B2	F	
1877	BILLIE	82	1	M	19	00468	01	02	05/	GER	B2	F	
1506	VERNA	81	1	F	20	00516	01	01	05/	ITA	B2	F	
4210	AULTON	57	1	M	20	00765	01	01	04/	GER	B2	F	
3591	DAWN	16	1	F	21	00335	01	02	05/	ITA	B3	F	
1734	KATHERINE	36	2	F	22	00057	01	02	05/	ITA	B2	F	
1106	BENJAMIN	88	1	M	81	00358	01	01	04/	WOR	B2	F	
5373	LOLAINE	58	1	F	81	00258	01	01	05/	WOR	B6	F	
3249	ROBERT	89	1	M	81	00643	01	01	05/	ITA	B2	F	

TOTAL NUMBER OF SAMPLE PERSONS: 30

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NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 ALL NONEXAMINED SAMPLE PERSONS FOR STAND
 SEQUENCED BY NCHS NUMBER

NCHS NUMBER	NAME	AGE	RACE	SEX	SEQ/SEQ	PAN SP
0783	LUCILLE	72	2	F	15 001	01 01
0746	CHELSEY	1	1	F	10 001	01 01
0843	OPHELIA	67	2	F	06 001	01 01
0851	CEDRIC	5	2	M	06 001	01 02
0878	EMERSON	4	2	M	06 001	01 03
1084	FARROW	57	1	M	08 001	01 01
1092	SYBIL	50	1	F	08 001	01 02
1166	BERNARD	80	1	M	01 000	01 01
1181	MATHIAS	78	1	M	13 002	01 01
1203	MARGARET	72	1	F	05 004	01 01
1270	ELVA	80	1	F	01 000	01 01
1343	GRACIE	67	1	F	18 005	01 02
1408	WARD	70	1	M	13 001	01 01
1416	LOUISS	70	1	M	13 001	01 02
1446	WILMER	69	1	M	03 000	01 01
1467	CLIFTON	22	1	M	03 000	01 01
1491	RUBEN	80	1	M	03 002	01 01
1505	VALERIE	4	1	F	18 005	01 01
1513	JAMES	74	1	M	10 000	01 01
1521	LAUREN	11M	1	F	04 002	01 01
1645	ROE AMER	77	1	F	01 002	01 01
1651	ALMA	82	1	F	01 003	01 01
1661	KATHERINE	16	2	F	22 000	01 02
1711	HANK	11	1	M	22 001	01 01
1730	LEIGH	6	1	F	22 001	01 02
1769	QUITMAN	80	2	M	16 001	01 01
1838	BERTNA	68	2	F	16 001	01 02
1866	CHARLES	46	2	M	16 001	01 03
1874	JOYCE	83	1	F	01 004	01 01
1890	VERA	60	2	F	23 000	01 01
2196	ADDIE HAS	79	2	F	17 000	01 01
2242	BURT	70	1	M	01 006	01 01
2673	JEWELL	76	1	F	01 006	01 02
2681	B. B.	63	1	M	10 007	01 01
2856	MATTIE	86	1	F	07 001	01 01
3044	ERSKIN	80	1	M	21 002	01 01
3052	VIRGIL	79	1	M	07 002	01 01
3079	THELMA	77	1	F	07 002	01 02
3087	BEVA	56	1	F	07 002	01 03
3095	BRADY	58	1	M	07 003	01 01
3141	VEORA	82	1	F	11 001	01 02

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NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 ALL NONEXAMINED SAMPLE PERSONS FOR STAND
 SEQUENCED BY RESPONDENT'S NAME

HCMS NUMBER	NAME	AGE	RACE	SEX	SEQ/SEQ	FAM #2
1866	BERTHA	68	2	F	16 001	01 02
1874	CHARLES	46	2	M	16 001	01 03
1898	WILMA	80	2	M	16 001	01 01
0851	CEDRIC	5	2	M	86 001	01 02
0878	EMERSON	4	2	M	86 001	01 03
0843	OPHELIA	67	2	F	86 001	01 01
1505	VALERIE	4	1	F	18 005	01 01
3551	E.	68	1	M	61 004	01 01
5378	VIRGINIA	48	1	F	61 004	01 02
3982	ESTER	87	2	F	86 003	01 02
1521	LAUREN	11M	1	F	84 002	01 01
5411	BENDIS	81	1	F	11 807	01 01
1661	ALMA	82	1	F	01 803	01 02
1653	ROY	83	1	M	02 803	01 01
0848	ASHLEY	13	1	F	03 806	01 03
4824	CHARLES	45	1	M	83 806	01 01
4032	GIGI	36	1	F	83 806	01 02
6059	PATRICK	4	1	M	83 806	01 04
3222	EVA	81	1	F	21 804	02 01
3508	VERNA	81	1	F	28 803	01 01
0401	MARSHA	52	2	F	76 939	01 77
2242	MARCUS	82	2	M	76 939	01 78
3508	ADDIE MAE	79	2	F	17 800	01 01
3519	JESSE	58	1	M	13 803	01 01
1408	RUTH	50	1	F	13 803	01 02
1416	WARD	70	1	M	13 801	01 01
5470	LOUISE	85	1	F	13 801	01 02
3141	SARA	82	1	F	11 803	01 01
0347	WILLIAM	82	1	F	11 801	01 02
0637	BARBARA	74	2	M	76 939	01 74
4660	ROBERT	72	1	M	83 805	01 53
2854	B.	63	1	M	18 887	01 01
3893	STILLIE	58	1	F	19 884	01 02
3885	JAMES	61	1	M	19 884	01 01
3397	ELANDER	87	2	M	01 803	01 83
8290	DOROTHY	37	2	F	76 939	01 69
1491	RUBEN	89	1	M	83 802	01 01
1884	FASON	57	1	M	88 881	01 01
1892	SYBIL	50	1	F	88 881	01 02
3907	JOANIE	31	1	F	18 005	01 01
3915	WILLIAM	52	1	M	18 005	01 02

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 HOME EXAMINEES (ELIGIBLE) -- FOR STAND
 SEQUENCED BY SAMPLE NUMBER

	NAME	AGE	RACE	SEX	SEQ/SER	FAH	SP	CURRENT MEC STATUS	CURRENT HOME STATUS
06	BENJAMIN	80	1	M	01 00038	01 01		B/A	M2
07	MARGARET	72	1	F	05 00403	01 01		E2	M2
08	GRACIE	67	1	F	10 00513	01 02		E4	C1
09	ROY JAMES	74	1	M	10 00096	01 01		B/A	C1
10	ALMA	83	1	M	01 00324	01 01		B/A	M2
11	B.	82	1	F	01 00324	01 02		B/A	M2
12	MATTIE	43	1	M	10 00724	01 01		B/A	M2
13	ERSKIN	86	1	F	07 00164	01 01		E4	M2
14	FRONA	80	1	M	21 00225	01 01		E3	C1
15	EVA	82	1	F	11 00125	01 02		E3	C1
16	ORLANDER	81	1	M	21 00474	01 01		E4	C1
17	VERNA	83	1	M	09 00883	01 01		E4	C1
18	IRENE	87	2	M	01 00504	01 03		E4	C1
19	BILLIE	81	1	F	20 00316	01 01		B/A	M2
20	ESTER	79	1	M	19 00468	01 01		B/A	C1
21	VIVIAN	87	2	F	05 00103	01 01		E4	C1
22	EDGAR	79	1	F	03 00467	01 01		E2	M2
23	ROBERT	77	1	M	11 00466	01 01		E3	C1
24	FANNIE	72	1	M	01 00535	01 01		E3	C1
25	LELUA	86	1	F	11 00682	01 01		B/A	M2
26	LAUREN	81	1	F	19 00316	01 01		E0	M2
27	SIPDIE	88	1	F	04 00367	01 01		E4	C1
28	SEA	84	1	F	11 00734	01 01		B/A	M2
29		75	2	F	17 00105	01 01		E4	C1

TOTAL NUMBER OF HOME EXAMINEES (ELIGIBLE): 25

21/89

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 HOME EXAMINEES (ELIGIBLE) -- FOR STAND
 SEQUENCED BY LAST NAME

	NAME	AGE	RACE	SEX	SEC/SEER	FAM	SP	CURRENT MEC STATUS	CURRENT HOME STATUS
982	BIRDIE	87	2	F	06 00303	01	01	E4	C1
411	ESTER	84	1	F	11 00734	01	01	B/A	B2
653	ROY	83	1	M	01 00324	01	01	B/A	B2
661	ALMA	82	1	F	01 00324	01	02	B/A	B2
222	EVA	81	1	F	21 00774	01	01	E3	C1
508	VERNA	81	1	F	20 00316	01	01	B/A	B2
398	NORMA	82	2	F	76 99999	01	77	B/A	C1
401	MARCUS	82	2	M	76 99999	01	78	B/A	C1
141	FLORA	82	1	F	11 00129	01	02	E4	C1
247	WILLIAM	74	2	M	76 99999	01	74	E3	C1
660	ROBERT	72	1	M	03 00335	01	01	B/A	C1
854	B.	63	1	M	10 00724	01	01	E4	C1
397	ORLANDER	67	2	M	01 00304	01	01	E4	C1
290	DOROTHY	37	2	F	76 99999	01	69	E8	C2
855	LELMA	81	1	F	19 00316	01	01	B/A	C1
513	JAMES	74	1	M	10 00096	01	01	E8	B4
016	VIVIAN	79	1	F	03 00467	01	01	B/A	C1
343	GRACIE	67	1	F	16 00513	01	02	E2	B2
044	MATTIE	86	1	F	07 00164	01	01	E4	C1
281	J.	83	1	M	09 00083	01	01	E4	B2
293	MARGARET	72	1	F	05 00403	01	01	E4	C1
225	LAURA	88	1	F	04 00367	01	01	E4	C1
304	MILDRED	50	1	F	76 99999	01	70	E4	C1
312	A.-J.	63	1	M	76 99999	01	71	B/A	C1
733	FANNIE	86	1	F	11 00602	01	01	B/A	B2
052	ERSKIN	80	1	M	21 00225	01	01	E3	B2
166	BENJAMIN	80	1	M	01 00030	01	01	B/A	B2
261	EDGAR	77	1	M	11 00446	01	01	B/A	C1
282	LOU	66	1	F	76 99999	01	68	B/A	C1
869	IRENE	78	1	F	76 99999	01	68	B/A	C1
877	BILLIE	82	1	F	19 00468	01	01	B/A	C1
274	MARY ELIZABETH	83	1	F	76 99999	01	67	B/A	C1
339	VELMA	83	1	F	76 99999	01	73	E4	C1
462	BEA	78	2	F	17 00165	01	01	E4	C1

TOTAL NUMBER OF HOME EXAMINEES (ELIGIBLE): 34

11/89

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 HOME EXAMINEES (ELIGIBLE) -- FOR STAND
 SEQUENCED BY SEGMENT, SERIAL, FAMILY AND SP NUMBERS

	NAME	AGE	RACE	SEX	SEG/DBE	FAM SP	CURRENT MEC STATUS	CURRENT HOME STATUS
53	ROY	83	1	M	01 00324	01 01	B/A	M2
61	ALMA	82	1	F	01 00324	01 02	B/A	M2
16	VIVIAN	79	1	F	03 00467	01 01	E2	M2
60	ROBERT	72	1	M	03 00335	01 01	E3	M2
25	LAURA	66	1	F	04 00367	01 01	E4	C1
03	MARGARET	72	1	F	05 00403	01 01	E4	C1
62	ESTER	87	2	F	06 00303	01 01	E4	M2
44	MATTIE	86	1	F	07 00164	01 01	E4	C1
81	J. M.	83	1	M	09 00283	01 01	E4	M2
13	JAMES	74	1	M	10 00096	01 01	B/A	C1
54	S.	63	1	M	10 00724	01 01	B/A	C1
41	FEOMA	82	1	F	11 00120	01 02	B/A	M2
61	EDGAR	77	1	M	11 00446	01 01	E4	C1
33	FANNIE	86	1	F	11 00482	01 01	B/A	C1
11	SEA	64	1	F	11 00734	01 01	B/A	M2
62	GRACIE	78	2	F	17 00105	01 01	E4	M2
43	LELA	87	1	F	18 00313	01 02	E4	C1
55	IRENE	81	1	F	19 00316	01 01	E4	C1
69	BILLIE	79	1	F	19 00468	01 01	E4	M4
77	VERNA	82	1	M	19 00468	01 01	B/A	C1
08	VERNA	81	1	F	20 00515	01 01	B/A	C1
52	ERSKIN	80	1	M	21 00225	01 01	B/A	M2
22	EVA	81	1	F	21 00225	01 01	E3	M2
74	LOU ELIZABETH	85	1	F	21 00474	01 01	E3	C1
82	LOU	85	1	F	28 00000	01 67	E3	C1
90	DOROTHY	66	1	F	28 00000	01 68	E3	C1
84	HILDED	37	2	F	28 00000	01 69	E3	C1
12	A.J.	50	1	P	28 00000	01 70	E3	C1
39	VELMA	63	1	M	28 00000	01 71	E3	C1
47	WILLIAM	63	1	F	28 00000	01 72	E3	C1
98	MORNA	74	2	M	28 00000	01 73	E3	C1
01	MARCUS	32	2	P	28 00000	01 74	E3	C1
06	BENJAMIN	62	2	M	28 00000	01 77	E3	C1
87	ORLANDER	80	1	M	28 00000	01 78	E3	C1
97		87	3	M	01 00504	01 03	B/A	M2
							E4	C1

TOTAL NUMBER OF HOME EXAMINEES (ELIGIBLE): 34

1.

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 MASTER LIST OF REPLICATE SAMPLE PERSONS
 (MEC)

Stand: _____ Date: 05/20/_____

Segment/Serial: 76/999

<u>REPLICATE NUMBER</u>	<u>ORIGINAL NUMBER</u>	<u>AGE</u>	<u>SEX</u>	<u>EXAM DATE</u>	<u>TIMESLOT</u>
0088	2161	75 Y	M	05/11/	M
0096	2188	74 Y	F	04/28/	M
0118	4466	23 Y	F	05/02/	M
0134	2048	12 Y	M	05/04/	M
0142	2013	63 Y	M	05/04/	M
0150	2021	50 Y	F	05/04/	M
0169	2064	19 Y	M	05/05/	M
0177	4237	19 Y	M	05/05/	M
0185	0940	16 Y	F	05/07/	M
0193	0932	36 Y	F	05/07/	M
0207	0959	14 Y	F	05/07/	M
0215	3672	17 Y	F	05/06/	M
0223	3125	19 Y	M	05/11/	M
0231	5330	62 Y	M	05/12/	M
0258	2218	53 Y	M	05/20/	M
0266	2226	54 Y	F	05/19/	M
0320	3702	63 Y	M	05/18/	M
0363	3265	25 Y	F	05/19	A
0371	3273	62 Y	F	05/19	A
0428	3990	72 Y	M	05/18	M
0436	4008	57 Y	F	05/18	M

Total records printed: 21

End of Report

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
MASTER LIST OF REPLICATE SAMPLE PERSONS
(HOME EXAM)

Stand: _____ Date: 05/20/

Segment/Serial: 76/99999

<u>REPLICATE NUMBER</u>	<u>ORIGINAL NUMBER</u>	<u>AGE</u>	<u>SEX</u>	<u>EXAM DATE</u>	<u>TIMESLOT</u>
0274	2102	89 Y	F	05/12/	010:00AM
0282	4083	66 Y	F	05/18/	002:45PM
0290	2439	37 Y	F		
0304	2021	50 Y	F	05/13,	008:30AM
0312	2013	63 Y	M	05/13,	008:30AM
0339	3753	83 Y	F	05/19,	010:30AM
0347	3036	74 Y	M	05/14,	008:30AM
0398	5357	52 Y	F	05/18,	008:30AM
0401	5349	62 Y	M	05/18,	008:30AM

Total records printed: 9

End of Report

1.

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
MASTER LIST OF DRYRUN SAMPLE PERSONS
(MEC)

Stand: _____ Date: 05/20/____

Segment/Serial: 7/999

<u>SAMPLE NUMBER</u>	<u>NAME</u>	<u>AGE</u>	<u>SEX</u>	<u>EXAM DATE</u>
0010	BRIAN			
0029	DON			
0037	BARBARA			
0045	DAYTON			
0053	DAYTON			
0061	HELENE			

tal records printed: 6

End of Report

Date: 08/06/

**** NHANES III CONTROL CARD ****

Name: PHILLIP
Address: 903 ELM AVE
Phone: 932-4322

SEGMENT/SERIAL: 02 / 0010
Family: 02 SP: 01 NCHS NO: 0016
DISPS--[SP: S1 () EXAM: E1 ()]
MD: DDS:

Age: 28Y Bdate: 02/15/ Race/Eth: 1/2 Sex: M Lang: S Consent: 1 GTT: M
Date Examined: --/--/-- Transp Code: Pick-up Time: 05:30 PM Authorization: 0

REMARKS: SPEAKS SPANISH ONLY

APPOINTMENT INFORMATION

<u>Date</u>	<u>Interviewer</u>	<u>Result</u>	<u>Timeslot</u>
08/04/	NOR	2	E
		-	

LOGFILE LISTING
 DATE: 05/24/ STAND:

<u>SEG/SER</u>	<u>FAM/SP</u>	<u>NCHS NO.</u>	<u>ACTION - DATE</u>	<u>FROM</u>	<u>TO</u>
01/00358	01/01	0059	NO SHOW 05/18/		
01/00565	01/01	0040	APP MADE 05/18/		
01/00010	01/01	0393	IDENTIFIED 05/18		
01/00010	01/01	0393	DISP CHNGE 05/18		S3
01/00010	01/01	0393	DISP CHNGE 05/18		E2
01/00010	/		REASSIGNED 05/18	NOR	DEB
01/00565	/		REASSIGNED 05/18	SHE	DEB
01/00358	/		REASSIGNED 05/18	SHE	OGA
01/00095	01/		DISP CHNGE 05/18		F2
01/00095	/		REASSIGNED 05/18	DEB	SHE
01/00358	01/01	0059	APP MADE 05/20/		
01/00358	01/01	0059	NO SHOW 05/20/		
02/00010	01/03	0199	EXAMINED 05/20/		
02/00010	01/04	0202	EXAMINED 05/20/		
02/00010	01/01	0172	APP CHANGE 05/20		
02/00010	01/02	0180	APP CHANGE 05/20		
02/00063	01/01	0105	NO SHOW 05/20/		
02/00063	01/02	0113	NO SHOW 05/20/		
02/00063	01/03	0121	NO SHOW 05/20/		
02/00063	01/04	0148	NO SHOW 05/20/		
02/00063	01/05	0156	NO SHOW 05/20/		
02/00063	01/06	0164	NO SHOW 05/20/		
02/00071	01/01	0229	EXAMINED 05/20/		
02/00102	01/01	0016	CANCELLED 05/20/		
01/00161	/		DISP CHNGE 05/20,		11
01/00161	01/01	0407	IDENTIFIED 05/20,		
01/00161	01/01	0407	DISP CHNGE 05/20,		S3
01/00161	01/01	0407	DISP CHNGE 05/20,		E2
01/00010	01/		DISP CHNGE 05/20,		F2
01/00010	01/01	0393	DISP CHNGE 05/20,		S3
01/00010	01/01	0393	DISP CHNGE 05/20,		E2
01/00010	/		REASSIGNED 05/20,	DEB	SHE
01/00358	/		REASSIGNED 05/20,	OGA	NOR
02/00076	/		DISP CHNGE 05/20/	15	13
02/00076	01/01	0415	IDENTIFIED 05/20/		
02/00076	01/01	0415	DISP CHNGE 05/20/		S3
02/00076	01/01	0415	DISP CHNGE 05/20/		E2
02/00424	/		DISP CHNGE 05/20/		12
02/00076	/		REASSIGNED 05/20/	GEB	BAR

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

END OF STAND DUMP - STAND:

06/20/

SP's with disposition of S1 or S2 - Youth

<u>SEGMENT</u>	<u>SERIAL</u>	<u>FAMILY</u>	<u>SF NO.</u>	<u>NCHS NO.</u>
08	00064	01	03	0541
08	00064	01	04	0568
06	00099	01	02	0614
06	00141	01	01	0711
10	00041	01	01	0738
10	00148	01	01	0746
06	00170	01	02	0851
06	00170	01	03	0878
17	00082	01	03	0940
17	00082	01	04	0959
17	00082	01	05	0967
10	00588	01	01	0975
10	00588	01	02	0983
15	00143	01	02	1017
15	00143	01	03	1025
01	00023	01	01	1033
05	00429	01	01	1076
10	00410	01	03	1130
02	00169	01	01	1149
07	00083	01	01	1289
18	00063	01	01	1327
18	00513	01	05	1386
18	00513	01	06	1394
03	00085	01	03	1483
04	00257	01	01	1521
10	00245	01	03	1564
21	00063	01	02	1599
21	00063	01	01	1602
81	00203	01	03	1610
81	00203	01	01	1629
81	00203	01	02	1637
22	00044	01	01	1718
22	00170	01	01	1750
22	00170	01	02	1769
09	00207	01	03	1785
09	00207	01	04	1793
09	00207	01	05	1807
16	00111	01	05	1823
20	00435	01	01	1831
17	00011	01	03	1920
17	00011	01	04	1939
07	00287	01	01	1998
09	00252	01	03	2048
14	00049	01	03	2072
17	00024	01	01	2080
23	00054	01	01	2153
23	00096	01	03	2285

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

END OF STAND DUMP - STAND:

SP's with disposition of S1 or S2 - Adult

<u>SEGMENT</u>	<u>SERIAL</u>	<u>FAMILY</u>	<u>SP NO.</u>	<u>NCHS NO.</u>
08	00080	01	01	0517
08	00064	01	01	0525
08	00064	01	02	0533
15	00114	01	01	0576
06	00086	01	01	0584
06	00086	01	02	0592
06	00099	01	01	0606
17	00079	01	01	0622
15	00017	01	01	0630
15	00017	01	02	0649
15	00017	01	03	0657
15	00017	01	04	0665
15	00017	01	05	0673
15	00046	01	01	0681
15	00101	01	01	0703
05	00186	01	01	0754
05	00186	01	02	0762
04	80000	01	01	0770
04	80000	01	02	0789
02	00266	01	01	0797
02	00266	01	02	0800
04	00176	01	01	0819
04	00176	01	02	0827
04	00176	01	03	0835
06	00170	01	01	0843
03	00205	01	01	0886
03	00205	01	02	0894
03	00205	01	03	0908
03	00205	01	04	0916
17	00082	01	01	0924
17	00082	01	02	0932
02	00389	01	01	0991
15	00143	01	01	1009
05	00131	01	01	1041
05	00131	01	02	1068
81	00038	01	01	1106
10	00410	01	01	1114
10	00410	01	02	1122
13	00107	01	01	1157
13	00107	01	02	1173
13	00275	01	01	1181
15	00062	01	01	1211
15	00062	01	02	1238
09	00155	01	01	1262
81	00054	01	01	1270
15	00088	01	01	1297
16	00108	01	01	1319

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

10.

END OF STAND DUMP - STAND:

06/20/

SP's with disposition of S1 - Age 17+

<u>SEGMENT</u>	<u>SERIAL</u>	<u>FAMILY</u>	<u>SP NO.</u>	<u>NCHS NO.</u>
08	00080	01	01	0517
08	00064	01	01	0525
08	00064	01	02	0533
15	00114	01	01	0576
06	00086	01	01	0584
06	00086	01	02	0592
06	00099	01	01	0606
17	00079	01	01	0622
15	00017	01	01	0630
15	00017	01	02	0649
15	00017	01	03	0657
15	00017	01	04	0665
15	00017	01	05	0673
15	00046	01	01	0681
05	00186	01	01	0754
05	00186	01	02	0762
04	80000	01	01	0770
04	80000	01	02	0789
02	00266	01	01	0797
02	00266	01	02	0800
04	00176	01	01	0819
04	00176	01	02	0827
04	00176	01	03	0835
06	00170	01	01	0843
03	00205	01	01	0886
03	00205	01	02	0894
03	00205	01	03	0908
03	00205	01	04	0916
17	00082	01	01	0924
17	00082	01	02	0932
02	00389	01	01	0991
15	00143	01	01	1009
05	00131	01	01	1041
05	00131	01	02	1068
81	00038	01	01	1106
10	00410	01	01	1114
10	00410	01	02	1122
13	00107	01	01	1157
13	00107	01	02	1173
15	00062	01	01	1211
15	00062	01	02	1238
09	00155	01	01	1262
81	00054	01	01	1270
15	00088	01	01	1297
16	00108	01	01	1319
18	00513	01	01	1335
18	00513	01	02	1343

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

END OF STAND DUMP - STAND:

SP's with disposition of S3 or S5

<u>SEGMENT</u>	<u>SERIAL</u>	<u>FAMILY</u>	<u>SP NO.</u>	<u>NCHS NO.</u>
08	00187	01	01	1084
08	00187	01	02	1092
05	00403	01	01	1203
13	00152	01	01	1408
13	00152	01	02	1416
03	00247	01	01	1491
18	00584	01	01	1505
01	00272	01	01	1645
16	00111	01	01	1858
16	00111	01	02	1866
16	00111	01	03	1874
81	00423	01	01	1890
23	00012	01	01	2196
01	00612	01	01	2633
01	00612	01	02	2641
07	00261	01	02	3079
07	00313	01	01	3095
11	00174	01	01	3168
20	00448	01	01	3478
20	00448	01	02	3486
20	00448	01	03	3494
08	00925	01	01	3516
08	00925	01	02	3524
08	00925	01	03	3532
08	00925	01	04	3540
21	00335	01	01	3583
21	00649	01	01	3656
23	00148	01	01	3710
23	00148	01	02	3729
19	00471	01	01	3885
19	00471	01	02	3893
19	00523	01	01	3907
19	00523	01	02	3915
19	00523	01	03	3923
19	00523	01	04	3931
03	00467	01	01	4016
23	00216	01	02	4385
23	00287	01	01	5195
23	00287	01	02	5209
23	00287	01	03	5217
81	00151	01	01	5233
19	00073	01	01	5241
16	00124	01	01	5365
11	00763	01	01	5438
11	00569	01	01	5470
13	00327	01	01	5500
13	00327	01	02	5519

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

18.

END OF STAND DUMP - STAND:

06/20/

Families with disposition of F1

<u>SEGMENT</u>	<u>SERIAL</u>	<u>FAMILY</u>
01	00023	01
01	00175	01
01	00324	01
01	00492	01
01	00544	01
01	00667	01
02	00062	01
02	00169	01
02	00266	01
02	00389	01
02	00428	01
02	00431	01
02	00554	01
02	00606	01
02	00622	01
03	00030	01
03	00085	01
03	00205	01
03	00535	01
04	00176	01
04	00257	01
04	00273	01
04	00325	01
04	00367	01
04	80000	01
05	00131	01
05	00186	01
05	00351	01
05	00429	01
05	00461	01
05	00513	01
06	00086	01
06	00099	01
06	00125	01
06	00138	01
06	00141	01
06	00154	01
06	00167	01
06	00170	01
06	00235	01
06	00251	01
06	00303	01
06	00316	01
06	00332	01
07	00083	01
07	00096	01
07	00106	01

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

END OF STAND DUMP - STAND:

Screeners with disposition of 11

<u>SEGMENT</u>	<u>SERIAL</u>
01	00023
01	00175
01	00272
01	00324
01	00492
01	00544
01	00612
01	00667
02	00062
02	00169
02	00266
02	00389
02	00428
02	00431
02	00554
02	00606
02	00622
03	00030
03	00085
03	00205
03	00247
03	00467
03	00535
03	00632
04	00176
04	00257
04	00273
04	00325
04	00367
04	80000
05	00131
05	00186
05	00351
05	00403
05	00429
05	00461
05	00513
06	00086
06	00099
06	00125
06	00138
06	00141
06	00154
06	00167
06	00170
06	00235
06	00251

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

29.

06/20/

END OF STAND DUMP - STAND:

Screeners with disposition of 10

<u>SEGMENT</u>	<u>SERIAL</u>
01	00010
01	00049
01	00065
01	00081
01	00117
01	00133
01	00162
01	00188
01	00191
01	00201
01	00214
01	00227
01	00230
01	00243
01	00256
01	00269
01	00285
01	00298
01	00308
01	00337
01	00353
01	00366
01	00379
01	00382
01	00395
01	00418
01	00421
01	00434
01	00447
01	00450
01	00463
01	00502
01	00515
01	00531
01	00557
01	00560
01	00586
01	00625
01	00638
01	00641
01	00654
01	00670
01	00683
01	00706
01	00719
01	00722
01	80000

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

47.

6/20/

END OF STAND DUMP - STAND:

Screeners with disposition of 12

<u>SEGMENT</u>	<u>SERIAL</u>
02	00130
04	00082
04	00215
04	00286
04	00406
06	00345
07	00041
07	00494
07	00562
08	00954
08	01018
08	01089
08	01115
08	01131
09	00113
09	00414
09	00508
09	00524
09	00537
10	00067
10	00135
10	00177
10	00290
10	00782
10	00847
10	00889
10	00915
11	00019
11	00035
11	00585
11	00611
13	00110
13	00408
18	00610
19	00031
19	00617
19	80050
21	00199
21	00814
23	00229
23	00290
81	00177
81	00436
81	00737

total records printed: 44

05/20/

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 MASTER LIST OF SAMPLE PERSONS FOR STAND
 SEQUENCED BY SAMPLE NUMBER

1

SAMPLE NUMBER	NAME	AGE	RACE	SEX	SEQ/SEQ	FAM ID	CURRENT MEC STATUS	CURRENT HOME STATUS
0126	SANDRA	37	1	F	19 00073	01 51	EXAMINED	EXAMINED
0355	EARLINE	56	2	F	01 00148	01 51	EXAMINED	EXAMINED
0317	EFFIE A.	88	1	F	08 00000	01 01	EXAMINED	EXAMINED
0525	DORNA	23	1	F	08 00064	01 01	EXAMINED	EXAMINED
0533	BARDY	23	1	M	08 00064	01 02	EXAMINED	EXAMINED
0541	CHRISTY	5	1	F	08 00064	01 03	EXAMINED	EXAMINED
0568	JERRY	1	1	M	08 00064	01 04	EXAMINED	EXAMINED
0576	WILLIE	51	2	M	13 00114	01 01	EXAMINED	EXAMINED
0584	SMOCH	62	2	M	06 00086	01 01	EXAMINED	EXAMINED
0592	LORENE	56	2	F	06 00086	01 02	EXAMINED	EXAMINED
0606	CLAUDELL	65	2	M	06 00095	01 01	EXAMINED	EXAMINED
0614	JESSICA	3	2	F	06 00095	01 02	EXAMINED	EXAMINED
0622	BIRDIE W.	81	2	F	17 00079	01 01	EXAMINED	EXAMINED
0630	RAYFIELD	58	2	M	15 00017	01 01	EXAMINED	EXAMINED
0649	YULA	52	2	F	15 00017	01 02	EXAMINED	EXAMINED
0657	LEONA	80	2	F	15 00017	01 04	EXAMINED	EXAMINED
0665	JAMES	25	2	M	15 00017	01 05	EXAMINED	EXAMINED
0673	MICHAEL	19	2	M	15 00046	01 01	EXAMINED	EXAMINED
0681	TOMMIE	50	2	M	15 00046	01 01	EXAMINED	EXAMINED
0703	LUCILLE	72	2	F	15 00161	01 01	B/A	B/A
0711	RUSSEAN	1	2	F	06 00141	01 01	EXAMINED	EXAMINED
0738	HELL GRET GEE	2	1	M	10 00041	01 01	EXAMINED	EXAMINED
0746	HELETT	1	1	F	18 00148	01 01	B/A	B/A
0754	THEODORE ?	80	1	M	05 00186	01 01	EXAMINED	EXAMINED
0762	MARY C.	63	1	F	05 00186	01 02	EXAMINED	EXAMINED
0770	CLARENCE	82	1	M	04 00000	01 01	EXAMINED	EXAMINED
0789	JAMIE L.	80	1	F	04 00000	01 02	EXAMINED	EXAMINED
0797	CLEVELAND S.	62	1	M	02 00266	01 01	EXAMINED	EXAMINED
0806	MARY EMILY	58	1	F	02 00266	01 02	EXAMINED	EXAMINED
0819	JAMES	70	1	M	04 00176	01 01	EXAMINED	EXAMINED
0827	BERTHA	70	1	F	04 00176	01 02	EXAMINED	EXAMINED
0835	NINNIE BELL	91	1	F	04 00176	01 03	EXAMINED	EXAMINED
0843	OPHELIA	67	2	F	06 00176	01 01	B/A	B/A
0851	GRORIC	5	2	M	06 00176	01 02	B/A	B/A
0878	EMERSON	4	2	M	06 00176	01 03	B/A	B/A
0886	EDDIE	52	1	M	03 00205	01 01	EXAMINED	EXAMINED
0894	BILLIE RUTH	42	1	F	03 00205	01 02	EXAMINED	EXAMINED
0908	GREGORY	18	1	M	03 00205	01 03	EXAMINED	EXAMINED
0916	LESLIE	77	1	F	03 00205	01 04	EXAMINED	EXAMINED
0924	JOHN	41	2	M	17 00082	01 01	EXAMINED	EXAMINED
0932	BETTY	36	2	F	17 00082	01 02	EXAMINED	EXAMINED
0940	SUSAN	16	2	F	17 00082	01 03	EXAMINED	EXAMINED

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

29.

06/20/89

END OF STAND DUMP - STAND: 107

Screeners with disposition of 10

<u>SEGMENT</u>	<u>SERIAL</u>
01	00010
01	00049
01	00065
01	00081
01	00117
01	00133
01	00162
01	00188
01	00191
01	00201
01	00214
01	00227
01	00230
01	00243
01	00256
01	00269
01	00285
01	00298
01	00308
01	00337
01	00353
01	00366
01	00379
01	00382
01	00395
01	00418
01	00421
01	00434
01	00447
01	00450
01	00463
01	00502
01	00515
01	00531
01	00557
01	00560
01	00586
01	00625
01	00638
01	00641
01	00654
01	00670
01	00683
01	00706
01	00719
01	00722
01	80000

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

47.

END OF STAND DUMP - STAND: 107

6/20/89

Screeners with disposition of 12

<u>SEGMENT</u>	<u>SERIAL</u>
02	00130
04	00082
04	00215
04	00286
04	00406
06	00345
07	00041
07	00494
07	00562
08	00954
08	01018
08	01089
08	01115
08	01131
09	00113
09	00414
09	00508
09	00524
09	00537
10	00067
10	00135
10	00177
10	00290
10	00782
10	00847
10	00889
10	00915
11	00019
11	00035
11	00585
11	00611
13	00110
13	00408
18	00610
19	00031
19	00617
19	80050
21	00199
21	00814
23	00229
23	00290
81	00177
81	00436
81	00737

total records printed: 44

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

48.

END OF STAND DUMP - STAND:

06/20/

Screeners with disposition of 30 or 31

<u>SEGMENT</u>	<u>SERIAL</u>
01	00036
01	00052
01	00120
01	00159
01	00311
01	00340
01	00405
01	00489
01	00573
01	00599
01	00696
01	80010
02	00240
02	00282
02	00295
02	00305
02	00334
02	00635
02	00648
02	80010
03	00069
03	00072
03	00108
03	00221
03	00386
03	00580
04	00053
04	00095
04	00134
04	00228
04	00309



NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

53.

6/20/89

END OF STAND DUMP - STAND: 107

Screeners with disposition of 32

<u>SEGMENT</u>	<u>SERIAL</u>
01	00078
01	00094
01	00104
01	00146
01	00476
01	00528
01	00609
02	00017
02	00020
02	00033
02	00046
02	00088
02	00114
02	00156
02	00185
02	00198
02	00211
02	00237
02	00376
02	00457
02	00509
02	00538
02	00541
03	00250
03	00425
03	00441
03	00593
04	00079
04	00105
04	00396
05	00306
06	00206
06	00219
06	00222
07	00054
07	00119
07	00300
07	00504
07	00546
07	00656
07	00737
07	00753
08	00145
08	00190
08	00200
08	00213
08	00226

01/11/89

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
SCREENERS WITHOUT DISPOSITIONS (ORIGINAL WORK)
FOR STAND 103
SEQUENCED BY SEGMENT/SERIAL NUMBERS

<u>SEGMENT</u>	<u>SERIAL</u>	<u>ORIG INTVR</u>
03	00397	CIA
11	00949	ROB
15	00316	MAR
15	00808	FIS
17	00242	MAR
20	00462	FIS
81	00599	ELL
81	00638	ELL

/20/89

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 LIST OF PEOPLE 60 YEARS OF AGE AND OLDER (STAND:)
 SEQUENCED BY SAMPLE NUMBER

<u>SAMPLE NUMBER</u>	<u>SEG-SER-FAM-SP</u>	<u>AGE</u>	<u>SCREENER DISP</u>	<u>FAMILY DISP</u>	<u>SP DISP</u>	<u>EXAM DISP</u>	<u>EXAM DATE</u>
0517	08-00080-01-01	88	11	F1	S1	E1	04/18/
0584	06-00086-01-01	62	11	F1	S1	E1	05/11/
0606	06-00099-01-01	65	11	F1	S1	E1	04/21/
0622	17-00079-01-01	81	11	F1	S1	E1	05/13/
0657	15-00017-01-03	80	11	F1	S1	E1	05/06/
0681	15-00046-01-01	90	11	F1	S1	E1	04/18/
0703	15-00101-01-01	72	11	F1	S2	E1	
0754	05-00186-01-01	80	11	F1	S1	E1	04/19/
0762	05-00186-01-02	63	11	F1	S1	E1	04/19/
0770	04-80000-01-01	82	11	F1	S1	E1	04/21/
0789	04-80000-01-02	80	11	F1	S1	E1	04/21/
0797	02-00266-01-01	62	11	F1	S1	E1	05/07/
0819	04-00176-01-01	70	11	F1	S1	E1	04/26/
0827	04-00176-01-02	70	11	F1	S1	E1	04/26/
0835	04-00176-01-03	91	11	F1	S1	E1	04/26/
0843	06-00170-01-01	67	11	F1	S1	E1	
0916	03-00205-01-04	77	11	F1	S1	E1	04/29/
0991	02-00389-01-01	85	11	F1	S1	E1	04/25/
1106	81-00038-01-01	80	11	F1	S1	E1	
1181	13-00275-01-01	78	11	F1	S2	E2	
1203	05-00403-01-01	72	11	F2	S3	E2	
1211	15-00062-01-01	64	11	F1	S1	E1	04/25/
1262	09-00155-01-01	70	11	F1	S1	E1	04/19/
1270	81-00054-01-01	80	11	F1	S1	E2	
1319	16-00108-01-01	75	11	F1	S1	E1	04/26/
1335	18-00513-01-01	68	11	F1	S1	E1	04/19/
1343	18-00513-01-02	67	11	F1	S1	E4	
1408	13-00152-01-01	70	11	F2	S3	E2	
1416	13-00152-01-02	70	11	F2	S3	E2	
1424	13-00178-01-01	82	11	F1	S1	E1	04/20/
1432	01-00175-01-01	85	11	F1	S1	E1	05/05/
1440	03-00030-01-01	69	11	F1	S2	E2	
1459	03-00030-01-02	66	11	F1	S1	E1	05/12/
1491	03-00247-01-01	80	11	F2	S3	E2	
1513	10-00096-01-01	74	11	F1	S1	E1	
1572	05-00351-01-01	70	11	F1	S1	E1	04/21/
1580	21-00050-01-01	80	11	F1	S1	E1	04/21/
1645	01-00272-01-01	77	11	F2	S3	E2	
1653	01-00324-01-01	83	11	F1	S1	E1	
1661	01-00324-01-02	82	11	F1	S1	E1	
1688	81-00371-01-01	71	11	F1	S1	E1	04/28/

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
List of Examinations by Interviewer

Stand: 107

05/20/89

<u>APPT INTVR</u>	<u>SEG/SER/FAM/SP</u>	<u>CURR INTVR</u>
BAR	08/00064/01/01	BAR
BAR	08/00064/01/02	BAR
BAR	08/00064/01/03	BAR
BAR	08/00064/01/04	BAR
BAR	08/00080/01/01	BAR
BAR	10/00041/01/01	BAR
BAR	10/00245/01/01	BAR
BAR	10/00245/01/02	BAR
BAR	10/00245/01/03	BAR
BAR	10/00410/01/01	BAR
BAR	10/00410/01/02	BAR
BAR	10/00410/01/03	BAR
BAR	10/00588/01/01	BAR
BAR	10/00588/01/02	BAR
BAR	10/00672/01/01	BAR
BAR	10/00740/01/01	BAR
BAR	10/00850/01/01	BAR
BAR	20/00053/01/01	BAR
BAR	20/00053/01/02	BAR
BAR	20/00613/01/01	BAR
BAR	20/00613/01/02	BAR
BAR	20/00613/01/03	BAR
BAR	20/00613/02/01	BAR
BAR	20/00626/01/01	BAR
BAR	22/00028/01/01	BAR
BAR	22/00028/01/02	BAR
BAR	22/00028/01/03	BAR
BAR	22/00028/01/04	BAR
BAR	22/00028/01/05	BAR
BAR	22/00044/01/01	BAR
BAR	22/00073/01/01	BAR
BAR	22/00073/01/02	BAR
BAR	22/00073/01/03	BAR
BAR	22/00073/01/04	BAR
BAR	22/00109/01/01	BAR

Total records printed for this interviewer: 35

NATIONAL HEALTH AND EXAMINATION SURVEY III
BROKEN APPOINTMENT REPORT

Stand 107

	<u># E1</u>	<u># BA</u>	<u>% BA</u>	<u># EX ORIG</u>	<u>% EX ORIG</u>	<u># EX RESC</u>	<u>% EX RESC</u>
<u>Males</u>							
Total	185	27	.15	159	.86	13	.07
2-11 mos.	15		.00	15	1.00		.00
1-5 yrs.	24	4	.17	20	.83	2	.08
6-19 yrs.	43	1	.02	42	.98	1	.02
20-44 yrs.	38	9	.24	29	.76	6	.16
45-59 yrs.	19	3	.16	16	.84	2	.11
60-69 yrs.	20	4	.20	16	.80	2	.10
70-74 yrs.	8	1	.13	7	.88		.00
75-79 yrs.	5	1	.20	5	1.00		.00
80+ yrs.	13	4	.31	9	.69		.00
<u>Females</u>							
Total	201	24	.12	177	.88	8	.04
2-11 mos.	10	1	.10	9	.90		.00
1-5 yrs.	26	3	.12	23	.88	1	.04
6-19 yrs.	30	3	.10	27	.90	2	.07
20-44 yrs.	50	2	.04	48	.96		.00
45-59 yrs.	20	4	.20	16	.80	3	.15
60-69 yrs.	17	3	.18	14	.82	2	.12
70-74 yrs.	13	1	.08	12	.92		.00
75-79 yrs.	14	3	.21	11	.79		.00
80+ yrs.	21	4	.19	17	.81		.00

06/09/89

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
AVERAGES/TOTALS OF APPOINTMENTS, BY DAY OF WEEK
FOR STAND 107

<u>DAY OF WEEK</u>	<u>AVERAGE</u>	<u>TOTAL</u>
SUNDAY	12.5	25
MONDAY	11.5	23
TUESDAY	20.0	60
WEDNESDAY	18.0	36
THURSDAY	16.0	80
FRIDAY	10.6	53
SATURDAY	13.8	83

CLOSED OUT (NOT EXAMINED) SPS
DATE: 05/20/89 STAND: 107

<u>SEGMENT/SERIAL</u>	<u>FAMILY/SP NO.</u>	<u>NCHS NO.</u>
01/00272	01/01	1071645
01/00324	01/01	1071653
01/00324	01/02	1071661
01/00612	01/01	1072633
01/00612	01/02	1072641
03/00030	01/01	1071440
03/00247	01/01	1071491
03/00467	01/01	1074016
03/00535	01/01	1074660
03/00632	01/01	1074024
03/00632	01/02	1074032
03/00632	01/03	1074040
03/00632	01/04	1074059
04/00367	01/01	1075225
05/00403	01/01	1071203
05/00461	01/02	1074296
06/00170	01/01	1070843
06/00170	01/02	1070851
06/00170	01/03	1070878
06/00303	01/01	1073982
07/00164	01/01	1073044
07/00261	01/01	1073060
07/00261	01/02	1073079
07/00261	01/03	1073087
07/00313	01/01	1073095
08/00187	01/01	1071084
08/00187	01/02	1071092
08/00925	01/01	1073516
08/00925	01/02	1073524
08/00925	01/03	1073532
08/00925	01/04	1073540
09/00692	01/01	1074822
09/00883	01/01	1073281
10/00096	01/01	1071513
10/00148	01/01	1070746
10/00724	01/01	1072854
11/00129	01/02	1073141
11/00174	01/01	1073168
11/00446	01/01	1074261
11/00569	01/01	1075470
11/00734	01/01	1075411
11/00763	01/01	1075438
11/00763	01/02	1075446
13/00152	01/01	1071408
13/00152	01/02	1071416
13/00275	01/01	1071181
13/00327	01/01	1075500
13/00327	01/02	1075519
15/00101	01/01	1070703

RESPONSE RATE REPORT

TOTAL

Stand 107

	<u>TOT</u> <u>SP's</u>	<u>INTV</u> <u>COMP</u>	<u>INTV</u> <u>RATE</u>	<u># E1</u>	<u>APPT</u> <u>RATE</u>	<u># EX</u>	<u>EXAM</u> <u>RATE</u>
<u>Males</u>							
Total	222	195	.88	185	.83	172	.77
2-11 mos.	15	15	1.00	15	1.00	15	1.00
1-5 yrs.	27	24	.89	24	.89	22	.81
6-19 yrs.	47	44	.94	43	.91	43	.91
20-44 yrs.	45	39	.87	38	.84	35	.78
45-59 yrs.	26	19	.73	19	.73	18	.69
60-69 yrs.	24	21	.88	20	.83	18	.75
70-74 yrs.	10	9	.90	8	.80	7	.70
75-79 yrs.	10	8	.80	5	.50	5	.50
80+ yrs.	18	16	.89	13	.72	9	.50
<u>Females</u>							
Total	242	212	.88	201	.83	185	.76
2-11 mos.	10	10	1.00	10	1.00	9	.90
1-5 yrs.	27	26	.96	26	.96	24	.89
6-19 yrs.	35	32	.91	30	.86	29	.83
20-44 yrs.	57	50	.88	50	.88	48	.84
45-59 yrs.	25	20	.80	20	.80	19	.76
60-69 yrs.	21	18	.86	17	.81	16	.76
70-74 yrs.	16	13	.81	13	.81	12	.75
75-79 yrs.	20	16	.80	14	.70	11	.55
80+ yrs.	31	27	.87	21	.68	17	.55

RESPONSE RATE REPORT

BY RACE

Stand 107

	<u>TOT</u> <u>SP's</u>	<u>INTV</u> <u>COMP</u>	<u>INTV</u> <u>RATE</u>	<u># E1</u>	<u>APPT</u> <u>RATE</u>	<u># EX</u>	<u>EXAM</u> <u>RATE</u>
Black SPs	179	171	.96	168	.94	162	.91
Mexican SPs	5	5	1.00	5	1.00	5	1.00
All others	280	231	.83	213	.76	190	.68

HOME EXAM RESPONSE RATE REPORT

TOTAL

Stand 107

	<u>TOT</u> <u>SP's</u>	<u>INTV</u> <u>COMP</u>	<u>INTV</u> <u>RATE</u>	<u># H1</u>	<u>APPT</u> <u>RATE</u>	<u># EX</u>	<u>EXAM</u> <u>RATE</u>
<u>Males</u>							
Total	10	10	1.00	6	.60	6	.60
2-11 mos.			.00		.00		.00
1-5 yrs.			.00		.00		.00
6-19 yrs.			.00		.00		.00
20-44 yrs.			.00		.00		.00
45-59 yrs.			.00		.00		.00
60-69 yrs.	1	1	1.00		.00		.00
70-74 yrs.	2	2	1.00	2	1.00	2	1.00
75-79 yrs.	1	1	1.00	1	1.00	1	1.00
80+ yrs.	6	6	1.00	3	.50	3	.50
<u>Females</u>							
Total	15	12	.80	7	.47	7	.47
2-11 mos.			.00		.00		.00
1-5 yrs.			.00		.00		.00
6-19 yrs.			.00		.00		.00
20-44 yrs.			.00		.00		.00
45-59 yrs.			.00		.00		.00
60-69 yrs.	1	1	1.00	1	1.00	1	1.00
70-74 yrs.	1		.00		.00		.00
75-79 yrs.	3	2	.67	2	.67	2	.67
80+ yrs.	10	9	.90	4	.40	4	.40

HOME EXAM RESPONSE RATE REPORT

BY RACE

Stand 107

	<u>TOT</u> <u>SP's</u>	<u>INTV</u> <u>COMP</u>	<u>INTV</u> <u>RATE</u>	<u># H1</u>	<u>APPT</u> <u>RATE</u>	<u># EX</u>	<u>EXAM</u> <u>RATE</u>
Black SPs	3	3	1.00	3	1.00	3	1.00
Mexican SPs			.00		.00		.00
All others	22	19	.86	10	.45	10	.45

List of Sample Persons Interviewed but Not Examined

Stand: 107 Date: 05/20/89

<u>SEGMENT/SERIAL</u>	<u>FAM/SP</u>	<u>NCHS NO</u>	<u>DISP</u>	<u>INTVR</u>	<u>EXAM DISP</u>	<u>BA DISP</u>
01 / 00324	01 / 01	1071653	S1	VAN	E1	B2
01 / 00324	01 / 02	1071661	S1	VAN	E1	B2
03 / 00030	01 / 01	1071440	S2	GER	E2	
03 / 00085	01 / 01	1071467	S1	VAN	E1	
03 / 00535	01 / 01	1074660	S1	GER	E3	
04 / 00257	01 / 01	1071521	S1	GER	E1	
04 / 00367	01 / 01	1075225	S1	COZ	E4	
06 / 00170	01 / 01	1070843	S1	HEL	E1	B2
06 / 00170	01 / 02	1070851	S1	HEL	E1	B2
06 / 00170	01 / 03	1070878	S1	HEL	E1	B2
06 / 00303	01 / 01	1073982	S2	HEL	E4	
07 / 00164	01 / 01	1073044	S2	ITA	E4	
09 / 00692	01 / 01	1074822	S1	SHE	E2	
09 / 00883	01 / 01	1073281	S2	SHE	E4	
10 / 00096	01 / 01	1071513	S1	BAR	E1	B2
10 / 00148	01 / 01	1070746	S1	BAR	E1	B3
10 / 00724	01 / 01	1072854	S1	GER	E1	B2
11 / 00129	01 / 02	1073141	S1	MAJ	E4	
11 / 00446	01 / 01	1074261	S1	SHE	E3	
11 / 00682	01 / 01	1074733	S1	SHE	E1	
11 / 00718	01 / 01	1074792	S1	WOR	E1	
11 / 00718	01 / 02	1074806	S1	SHE	E1	
11 / 00734	01 / 01	1075411	S1	SHE	E1	B2

SPS EXAMINED WITHIN STRATUM BY ETHNICITY REPORT

Stand 107 Date: 05/20/89

DOMAIN	NON-DENSITY	DENSITY STRATUM MEXICAN-AMERICAN					
		1	2	3	4	5	6
White and Other:							
1	21						
2	8						
3	42						
4	36						
5	36						
6	43						
7	23						
Total	209	0	0	0	0	0	0
Black:							
8	16						
9	28						
10	28						
11	28						
12	28						
Total	128	0	0	0	0	0	0
Mexican-American:							
13							
14	2						
15							
16							
Total	2	0	0	0	0	0	0
Grand total:	339	0	0	0	0	0	0

SPs Screened and Examined by Sex, Ethnicity and Age

Stand 107 Date: 05/20/89

RACE BY AGE	MALES		FEMALES	
	SPs Screened	Examined	SPs Screened	Examined
BLACK				
< 1	2	2	1	1
1 - 2	2	2	7	7
3 - 5	8	6	7	7
6 - 11	14	14	7	7
12 - 19	12	12	9	9
20 - 29	6	6	11	11
30 - 39	9	9	14	13
40 - 49	9	8	3	3
50 - 59	8	7	10	9
60 - 69	10	9	8	4
70 - 79	5	5	8	5
80 +	3	1	6	5
Total	88	81	91	81
MEXICAN-AMERICAN				
< 1				
1 - 2				
3 - 5			2	2
6 - 11	2	2		
12 - 19				
20 - 29			1	1
30 - 39				
40 - 49				
50 - 59				
60 - 69				
70 - 79				
80 +				
Total	2	2	3	3
OTHER				
< 1	13	13	9	8
1 - 2	9	7	6	4
3 - 5	8	7	5	4
6 - 11	5	3	7	5
12 - 19	14	11	12	8
20 - 29	9	6	10	8
30 - 39	10	7	8	4
40 - 49	8	5	12	10
50 - 59	12	7	13	8
60 - 69	14	9	13	12
70 - 79	15	7	28	18
80 +	15	8	25	12
Total	132	89	148	101
Grand total:	222	172	242	185

List of Sample Persons Removed to History File Report

Stand 107

<u>SEGMENT</u>	<u>SERIAL</u>	<u>FAMILY</u>	<u>SP NO</u>	<u>NCHS NO</u>	<u>NAME</u>	<u>PULLBACK1</u>	<u>PULLBACK2</u>
13	00107	01	02	1071165	RODERICK WADE		
02	00211	01	01	1071246	ADAM HOLCOMBE		
02	00211	01	02	1071254	KYLE HOLCOMBE		
15	00888	01	02	1071300	ARIES MC GEE		
11	00051	01	03	1074547	ERIC L. MULLINS		
23	00193	01	01	1075187	IULA SMITH		

Total records selected: 6

End of Report

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EXAMINED (MEC) SPs BY AGE GROUPS

Date: 05/20/89 Stand: 107

Total examined	357
2 and older	323
2 mos. to 11 yrs.	101
8 to 16 yrs.	47
17 and older	231
1 and older	333
6 to 19 yrs.	72
6 to 16 yrs.	56
8 and older	278
12 and older	256
20 and older	215
40 and older	152
60 and older	95
Total Odd numbers	175
Total Even numbers	182
Total Home Exams	13

APPENDIX G

MOBILE EXAMINATION CENTER END-OF-STAND REPORTS

ACTIVITIES SUMMARY

Arrival of Trailers:

Departure of Trailers:

DATES

	Setup	Teardown
Connection of Phone Lines: _____		
Disconnection of Phone Lines: _____		
Power Pole Up: _____		
Westat Supplies Delivered: _____		
Transformer Up: _____		
Transformer Attach. to Local Lines: _____		
Power on to MEC: _____		
Power Disconnect from MEC: _____		
Sewage/Water Connect to MEC: _____		
Sewage/Water Disconnect from MEC: _____		
Computers on in MEC: _____		
Computer down in MEC: _____		
Copier Delivered to MEC: _____		
Copier Pickup up from MEC: _____		
Dry Ice Delivery/Pick up from MEC: _____		
Dry Ice Delivery from MEC: _____		
Biohazard Delivered to MEC: _____		
Biohazard Pickup from MEC: _____		
Water Cooler Delivered to MEC: _____		
Water Cooler Pickup from MEC: _____		

Additional Notes:

END OF STAND REPORT

STAND#:

MEC MANAGER:

LOCATION:

DATE COMPLETED:

I. SETUP & TEARDOWN

A. TRAILERS

1. Arrival: (____/____); Received by _____
Damage in Transit: Y N
Comments _____

2. Leveled: (____/____); Received by _____
Comments _____

3. Send to Next Stand: (____/____); By _____
Comments _____

B. ELECTRICAL SYSTEM

1. Local Contractor: (see Advance Arrangement for Complete Address)
Contact Person: _____ Phone # _____
Work Initiated: (____/____/____);
Completed & Power On: (____/____/____)
Additional Electrical Work Needed at Time of Setup: Y N
Comments _____

Teardown Completed: (____/____/____); By _____
Comments _____

2. Public Utility: (See Advance Arrangements for Complete Address)
Contact Person: _____ Phone # _____
Work Initiated for Pole/Transformer: (____/____/____);
Completed: (____/____/____)
Comments _____

Disconnect from Service: (____/____/____)
Comments _____

C. PLUMBING (See Advance Arrangements for Complete Address)

Contact Person: _____ Phone # _____
Work Initiated: (____/____/____); Completed: (____/____/____)
Additional Plumbing Services Required Setup: Y N
Comments _____

Water and Sewage Disconnected: (____/____/____); By _____
Comments _____

D. PHONES (S. Burtner at Westat arranged connection)

Local Utility Contact: _____ Phone # _____
Work Initiated: (____/____/____); Completed: (____/____/____)
Comments _____

Phones Disconnected: (____/____/____)

E. BIOHAZARD WASTE DISPOSAL
(See Advance Arrangements for Complete Address)

Contact Person: _____ Phone # _____
First Pickup: (____/____/____); Last Pickup: (____/____/____)
Total # of pickups during stand 1 2 3 4 5 6 7
Comments _____

F. DRY ICE (See Advance Arrangements for Complete Address)

Contact Person: _____ Phone # _____
First Dry Ice Pickup: (____/____/____);
Last Dry Ice Pickup: (____/____/____)
Total # of dry ice delivery during stand 1 2 3 4 5 6 7
Comments _____

G. COPIER (See Advance Arrangements for Complete Address)

Contact Person: _____ Phone # _____
Copier Delivered: (____/____/____); Type/Model: _____
Copier Returned: (____/____/____);
Comments _____

H. JANITORIAL SERVICE (See Advance Arrangements for Complete Address)

Contact Person: _____ Phone # _____
First Cleaning: (____/____/____); Last Cleaning : (____/____/____)
Comments _____

I. SECURITY (See Advance Arrangements for Complete Address)

Contact Person: _____ Phone # _____
Security Schedule: _____
Comments _____

J. BOTTLED WATER (See Advance Arrangements for Complete Address)

Contact Person: _____ Phone # _____
Service Initiated: (____/____/____);
Service Terminated/Cooler Received : (____/____/____)
Comments _____

II. MEC PHYSICAL PLANT. TRAILERS 1-4

A. AIR CONDITIONING UNITS

Comments

B. ROOFING/LEAKS

Comments

C. TIRES

Comments

D. MISCELLANEOUS

Comments

III. EQUIPMENT

A. COMPONENT EQUIPMENT

SEE EQUIPMENT SUMMARY FORM

B. COMPUTER SYSTEM

1. Initial DEC check of system: (___/___/___);
Contact Person: _____ Phone # _____

Problem Encountered During Checkup?: Y N

Comments

2. Computer Problems During Stand? Y N
Component(s) Impacted:
Brief Description of Problem: _____

Equipment Problem Report Filed: Y N (___/___/___)

(See this for details)

Comments

EQUIPMENT SUMMARY FORM

COMPONENT	Problem	Brief Description	Equipment Report Sent	Problem Resolved	Equipment Sent Out	Serial #	Backup Available	Serial #	Comments
Audiometry <ul style="list-style-type: none"> ■ Audiometer ■ Tympanometer ■ S.L. meter 									
Body Measures									
Bone Density									
CNS									
Dental									
Dietary Int.									
ECG									
Fundus									
Lab									
MEC Int.									
Performance									
Physician <ul style="list-style-type: none"> ■ BIA 									
Spirometry									
Ultrasound <ul style="list-style-type: none"> ■ VCR ■ Toshiba ■ Camera 									
Spirometry									
Home Exam									
Other									

Key: Y = Yes
 N = No

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IV. MEC OPERATIONS

A. PERSONNEL ABSENCE/ILLNESS - See attached personnel sheet for dates

Comments _____

B. MISCELLANEOUS OBSERVATIONS REGARDING STAFF

Comments _____

C. CONSULTANTS/VISITORS TO MEC - See attached Visitors Log

Comments _____

D. LOCAL HIRES

Comments _____

E. SP ISSUES

Comments _____

