

TABLE OF CONTENTS

PART I

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

TABLE OF CONTENTS (continued)

<u>Chapter</u>		<u>Page</u>
4	ADMINISTERING THE INTERVIEW	4-1
	4.1 The Household Screening Interview.....	4-1
	4.1.1 Content of the Screening Interview.....	4-1
	4.1.2 Eligible Screener Respondent	4-2
	4.1.3 Screener Specifications	4-3
	4.2 The Relationship Questionnaire.....	4-46
	4.2.1 Completion Order for Relationship Questionnaire	4-47
	4.2.2 Eligible Respondent for the Relationship Questionnaire	4-49
	4.2.3 Specifications for the Relationship Questionnaire	4-50
	4.3 Administering the Household Sample Person Questionnaires	4-63
	4.3.1 Eligible Respondent for SP Questionnaires	4-63
	4.3.2 Sample Person Language Problems	4-64
	4.3.3 Obtaining Consent for the SP Interview	4-64
	4.3.4 Beginning the SP Interview—The Respondent Information Questions.....	4-66
	4.3.5 Completion Order for the Household SP Interview	4-75
	4.4 Administering the Family Questionnaire.....	4-75
	4.4.1 Eligible Respondent for the Family Questionnaire	4-75
	4.4.2 Obtaining Consent for the Family Interview.....	4-76
	4.4.3 Beginning the Family Interview—The Respondent Information Questions.....	4-76
	4.4.4 Completion Order for the Family Questionnaire	4-81
5	THE HOUSEHOLD FOLDER.....	5-1
	5.1 Assignment Label	5-2
	5.2 Directions.....	5-2
	5.3 Appointment Summary	5-2
	5.4 Phone Number	5-4
	5.5 Summary of Forms Used to Complete the Consent Process	5-4
	5.6 Missed DU Procedure and Missed DU Form	5-4
	5.7 Translator Information.....	5-4
	5.8 Incentive Information	5-8
	5.9 Call Record Result Codes	5-8
	5.10 Language Use	5-11
	5.11 Household Result of Contacts.....	5-11

TABLE OF CONTENTS (continued)

<u>Chapter</u>		<u>Page</u>
6	CONTACT PROCEDURES.....	6-1
	6.1 Contact Attempts	6-1
	6.1.1 Planning Your Contacts	6-1
	6.1.2 Number of Attempts.....	6-2
	6.1.3 Neighbor Contacts.....	6-3
	6.2 Using the Result of Contacts Page.....	6-4
	6.3 Entering Result Codes on the Household Folder.....	6-4
	6.4 Accessing Your Cases on the Pentop.....	6-17
	6.5 Entering Final Result Codes (Dispositions) on Your Pentop	6-19
	6.6 Entering Results (Dispositions) for Cases That Have Been Started But Not Completed.....	6-28
7	DUST COLLECTION.....	7-1
	7.1 Overview.....	7-1
	7.2 Eligibility	7-1
	7.3 When to Collect the Dust Sample.....	7-2
	7.4 Appropriate Respondent	7-3
	7.5 Obtaining Consent	7-3
	7.5.1 Dust Collection Consent Form.....	7-3
	7.5.2 Gaining Cooperation and Answering Frequently Asked Questions.....	7-10
	7.6 Dust Sample Supplies	7-12
	7.7 Dust Sample Collection Process	7-14
	7.7.1 Beginning the Collection Process with the CAPI Dust Collection Module	7-15
	7.7.2 Completing the Remainder of the Lead Dust Sampling Form (LDSF).....	7-25
	7.7.3 Obtaining the Dust Samples (Wipe Method)	7-28
	7.7.4 Ending the Dust Collection Process with CAPI.....	7-35
	7.8 Handling Dust Samples	7-51
	7.9 Dust Collection Reference Guide	7-52

TABLE OF CONTENTS (continued)

<u>Chapter</u>		<u>Page</u>
8	THE MEC EXAMINATION APPOINTMENT.....	8-1
	8.1 Overview of MEC Operations	8-1
	8.1.1 The MEC Unit.....	8-1
	8.1.2 MEC Staff	8-4
	8.1.3 MEC Exam.....	8-4
	8.1.4 MEC Exam Schedule	8-7
	8.2 General Procedures for Making MEC Appointments.....	8-8
	8.3 Specific Procedures.....	8-10
	8.4 Reporting Medical Findings to SPs	8-60
	8.5 Answering Questions About Child Abuse.....	8-66
	8.6 Answering Questions About AIDS Testing.....	8-67
	8.7 Answering SP Questions About the Blood Draw	8-73
	8.8 Motivating the Respondent to Participate in the Examination	8-73
	8.9 Making Field Reminders	8-73
	8.10 Rescheduling Broken MEC Appointments.....	8-75
9	HOME EXAMINATIONS	9-1
	9.1 Overview.....	9-1
	9.2 Who Gets a Home Exam?.....	9-4
	9.3 Scheduling Guidelines	9-4
	9.4 Preparation for Scheduling a Home Exam – Completing the SP or Family Nonresponse Card.....	9-5
	9.5 Creating the Home Examination Appointment Module on Your Pentop	9-5
	9.6 Making the Home Exam Appointment.....	9-9
	9.7 Nonresponse to the Home Exam Appointment	9-16
10	NONRESPONSE.....	10-1
	10.1 Nonresponse Problems	10-1
	10.1.1 Problems Making Contact at the Dwelling Unit	10-2
	10.1.2 Problems Obtaining the Interview (Screener Relationship, SP, Family Interviews, or the Dust Collection Procedure) .	10-4
	10.1.3 Problems Obtaining the MEC Examination Appointment, Informed Consent, or Rescheduling Broken Appointments .	10-11

TABLE OF CONTENTS (continued)

<u>Chapter</u>		<u>Page</u>
10.2	Completing the Non-Interview Form For the Screener	10-11
10.3	Documenting Nonresponse and Completing the SP or Family Nonresponse Card for SP Interview, Dust Collection, and MEC Appointment Nonresponse	10-13
	10.3.1 Specifications for Completing the SP or Family Nonresponse Card	10-16
	10.3.2 Documenting Nonresponse Using “Remarks”	10-17
	10.3.3 Using the SP or Family Nonresponse Card to Schedule a Home Exam	10-21
10.4	Completing the Neighbor Information Form.....	10-23
11	QUALITY CONTROL.....	11-1
	11.1 Observations	11-1
	11.2 Field Edit	11-2
	11.2.1 Accounting for Case Materials.....	11-2
	11.2.2 Editing Hard-copy Materials.....	11-4
	11.2.3 Reviewing Certain Screens on Your Pentop.....	11-4
	11.3 Field Office Review of Cases	11-4
	11.4 Validation	11-5
	11.5 The Importance of Entering Accurate Key Information.....	11-5
	11.6 Checks for Key Information	11-6
	11.7 Updating Procedures and Specifications	11-6
12	QUALITY CONTROL OF LISTING	12-1
	12.1 Missed DU Procedure.....	12-1
	12.2 Creating a Household Folder for Missed DUs.....	12-7
	12.3 Examples of Missed DU Situations	12-8
	12.4 Missed Structure Procedure	12-10
13	REPORTING	13-1
	13.1 Report Forms	13-1
	13.1.1 Overview	13-1
	13.1.2 The Time and Expense Report.....	13-2
	13.1.3 Trip Expense Report	13-3
	13.1.4 The Interviewer Conference Report.....	13-6

TABLE OF CONTENTS (continued)

<u>Chapter</u>		<u>Page</u>
	13.2 Conference With Your Study Manager	13-7
	13.2.1 Preparing for the Conference	13-7
14	SPECIFICATIONS AND DEFINITIONS FOR THE SAMPLE PERSON AND FAMILY QUESTIONNAIRES	14-1
	14.1 Overview of the SP and Family Questionnaires	14-1
	14.1.1 SP Questionnaire.....	14-1
	14.1.2 Family Questionnaire	14-1
	14.2 General Questionnaire Specifications.....	14-4
	14.3 Using Remarks.....	14-5
	14.4 Detailed Specifications	14-5
	14.4.1 The SP Questionnaire.....	14-5
	14.4.2 The Family Questionnaire.....	14-82
15	DEFINITIONS OF TERMS	15-1

List of Exhibits

<u>Exhibit</u>		
3-1	Typical Urban Segment	3-7
3-2	Typical Rural Segment	3-8
3-3	Example of Address Label.....	3-10
3-4	Segment Map with Directional Arrows	3-12
3-5	Tract Map.....	3-13
3-6	Lister's Maps.....	3-14
3-7	Special Instruction and General Comments for the Segment Form.....	3-15
3-8	Advance Letter.....	3-17
3-9	Screening Brochure.....	3-18

TABLE OF CONTENTS (continued)

List of Exhibits (continued)

<u>Exhibit</u>		<u>Page</u>
4-1	Household Interview Consent Form	4-65
4-2	Completed Household Interview Consent Form.....	4-67
5-1	Appointment Summary	5-3
5-2	Summary of Forms Used to Complete the Consent Form Process.....	5-5
5-3	Missed DU Procedure	5-6
5-4	Household Language Use and Translator Information.....	5-7
5-5	Incentive Information	5-9
5-6	Household Call Record Result Codes.....	5-10
5-7	Household Result of Contacts Page.....	5-12
6-1	Call Record	6-5
6-2	Household Call Record Result Codes.....	6-6
6-3	List of Screener Cases.....	6-18
6-4	List of Relationship Questionnaires.....	6-20
6-5	List of Person (SP) Questionnaires	6-21
6-6	List of Family Questionnaires.....	6-22
6-7	List of Appointment Cases.....	6-23
6-8	List of Dust Collection Questionnaires.....	6-24
6-9	List of All Cases	6-25
6-10	List of Household Level Cases	6-26
6-11	Example of CAPI Screen Containing List of Results	6-27
6-12	Example of CAPI Breakoff.....	6-29
7-1	Dust Collection Consent Form.....	7-4

TABLE OF CONTENTS (continued)

List of Exhibits (continued)

<u>Exhibit</u>		<u>Page</u>
7-2	Dust Collection Pamphlet — EPA and HUD Real Estate Notification and Disclosure Rule	7-5
7-3	Dust Sample Supplies	7-13
7-4	Interview Management Screen	7-16
7-5	List of Cases Eligible for Dust Collection	7-16
7-6	Lead Dust Sampling Form	7-18
7-7	Random Wall/Window Selection Protocol	7-22
7-8	Random Window Selection-Step 1: Random Wall Selection.....	7-23
7-9	Random Window Selection – Step 2: Random Window Selection	7-24
7-10	Location of Floor Wipe Sample and Replicate.....	7-30
7-11	Window Sill Sample Location	7-31
7-12	First Wipe Pass for the Floor Sample	7-33
7-13	Dust Collection Reference Guide (part of the interviewer’s hand card set)	7-53
8-1	Mobile Examination Center (MEC) exterior view	8-2
8-2	MEC Exam Components by Age.....	8-6
8-3	Household ID Label on Household Folder	8-12
8-4	SP Consent/Assent/Parental Brochure	8-18
8-5	Child SP Assent Brochure	8-27
8-6	Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies.....	8-38
8-7	Summary of Forms Used to Complete the Consent Process	8-39
8-8	Consent Screens.....	8-42
8-9	Name Check Screen.....	8-45

TABLE OF CONTENTS (continued)

List of Exhibits (continued)

<u>Exhibit</u>		<u>Page</u>
8-10	Name Check Screen.....	8-46
8-11	Appointment Screen	8-48
8-12	Authorization for Transportation Form	8-51
8-13	School Excuse Letter	8-53
8-14	Exam Appointment Slips (4)	8-55
8-15	Summary Table of Household Folder.....	8-61
8-16	Certificate of Appreciation	8-62
8-17	Preliminary Report of Findings	8-63
8-18	Summary of MEC Examination Survey Measurements and Findings	8-65
8-19	Child Abuse Pages.....	8-68
8-20	AIDS Brochure	8-71
8-21	AIDS Information Sheet	8-72
8-22	Appointment History	8-74
9-1	NHANES Home Exam Components by Age Group	9-3
9-2	Example of SP or Family Nonresponse Card	9-6
9-3	Home Exam Button	9-7
9-4	Home Exam – Potential Candidates List	9-8
9-5	Home Exam Confirmation Screen.....	9-10
9-6	Home exam fact sheet (insert for consent brochure)	9-11
9-7	Home Exam Appointment Screen	9-13
9-8	Home Exam Appointment Slip.....	9-15
9-9	SP Card with Home Exam Appointment	9-17

TABLE OF CONTENTS (continued)

List of Exhibits (continued)

<u>Exhibit</u>		<u>Page</u>
9-10	SP Card – Home Exam Reason and Result Codes.....	9-18
9-11	Entering Nonresponse to Home Exam on the SP Card.....	9-19
10-1	Sorry I Miss You/Call-Back Card.....	10-5
10-2	Non-Interview Form for the Screener.....	10-12
10-3	SP or Family Nonresponse Card.....	10-14
10-4	Result and Reason Codes From Back of SP Card	10-22
10-5	Neighbor Information Form.....	10-24
12-1	Missed DU Form	12-4
12-2	Missed DU Screen	12-5
14-1	Sections in the SP Questionnaire	14-2
14-2	Sections in the Family Questionnaire	14-3

TABLE OF CONTENTS (continued)

PART II

<u>Chapter</u>		<u>Page</u>
1	INTRODUCTION	1-1
2	INTRODUCTION AT THE DOOR.....	2-1
	2.1 The Interviewer (YOU) as Focal Point.....	2-1
	2.2 General Approaches and Techniques.....	2-3
	2.3 Materials	2-5
	2.4 Answering Questions.....	2-6
	2.5 Refusals and Other Problems.....	2-9
	2.5.1 Contacting a Respondent.....	2-9
	2.5.2 Refusals.....	2-10
3	COMPLETING THE INTERVIEW AND MAKING THE EXAM APPOINTMENT	3-1
	3.1 General Approaches and Techniques.....	3-1
	3.2 Accommodating the Respondent.....	3-5
	3.2 Materials	3-8
	3.4 Answering Questions.....	3-10
	3.5 MEC Exam Components	3-12
	3.5.1 Physician's Exam.....	3-13
	3.5.2 Body Measurements.....	3-13
	3.5.3 Dietary Interview	3-13
	3.5.4 Health Interview.....	3-14
	3.5.5 Hair Collection.....	3-14
	3.5.6 Venipuncture	3-14
	3.5.7 Oral Health.....	3-15
	3.5.8 Urine Collection.....	3-16
	3.5.9 Dual Energy X-ray Absorptiometry (DXA).....	3-17
	3.5.10 Body Composition	3-18
	3.5.11 Cardiorespiratory Fitness	3-18
	3.5.12 Vision	3-18
	3.5.13 Balance Assessment.....	3-19
	3.5.14 Audiometry/Tympanometry.....	3-20
	3.5.15 Bone Markers.....	3-21
	3.5.16 Lower Extremity Disease.....	3-21
	3.5.17 Muscular Strength and Physical Function.....	3-22
	3.5.18 Volatile Organic Compounds Exposure.....	3-22

TABLE OF CONTENTS (continued)

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

9. HOME EXAMINATIONS

9.1 Overview

The primary goal of NHANES is to interview as many SPs as possible and bring them to the MEC for examination. The more interview/examination data we have about SPs, the more confidently we can relate what we know about SPs health to the U.S. population as a whole.

However, we know that we will not be able to examine 100 percent of all SPs in the MEC. Therefore, a home exam component has been added to NHANES to try to obtain a certain amount of data from very young (birth - 11 months) and older (50+) Americans who do not receive the MEC exam.

Home exams will be scheduled by interviewers and conducted by home examination technicians. The home examination technicians are part of the MEC team (one per team) and have been specially trained to conduct these examinations. The home examiner is a certified laboratory technologist with a university degree in her field and several years of field experience prior to NHANES. Each is certified by the American Society of Clinical Pathologists (ASCP). When the home examiner is hired, s/he receives five to six weeks of NHANES-specific training conducted by Westat and NCHS. In addition, the home examiner undergoes extensive quality control checks throughout the study by the MEC Manager, the home office and NCHS.

The length of the home exam will vary by SP age as follows:

<u>SP Age</u>	<u>Length of Exam</u>	<u>Set up/Pack up Time</u>	<u>Total Time in Home</u>
birth -11 months	10 minutes	20 minutes	30 minutes
50+ years	40 minutes	20 minutes	60 minutes

As noted above, in addition to the time required for the actual exam, an additional 10 minutes are needed for the home examiner to set up the equipment and 10 minutes to pack up. Note that the home exam will **never** be offered to SPs ages 1-49 since, historically, response to the MEC exam has been sufficiently high for this age group.

Exhibit 9-1, **Home Examination Components by Age Group**, lists the components administered during the home examination. Basically, this examination includes a subset of the MEC components.

Besides the obvious benefits derived from receiving the results of the exam there are additional benefits which should be discussed with the SP when asking him/her to take part in the home exam. They include the following:

- The home exam requires a much shorter amount of time than the MEC exam. This means substantially reduced respondent burden;
- Scheduling for the exam is much more flexible. The exam can be scheduled any hour the MEC is open and there is a slot available;
- The SP will not need to disrobe, however, SPs 50+ will be asked to have his/her arm available for blood pressure. Thus, you should suggest that the SP wear a short sleeve garment for this exam;
- The blood work for SPs 50+ is minimal. Less is drawn in the home than on the MEC (2.3 tablespoons or 1.1 fluid ounces vs. 6.3 tablespoons or 3.2 fluid ounces), children birth to 11 months will not have a blood draw;
- SPs 50+ will only be asked to fast for six hours (never overnight);
- Considering the time involved (approximately 30 to 60 minutes) the \$30 payment is a very reasonable compensation; and

Exhibit 9-1

**NHANES
HOME EXAM COMPONENTS BY AGE GROUP**

EXAM COMPONENT	AGES	
	Birth - 11 months	50+
Body Measurements*	X	X
Blood Pressure	--	X
Blood Tests	--	X
Health Interview	--	X
Vision Test	--	X
TOTAL COMPONENTS	1	6

*Includes weight and height for all ages and head circumference for SPs under age 1.

9.2 Who Gets a Home Exam?

To standardize the NHANES approach to SPs, rules have been developed which provide a decision-making framework. Interviewers have two options when they begin field work:

- All homebound SPs ages birth - 11 months and 50+. By homebound we mean SPs who are confined to their homes, **not** SPs who are temporarily confined to bed/home for a condition such as the flu. Offer home exam immediately after interview.
- All other SPs birth – 11 months and 50+. Only offer MEC exam.

As the field period progresses, we will continue to stress the MEC examination for most SPs since this provides NHANES with the most comprehensive examination data critical to the study. Interviewers, working with the Study Manager, will employ various nonresponse conversion strategies designed to achieve high MEC examination response rates.

After extensive conversion efforts, the Study Manager will make decisions concerning offering home exams to selected SPs. It is important to stress that **only the Study Manager** can make the decision to offer the home exam to SPs (with the exception of home bound SPs).

9.3 Scheduling Guidelines

For the most part, home exams will begin two weeks after MEC exams begin with the exception of those SPs who are homebound. Generally only two home exam visits will be scheduled per day—in the morning, afternoon or evening. This gives the home exam technician time to go to the MEC to produce sample labels, travel to the home, conduct the home exam, and travel back to the FO and/or MEC to turn in work and process blood. Normally, this will mean two SPs will be scheduled per day; however, if there are multiple SPs in a household eligible for a home exam, they may be scheduled for one session. Generally, the home exam technician will be working the same days of the week and during the same hours of the day as the MEC team.

9.4 Preparation for Scheduling a Home Exam – Completing the SP or Family Nonresponse Card

Before you schedule a home exam, you must complete the SP/Family Nonresponse Card. This involves the following steps:

- Record the Stand, Segment, Serial and Family # in the appropriate boxes in the upper left hand corner of the form.
- Record the SP's Name, SP ID, Person #, Age, Gender and Race/Ethnicity in the appropriate area.
- Record "HE" in the "TYPE OF NONRESPONSE" column in the first attempt row.

An example of how the SP/Family Nonresponse Card should be completed in preparation for scheduling a home exam is displayed in Exhibit 9-2. Note that most of this information may already be recorded on the card if the case was previously being worked as a nonresponse case (e.g., SP refused the MEC exam).

9.5 Creating the Home Examination Appointment Module on Your Pentop

In order to schedule a home exam, a home examination appointment module must exist on your pentop. In most instances this case will be created in ISIS by field office personnel and downloaded to your pentop during the data transfer process. However there are instances where you will need to create the case. An example of this is when you encounter a homebound SP and need to schedule a home exam immediately after the SP interview is completed.

To create a home exam case on your pentop follow the steps listed below:

- Double tap on the Interview Management Icon and enter your password;
- Single tap on the button at the top of the screen labeled "Home Exam." (see Exhibit 9-3);
- A list of the names of those SPs you have identified and who are potentially eligible for a home exam (under 1 year old or 50+) will appear (see Exhibit 9-4);

Exhibit 9-2. Example of SP or Family Nonresponse Card

SP OR FAMILY NONRESPONSE CARD

STAND #	SEG #	SERIAL #	FAM #
114	13	54	1

CODES FOR TYPE OF NONRESPONSE: SP	MEC APPOINTMENT NONRESPONSE - MEC
CONDUCT HOME EXAM - HE	DUST COLLECTION NONRESPONSE - DC

NAME	SP ID	PER #	AGE	GENDER	RACE/ETHNICITY
<i>Gerald, Cuethera</i>		<i>1</i>	<i>89</i>	<i>M</i>	<i>B</i>

ATTEMPT #	INTRV ID	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
				<i>--</i>	<i>--</i>	<i>HE</i>	<i>1</i>	

Exhibit 9-3. Home Exam Button

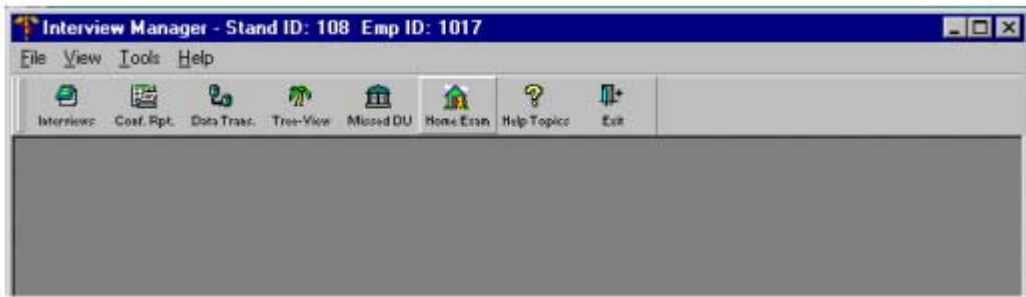
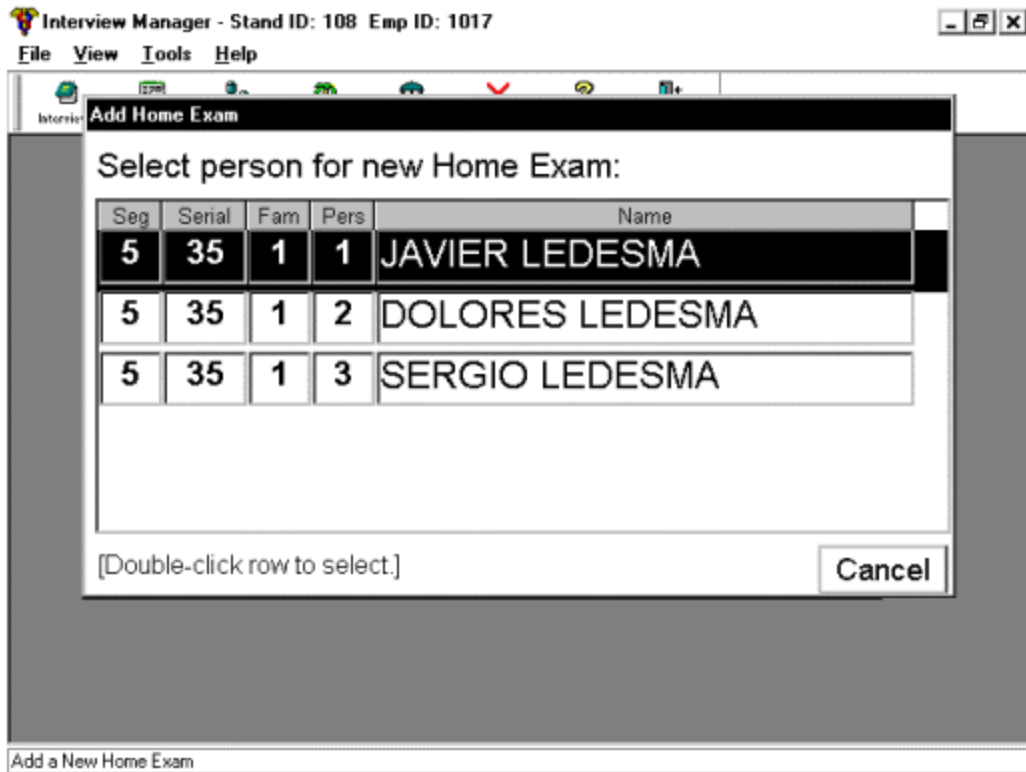


Exhibit 9-4. Home Exam – Potential Candidates List



- Tap once to highlight the name;
- Double tap to select the name;
- A confirmation screen will appear (see Exhibit 9-5) this screen lists the SP ID (if available), the participant ID, the SP name, gender and age;
- Before you leave this screen you will be required to enter a disposition for the **MEC Appointment Module**. The MEC appointment module must be finalized **before** a **Home Exam Appointment** can be created;
- You may only use one of two valid final dispositions to close out the MEC appointment and create a home exam case; select either "Home Bound SP" or "Refusal MEC Appt." by tapping the appropriate radial button; and
- Tap on the "OK" button. A home exam case will be created for the SP.

9.6 Making the Home Exam Appointment

The steps you will follow to make a home exam appointment will be very similar to those used to make a MEC appointment. Note the following key items:

- **Inform the SP that s/he has been scheduled for a home examination.** Review the regular appropriate Consent Brochure if not previously done, then refer to the list of home exam components and the home exam fact sheet (Exhibit 9-6). Answer any questions associated with the exam;
- **Discuss the reimbursement.** Reimbursement for the home exam is \$30.00;
- Ask the SP to **read and sign the appropriate Consent Form**. Only appropriate **MEC** consent forms need to be signed for the home exam (MEC Parental Consent or MEC Adult Consent). No Future Research Consents are required for the home exam. Add the word "HOME" to the consent form at the top of the page;
- Discuss the **Report of Findings** with the SP. The result of findings will be provided in the same manner as described for the MEC exam (Section 8.4);
- Arrange for a **general appointment** time (day of the week/morning, afternoon or evening);

Exhibit 9-5. Home Exam Confirmation Screen

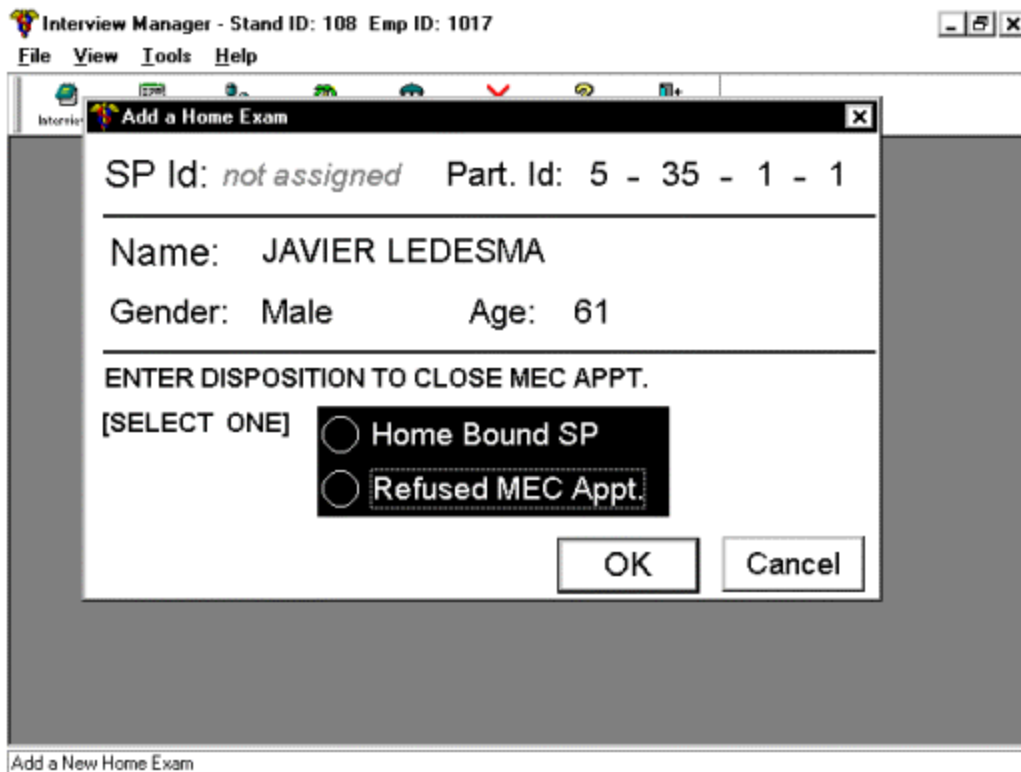


Exhibit 9-6. Home exam fact sheet (insert for consent brochure)

NHANES HOME HEALTH EXAMINATION

NHANES needs to collect information on the health of all persons. We have chosen important parts of the examination that can be done in people's homes and will help us complete our picture of the health of the people of the United States. We ask that you read our Consent Brochure and ask our interviewer any questions you may have about the survey.

A trained medical technician from our examination center will come to your home to conduct the examination. The home health examination will take about one hour of your time and can be performed while you are dressed in your usual clothes. You will have the opportunity to learn about your health along with helping to contribute knowledge about the health needs of other Americans.

Your home examination may include:

- Body measurements such as height and weight;
- Blood pressure;
- Collection of a blood specimen;
- Short health interview; and
- Vision test.

All of the information about you will be kept confidential. You will receive \$30.00 for your time and participation. Please volunteer to help us.

- Complete the Appointment Process for the SP using the CAPI **home exam appointment module**. To access the home exam appointment module, follow the steps below:
 - Tap on "INTERVIEWS" tab. This will bring you to your list of screener assignments;
 - Tap on the "HOME EXAM" button at the bottom of the screen. This will bring up the home exam appointment modules that have been downloaded to your pentop or that you have created on your pentop (see Section 9.3 for instructions for creating home exam appointment modules) NOTE: If you have not created the home exam appointment module for the SP or it has not been downloaded to your pentop it will **not** appear on this list;
 - Double tap on the appropriate home exam appointment module. The screens for the home exam appointment module are basically very similar to those used in the MEC appointment module.
 - Complete the **consent screen** in the same manner as described for the MEC exam (Section 8.3.).
 - Complete the **name check screen** in the same manner as described the MEC exam (Section 8.3).
 - Complete the **Report of Findings screen** in the same manner as described for the MEC exam (Section 8.3);
 - **Telephone the field office** for an appointment. During the call, you will use the home exam appointment screen (Exhibit 9-7). This screen is similar to the MEC appointment screen but has fewer fields/details. It contains all the key pieces of information needed to make a home exam appointment. During the call to set the appointment, you will both provide data to the field office and obtain (confirm) appointment data. Never enter any information on this screen until the appointment is confirmed with both the SP and the field office;
 - **Participant Number, Name, Fasting Requirements, Age, and Gender** are prefilled from data previously obtained either as part of the stand survey control file or the household interview process;
 - **Telephone Number, Language, and DOB (Date of Birth)** will generally be prefilled since the SP questionnaire should be completed before making the home exam appointment;
 - **SP Type** -- This will be prefilled with "Home Exam;"
 - **Session Booked** -- This is a reminder to you to discuss with the field office the **day** of the SP home exam appointment;
 - **Time** – This is a reminder to you to discuss the **time** of the SP home exam appointment. Unlike the MEC exam, these times should be very specific, for example 9:00 am, 10:30 am, etc. Access the drop down list and enter a specific time;

Exhibit 9-7. Home Exam Appointment Screen

The screenshot shows a software window titled "Home Exam. Appointment Maker". The interface includes the following fields and controls:

- Participant #:** 108-05-0017-01-01
- Telephone #:** 806-364-1692
- SP Name:** OLVERA, VALENTIN AF
- Language:** (empty)
- Gender:** Male
- Age:** 16
- Fasting Req:** 6 hour
- SP Type:** Home Exam
- DOB:** Oct 21, 1982

Below the participant information, there is an "Appointment Check List" section with the following options:

- Session Booked:** (dropdown menu)
- Appt. Time:** 0 : 00 a.m. (time and AM/PM dropdowns)
- Interpreter Type:** None (dropdown menu)

There is a checkbox for "Appointment Slip Reviewed:" which is currently unchecked.

A "Special Considerations" section contains a dropdown menu with "CN" selected.

At the bottom of the window, there are several buttons: "Help", "Delete Consider.", "Add Consider.", "Previous Page", "Print", and "Close".

The status bar at the very bottom of the window displays "Ready".

- **Interpreter Type** -- If an interpreter is needed, inform the field office whether the interpreter is an NHANES employee (a professional interpreter) or personal (someone who is not a professional -- for example, someone in the family or a neighbor);
- **Special Considerations** -- Inform the field office concerning any special information about the SP that could affect his/her examination. For example, the respondent has a physical or mental handicap (e.g., is extremely overweight, uses a wheelchair or has dementia);
- Obviously, some of these items will touch on sensitive areas, and you must use your discretion on what may be said in front of the SP. In addition, this information is known by you either through observation or because you were told by the SP. **DO NOT ASK ABOUT THIS TYPE OF SENSITIVE INFORMATION;**

For this reason, the items are described using two letter codes on a drop down list. The key for these codes are:

BL = Blind
 CR = Crutches
 DF = Deaf
 HB = Homebound
 HI = Hearing Impaired
 MI = Mental Impairment
 OB = Obese
 OP = Other Physical Impairment
 SA = Substance Abuse
 WL = Walker
 WC = Wheelchair

- If you entered Homebound as the reason the SP refused the MEC appointment, HB will appear in the Special Considerations box.
 - To add special considerations, first tap once on the box labeled "Add Consider". The drop down list will appear. Select the appropriate code. You may access a description of each code by tapping once on the 'Help' button at the bottom of the screen; and
 - Before you leave this screen record the SP ID on the SP card. If the SP ID is not on this screen, obtain it from the field office.
- Leave **home exam appointment slip** (Exhibit 9-8) with the SP. This slip is different from the MEC exam appointment slips in that it requires the interviewer to enter the beginning fasting time tailored to the SP's appointment time. Thus, SPs should be instructed to fast for 6 hours prior to their appointment time. Review this appointment slip thoroughly with the SP.

Exhibit 9-8. Home Exam Appointment Slip

HOME EXAM

ON THE DAY BEFORE YOUR APPOINTMENT

DO:

- Eat as you would on any normal day.
- Take your normal medications.

Important: If you are taking insulin, eat and drink as you normally would. Do not fast. Do take your medication as directed by your physician.

ON YOUR APPOINTMENT DAY

DO:

- Drink as much water as you like.
- Take your normal medications with water only.

DON'T:

- Eat or drink anything except water after _____.
No coffee, tea, food, dietary supplements, mints, cough drops, gum, snacks, or beverages, and no nicotine for at least 3 hours.

DO:

- Wear loose fitting clothes (the Home Examiner will take your body measurements in the shoulder area, and will also take your blood pressure).

EXAMEN EN EL HOGAR

EL DÍA ANTES DE SU CITA

DEBE:

- Comer como lo haría en un día normal.
- Tomar sus medicamentos usuales.

Importante: Si Usted está tomando insulina, coma y beba como lo haría en un día normal. No ayune. Tome sus medicamentos como le dirige su médico.

EL DÍA DE SU CITA

DEBE:

- Tomar tanta agua como quiera.
- Tomar sus medicamentos usuales con agua solamente.
- Informar, a su llegada, al personal de exámenes si usted es alérgico(a) al látex.

NO DEBE:

- Comer ni beber nada excepto agua después de las _____.
No beba café, té, ni coma alimentos, suplementos dietéticos, mentas, pastillas para la tos, chicles, meriendas, o refrescos, y no use nicotina por 3 horas al menos.

DEBE:

- Usar ropa suelta (el Examinador en el Hogar le tomará medidas del cuerpo en el área de los hombros, y también le tomará la presión sanguínea).

EXAMPLE: An SP has an 11:00 AM home exam appointment. S/he should be instructed to begin the fast at 5:00 AM;

- Make a **closing statement** to the respondent. Thank him/her, review appointment information, mention the reminder call and leave the field office telephone number for the respondent;
- Hand the SP a Certificate of Appreciation; and
- **Record the appointment and consent form information** in the first available "HOME EXAM APPT. INFOR." box on the back page of the SP/Family Nonresponse card (see Exhibit 9-9).

9.7 Nonresponse to the Home Exam Appointment

If you obtain nonresponse to the home exam record the details on the SP card. Enter the attempt #, interviewer ID, day of week, date, and time in the appropriate column. Enter a result code in the "RESULTS" column. A list of appropriate result codes for scheduling the home exam can be found on the back of the SP card in the box labeled "HOME EXAM APPOINTMENT – TO BE USED BY THE INTERVIEWER/FO SCHEDULING THE HOME EXAM". Record one or more reason codes (listed on the back of the SP Card) in the "REASON CODE" column. Record the type of nonresponse as "HE" and the person number in the "PER #" field. See Exhibit 9-10 for a list of result and reason codes and Exhibit 9-11 for an example of how to enter nonresponse to the home exam on the SP card.

Exhibit 9-9. SP Card with Home Exam Appointment

ATTEMPT #	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS

HOME EXAM APPT INFO
ATTEMPT #1
MO 24 DAY 00 YR 10 TIME 30
CONSENT OBTAINED ✓ HOME EXAMINER RESULT

HOME EXAM APPT INFO
ATTEMPT #2
MO DAY YR TIME
CONSENT OBTAINED HOME EXAMINER RESULT

HOME EXAM APPT INFO
ATTEMPT #3
MO DAY YR TIME
CONSENT OBTAINED HOME EXAMINER RESULT

WAS A NONRESPONSE LETTER SENT?
 NO YES DATE SENT

Exhibit 9-10. SP Card – Home Exam Reason and Result Codes

REASONS FOR REFUSING SP QUESTIONNAIRE OR MEC APPOINTMENT			
HEALTH RELATED REASONS	PERSONAL REASONS	SAMPLE PERSON/ FAMILY CODES	
None.....	01 Not Interested.....	MECHOME EXAM	
Personal Ill Health.....	02 Family Illness or Death.....	Not Interested.....	24
Family Illness or Death.....	03 Doctor Says No.....	Lack of Time.....	25
Hospitalized.....	04 Hospitalized.....	Work Conflicts.....	26
Disabled/Frail.....	05 On Medication.....	Friends/Relatives Advise Against It.....	27
Severely Impaired.....	06 Blind or Deaf.....	Fearful of Results.....	28
		Stuporous.....	29
		Length of Interview.....	30
		Concerns About Medicare or Other Federal Programs.....	31
		Never Spoke With SP, Only Intermediary.....	32
		Other (Specify).....	33
			34
			35
			36
			37
			38
			39
			40
			41
			42
			43
			44
			45
			46
			47
			48
			49
			50

HOME EXAM APTT SCHEDULING CODES	
TO BE USED BY INTERVIEWERS/PT. SCHEDULING THE HOME EXAM	HOME EXAM RESULT CODES
Scheduled.....	Examined.....
Illness.....	Cancelled.....
Increased From Refusal.....	No Show.....
Not at Home.....	
Unavailable During Field Period.....	
Language Problems.....	
Other (Specify).....	
Qualified/Not Offered.....	

HOME EXAM RESULT CODES	
TO BE USED BY HOME EXAMINER	
Examined.....	E
Cancelled.....	C
No Show.....	NS

Exhibit 9-11. Entering Nonresponse to Home Exam on the SP Card

SP OR FAMILY NONRESPONSE CARD

STAND #	SEQ #	SERIAL #	FAM #
114	13	54	1

CODES FOR TYPE OF NONRESPONSE: SP QUIX NONRESPONSE = SP
 MGC APPOINTMENT NONRESPONSE = MGC
 CONDUCT HOME EXAM = HE
 DUST COLLECTION NONRESPONSE = DC

NAME	SP ID	PER #	AGE	GENDER	RACE/ETHNICITY
Jared Crubler		1	89	M	B

ATTEMPT #	INTRV ID	DATE	DAY	TIME	RESULT CODE	REASON CODE	TYPE OF RESPONSE	PER #	REMARKS
1	W3	11/20/16	Mon	9:30	22	31	HE	1	
							HE	1	

10. NONRESPONSE

Any nonresponse to the survey's questionnaires or procedures must be fully documented. For NHANES, we will use two forms when dealing with nonresponse problems.

- The **Screener Non-Interview Form** will be used to document inability to complete the Screener; and
- The **SP or Family Nonresponse Card** will be used to document nonresponse to the SP questionnaire, the Dust Collection Process, or nonresponse to the MEC appointment (an initial refusal, a cancel, or a no show).

In this chapter we will discuss nonresponse problems/situations, as well as the completion of all nonresponse forms.

10.1 Nonresponse Problems

You may sometimes encounter problems that prevent you from completing the critical components of a case. These problems can occur in the following scenarios:

- When you are trying to initially locate or make contact at a dwelling unit (DU);
- When you are trying to conduct the Screener with a household adult;
- After you have screened a household and have selected SP(s), and are unable to interview an SP;
- When you need to make an appointment or obtain signed consent for the MEC examination;
- When you are trying to reschedule a broken MEC appointment; and
- When you are unable to complete the Dust Collection process.

10.1.1 Problems Making Contact at the Dwelling Unit

You may encounter problems associated with the sampled addresses you have been assigned. While they occur rarely, you should be prepared for them. This section provides a description of the most common problems and what you are to do when you encounter them.

The Assigned Address Does Not Qualify as a DU

Even though addresses were listed as carefully as possible during the listing effort, some of the sampled DUs may no longer qualify as DUs. For example, after the listing, a residential unit may have been converted to a store or may have been totally demolished. It is also possible that the lister made an error and listed an address that does not meet our definition of a DU. Screeners should only be conducted at sampled addresses that qualify as DUs. Therefore, it is your responsibility to make sure that the address you have been assigned is a DU.

You should use Section 3.1, “Definition of a Dwelling Unit,” to make the determination of a dwelling unit. Whenever you determine that a sampled address does not qualify as a DU, complete Section I (Vacant/Not a Dwelling Unit) on the Screener Non-Interview Form, and return the case to your supervisor at your next scheduled conference.

The Sampled DU Does Not Exist

Most of the problems you have finding an address can be solved by careful use of the information and materials provided to you. If you cannot find a DU, recheck the materials in your Segment Folder and consult your local area map to try to determine the source of the problem. You may, for example, have gone to the north end of a street to find an address that is actually at the south end.

If your best efforts fail to locate the sampled DU and you suspect that it has been demolished or that it never existed, describe the situation in Section I (Vacant/Not a Dwelling Unit) on the Screener Non-Interview Form. Return the case to your supervisor during your next scheduled conference.

The Unit is Vacant

If the sampled DU is vacant, there are several steps to take before you actually consider the unit to be vacant. Be sure that there are no signs of furniture or other clues that the DU is occupied. Do not assume a unit is vacant just because there are no curtains or accumulation of old newspapers on the porch. While you are in the neighborhood verify the vacancy with a neighbor or building manager. Once you are satisfied that the unit is vacant, fill out Section I (Vacant/Not a Dwelling Unit) on the Screener Non-Interview Form. Be sure to include in your comments all signs of vacancy.

If there is any doubt in your mind whether the DU is vacant, verify the vacancy with a neighbor or building manager. If verification through neighbor information is not possible (no one home, neighbors refuse to give information, etc.) discuss the case with your supervisor at your next interviewer conference. Your supervisor will decide what further activity is necessary.

Once you determine that a unit is vacant, fill out Section I (Vacant/Not a Dwelling Unit) on the Screener Non-Interview Form. If you should happen to notice that the DU is no longer vacant on later trips to the segment, do not make any attempts to contact the new residents.

You Are Unable to Enter the Structure

You may encounter a building that is locked for security reasons. Many locked buildings contain entryways with intercom systems to provide communications with the residents of the building. Access to the individual units can be gained only with a key or by contacting a resident on the intercom who unlocks the door from the inside. Listed below are the procedures you should follow if you have sampled units in such a building:

- Attempt to make contact by using the intercom system to speak directly with a household member from the sampled unit.
- If this does not work (e.g., intercoms not available), try to contact the resident manager for permission to gain entry. The manager may ask for further verification (i.e., a letter or telephone call). When this happens, record his/her name, address, and telephone number (if appropriate) on the Call Record on the back of the Household Folder and inform your supervisor. Your supervisor will send the building manager a Resident Manager's Package. This package contains several items: a letter briefly explaining the purpose of the study, printed on NCHS letterhead; one or two

newspaper articles from prominent publications and, if available, a local newspaper and the Screener Brochure. This package is usually sent using a mail express service to ensure timely delivery. Your supervisor may ask you to make an in-person follow-up visit to the manager a few days after the package is sent.

Because security systems vary widely with locality, always contact your supervisor if you have any questions on how to proceed.

If you cannot gain entry by making contact with the sampled DU or resident manager, complete Section II (Screener Nonresponse) of the Screener Non-Interview Form. Then, return the case to your supervisor during your next scheduled conference.

NOTE: You may be assigned cases that were discovered to be in security locked buildings during the listing operation. Your supervisor will help you handle these cases if you are assigned them.

10.1.2 Problems Obtaining the Interview (Screener Relationship, SP, Family Interviews, or the Dust Collection Procedure)

Once you have located the DU, you are ready to make contact with the household to complete the Screener, and if there are selected SPs, a number of other interviews. There are several situations in which an attempt to conduct the Screener, an extended interview with an SP, or the Dust Collection Procedure may result in an outcome other than a completed questionnaire.

The following are the problem situations that you may encounter. Any of these problems could occur when you are attempting to contact an eligible respondent for interviews.

Not at Home

It is common to find no one at home when you attempt to contact a household. When you find no one at home, you should complete a **Sorry I Missed You/Call Back** card and put it under the door of the assigned unit. Do not leave study materials in the mailbox. Be sure to record at the bottom of the card the stand, segment, and serial number for the household. This will facilitate identifying the household if a household member calls the field office. A copy of this card appears as Exhibit 10-1.

Exhibit 10-1. Sorry I Miss You/Call-Back Card

National Health and Nutrition Examination Survey

I stopped by your home today to talk with you about the National Health and Nutrition Examination Survey. You were recently contacted about the study and the importance of your participation in it.

I am sorry that I did not find you at home today. I will return within the next several days. Thank you for your cooperation.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Note: Do not leave other materials about the study. At this stage, the goal is to complete the screener to see if there are eligible SPs in the household.

Then, make a deliberate effort to contact a neighbor to obtain information about the household's or SP's availability.

You should perform the following tasks:

- Probe to determine when an adult household member (if trying to complete a Screener) or a selected SP will be home;
- Record appropriate information on the Call Record; and
- Record any information obtained about the household composition on the Neighbor Information Form.

Special considerations for neighbor contacts are discussed in Section 6.1.3. If you have what your supervisor considers to be the maximum number of attempts and have been unable to find an adult at home to administer the Screener, complete Section II (Screener Nonresponse) of the Screener Non-Interview Form. Explain thoroughly why you were unable to complete the Screener interview and try to complete the household enumeration as thoroughly as possible, using the Neighbor Information Form, with sources such as resident managers, children from the sampled DU, neighbors, mail carriers, and other similar knowledgeable sources. (Specifications for this form are in Section 10.3 of this chapter.) Return the case to your supervisor during your next scheduled conference.

Once you have completed the Screener and find yourself in a situation where you are unable to complete one of the extended household interviews because the respondent is not at home after you have reached the maximum number of attempts, complete the SP card detailing the situation. Return the case to your supervisor during your next scheduled conference.

Refusal

Occasionally even the best interviewers receive refusals to participate in a survey. Most respondents do not refuse outright; rather, they express some hesitancy, reservation, or initial hostility. In a short time, you will become sensitive to the firmness of the "NO" conveyed by the tone and wording of

the respondent's comments. You will also learn to sense the reasons behind a respondent's hesitancy and develop ways of dealing with those "hidden" concerns.

Always listen very carefully to what the respondent has to say, and then address your remarks to the respondent's concerns. Some of the most common reasons respondents give for refusing are the following:

- Too busy/don't have the time;
- Not interested in the study;
- Don't want to be bothered or involved;
- Waste of time and money;
- Government interference;
- "Nothing in it for me;" and
- Too ill, don't feel well enough.

These reasons reflect two broad types of concerns respondents may have: concerns about the time you are asking them to give and concerns about the study itself or about surveys in general. You can respond to the first concern in several ways: Emphasize the importance of the study, persuade respondents that we do appreciate their contribution to the project, and indicate your willingness to be as flexible as possible in arranging an appointment at the respondent's convenience. You can respond to the second type of concern by explaining how the project is worthwhile, by pointing out that people making decisions on government programs need good information to guide the policymaking process, or that for a survey's results to be useful, they must include information from a representative sample.

Additional considerations to keep in mind for overcoming respondent refusals include the following:

- Make your respondents feel they are valuable to the study.
- Make your respondents feel that you are concerned about their time, their experiences, etc.
- Make sure your respondent knows exactly who you are, whom you represent, and why you are there.

- Be confident, reassuring, and ready to react promptly to a respondent's cues. Don't get into a "set interviewing routine" that keeps you from dealing with each respondent's individual concerns.
- Try to get started with the questionnaire as quickly as possible; once you begin asking the questions, the respondent may see that his/her fears about the interview are unfounded.
- Above all, be thoroughly familiar with all study materials so that you can readily answer a respondent's questions about the survey.

If you find that you are not getting anywhere with a respondent, try to end the contact **before** you get a final "No." However gruff or rude a respondent may be, always maintain a pleasant, courteous manner. Above all, do not antagonize or alienate the respondent. Try to keep the door open for future contacts. In most situations, your supervisor will assign another interviewer to attempt the interview. If you can leave on a pleasant note, the respondent may be more receptive to the efforts of another interviewer. After leaving the respondent, record the situation completely on the appropriate nonresponse form (Screener = Screener Non-Interview Form, SP interviews and the Dust Collection process = SP/Family Nonresponse Card) and return the case to your supervisor during your next scheduled conference.

Special Refusal Situations

The following are some additional refusal situations. You should deal with these situations as described.

- If an SP **refuses to conduct any household interview**, you should remain there to interview other willing SPs so long as your presence is still welcome.
- During an interview, a respondent may **refuse to answer a particular question** or series of questions. If this occurs, reassure him/her that all the information you collect will remain confidential. Try to deal with any reasons offered by the respondent for the refusal, but do not pressure the respondent to answer. Go on to the next question.
- Sometimes a respondent does not refuse outright but **keeps putting you off** by asking you to come back again and again or makes appointments and doesn't keep them. When a respondent does not keep an appointment, you should wait at the respondent's home for at least 15 minutes. If the respondent does not arrive while you are there, go on and make contact attempts at other nearby assignments. Before you leave the area, drop by the respondent's home again. The respondent might have forgotten the appointment or there may have been some unexpected circumstance or simply a misunderstanding as to the place and time of the appointment. If, however, you have

not succeeded in obtaining the interview in the allotted number of attempts due to broken appointments, treat the case as a refusal.

- Through experience, we have found that the elderly may not answer the door simply because they don't hear or may take longer than most people to get to the door. Knock or ring several times.

Breakoff

A breakoff occurs when a respondent begins responding to the questionnaire and at some point before the conclusion of the interview refuses to finish. As with a refusal, you should attempt to determine the reasons for the breakoff and try to answer the respondent's concerns. Stress that the respondent may refuse to answer any individual question that s/he finds to be too personal, etc. If it is simply a matter of inconvenience for the respondent, you should try to set an appointment to finish the interview at another time. If it is clear that the respondent has no intention of resuming at a later date, record the situation completely on the appropriate nonresponse form.

Unavailable During the Field Period

If you learn that all the adults in the household will not be at home at all during the field period (e.g., the residents are out-of-town visiting a sick relative and won't be back for 3 or 4 months; that they are traveling for an extended period of time; etc.), and are therefore unavailable for the screening, do not make further attempts. Record the details on the Screener Non-Interview Form and complete the Neighbor Information Form. Return the case to your supervisor at your next conference.

If you learn that an SP in a household will not be available for the entire field period because of an extended absence (and a proxy is not admissible), you should complete an SP/Family Nonresponse card for that SP.

Illness

You may encounter a respondent who cannot complete the Screener because of an illness, deafness, senility, or other health problems. You will encounter these problems in varying degrees and it

will be up to you to judge whether the problem is sufficiently severe for you to discontinue your attempts to complete the Screener. To begin with, check to see if there is some other knowledgeable household adult who could complete the Screener. In some cases, you will find that the respondent is only temporarily indisposed and is very willing to do the Screener at a later time. In such a case, make an appointment. If the illness problem is such that it will be impossible to complete the Screener at the household during the entire field period, complete Section II on the Screener Non-Interview Form. Return the case to your supervisor at your next conference.

If you screen a household and find that an SP suffers from an extended illness or has some type of health problem which prevents him/her from responding for the entire field period, a proxy may be selected to respond on the SP's behalf as described in Chapter 4. If the SP's illness is temporary, you should try to set an appointment for a time when s/he is more able to respond.

Language Problem

We will be conducting Screeners with respondents who speak English and Spanish. If you encounter a household where all the household members speak some other language, you may use a neighbor to translate for the Screener interview. If you cannot find a translator, complete Section II (Screener Non-response) of the Screener Non-Interview Form and return the case to your Supervisor during your next scheduled conference.

If you encounter a language problem during your attempts to complete the extended household interviews, try to find an adult (18+) household translator to assist you during the interview. If none exists, return the case to your supervisor. S/he will try to help you find a professional translator.

Other Situations

Any other type of incomplete interview situation that does not fit into any of the categories mentioned previously should be described in detail in the appropriate nonresponse form (Screener Non-Interview Form or SP/Family Nonresponse Card). Discuss all "other" situations with your supervisor during your conference.

10.1.3 Problems Obtaining the MEC Examination Appointment, Informed Consent, or Rescheduling Broken Appointments

If you have any difficulties making a MEC examination appointment, obtaining signed consent forms, or rescheduling a broken MEC appointment, complete the **SP Card**. Specifications for completing this card are in Section 10.3 of this chapter.

10.2 Completing the Non-Interview Form For the Screener

This form (Exhibit 10-2) is to be completed when you encounter non-interview situations. This form will provide your supervisor with an accurate description and documentation of the problem you encounter in completing the Screener.

It is important to stress that on the basis of the non-interview information you provide, your supervisor will decide whether to refield the case. If a case is refiled, this information will also be used by the interviewer to whom the case is reassigned. It is, therefore, very important for you to fill out the Screener Non-Interview Form as **completely and accurately** as possible to give your supervisor and any future interviewer a full description of the problem you had and any suggestions you might have about how to deal with it. Whenever necessary, make any additional notes you feel are pertinent.

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

The second section of this page refers to Screener nonresponse, that is, when the DU is occupied but you are unable to obtain the full household information requested in the Screener. In this situation, you are to mark the appropriate nonresponse code and describe as fully as possible the reason for being unable to complete the Screener.

Exhibit 10-2. Non-Interview Form for the Screener

SCREENER NON INTERVIEW FORM

I. VACANT/NOT A DWELLING UNIT

- | | |
|---|---|
| <p>A. WHY IS THE LISTED ADDRESS NOT AN OCCUPIED DWELLING UNIT FOR OUR SAMPLE?</p> <p><input type="checkbox"/> VACANT</p> <p><input type="checkbox"/> NOT A DU, CONDEMNED/DEMOLISHED (C)</p> <p><input type="checkbox"/> NOT A DU, PLACE OF BUSINESS (C)</p> <p><input type="checkbox"/> NOT A DU, NO SUCH ADDRESS/NO SUCH DU (C)</p> <p><input type="checkbox"/> NOT A DU, VACATION CABIN (C)</p> <p><input type="checkbox"/> NOT A DU, NOT USABLE AS PERMANENT RESIDENCE (C)</p> <p><input type="checkbox"/> NOT A DU, TRANSIENT USE (C)</p> <p><input type="checkbox"/> NOT A DU, STILL UNDER CONSTRUCTION (C)</p> <p><input type="checkbox"/> NOT A DU, LISTING PROBLEM, OUT OF SEGMENT (C)</p> <p><input type="checkbox"/> NOT A DU, OTHER REASON (C)
(SPECIFY) _____</p> | <p>B. RECORD BELOW ANY AND ALL SIGNS OF VACANCY</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| | <p>C. RECORD BELOW ANY REASONS UNIT DOES NOT QUALIFY AS A DWELLING UNIT AS WELL AS ANY RELEVANT INFORMATION OR OBSERVATIONS.</p> <p>_____</p> <p>_____</p> <p>_____</p> |

END

II. SCREENER NON-RESPONSE

- A. CHECK THE REASON FOR NON-RESPONSE
- | | |
|--|---|
| <input type="checkbox"/> NOT AT HOME AFTER MULTIPLE ATTEMPTS | <input type="checkbox"/> LANGUAGE PROBLEM |
| <input type="checkbox"/> REFUSAL BREAKOFF | <input type="checkbox"/> ILLNESS |
| <input type="checkbox"/> UNABLE TO ENTER STRUCTURE | <input type="checkbox"/> NEW CONSTRUCTION |
| <input type="checkbox"/> UNAVAILABLE DURING FIELD PERIOD | <input type="checkbox"/> OTHER |
- B. EXPLAIN WHY YOU WERE UNABLE TO COMPLETE THE SCREENER INTERVIEW IN AS MUCH DETAIL AS POSSIBLE.

END

Note the following:

Section I – Vacant/Not a DU

- Item A. If you have checked the box for “NOT A DU, OTHER REASON,” be sure to specify in **as much detail as possible**.
- Item B. Record completely all signs of vacancy including verification (e.g., from neighbor or resident manager if obtained).
- Item C. Record any and all signs of information that the DU does not qualify as a sample unit.

Section II – Nonresponse

- Item A. Code the appropriate reason for nonresponse.
- Item B. Record detailed information including any comments made by the respondent. Complete this section as soon as possible after leaving the household so that the person’s remarks are fresh in your mind. If a refusal, record all conversation/remarks including your own remarks.

10.3 Documenting Nonresponse and Completing the SP or Family Nonresponse Card for SP Interview, Dust Collection, and MEC Appointment Nonresponse

The SP or Family Nonresponse Card (Exhibit 10-3) is used if an interviewer has been unable to complete either an SP interview, the Dust Collection process, or schedule or reschedule a MEC exam appointment. It is also used to schedule an appointment for a home exam and record home exam appointment information. The **first** interviewer who experiences any one of these situations must:

- Document the situation in detail on the Result of Contacts page on the back of the Household Folder.
- Enter case specific information on the top of the SP/Family Nonresponse Card.
- Enter the SP specific information in the appropriate area of the card.
- Enter the type of nonresponse (code) and the result code from the back of the Household Folder Result of Contacts page in the first available row of the SP/Family Nonresponse Card.

Exhibit 10-3. SP or Family Nonresponse Card

SP OR FAMILY NONRESPONSE CARD

STAND #	SEG #	SERIAL #	FAM #

NAME	SP ID	PER #	AGE	GENDER	RACE/ETHNICITY

CODES FOR TYPE OF NONRESPONSE: SP QUIX NONRESPONSE = SP MEC APPOINTMENT NONRESPONSE = MEC
 CONDUCT HOME EXAM = HE DUST COLLECTION NONRESPONSE = DC

ATTEMPT #	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS

Exhibit 10-3. SP or Family Nonresponse Card (continued)

ATTEMPT #	ENTRY ID	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES.	PER #	REMARKS

HOME EXAM APPT INFO
ATTEMPT #3

MO DAY YR TIME

CONSENT OBTAINED _____
 HOME EXAMINER RESULT _____

HOME EXAM APPT INFO
ATTEMPT #2

MO DAY YR TIME

CONSENT OBTAINED _____
 HOME EXAMINER RESULT _____

HOME EXAM APPT INFO
ATTEMPT #1

MO DAY YR TIME

CONSENT OBTAINED _____
 HOME EXAMINER RESULT _____

WAS A NONRESPONSE LETTER SENT? NO YES

DATE SENT _____

If another interviewer is later assigned to the case to convert the nonresponse, he or she will be given a copy of the Household Folder Call Record for review, but his or her own efforts must be recorded on the SP/Family Nonresponse Card.

10.3.1 Specifications for Completing the SP or Family Nonresponse Card

The SP/Family Nonresponse Card is somewhat similar to the Household Record of Calls. The first interviewer who experiences nonresponse must record the case-specific information (Stand, Segment, Serial and Family #) and the SP specific information (SP name, SP ID, Person #, Age, Gender, and Race/Ethnicity) in the appropriate areas of the card. Note: There is room on the card to record information about 6 SPs from a family.

The first attempt line on the SP/Family Nonresponse Card is used to record information from the last row of the Result of Contacts page on the back of the Household Folder. Enter the interviewer ID, the Day, Date and Time, and the type of nonresponse. Use the type of nonresponse codes from the box at the top of the SP/Family Nonresponse Card. Then enter the result code from the Result of Contacts page on the back of the Household Folder. Enter a 'C' for Cancel or a 'NS' for No Show in cases of broken MEC Exam appointments (first interviewer).

The interviewer who is assigned the case to convert the nonresponse must document his or her efforts on the remainder of the SP/Family Nonresponse Card using the following specifications.

ATTEMPT #: Enter all attempts on this card as they occur. All attempts should be consecutively numbered.

INTERV. ID: Enter your identification.

DAY OF WEEK:
DATE:
TIME: Complete just as on Household Folder.

SP QUEX – DUST COLLECTION – APPOINTMENT: Check the box, according to the type of nonresponse.

RESULT CODE: Enter the appropriate result code for the SP Questionnaire, the Dust Collection process, or the MEC Appointment scheduling or rescheduling process. These codes are listed (Exhibit 10-4) on page 5 of the Household Folder.

REASON CODE:	Enter the reason code(s) for the nonresponse. Enter all codes applicable. All reason codes (01 through 41) are listed on the bottom of page 5 of the Household Folder (Exhibit 10-4).
TYPE OF NONRESPONSE:	Enter the type of nonresponse from the codes listed on the top of the SP/Family Nonresponse Card.
PERSON:	Enter the Person number(s) to whom the nonresponse information applies.

10.3.2 Documenting Nonresponse Using “Remarks”

Whenever documenting nonresponse, whether you are the first interviewer who experiences a problem, or you have been given a nonresponse case to work, you should provide the following information in the “Remarks” column of the Record of Calls or the SP Card.

1. Physical appearance/health—size, weight, condition (normal/frail, handicapped, any physical/mental condition which would keep respondent from coming to MEC)
2. Attitude (normal, scared, angry)
3. Details on conversation between you and respondent—what respondent said/what you said
4. Type and condition of DU (apartments, single homes, well-kept lawns, rundown, high security)
5. Type of neighborhood (low income, middle income, high income, singles, families, professionals)

Keep the remarks legible, complete and pertinent. Complete means documenting what happened; it does not necessarily mean complete sentences. Good phrases are adequate. Note that your best guess or estimate will do in cases where you do not have data.

The following pages contain examples of accurately completed SP/Family Nonresponse Cards.

EXAMPLE 1:

John Jones is the only SP in the household. He completed the Screener and Relationship questionnaires but says he is too busy to do anything else for us. He works two jobs and those jobs keep him busy day and night. He also is very suspicious of anything the government is doing. The interviewer tries to talk him into completing the SP questionnaire but does not succeed. On the first refusal conversion attempt, the interviewer talks John into completing the SP questionnaire and making a MEC appointment.

SP OR FAMILY NONRESPONSE CARD

STAND #	SEC #	SERIAL #	FAM #				
113	6	51	1				

CODES FOR TYPE OF NONRESPONSE: SP QUEX NONRESPONSE = SP MEC APPOINTMENT NONRESPONSE = MEC CONDUCT HOME EXAM = HE DUST COLLECTION NONRESPONSE = DC					
--	--	--	--	--	--

NAME	SP ID	PER #	AGE	GENDER	RACE/ETHNICITY
<i>John Jones</i>	<i>756781</i>	<i>1</i>	<i>34</i>	<i>M</i>	<i>W</i>

ATTEMPT #	INTV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
LAST PROC ATTEMPT					22	25,16	SP	1	<i>SP is six feet tall about 200 lbs. With red hair and freckles, lives in small apt in an old building. Seems well educated. Works two jobs and is home at varying times. He drives a black Ford truck and is home when it is there. He has a large black dog. He was very polite in his refusal says he has no time but I think it might be because he doesn't like doctors. Maybe a male interviewer would be able to convince him.</i>
						31,33			
1	RLC	M	1/28	9PM	11			1	<i>Made an appointment for 1/28 morning</i>

EXAMPLE 2:

Mr. (SP #1) and Mrs. (SP #2) Smith are an elderly couple who are both SPs. They completed the Screener, Relationship, and both SP questionnaires. However, they will not make a MEC appointment. They are afraid to go out of their house because they are both somewhat frail and they worry that this study may be some sort of a scam. They have heard a lot about sales people who prey on the elderly and suspect this study may not be legitimate. After a somewhat lengthy discussion, the interviewer decides someone else may have more success in convincing Mr. and Mrs. Smith to participate. The conversion interviewer goes out to talk to the Smith's but no one answers the door. On the second visit, the conversion interviewer persuades Mr. and Mrs. Smith to appoint to the MEC.

SP OR FAMILY NONRESPONSE CARD

STAND #	SEC #	SERIAL #	FAM #
114	16	15	1

CODES FOR TYPE OF NONRESPONSE: SP QUEUE NONRESPONSE = SP
 CONDUCT HOME EXAM = ME MEC APPOINTMENT NONRESPONSE = MEC
 DUST COLLECTION NONRESPONSE = DC

NAME	SP ID	PER #	AGE	GENDER	RACE/ETHNICITY
Paul Smith	268235	1	76	M	W
Margaret Smith	171451	2	75	F	W

ATTEMPT #	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
LAST REG ATTEMPT					22	30,31	MEC	1&2	Older couple, both have gray hair and wear glasses. They are a soft refusal and feel if we can address the "senior citizen scam" and "selling something" concerns that they will participate. A woman might have a better chance in addressing these issues with them. They are at home most of the time. They live in a high rise middle class condo.
1	KAA	M	1/28	9:25a	22			1&2	SP were not at home
2	KAA	TU	1/29	9:30a	11			1&2	Made an APT for both SPs on 2/6 evening

EXAMPLE 3:

Mr. and Mrs. Logan are both SPs. Mrs. Logan completed the Screener and Relationship questionnaires and the SP questionnaire. However, she will not make a MEC appointment because her husband does not want her to and she has her own doctor so she doesn't see why she needs to. Mr. Logan refuses to do his SP questionnaire. He says the whole process will take too much time and he doesn't trust anything the government does. The conversion interviewer visits the next week. She appoints Mrs. Logan to the MEC but has no luck with Mr. Logan.

SP OR FAMILY NONRESPONSE CARD

STAND #	SEC #	SERIAL #	FAM #
114	2	5	1

CODES FOR TYPE OF NONRESPONSE: SP QUEX NONRESPONSE = SP
 CONDUCT HOME EXAM = HE
 MEC APPOINTMENT NONRESPONSE = MEC
 DUST COLLECTION NONRESPONSE = DC

NAME	SP ID	PER #	AGE	GENDER	RACE/ETHNICITY
Lloyd Logan	123764	1	54	M	B
Mary Logan	678931	2	51	F	B

ATTEMPT #	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
LAST REC ATTEMPT					22	16,38	SP	1	SP 1 is a heavyset male about 5'8" tall. He thinks it is a marketing ploy. Wife said he had high blood pressure. She is a pretty 5'3" slim woman who says she only trust her doctor. Told her we could send information to him or bring by some additional information for her to show him. Suggested She call Dr. Porter at 800#. When I left I felt that she would really give it some thought and that she might be receptive to an older interviewer.
					22	27,28	MEC	2	
1	LAN	M	1/31	7PM	22	16,38	SP	1	Mrs. Logan has appointment for 2/4 morning. Mr. Logan said he would do interview/exam if wife has a good experience
					11			2	

10.3.3 Using the SP or Family Nonresponse Card to Schedule a Home Exam

You will use the SP/Family Nonresponse Card to record the result of your attempts to schedule a home exam and to record the home exam appointment date and time. To do this, follow the steps below.

- If you are attempting to schedule a home exam, first record the ID and demographic information in the designated areas at the top of the card, if this has not already been done.
- If you are starting the card (for example, SP is homebound), record “HE” as the Type of Nonresponse in the first contact row (the row labeled “LAST ROC ATTEMPT”).
- For all subsequent contact attempts, complete the columns labeled “Attempt #”, “Interviewer ID”, “Day of Week”, “Date”, and “Time”.
- Record the results of your contacts using the result codes on the back of the Household Folder under the heading “Home Exam Appointment” (see Exhibit 10-4).
- If you receive nonresponse to your attempt, use one or more of the reason codes listed on the back of the Household Folder (see Exhibit 10-4).
- If you are successful in scheduling the home exam, record the month, day, year and the time of the scheduled exam in the box at the bottom of page 2 of the SP Card labeled “Home Exam Appt. Info”. Also check that the appropriate consent form has been signed. Note that the home examiner will complete the field in this box labeled “Home Examiner Result”. To do this, she will use the codes on the back of the Household Folder under the heading “Home Exam Status Codes”.

Exhibit 10-4. Result and Reason Codes From Back of SP Card

CALL RECORD RESULT CODES			
SCREENER CODES	RELATIONSHIP CODES	SAMPLE PERSON/FAMILY CODES	DUST COLLECTION CODES
1 Complete - No SPs.....	19 Complete.....	19 Complete.....	10 Complete.....
2 Complete - With SPs.....	20 Illness.....	20 Illness.....	11 Illness.....
SUPERVISOR USE ONLY:			
3 Complete - No SPs Based on Non-III Information.....	21 Consent Form Refusal.....	21 Consent Form Refusal.....	20 Consent Form Refusal.....
4 Complete - With SPs Based on Non-III Information.....	22 Not at Home.....	22 Not at Home.....	21 Consent Form Refusal.....
5 Out of Scope.....	23 Unavailable During Field Period.....	23 Unavailable During Field Period.....	22 Not at Home.....
6 Unable To Enter Structure.....	24 Language Problem.....	24 Language Problem.....	23 Unavailable During Field Period.....
7 Vacant.....	25 Other (Specify).....	25 Other (Specify).....	24 Language Problem.....
8 Not a Dwelling Unit.....			25 Unavailable During Field Period.....
9 New Construction.....			26 Other (Specify).....
20 Illness.....			
21 Refusal/Blockoff.....			
22 Not at Home.....			
23 Unavailable During Field Period.....			
24 Language Problem.....			
25 Other (Specify).....			
26 Other (Specify).....			

REASONS FOR REFUSING SP QUESTIONNAIRE OR MEC APPOINTMENT		MEC APPOINTMENT SCHEDULING CODES	
HEALTH RELATED REASONS	PERSONAL REASONS	TO BE USED BY INTERVIEWERS/F.O. SCHEDULING THE HOME EXAM	TO BE USED BY HOME EXAMINER
None.....	01 III INTERVIEW/DUST COLLECTION.....	11 Scheduled.....	Examined.....
61 Personal Ill Health.....	12 Not Interested.....	20 Illness.....	Cancelled.....
62 Family Ill Health.....	13 Doesn't Want to Be Bothered.....	21 Consent Form Refusal.....	No Show.....
63 Doctor Says No.....	14 Nervous/Tired.....	22 Refusal/Blockoff.....	
64 Hospitalized.....	15 Work Conflicts.....	23 Not at Home.....	
65 Doubtful/Frail.....	16 Friends/Relatives Advise Against It.....	24 Unavailable During Field Period.....	
66 Suspect Cognitively Impaired.....	17 Suspicious.....	25 Language Problem.....	
67 On Med/Alcohol.....	18 Language Problems.....	26 Other (Specify).....	
68 Blind or Deaf.....	19 Friends/Relatives Advise Against It.....		
	20 Length of Interview.....		
	21 Concerns About Medicare or Other.....		
	22 Referral Program.....		
	23 Not at Home.....		
	24 Unavailable During Field Period.....		
	25 Other (Specify).....		
	26 Examinee Not at Home.....		
	27 Examinee Notice Not Sent.....		
	28 Weather Conditions.....		
	29 Anti-Government Surveys.....		
	30 Moved.....		
	31 Out of Town.....		
	32 Other (Specify).....		
	33 Other (Specify).....		
	34 Other (Specify).....		
	35 Other (Specify).....		
	36 Other (Specify).....		
	37 Other (Specify).....		
	38 Other (Specify).....		
	39 Other (Specify).....		
	40 Other (Specify).....		
	41 Other (Specify).....		
	42 Other (Specify).....		
	43 Other (Specify).....		
	44 Other (Specify).....		
	45 Other (Specify).....		
	46 Other (Specify).....		
	47 Other (Specify).....		
	48 Other (Specify).....		
	49 Other (Specify).....		
	50 Other (Specify).....		

10.4 Completing the Neighbor Information Form

If after two visits, it appears that you may not reach an eligible household member, you should attempt to complete the Neighbor Information Form with two knowledgeable neighbors. An example of this form appears as Exhibit 10-5. There are a number of considerations to keep in mind whenever you contact a neighbor. These considerations are detailed in Section 6.1.3 of this manual.

Document household member data obtained from two “neighbors” or other knowledgeable informants.

Item Specifications

Sampling Box. The information in this box tells you which persons in the household will be selected as SPs. The information is first organized by race/ethnicity. The information is then organized into specific gender and age categories. Your supervisor will use this sampling information, along with the remainder of the information you collect on the NIF, to determine if the household is eligible and what further action will be taken for the case.

Introduction. Use the introduction printed on the form to begin asking the questions.

1. First determine whether the sampled dwelling unit is occupied.
2. If the dwelling unit is occupied, obtain the best time to reach the household. This could be a specific day and time or a general time (for example, weekdays after 7 p.m.).
3. Obtain the total number of people who **usually** live at the dwelling unit.
4. **Household Demographic Information**—Record as much information as you need to apply the sampling message from neighbor #1 and #2 on this grid.
 - **NAMES.** Include the names of household members. If you cannot obtain names, list the family structure (e.g., Father, Mother, Son #1, Son #2) as completely as possible.
 - **GENDER, AGE, ETHNICITY, AND RACE.** This information will enable the sampling message to be applied.

Exhibit 10-5. Neighbor Information Form

Sample Dwelling Unit ID Number: _____

Sample Dwelling Unit Address: _____

Interviewer ID: _____

NHANES NEIGHBOR INFORMATION FORM

SAMPLING MESSAGES

INTRODUCTION: Hello, I'm (NAME) and we are conducting a survey for the U.S. Public Health Service (SHOW ID BADGE). I have tried to contact the people who live at (ADDRESS).

	NEIGHBOR #1	NEIGHBOR #2		
1. Is (ADDRESS) currently occupied?	YES.....1 NO.....2 (GO TO Q5) DK (GO TO ANOTHER NEIGHBOR)	YES.....1 NO.....2 (GO TO Q5) DK (GO TO ANOTHER NEIGHBOR)		
2. When is the best day and time to reach them at home?	_____	_____		
3. How many people usually live at (ADDRESS)? (Include babies, small children, relatives, lodgers, boarders, and any other persons who usually live there but are now away from home.)	[] [] NUMBER	[] [] NUMBER		
4. RECORD AS MUCH INFORMATION ABOUT THE SAMPLE HOUSEHOLD AS POSSIBLE FROM NEIGHBOR #1 AND #2 ON GRID BELOW.				
PERSONS IN HH (NAME OR #)	GENDER	AGE (OR AGE RANGE)	HISPANIC/LATINO ORIGIN (MEX/OTHER HISPANIC/NO)	RACE (W, B, O)

	NEIGHBOR #1	NEIGHBOR #2
5. My supervisor may need to contact you to verify my work. What is your name, address and phone number?	NAME: _____	_____
	ADDRESS: _____	_____
	TELEPHONE: [] [] - [] [] - [] [] [] []	[] [] - [] [] - [] [] [] []
	DATE COMPLETED: [] [] - [] [] MO DAY	[] [] - [] [] MO DAY
6. AFTER YOU HAVE COMPLETED THIS FORM WITH 2 NEIGHBORS AND OBTAINED EQUIVALENT INFORMATION FOR THE SAMPLED DWELLING UNIT, CHECK WITH YOUR SUPERVISOR FOR INSTRUCTIONS. DATE APPROVED BY SUPERVISOR: [] [] - [] [] MO DAY		

Collect only as much information as you need to enable the sampling procedures to be applied. Example: If the sampling message indicates that only females should be selected and you are told that only males live in the household, you should not ask about age, ethnicity and race because you already know that no one in this household has a chance of being selected. If the sampling message indicates that only individuals who are age 60 or over should be selected and you learn that all members of the household are under 60 years old, you should not ask about ethnicity and race because you know at that point that no one in the household has a chance of being selected.

5. Provide the details on the **two** sources of information (name, address, telephone number, and date completed). We must have complete contact information for the two “neighbors” providing the data. If the case falls into the validation sample, we must be able to confirm the data.
6. After the form is completed and you have obtained **equivalent** information for the DU, check with your supervisor for further instruction.

11. QUALITY CONTROL

Data quality is an ongoing process that begins at training and continues throughout the course of the study. Collecting and recording data accurately is a vital aspect of your role as an interviewer. It is your responsibility to listen carefully to the respondent, record information accurately, and review all aspects of your work.

A variety of quality control techniques will be used during the field period to assure the quality of the study:

- Field observations;
- Field editing;
- Field office review of cases for errors and discrepancies; and
- Validation.

11.1 Observations

Observations are normally conducted by Westat or National Center for Health Statistics (NCHS) staff. The purpose of the observation is to assess all aspects of interviewer performance, such as appropriately reading questions, probing for responses, and smooth management of the computer-assisted personal interview (CAPI) system and paper documentation. Other skill areas that will be observed are your ability to follow the dust collection protocol, obtain cooperation for all components, explain the study, answer questions, and maintain rapport with the respondent.

The observer typically meets the interviewer prior to the appointment. The interviewer will introduce the observer as a colleague who is coming along to observe interviewer procedures. The observer may follow along with the interview using his or her own CAPI system. Keep in mind that when observers maintain a low profile, respondents usually assume that they are newcomers being introduced to the survey and are not greatly distracted by them. Once you have left the respondent's home, the observer discusses your performance and, if needed, methods of improvement.

11.2 Field Edit

Before turning in a case to your field manager you should carefully review each hard-copy case document. This review is called field editing and should take place shortly after you have completed a case. Edit during times when you cannot be interviewing.

Editing procedures for CAPI differ from traditional questionnaires. In a CAPI study, the computer automatically follows the programmed skip logic and an item-by-item proofreading of the case is not possible. Once you complete a case you will not be able to access it again. Therefore, the field editing is limited to three main parts:

- An accounting of all required materials for the case;
- An item-by-item proofreading of all the hard-copy forms associated with each case; and
- A review of certain screens on your pentop.

NOTE: During your field edit you may find missing respondent data. You should never recontact a respondent for omitted information or to correct an error made while interviewing, unless you have first discussed the situation with your supervisor and received his/her permission to recontact the respondent.

The field edit should be performed as soon as possible after you return home from completing an interview and must be completed before you report to your supervisor for your next conference.

11.2.1 Accounting for Case Materials

When processing completed cases it is critical to have all of the materials that comprise each case. As part of your field edit, therefore, you must review each case to verify that all required materials are present in the Household Folder, that all forms are properly labeled, and that all summary tables on the front cover of the Household Folder have been properly and completely filled out.

To eliminate the possibility of confusion about which case a document belongs to, you should always check to make sure you have completed all necessary identifying information on all forms immediately after leaving the household. During your edit, make a final check to verify that the proper form of identification information is in place and is correct.

You should have the following materials for each case:

- Household Folder with a Household Assignment Label; and
- Neighbor Information Form/Screening Interview Non Response form.

If the household has Sample Persons:

- Appropriate Household Interview Consent Forms.

If the household has been selected for the Dust Collection procedure and the procedure has been undertaken:

- Completed Lead Dust Sampling Form;
- Signed Dust Collection Consent Form; and
- Labeled sample tubes.

If SP is 60+ and interviewed:

- Completed DSS Exercise.

If SPs have been appointed:

- Appropriate Consent/Assent Forms for each SP.

If there are children under 16 years old who need to be transported to the MEC:

- Authorization for Transportation Form.

If the case involves SP, Dust Collection or MEC appointment non response:

- SP/Family Nonresponse Card.

11.2.2 Editing Hard-copy Materials

During your edit, review each hard-copy form associated with a case (Household Folder, the SP/Family Nonresponse Card, the Neighbor Information Form, the Screener Non-Interview Form, Consent Forms, the Lead Dust Sampling Form, the DSS Exercise, Authorization for Transportation Form, etc.). Corrections on any hard-copy materials should be made using the following guidelines:

1. Check instructions and delete extraneous information and note any omissions;
2. Make sure the participant ID appears on every hard-copy item associated with the case and your ID is recorded on appropriate forms;
3. Enter missing items on administrative forms (e.g., disposition codes, SP ID, etc.);
4. Clarify sloppy coding and illegible handwriting; and
5. Spell out abbreviations other than those commonly used.

11.2.3 Reviewing Certain Screens on Your Pentop

Before you turn in finalized cases to your supervisor, you are required to complete key CAPI screens in your pentop. More specifically:

- Each finalized **component** (Screener, Relationship Module, SP Questionnaire, Family Questionnaire, Appointment and Dust Collection Module) of the case must have a finalized deposition entered on your laptop case assignment screen (see Section 6).
- If MEC appointments have been made, the MEC Appointment/Consent Module must be completed **for each SP** (see Section 8).
- If you have discovered a missed dwelling unit, a new case must be created in your pentop for each unit discovered (see Section 12).

11.3 Field Office Review of Cases

In addition to your field edit, your work will be reviewed in the field office. You will be notified by your supervisor of any problems are discovered with your work.

11.4 Validation

Validation is used to make sure that an interview was conducted with the assigned household according to procedures. Persons working in the field office will be responsible for phoning or visiting a sample of survey households and asking a few questions about the interview.

Our procedures require that a systematic validation be done of **all** cases returned by an interviewer (this will include completed cases, ineligible screeners, vacancies, etc.). This process serves to assure NCHS that the data collected are valid.

11.5 The Importance of Entering Accurate Key Information

There are certain key items that are collected both on the Screener and the SP questionnaire. These include age, birthdate, gender, spelling of last name, and address. This information is used to ensure that SPs get appropriate examination components, for forwarding reports of findings, for tracking the SPs over time, and for developing estimation procedures used in the analyses of the data. Thus, it is critical that the information you obtain be completely accurate.

Demographic Data

It is up to you, as you are administering questionnaires to household members and before you leave the household, to resolve any inconsistencies that have arisen on gender, age, birthday, and name. Name, age, birthdate, and gender are currently recorded in the CAPI Screener. When you begin the extended CAPI interviews, you are asked to verify this demographic data again with the respondent and are given the opportunity to make changes if errors are noted. At this point remember that if you make any changes in CAPI, you must also go back and correct any hard-copy materials on which this information is recorded. When you upload your completed interview, corrections to any demographic errors will be made automatically in ISIS.

Addresses

As you know, when you administer the Screener in a household, you confirm the street address and ask if there is a separate mailing address. Recording these items accurately is **critical** to the tracking effort for the follow-up phase of the study and for forwarding reports of findings to SPs.

11.6 Checks for Key Information

At the field office, the editors check all key items again carefully, and data retrieval will be carried out as necessary. In addition, the MEC Coordinators also compare the data furnished in ISIS to that given by the SPs when they come to the exam center for their examinations. Make sure that you have made every effort to record missing items and resolve inconsistencies before materials are turned into the field office.

11.7 Updating Procedures and Specifications

It is impossible in a study of this size to anticipate every situation that might arise during the course of the field work. Occasionally points already covered in the Interviewer's Manual will need to be expanded or clarified or new points will need to be made. Updates will be issued in the form of field memos or changed pages to your manual. All changes will be numbered and distributed by your supervisor. If you have any questions regarding the content of a field memo or changed page, ask your supervisor for clarification.

12. QUALITY CONTROL OF LISTING

Before the sample was selected, listers were to record address information for each dwelling unit (DU) in each of the segments. When the segments were listed, however, it is possible that some DUs were missed. This can happen for a variety of reasons, including:

- What appeared upon observation to be one type of DU is entirely different when you get inside the structure; or
- The DU is difficult to find or "hidden" within the structure.
- The lister made an error;

Since it is important that every household has a chance of being selected, it is necessary to represent each DU. Procedures, therefore, have been developed to pick a sample of those DUs that should have been listed originally but for some reason were not.

There are two procedures designed to do this: the Missed DU procedure and the Missed Structure procedure. These allow staff, while in the field, to select and interview at a sample of DUs that have been missed during listing. You will perform the Missed Structure procedure when instructed to do so by your supervisor. At that time he or she will explain the procedure to you.

This chapter explains the Missed DU procedure, how to deal with completing the necessary forms, selecting the DUs, and interviewing additional households.

12.1 Missed DU Procedure

If you are to perform the Missed DU procedure at the assigned address, the following message will be printed on the household identification label under the heading 'MISSED DU'.

CHECK FOR ANY DUS IN THIS BUILDING WHICH ARE NOT ON THE LISTING SHEET.

An assigned address where you are instructed to perform the Missed DU procedure may be a single-family house or a multi-unit building (e.g., apartment house).

To check for the additional or missed DUs in either a single family house or multi-unit building, you need to follow the procedure written at the top of page 3 of the Household Folder (see Exhibit 12-1). Those procedures appear below:

Step 1: Ask the respondent for his/her help before leaving the household by saying: "We want to be sure that every household in this area has been given a chance to participate in this important survey. At this address we listed ____ households in your structure. Are there any other living quarters in here that we may have missed?"

If there is no eligible family or sample person (SP) selected or the SP is not at home, you should ask this question of the Screener respondent after completing the Screener interview. If there is an eligible family and SP in the household, conduct all relevant interviews (if the appropriate person(s) is at home) before you ask for help with the Missed DU procedure.

EXCEPTION: If the process of listing household members in the Screener leads you to believe that there is more than one DU, you will be required to determine the status of the household at that point. (See instructions on page 4-7 through 4-9.)

Step 2: Check in the lobby (i.e., mailboxes and bells) and around the outside of the house/building for additional units or entrances to the house/building. In a multi-unit building, you must be careful to look for a basement or out-of-the way apartments that may have easily been missed in listing.

If you find any additional DUs that you think were missed, be sure to carefully check the addresses and/or location descriptions against the Listing Sheets in your Segment Folder (see Chapter 3). If the unit was originally listed on one line of the Listing Sheet, as a single-family house, and you have discovered more than one DU at the assigned address, you have found a missed DU. If the unit was originally listed as a multi-unit building, with each apartment listed on a line of the Listing Sheet, check that any additional apartments you discover in that building or on that floor(s) are not already listed on the sheet. If you discover a DU that is not listed, you have found a missed DU.

Once you have checked the DUs against the Listing Sheet and verified that they are missed DUs, you will need to complete the Missed DU Form located at the bottom of page 3 of the Household Folder (see Exhibit 12-1). You should complete this form according to the following specifications.

1. Record the addresses and/or location descriptions of the discovered DUs on the form. If there is more than one, record them in the same order that they would be listed. That is, if the building contains numbered/lettered apartments, consider them in the following order:

- Basement apartment first;
- Then, the lowest numbered/lettered apartment to the highest; and
- Attic apartment last.

If the building contains apartments with no numbers/letters, consider them in the following order:

- Bottom floor to top floor; and
- Right to left in relationship to the main door within each floor.

2. Number each case consecutively (i.e., 1, 2, 3, . . .).
3. If four or fewer missed DUs are discovered in a particular structure, enter the address of each DU in your pentop, using the Missed DU Screen (see Exhibit 12-2).

- This will create a separate case on your laptop for each DU. The procedure for entering addresses of Missed DUs appears below:
 - Tap on the Interview Manager Icon;
 - Tap on the "MISSED DU" tab;
 - Enter the Segment;
 - For missed DUs, enter the serial number of the DU at which you discovered the missed DU;
 - Indicate whether the new dwelling unit was discovered as a result of a Missed DU or Missed Structure procedure message;
 - Use the 'Turn On Pad' button to access the keypad and enter the address of the dwelling unit; and
 - Tap on the 'Next' button to enter another address or the 'Next' button to accept your entries and exit the Missed DU screen.

Exhibit 12-1. Missed DU Form

MISSED DWELLING UNIT PROCEDURE

1. **BEFORE LEAVING HOUSEHOLD, SAY:** We want to be sure that every household in this area has been given a chance to participate in this important survey. At this address we have listed ____ households in your structure. Are there any other living quarters in here that we may have missed?

 Queremos estar seguros que cada hogar en esta area ha tenido la oportunidad de participar en esta importante encuesta. En esta dirección listamos ____ hogares en su estructura. ¿Hay algunas otras unidades de vivienda aquí que podíamos haber pasados por alto?
2. **ALSO, CHECK IN THE LOBBY AND AROUND THE OUTSIDE OF THIS (HOUSE/BUILDING) FOR ADDITIONAL UNITS OR ENTRANCES IN THIS STRUCTURE.**
3. **RECORD ALL DISCOVERED DU'S ADDRESSES. NUMBER CONSECUTIVELY (I.E., 1, 2, 3) ON FORM BELOW. IF NO ADDITIONAL DU'S, CHECK THE CIRCLE IN THE UPPER LEFT-HAND CORNER OF THE FORM.**
4. **IF 1 TO 4 MISSED DU'S ARE DISCOVERED, CREATE A NEW MISSED DU CASE ON YOUR LAPTOP AND FILL OUT A CASE ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH (INSTRUCTIONS FOR HOW TO DO THIS ARE IN THE INTERVIEWER MANUAL). CONDUCT SCREENER INTERVIEW. ADD THE DISCOVERED DU'S TO THE LISTING SHEET.**
5. **IF 5 OR MORE MISSED DU'S ARE DISCOVERED, CALL SUPERVISOR FOR INSTRUCTIONS BEFORE YOU DO ANY ADDITIONAL SCREENER INTERVIEWS. ADD ALL OF THE DISCOVERED DU'S TO THE LISTING SHEET. CREATE A NEW MISSED DU CASE FOR THE SELECTED CASES ON YOUR LAPTOP AND THEN FILL OUT A CASE ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH SELECTED SAMPLE DU AND CONDUCT SCREENER INTERVIEW.**

CHECK MISSED DU
PROCEDURE COMPLETED

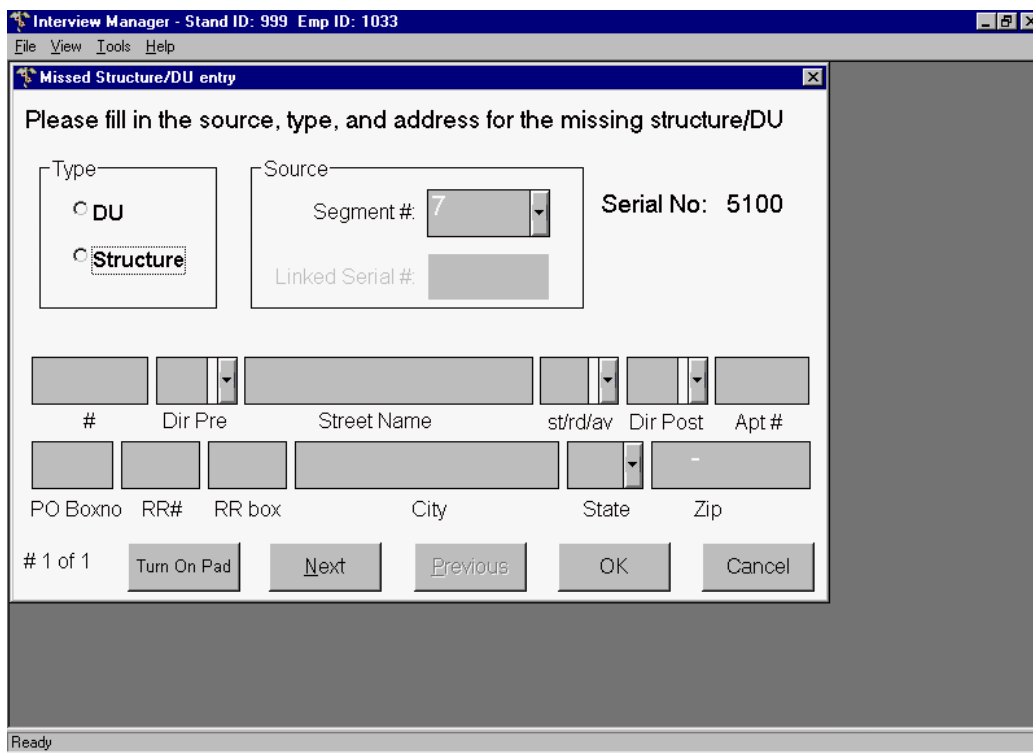
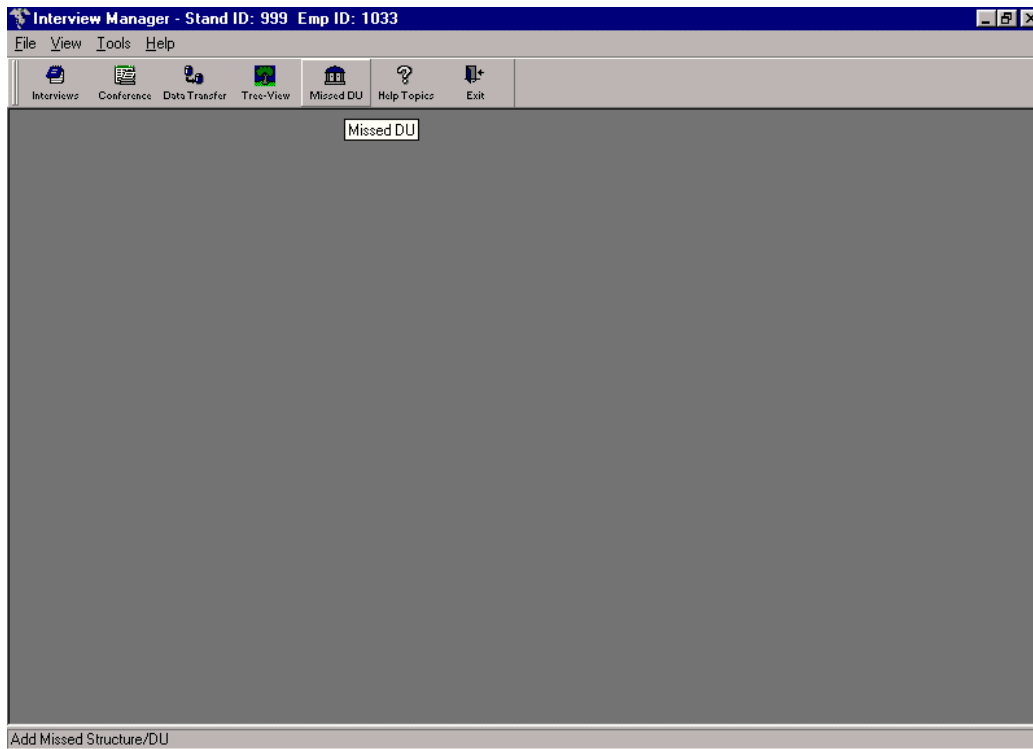
MISSED DU FORM

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

TOTAL ADDITIONAL D.U.'S:

NOTE: BE SURE TO THANK RESPONDENT

Exhibit 12-2. Missed DU Screen



- CAPI will then create a new case for the new unit.
 - The case will be added to the bottom of your case assignment list on your laptop. It will always be assigned a 5000 serial number.
 - Using the information on your pentop, fill out the Household Assignment Box on a blank Household Folder for each new case created.
 - If you have another new DU to enter, tap the "NEXT" button.
 - When you are finished entering all new DU addresses, tap the "OK" button.
4. If five or more missed DUs are discovered in a particular structure, follow the procedures described below:
- Call the field office before doing any additional work. The field office will select those DUs that should be added to the sample and contacted for screening.
 - For each new **selected** DU, create a new case in CAPI using the steps described above.
 - The case will then be added to the bottom of your Case Assignment List on your pentop.
 - Using the information on your pentop, create a Household Folder for each new case (see Section 12.3).

REMEMBER: You are only to add newly discovered DUs to the sample if there is a message on the Household Folder address label to perform the Missed DU procedure. If you discover a missed DU at an address that does not have a missed DU message, do not add the discovered DU to the materials and do not contact the household for screening.

If you have been instructed by a message on the Household Folder address label and a message in CAPI to do the Missed DU procedure, and have asked the respondent and checked the premises for additional DUs, **place a check in the box located in the middle of page 3 of the Household Folder. You must check this box even if you do not discover any missed DUs. This is the only way we will know that you have carried out the procedure.**

12.2 Creating a Household Folder for Missed DUs

You should always carry several blank Household Folders with you in case additional DUs are discovered as a result of the Missed DU procedures. You will need to create a Household Folder for each discovered DU that is selected. To do this:

- Access your **Screener** Case Assignment List on your laptop;
- Locate the address of the newly created unit at the bottom of the screen;
- Record the stand number, segment number and newly assigned serial number in the Household Assignment area; and
- Record the address and/or location description in the Household Assignment area.

This folder will be used for recording all actions with the household in the selected DU. You should attempt to contact the household and conduct the Screener.

12.3 Examples of Missed DU Situations

The following examples illustrate some situations where missed DUs were discovered and the interviewer used the Missed DU procedure.

EXAMPLE 1:

An interviewer working in Segment 12 is assigned case 001-12-0015 that was listed as a single-family house at 1140 Jonas Avenue. The Household Assignment Label for this case contains the Missed DU message. When the interviewer arrives, s/he realizes that even though there is one entrance, the house is divided into four apartments (A, B, C, and D). One of the apartments is accounted for by the Listing Sheet (in this case A since it is the lowest letter) but the other three have been missed. S/he completes the Missed DU form in the following manner:

CHECK MISSED DU
PROCEDURE COMPLETED
✓

MISSED DU FORM

NUMBER CONSECUTIVELY (1, 2, 3)	ADDRESS OF DISCOVERED D.U.
1	1140 Jonas Avenue Apartment B.
2	1140 Jonas Avenue Apartment C.
3	1140 Jonas Avenue Apartment D.

TOTAL ADDITIONAL D.U.'S:

NOTE: BE SURE TO THANK RESPONDENT

Since there are four or fewer missed DUs, the interviewer creates a new case for each dwelling unit by using the Missed DU screen in CAPI, records the new ID and address information on a blank Household Folder for each, and contacts each to conduct the Screener.

EXAMPLE 2:

An interviewer working in Segment 20 is assigned a case which on the Listing Sheets is one of 25 apartments at 123 Smith Street. The Household Assignment Label for this case contains the Missed DU message. When the interviewer completes the interview with the assigned household, s/he asks the missed DU question and discovers the building contains 27 apartments. Upon further checking with the Listing Sheets, s/he verifies that the basement apartments on each side of the entrance hall were not noticed at the time of listing. S/he completes the Missed DU Form in the following manner:

CHECK MISSED DU PROCEDURE COMPLETED ✓

MISSED DU FORM

NUMBER CONSECUTIVELY (1, 2, 3)	ADDRESS OF DISCOVERED D.U.
1	123 Smith Street - Basement - Right Door
2	123 Smith Street - Basement - Left Door

TOTAL ADDITIONAL D.U.'S: 2

NOTE: BE SURE TO THANK RESPONDENT

Since there are four or fewer missed DUs, the interviewer creates a new case for each dwelling unit using the Missed DU screen in CAPI, records the new ID and address information on a blank Household Folder for each, and contacts each to conduct the Screener.

12.4 Missed Structure Procedure

Your supervisor may ask you to perform the Missed Structure procedure in certain segments. If you are assigned the Missed Structure procedure, your supervisor will direct you in the completion of this task.

13. REPORTING

To monitor the results of your work and assign you new work, it is necessary for you to report to your study manager, in person, several times per week. In addition to the various records to be kept in connection with completing forms, setting up examination appointments, obtaining informed consent and completing nonresponse reports, it will be necessary to complete two administrative forms on a periodic basis: the Time and Expense Report and the Trip Expense Report. In addition, each time you report to the study manager you will be required to print the Interviewer Conference Report from your pentop. The procedures for completing these forms and for preparing for your conference with your field manager are discussed in this chapter.

13.1 Report Forms

13.1.1 Overview

It will be necessary for you to produce three forms for reporting purposes.

- Time and Expense Report
- Trip Expense Report
- Interviewer Conference Report

The Time and Expense Report and the Trip Expense Report will always cover a 1-week period. This 1-week period always begins on Thursday morning and ends on Wednesday evening 1 week later. The Interviewer Conference Report does not cover any particular time period but should be completely updated each time you report to your study manager during a stand.

The study manager will use these forms in addition to other forms at his/her disposal to monitor your progress, the status of your assignment segments, the number of completed questionnaires you have turned in, the time you have spent, and the expenses you have had. It is important that each form be completed correctly.

13.1.2 The Time and Expense Report

In order to receive a weekly paycheck, field staff must submit to Westat a completed and signed Interviewer Time and Expense Report each week. For accounting purposes, the week for field personnel begins on Thursdays and ends on Wednesdays. Time and Expense sheets must be turned in to your field manager on Wednesday afternoons. Pay checks are written and distributed on Fridays for time sheets received the previous week.

The T&E Report has four copies in four different colors. After filling out your T&E you should tear off and keep the bottom (gold) copy for your records and submit the others to your field manager.

Carefully complete, check, and double check your Time and Expense (T&E) Report for accuracy before submitting it to your field manager. Reports with errors will be returned to the field staff member for correction, and may result in a delay of payment.

Specific Instructions for Completing Time and Expense Report

The following are instructions for completing the Time and Expense Report.

Information Across
Top of Page:

Be sure to print the following information across the top of your T&E Report:

- Social Security number;
- Name; and
- Complete Address.

Also indicate the Wednesday through which your T&E is being submitted. A T&E must be submitted each week if you worked during that week. A T&E must also be submitted for vacation weeks at Christmas and in the summer.

Project/Account Name:

Enter project name, "NHANES." Enter the number of hours worked.

Charge Code:

Record the stand charge number.

Time:	Time, by activity, is to be reported for each day worked. Record the Month and Date for each day of the week. Time is entered to the nearest quarter hour.
Segment Number:	Leave blank.
Activity:	Report by activity. Sum the total hours worked for each activity and the total for <u>all activities</u> .
Miles Driven:	Leave blank.
Expenses:	Expenses for traveling staff should be submitted on Trip Expense Reports. Leave this space blank.
Production Report:	Leave blank.
Type or Rate:	Always check "Special Rate".
Summary Time, Mileage and Expenses:	Hours (TIME): At the end of the week total the number of hours in each column and row and arrive at the total hours worked at for the week. This is transferred to the Summary Box on "Hours" leave rate blank. The total amount will be calculated in the home office. The total number of hours should be 40 each week.
Payroll Authorization:	This must be completed and signed for the T&E to be approved and paid. Enter the date the reporting will begin and always check the box "have not" charged Westat for more than 40 hours.
Copies:	Turn in the first three copies to your field manager. Keep the final gold copy for your records.

13.1.3 Trip Expense Report

The Trip Expense Report will be used for reporting all allowable expenses you incur while you are working on the project. It is essential that you report your expenses by day. If expenses are left uncompleted for a couple of days or until the end of the week, accurate reporting will be difficult. This report should be used for reporting all cash and charged expenditures other than expenditures billed directly to Westat.

When filling out the Trip Expense Report, use a black ball point pen and print legibly. After completing the form, save the blue copy for your own records and give the other copies to your supervisor.

A field accounting week begins on Thursday and ends on Wednesday. Reimbursement checks are issued by our accounting office on Friday for the previous week's Trip Expense Report.

In order to update advance accounts and your expenses on a weekly basis, it is imperative that you submit a Trip Expense Report.

Instructions for completing the Trip Expense Report are as follows.

NAME:
SOCIAL SECURITY #:
ADDRESS:

In the upper left corner fill in your name, Social Security number and permanent address.

PROJECT:

Write "NHANES Stand Charge #."

PURPOSE OF TRIP:

Write "_____."

ITINERARY:

You may leave this section blank.

SIGNATURE:

You must sign every Trip Expense Report. Westat will **not** process unsigned Trip Expense Reports.

DISTRIBUTION
OF EXPENSES:

Leave this section blank.

DAY:

Record the days of the week and the date in each column. Since field accounting weeks begin on Thursday and end on Wednesday, your Trip Expense Report should also start with Thursday and end on Wednesday.

COSTS:

Record costs incurred for each day of travel and for days that you are in the field. If an expense is charged on your personal credit card, the expense should be treated as a cash expenditure and therefore shown on your report.

Meals. Enter the per diem amount allotted for each day on the dinner line and write in "per diem."

Lodging. Enter the total cost of lodging including tax. If the office has made arrangements for the hotel to direct bill us, write “direct” on the line for lodging.

Tips. These are included in your per diem.

Subtotal per diem and lodging. Add the cost for the day’s per diem, lodging, and record the subtotal on this line

Air transportation. Air transportation will be handled by the home office and therefore prepaid. When Westat has prepaid, write “direct” on this line.

Auto rental. If you are using your personal car you should bill it here one time per month. The bill should cover the entire month or be prorated for a partial month.

Mileage. The flat allowance for gasoline for between stand travel and allowable within stand travel is requested here. Be sure to use the formula specified in Travel & Administrative Policies.

Taxi. Enter amount for any approved taxi expenses on this line.

Telephone. Enter amount of business-related long distance and local telephone calls.

Miscellaneous. Enter any miscellaneous expenses in this section. This would include gas expenses for interviewers. You must attach a receipt for gas and other allowed expenses. If additional space is needed for itemizing, attach a sheet of paper making certain that expenses are reported by day and date incurred.

Subtotal Other. Add the costs for transportation, telephone, and miscellaneous expenditures and enter total on this line.

Total Claimed. Add up each day’s total expenses and enter the totals on this line.

Total. Add up each type of expense by adding horizontally across each line. Enter the weekly total for each type of expense in the last column on the far right side of the form.

Add the Total Claimed for each day of the week by adding vertically and enter the total of each day on the bottom line. Next, add both total columns separately, adding the “Total”

column on the far right corner of the page and the “Total Claimed” line on the bottom of the page.

The total for “Totals Claimed” when adding horizontally should be the same number as the total for weekly types of expenses.

ATTACH RECEIPTS TO FORM. Do not forget to attach the receipts for the non-food related expenses that you have recorded. Receipts should be attached to the first (white copy) of your Trip Expense Report.

You will be reimbursed for all **allowable** expenses you incur while conducting project business. In addition to routine expenses such as per diem and hotels, there may be other out-of-pocket expenses that you incur. Some examples follow.

- **Tolls:** Tolls or road fees on bridges, expressways, tunnels, etc., are acceptable and should be shown on the Trip Expense Report.
- **Parking:** While on Westat business in congested urban areas where free parking is not available, Westat will pay for parking. To obtain reimbursements for parking, enter the amount of a meter fee or parking charges on your Trip Expense Report.

13.1.4 The Interviewer Conference Report

The Interviewer Conference Report is a record of the cases currently assigned to you and the results of your work on those cases. The Conference Report can be viewed from your pentop by using the following procedure:

1. Turn on your machine,
2. Access Interview Manager, and
3. Tap on the “Conference” button at the first Interview Management screen.

Your cases will be divided into specific areas on the report depending on the status of the case. You may look at each area by tapping on the correct tab. The report is printed from your pentop at the Field Office immediately prior to your conference with the study manager. To print the report:

1. With pentop turned off, insert the network card and dock your pentop (you will be shown how to do this at the field office),

2. Access your Conference Report on your pentop using the steps described above, and
3. Tap on the “PRINT ALL” button at the Conference Report screen.

13.2 Conference With Your Study Manager

You will have regularly scheduled appointments to report to your study manager. Your study manager is responsible for a number of interviewers, so it is very important that you **do not change your reporting time** and that you **report on time**. You must plan on being in the office approximately 1½ hours for each conference. If you cannot report at your scheduled time, phone your study manager as far in advance of your regularly scheduled conference as possible. S/he will reschedule your conference and discuss any problems that require immediate action.

During your regular in-person conference, you will review all the cases in your possession. This is the time to discuss any problems you have with a case or questions about procedures. You should review new assignments during the conference so that you can discuss any questions pertaining to them before you leave.

13.2.1 Preparing for the Conference

Since you will discuss each case in your possession with your study manager, during each conference, it is very important that you have all your materials organized prior to the conference. Please remember to follow these guidelines when reporting to the study manager.

- **Complete the cover of the Household Folder** as interviews and cases are finalized. This will be very important since hard-copy questionnaires will no longer be available to remind you of what you have completed.

Enter complete taxi/appointment/consent form information on the cover of the Household Folder since there is no other hard-copy documentation of the data.
- **Edit all hard-copy documents.** All work being turned in should be completely filled out and edited, including Household Folders, Call Records, consent/assent forms, and SP/Family Nonresponse Cards.
- **Bring in all of your assignments**—This includes cases you have not worked as well as cases you have worked and your pentop computer.

- **Enter all case dispositions in your pentop that are not automatic.** (See Chapter 6.)
- **Arrange your hard copy materials into two groups:** eligible households and noneligible households.
- **Arrange your hard-copy materials** in segment and serial order.
- **At the field office, print your Interviewer Conference Report from your pentop and review it** for completeness and correctness. (Printing instructions are discussed in Section 13.1.4. Field office staff will go over this process with you in detail before printing your first report.)

Always feel free to discuss any problems you may be having concerning your work with the study manager. Do not be afraid to discuss mistakes you think you have made or to ask for advice on how to handle certain types of respondents or interviewing situations. When you encounter a problem you think needs an immediate solution you should talk to a study manager in the field office (in person or by telephone) without waiting for your next regular conference.

14. SPECIFICATIONS AND DEFINITIONS FOR THE SAMPLE PERSON AND FAMILY QUESTIONNAIRES

14.1 Overview of the SP and Family Questionnaires

14.1.1 SP Questionnaire

The SP questionnaire is divided into 29 sections that collect information about the SPs medical history. The questionnaire is administered to all SPs, however the actual sections administered depend on the SP's age. Exhibit 14-1 provides the name and order of the sections and the applicable age category for each section.

On average, the questionnaire should take approximately 40 minutes to administer. The actual administration time will vary depending on the respondent's age and answers.

14.1.2 Family Questionnaire

One Family questionnaire will be administered to each family containing at least 1 SP. The 8 sections in this questionnaire collect information about a broad range of topics. Exhibit 14-2 provides the name and order of the sections.

On average, the questionnaire should take approximately 15 minutes to administer, although administration time may vary depending on the respondent's answers and the number of SPs in the family.

Exhibit 14-1. Sections in the SP Questionnaire

Section	Target Group
INTRODUCTION AND VERIFICATION	Birth +
EARLY CHILDHOOD	Birth to 15
HOSPITAL UTILIZATION AND ACCESS TO CARE	Birth +
MEDICAL CONDITIONS AND HEALTH STATUS	1+
MISCELLANEOUS PAIN	20+
PHYSICAL FUNCTIONING	1+
DIGITAL SYMBOL SUBSTITUTION TEST	60+
IMMUNIZATION	Birth +
TUBERCULOSIS	1+
DIABETES	1+
BLOOD PRESSURE	16+
CARDIOVASCULAR DISEASE	40+
OSTEOPOROSIS	20+
KIDNEY CONDITIONS	20+
RESPIRATORY HEALTH AND DISEASE	1+
VISION	20+
AUDIOMETRY	20+
BALANCE	40+
DERMATOLOGY	6+
ORAL HEALTH	2+
PHYSICAL ACTIVITY AND PHYSICAL FITNESS	2+
DIET BEHAVIOR AND NUTRITION	Birth +
WEIGHT HISTORY	16+
SMOKING AND TOBACCO USE	20+
ACCULTURATION	12+
SOCIAL SUPPORT	60+
OCCUPATION	12+
DEMOGRAPHICS INFORMATION	Birth +
DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION	Birth +

Exhibit 14-2. Sections in the Family Questionnaire

Section	Target Group
DEMOGRAPHIC BACKGROUND/OCCUPATION	Non SP Heads of Household & Spouses
HEALTH INSURANCE	All SPs in Family
HOUSING CHARACTERISTICS	Household
PESTICIDE USE	Household
SMOKING	Household
INCOME	Family/Household
FOOD SECURITY	Household
TRACKING AND TRACING	Family/Household

14.2 General Questionnaire Specifications

This section reviews some general instructions related to administering the NHANES IV household questionnaires. Many of these have been discussed in your General Interviewing Techniques Manual.

- The questionnaires do not contain written survey introductions. Whenever you switch respondents, for example, after completing a Screener or on a return visit to the household, introduce yourself to the new respondent. Use the advance letter and the Screener brochure to introduce the study.
- Use the introductory sentences throughout the questionnaire to smooth the transition from one section to another.
- You should encourage the respondent to take the time necessary to think about his/her answers and emphasize the importance to the research of obtaining accurate information.
- There are a number of long questions in the questionnaire. Be sensitive; if you sense that the respondent has not grasped the question (e.g., there is a long pause), re-read the question almost immediately.
- Words/statements in all capital letters are interviewer instructions or response categories that are not to be read to the respondent.
- Highlighted or bolded words or phrases in a question should be stressed when read.
- Unless indicated next to the question, only one answer should be coded for each question.
- Reference periods vary frequently throughout all of the NHANES questionnaires (i.e., in the past year, during the past month, ever, during your lifetime, in the last 2 weeks, etc.). Be sure to stress all reference periods when reading the questions. When necessary re-read the time frame.
- Answers to questions requiring a number, a date, or an age ideally should reflect actual numbers. If the respondent is unable to provide an exact number, always probe for a best estimate. If a range is given, try to narrow it down as much as possible.
- Be alert for inconsistencies. If the respondent's comments indicate that s/he has forgotten or overlooked a fact or date s/he has given previously, you may remind him/her by saying: "I want to make sure I've recorded everything correctly. I believe you mentioned earlier..." If the respondent provides an explanation for the inconsistency, be sure to record his/her comments verbatim (probed for clarity). At no time, however, should you question a response s/he provides simply because it does not seem reasonable to you.

- All questions/statements in a questionnaire directed at the respondent must be read or verified aloud. For example, if you are asking for the respondent's birthdate and you already have the answer you must do one of two things—ask the questions exactly as written or verify the birthdate aloud with the respondent. Do not skip any question in the questionnaires because you believe you already have the answer.

14.3 Using Remarks

Sometimes, in the course of the interview, a respondent will give you information that would change or add to a previous response. For situations which you are not able to correct, it is extremely important to use comments when there is a need to clarify or correct a response. Remarks are necessary when:

- The respondent corrects a previous response and it is too far back in the interview for you to back up through screens to correct the answer. Be sure to explain clearly the information that is being changed.
- The respondent provides a response that is “invalid” in a question with a **hard** range check (invalid answers). Using comments to enter the response is the only way to capture the information. Remember, comments are **not** made in soft range checks (unlikely answers).
- You don't know how to record a response. Record the comment, explaining clearly the problem you encountered and sufficient detail to allow the data preparation staff to categorize the response.

Remarks are not to be used to provide additional detail or volunteered information. At times, respondents give a response that falls into an “OTHER” category. For some questions, you are prompted to “SPECIFY” the “OTHER” response and are provided with a line to make the entry. If you do **not** receive a prompt to “SPECIFY,” no remark should be made. The client is not interested in specifying this “OTHER” response.

14.4 Detailed Specifications

14.4.1 The SP Questionnaire

The SP questionnaire will be administered to each eligible SP. It is divided into 29 sections that collect information about the SP's medical history. While the SP questionnaire is administered to all

SPs, the actual sections administered vary, depending on the SP's age (see Exhibit 14-1, "Order of Sections in the SP Questionnaire").

Below is a description of each of the sections comprising the SP questionnaire and question by question specifications for each.

INTRODUCTION AND VERIFICATION (DMQ -- SPIV)

The IVQ section begins with screens that verify information collected in the screener that is critical to the flow of the SP questionnaire: date of birth, age, and gender. In addition, this section collects the complete name of the SP, including first, middle, and last name and a suffix, if relevant.

EARLY CHILDHOOD (ECQ)

This section contains questions about the smoking habits of the mother of the SP while she was pregnant with the SP. It collects information about the kind of care the SP received at birth, birth weight, and the amount of time the SP spends away from home. The target group is SPs from birth to 15 years old.

ECQ.010 First I have some questions about John Smith's birth.

How old was John Smith's biological mother when he was born?

_____|_____
ENTER AGE IN YEARS

Many mothers tend to think of the age they became pregnant. If necessary, emphasize that you are interested in the age of the mother at delivery.

ECQ.020 Did John Smith's biological mother smoke at any time while she was pregnant with him?

1. YES
2. NO

Smoking during pregnancy includes the time in early pregnancy before the mother may have known she was pregnant.

ECQ.030 At any time during the pregnancy, did John Smith's biological mother quit or refrain from smoking for the rest of the pregnancy?

1. YES
2. NO

Code "NO" if the mother stopped smoking during her pregnancy but started again while she was pregnant with the SP.

ECQ.070 How much did John Smith weigh at birth?

IF ANSWER GIVEN IN POUNDS ONLY, PROBE FOR OUNCES.

IF ANSWER GIVEN IN EXACT POUNDS, ENTER NUMBER OF POUNDS AND 0 OUNCES.

□ □

ENTER NUMBER OF LBS

AND

□ □

ENTER NUMBER OF OZ

Follow these general rules when recording birth weight.

If the response is reported in whole pounds only, probe for ounces.

If the response is reported in exact pounds (for example, “exactly 6 pounds”), enter the number of pounds in the “LBS” field and a “0” in the ounces (“OZ”) field.

If the exact number of ounces is not known (for example, “He weighed 6 pounds and I’m not sure of the ounces”), enter the exact number of pounds in the “LBS” field and “DK” in the “OZ” field.

HOSPITAL UTILIZATION AND ACCESS TO CARE (HUQ)

This section consists of questions to determine the overall utilization of health care services by the SP. It is asked of all SPs and the type of questions asked depend on the age of the SP. Definitions for terms used in this section are on the Help Screens.

- HUQ.030** Is there a place that you **usually** go when you are sick or you need advice about your health?
1. YES
 2. THERE IS **NO** PLACE
 3. THERE IS **MORE THAN ONE** PLACE

The response categories to this question are designed to acknowledge various types of situations. If the respondent goes to a particular place (for example, a clinic, a general practitioner or an internist) the coded response should be “YES” (1).

If the respondent states that he/she goes to a particular place for routine care and a particular specialist, depending on the nature of the problem, the coded response should be “THERE IS MORE THAN ONE PLACE” (3).

A “NO” response indicates there is no regular place the SP goes.

Consider the following examples:

“I don’t get sick but if I were sick or needed medical advice, I would go to Dr. Brown – my mother’s doctor.” The coded response should be “YES” (1).

“It depends on what the nature of the illness is. If it was allergies, I would go to Dr. Valdez. If it were anything else, I would go to my internist – Dr. Logan” The coded response should be “THERE IS MORE THAN ONE PLACE” (3).

“If I got sick I would just go to the nearest emergency room or walk-in clinic.” The coded response should be “THERE IS NO PLACE”, (2).

Do **NOT** probe a simple “YES” response to determine if there is more than one place.

Note that the response to this question is not necessarily the doctor most recently contacted (for example, the most recent contact may have been with a specialist never seen before.) Also, it need not be a doctor or clinic the SP has **ever** contacted. Rather, this question refers to the doctor or place the SP **would** contact if he/she is sick or needed advice about his/her health.

HUQ.070 During the **past 12 months**, were {you/SP} a patient in a hospital **overnight**? Do not include an overnight stay in the emergency room.

1. YES
2. NO

Only persons who were admitted to a hospital and stayed overnight or longer should be included. Exclude persons who visited emergency rooms or outpatient clinics, **unless that person was admitted and stayed overnight**. Exclude stays for non-medical reasons such as staying with a sick family member.

For an SP questionnaire being completed for an SP who is less than one year old, do **not** include hospitalization covering his or her birth. However, if the child was born on the way to the hospital or was otherwise admitted shortly after birth, count this hospitalization if it lasted one or more nights.

MEDICAL CONDITIONS AND HEALTH STATUS (MCQ)

This section is designed to ask questions about specific medical conditions in order to produce estimates of the prevalence of these conditions in the general public. It is asked of all SPs age 1 or older. The types of conditions asked about will depend on the age of the SP. The fewest number of

conditions are asked of infants, the most of adults age 20 or more. In most cases, a “YES” response to the condition will trigger several follow-up questions.

If you are asked the definition of any condition, use the definitions on the Help Screen. Do **not** attempt to explain or define any of the conditions further.

“Has a doctor or other health professional ever told you that you had {CONDITION}?”

In order to answer “YES” to this question, the SP should have been **diagnosed** with the condition. If the SP thinks he/she has the condition but has never been told by a doctor or health professional that he/she has it, the response entered should be “NO”. If a doctor or health professional told the SP that he/she is likely to develop the condition or that it is likely he/she has the condition, the response entered should be “NO”. If the respondent answers something like, “Yes, the doctor says it probably is {CONDITION} but she has to run more tests,” probe to determine **if the condition has been diagnosed** by a doctor or health professional.

Throughout this section, the reference period for these conditions goes back and forth between “**ever**” and “**during the past 12 months**”. If the respondent says “YES” to one (or more) of these conditions, assume that the qualification has been met and enter a “YES”. However, if the respondent gives a modified answer such as “Yes, I’ve had trouble with that for years,” re-ask the question with emphasis on the reference period being asked about.

MCQ.100 Has a doctor or other health professional ever told John Smith that he had hypertension, also called high blood pressure?

1. YES
2. NO

This question is only asked of the proxy for a child whose age is from 8 to 15. Only answer “YES” if the SP has been told by a doctor or other health professional. High blood pressure reported from home readings or testing by a machine in a mall, store or other commercial venue should **not** be coded as a “YES” response.

AUQ.130 Which statement best describes your hearing (without a hearing aid)? Would you say your hearing is good, that you have a little trouble, a lot of trouble, or are you deaf?

1. GOOD
2. A LITTLE TROUBLE
3. A LOT OF TROUBLE
4. DEAF

If the SP has trouble hearing in crowded places, but no trouble hearing at home or if the hearing problem comes and goes, probe using the phrase “In general.”

MCQ.220 Have you **ever** been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

1. YES
2. NO

For an SP who answers “YES” to this question, there are two follow-up questions that ask what kind of cancer it was and how old the person was when the cancer was first diagnosed.

MCQ.230 What kind of cancer was it?

ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3, ENTER 66 AS THE 4TH RESPONSE.

() () () ()

{LIST OF DIFFERENT KINDS OF CANCERS WITH NUMERIC CODES}

Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck and trunk should be counted as only one kind of cancer.

CAPI allows the entry of up to three types of cancer. If the SP offers more than three kinds, code the first three kinds of cancer in the field provided and code the fourth field as “66” – “MORE THAN THREE KINDS”. A code of 66 is the only code CAPI will accept as the fourth entry.

Also note that CAPI will perform edits on gender specific types of cancer. For example, uterine cancer will not be allowed as an entry for a male SP.

Do **not** read the alphabetized answer categories to the SP. If a technical name (other than “Leukemia,” “Lymphoma,” or “Melanoma”) is reported, ask what part of the body was effected (e.g., bladder, breast, kidney, lung, etc.).

MCQ.250 Including living and deceased, **were any of your biological** that is, blood **relatives**, including grandparents, parents, brothers, sisters **ever told by a health professional that they had** diabetes?

1. YES
2. NO

Do **not** include self-diagnosed diabetes, pre-diabetes, high sugar, or any condition other than “diabetes” or “sugar diabetes”. Do **not** include a doctor’s diagnosis of “gestational diabetes” or diabetes present only when a woman is pregnant.

MISCELLANEOUS PAIN (MPQ)

The questions in this section are concerned with **joint, neck, and back pain**, as well as migraine headaches. This section is only asked of SPs who are 20 years old or older.

MPQ.010 During the **past 12 months**, have you had pain, aching, stiffness or swelling in or around a joint? [Do not include neck pain.]

1. YES
2. NO

Unlike conditions, joint problems do not have to have been diagnosed by a doctor or other health professional. Simply having the symptoms is enough.

MPQ.020 Were these symptoms present on **most days for at least 1 month**.

1. YES
2. NO

“Being present” means only that the SP had one or more of the symptoms, and does not imply any degree of suffering. For example, enter “YES” for the SP who had slight stiffness as well as the SP who had debilitating pain.

“Most days” means more than half the days in any 1-month period during the past 12 months.

MPQ.040 How many weeks or months in the **past year** did you have joint symptoms due to an injury?

ENTER NUMBER

ENTER UNIT

1. WEEKS
2. MONTHS

Probe to determine an exact number of weeks or months. If an exact number can't be reported, enter the SP's best estimate.

MPQ.050 Please look at this card and give me the joints that were affected.

CODE ALL THAT APPLY
HAND CARD MPQ1

{LIST OF DIFFERENT JOINTS WITH NUMERIC CODE}

Show the hand card to the SP before reading the question. The hand card contains a picture of a torso with joints numbered as the are in the answer categories on the laptop.

Ask the SP to report the numbers of the affected joints and enter those numbers. Continue asking “Any others” until you get a “No” response.

MPQ.060 The following questions are about pain you may have experienced in **the past 3 months**. Please refer to pain that **lasted a whole day or more**. Do not report aches and pains that were fleeting or minor.

During the **past 3 months**, did you have neck pain?

1. YES
2. NO

If the SP asks what is meant by “past 3 months,” it is from last Sunday’s date 3 months ago through last Sunday. For example, if you are interviewing on Tuesday, February 13, 1996, the past 3 months will be from November 11, 1995 through February 11, 1996.

Although “pain” is respondent defined, we are interested in only three specific pains: neck pain, low back pain (which may spread down either legs to areas below the knees), and severe headache or migraine. In addition, this “pain” must have lasted a whole day or more or have occurred several (more than three) times during the past 3 months.

Do **not** accept pain in any other parts of the body. For example, in the question on “low back pain,” if the SP reports “upper back pain,” repeat the question, emphasizing “low back pain.”

PHYSICAL FUNCTIONING (PFQ)

The Physical Functioning section of the interview collects information about the **overall physical and mental well being** of the SP. This section is asked of all SPs who are at least one year old. It has been designed to determine if the SP is limited or has difficulty or needs help or supervision with various activities **because of a long-term impairment or physical, mental or emotional health problem**.

These activities include:

- Instrumental Activities of Daily Living (IADLs): those activities that enhance life but are not required to maintain the basic level of life (e.g., using the telephone, preparing light meals, playing, etc.);
- Activities of Daily Living (ADLs): those activities that are required to maintain the basic level of life (e.g., bathing, walking, etc.); and
- General Physical Activities: those activities that require general physical movement (e.g., stooping, reaching, bending, etc.).

The adult portion of this section includes questions about the use of special equipment and aids that the SP may use to perform certain tasks, limitations SPs may have working or participating in social and recreational activities, and a question concerning disorientation and memory loss.

If the SP is limited in any way or is 60 or over, a series of questions about specific activities is asked. These questions ask if the SP has difficulty or needs help with each activity because of a long-term impairment or physical, mental or emotional health problem. If an SP has any difficulty with at least one activity, you will ask a follow-up question to determine what condition(s) or health problem(s) cause(s) the difficulty.

The child portion of this section is short. It includes questions about limitations to the SP's mobility or participation in play activities and about participation in special programs.

It is often easy for respondents to misinterpret or have trouble understanding questions in the section of the questionnaire. Review the specific concepts used in each question carefully to make sure you understand them. Listen carefully to the respondent's answer to determine if a probe is necessary.

Key Concepts

Below is discussion of some of the important concepts in this section.

Difficulty Due to a Long-Term Impairment or Physical, Mental or Emotional Health Problem – It is important to determine for the questions in this section whether the problems that an SP might have with an activity are because of a long-term impairment or a long-term physical, mental or

emotional health problem. Some people may not do certain activities because of gender or social norms or because of personal preference.

For example, consider gender roles. Some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment (deaf), a physical health problem (heart condition), or mental health problem (depression).

The person's response to these questions may be based on a perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included.

“By Yourself and without Using Any Special Equipment” – This concept implies that the activity can be performed by the individual **without help from another person or the use of any special equipment**. If the respondent says, “Sometimes I do it myself and sometimes I have help,” reread the question with extra emphasis on **“By yourself and without using special equipment**, how much difficulty do you have...No difficulty, Some difficulty, Much difficulty or are you unable to do this?”

Help or supervision from another person includes a range of behaviors.

- Personal assistance in physically doing the activity (including another person doing the entire activity, such as bathing a person from head to toe);
- Instruction (guiding the person through the activity);
- Making sure the activity is done correctly, without harm; and
- Staying nearby in case the person needs help in the activity.

In the phrase **“without using any special equipment”** the key word is “special”. Special equipment includes any device tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult “diapers” for incontinence. However, ordinary eyeglasses and hearing aids should not be considered “special equipment.” For example: a spoon is not normally considered as “special equipment;” however, a

uniquely designed or functioning one used for eating by a person because of a physical, mental or emotional problems is considered “special equipment.”

Functional Difficulty or Degree of Difficulty: If the SP does have a functional limitation (that is, has some difficulty performing an activity or is unable to perform the activity), the answer given to the question should code the degree of difficulty the SP has: “Some difficulty,” “Much difficulty,” or “Unable to do.” The response is based on the SP/respondent’s **subjective** assessment of the SP’s ability to perform the activity. Do **not** attempt to explain the differences between the answer categories (i.e., “some difficulty” vs. “much difficulty”). Similarly, it doesn’t matter whether the SP’s family or doctor prohibits the SP from doing the activity. We are interested in what actually happens: Does the SP have difficulty doing the activity, because of a long-term health problem?

Definitions for Various Activities: It is important that you and the respondent understand what is included in the various activities. Additional explanation of some of the activities appears below.

Managing money: This refers to the overall activities of keeping track of expenses, balancing a checkbook or paying bills. Many people have trouble with these activities. However, keep in mind that we are only interested in difficulty managing money **because of a long-term health problem (physical, mental or emotional)**. You may have to use a probe like, “Is this because of a physical, mental or emotional problem or illness”.

Walking for a quarter of a mile/up 10 steps/from one room...: Walking is defined as using one’s legs for locomotion, without the help of another person or special equipment or aids, such as a cane, walker or crutches. Leaning on another person, having someone stand nearby in case help is needed, and using walls or furniture for support all counts as having difficulty.

Preparing your own meals: The overall activities of cutting, mixing, and cooking food. The amount of food prepared is not relevant as long as it is sufficient to sustain a person over time. Preparing meals may be as simple as heating a TV dinner or boiling an egg.

Remember that preparing meals is not a basic requirement for living independently. Many people prefer to eat all meals in restaurants or have other people cook for them, or simply do not like their own cooking. The focus here is whether the SP has difficulty preparing his or her own meals because of a long-term health problem.

Standing up from an armless straight chair/getting in or out of bed: If the SP holds on to walls or furniture (like the bedpost) for support this should be considered use of special equipment since the general population does not use such objects in getting in or out of bed.

Eating, like holding a fork, cutting food or drinking from a glass: The intent of the question is to identify any difficulty the SP has with any part of the process of getting food

or drink from plates and glasses into his or her mouth. The amount of time it takes the SP to eat, the quantity eaten and the way the SP eats are not material to this question.

Dressing yourself, including tying shoes, working zippers, and doing buttons: The overall complex behavior of getting clothes from closets and drawers and then putting the clothes on. Dressing does not include undressing. Tying shoelaces is **not** considered part of dressing but putting on socks or hose is. Whether the SP wears nightclothes or street clothes is irrelevant; it is the act of getting clothes and putting them on that matters.

Getting out to things like shopping...: Shopping involves going to the store, selecting the items and getting them home. If the SP has difficulty doing any of these without help from another person, there is difficulty.

Delivery service is not considered to be help with shopping if done as a convenience.

DIGIT SYMBOL SUBSTITUTION EXERCISE (CFQ)

Introduction

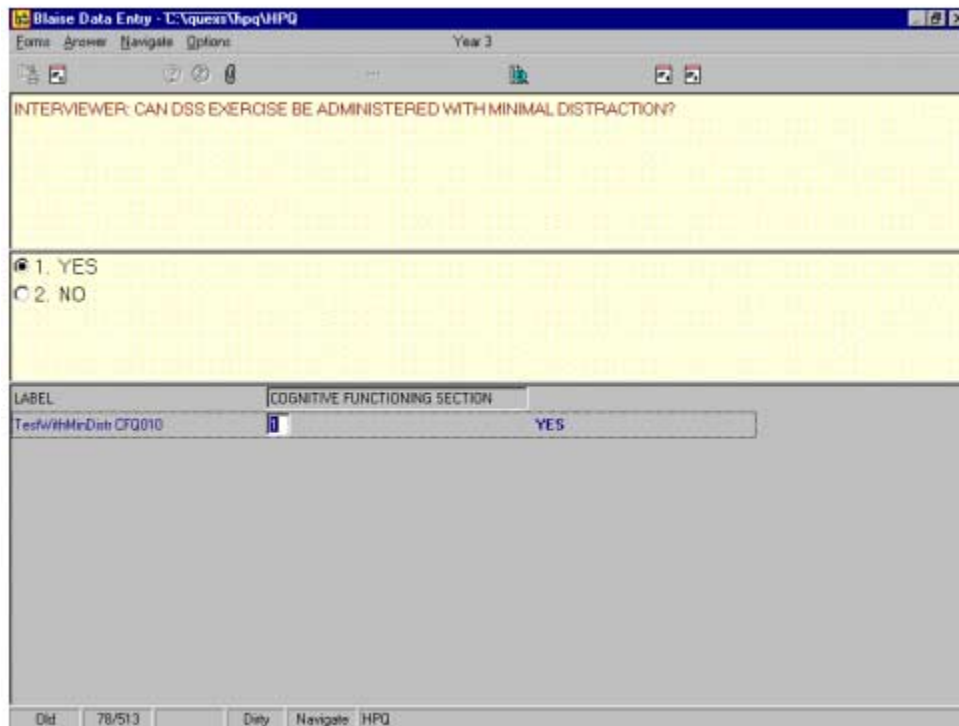
Cognitive function in SPs age 60 years old and older will be assessed using the Digit Symbol Substitution Test (DSS). The DSS requires that the SP correctly code a series of symbols in 120 seconds. This exercise is generally thought to be a more sensitive measure of dementia than the widely used Mini-Mental Status Exam, and has been administered in the National Institute on Aging's Health ABC study. The DSS requires response speed, sustained attention, visual spatial skills, associative learning, and memory. The more blocks correctly completed, the higher the score. If necessary, you can refer to it as an exercise or an activity but do not use the word "test" in front of the SP.

Diminishing cognitive skills have been associated with many medical conditions and illnesses. Further, cognitive functioning in the aging population may significantly decline as a result of certain risk factors which can have a significant impact on physical functioning and the quality of a person's life. In NHANES, we have a unique opportunity to study how mental or cognitive functioning is related to illnesses and conditions. The results of this exercise will also help researchers understand the relationship between diminishing mental capacity and mortality.

It is **critical** that each SP who is 60 years old or older be given the opportunity to complete this exercise. Just as reading questions exactly as worded is critical throughout the interview, it is also critical that each SP receives the same instructions so that results are valid.

CAPI will automatically skip the DSS section for proxy interviews. The DSS exercise should be done through interpreters when it is necessary.

Exercise Environment



Before starting the exercise, you need to determine whether it can be done in a quiet place with minimal distractions at a desk or table the participant can use as a writing table. If possible, find out if there is someone else at home that can answer the phone or the door to avoid interruptions or if there is an answering machine that can take calls. Explain that the activity requires two or three minutes of quiet, uninterrupted time. If necessary, ask if there is another room where distractions will be fewer and the situation quieter.

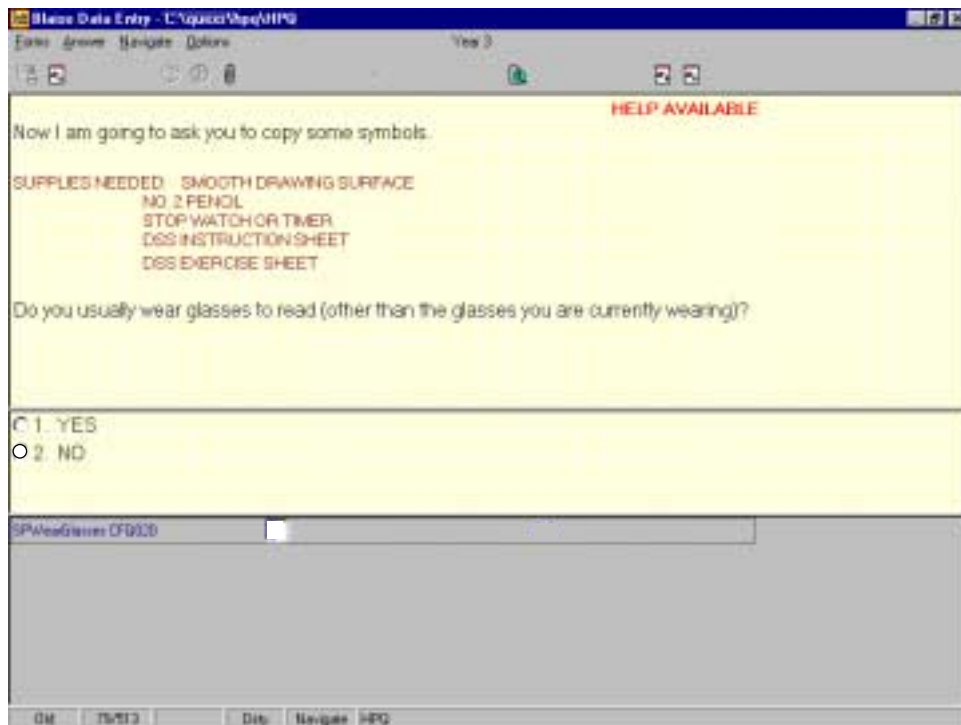
In almost all cases, you are expected to answer this question using code 1 (YES – THE TEST CAN BE ADMINISTERED WITH MINIMAL DISTRACTION). Unless there are obvious **serious** distractions that **cannot be eliminated**, attempt to do the sample block exercise with the SP. CFQ.010 is **only** to be coded as a “2” (NO – THE TEST CANNOT BE ADMINISTERED WITH

MINIMAL DISTRACTION) if there are definite distractions that cannot be eliminated. Otherwise, **always** continue with the administration of the sample and code CFQ.010 as “1”.

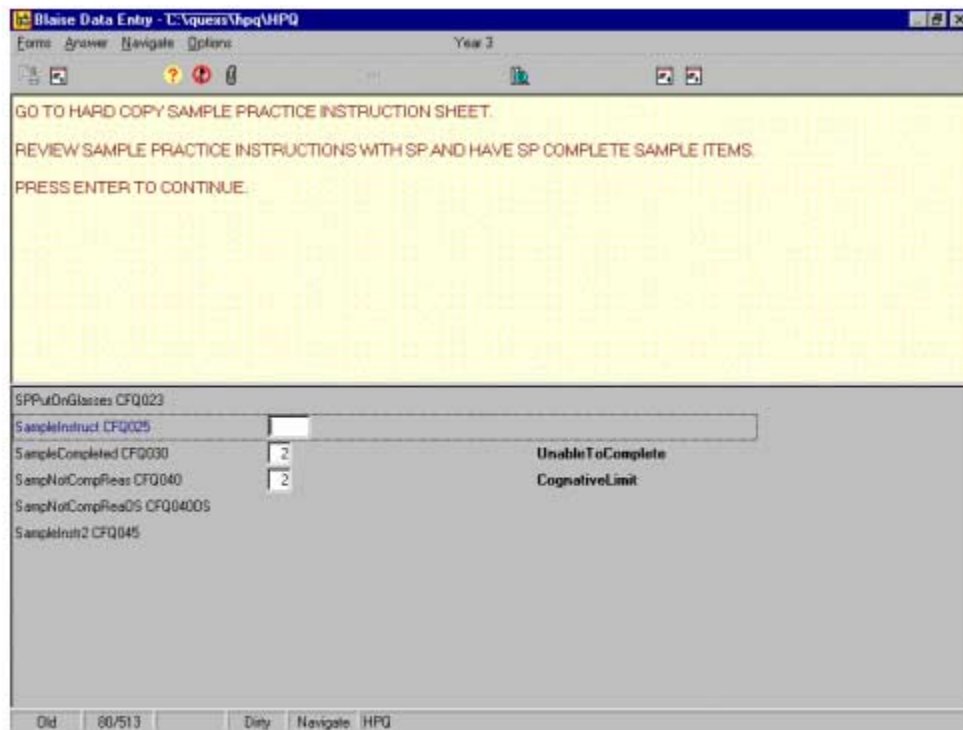
Administering the Sample

In almost all cases, you should give the SP the opportunity to complete the sample. Do not assume that everyone who has a physical or mental impairment will be unable to do the sample.

To start the sample, be sure to have all your materials ready. These include a DSS coding sheet, the DSS hand cards, a stopwatch, at least two regular pencils with erasers, and a blue pencil. **Do not** allow the SP to use a pen for this exercise.



Be certain that the SP wears his/her glasses if needed.



At this point you will go to the hard copy instructions for administering the sample exercise. These instructions are in your hand card booklet behind the tab labeled “DSS”. Speak deliberately and slowly. For those SPs who are hearing impaired, speak **low** not loudly. Read the script **exactly as it is written**.

Put the hardcopy exercise sheet in front of the SP. Point to the key above the test items. Say: *“Look at these boxes. Notice that each has a number in the upper part and a special mark in the lower part. Each number has its own mark.”* Point to 1 and its mark in the key, then 2 and its mark. Then point to the seven squares located to the left of the heavy black line and say: *“Now look down here where the squares have numbers in the top part but the squares at the bottom are empty. In each of the empty squares, put the mark that should go there. Like this.”*

Point to the first sample item, then point back to the key to show its corresponding mark. Say: *“Here is a 2: the 2 has this mark. I put it in this empty square, like this.”* You will then write in the symbol below the 2. Next, point to the second sample item. Say: *“Here is a 1; the 1 has this mark (point to the 1 and then to the mark below the 1 in the key), so I put it in this square.”* Fill in the symbol for a 1. Now, point to the third sample item. Say: *“This number is a 3; the 3 has this mark”* (point to the third square and to the mark below the 3 in the key). Say: *“So I put it in this square.”* Write in the

symbol. After you have completed the first three sample items, say, “*Now you fill in the squares up to this heavy line.*”

If the **SP draws all sample figures correctly**, offer encouragement by saying “yes” or “right”. When all four of the sample items have been completed, say: “*Now you know how to do them. When I tell you to start, you do the rest of them.*”

If the **SP leaves any sample boxes empty**, ask the SP to complete them before you make any corrections. **If the SP draws some symbols incorrectly**, make corrections to the incorrect entries with your blue pencil and provide verbal instruction and help as necessary. (See examples #1 and #2.) Ask the SP if s/he has any questions before starting the actual timed exercise. You must evaluate the SP’s ability to understand the sample to determine whether s/he can continue with the timed exercise.

When making this evaluation, remember the following points:

- The criteria for determining whether the SP should proceed to the timed exercise is **not** whether s/he completes all four sample boxes correctly but rather whether, in your judgment, the SP understands the task.
- A successful completion of the sample is one where the SP understands the task at the end of the sample and understands why any corrections were made to the sample blocks he or she may have drawn erroneously. An SP can be considered to complete the sample correctly even if he or she draws 3 out of the four symbols incorrectly as long as you believe s/he understands the task after you have corrected him or her.
- If the SP draws **all four of** the symbols **incorrectly** (See example #3) the timed exercise should **not** be administered. Note: it may be difficult to prohibit the SP from continuing with the timed exercise under these circumstances. If you think it is too awkward to stop the SP at this point allow him/her to continue with the timed exercise. However if this is the case, code CFQ.030 UNABLE TO COMPLETE THE SAMPLE (code 2) and record the situation in detail on the hard copy exercise.
- If the SP did most of the sample blocks wrong and even after correcting him or her you believe the SP still does not understand the task s/he should not continue with the timed exercise.

Blaise Data Entry - C:\quest\hpq\HPQ

Forms Answer Navigate Options Year 3

INTERVIEWER: CAN DSS EXERCISE BE ADMINISTERED WITH MINIMAL DISTRACTION?

1. YES
 2. NO

LABEL COGNITIVE FUNCTIONING SECTION
 TestW/Min-Dist CFQ010 1 YES

Old 78/513 Dirty Navigate HPQ

Blaise Data Entry - C:\quest\hpq\HPQ

Forms Answer Navigate Options Year 3

HELP AVAILABLE

Now I am going to ask you to copy some symbols.

SUPPLIES NEEDED: SMOOTH DRAWING SURFACE
 NO. 2 PENCIL
 STOP WATCH OR TIMER
 DSS INSTRUCTION SHEET
 DSS EXERCISE SHEET

Do you usually wear glasses to read (other than the glasses you are currently wearing)?

1. YES
 2. NO

SPWearGlasses CFQ020 2 NO

Old 79/513 Dirty Navigate HPQ

Blaise Data Entry - C:\quest\hpq\HPQ

Forms Answer Navigate Options Year 3

GO TO HARD COPY SAMPLE PRACTICE INSTRUCTION SHEET.
 REVIEW SAMPLE PRACTICE INSTRUCTIONS WITH SP AND HAVE SP COMPLETE SAMPLE ITEMS.
 PRESS ENTER TO CONTINUE.

SPP\DrGlasses CFQ023
 SampleInstruct CFQ025
 SampleCompleted CFQ030 UnableToComplete
 SampNotCompReas CFQ040 CognitiveLimit
 SampNotCompReas2 CFQ04005
 SampleInst2 CFQ045

Old 60/513 Dirty Navigate HPQ

Blaise Data Entry - C:\quest\hpq\HPQ

Forms Answer Navigate Options Year 3

INDICATE WHETHER SP COMPLETED THE SAMPLE.

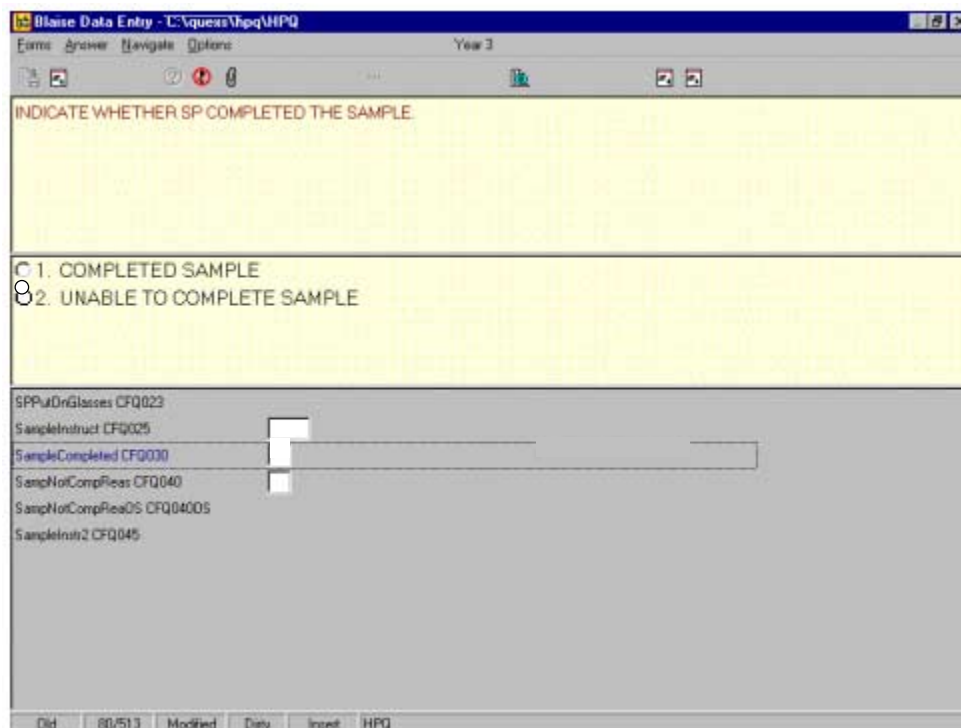
1. COMPLETED SAMPLE
 2. UNABLE TO COMPLETE SAMPLE

SPP\DrGlasses CFQ023
 SampleInstruct CFQ025
 SampleCompleted CFQ030 UnableToComplete
 SampNotCompReas CFQ040
 SampNotCompReas2 CFQ04005
 SampleInst2 CFQ045

Old 60/513 Modified Dirty Insert HPQ

In **rare** cases you may determine that the SP is unable to do this exercise before the section is introduced or the sample is administered. Examples of this is when the SP is blind, unable to use his/her hands, or is bedridden. If this is the case, code CFQ.010 as “1” and skip the reading of the screen statements at screen CFQ.020 and enter a “2” at CFQ.020 **without asking** about glasses. This will allow you to continue to the next screen. At CFQ.025, press ENTER without reading any instructions to the SP. This will take you to CFQ.030 where you can enter the fact that the SP did not complete the sample and then go to screen CFQ.040 where you can enter a specific reason.

Coding the Completion of the Sample



Use code 1 (COMPLETED SAMPLE) if the SP has drawn all symbols correctly or s/he has drawn some symbols incorrectly but, you believe s/he understands the task.

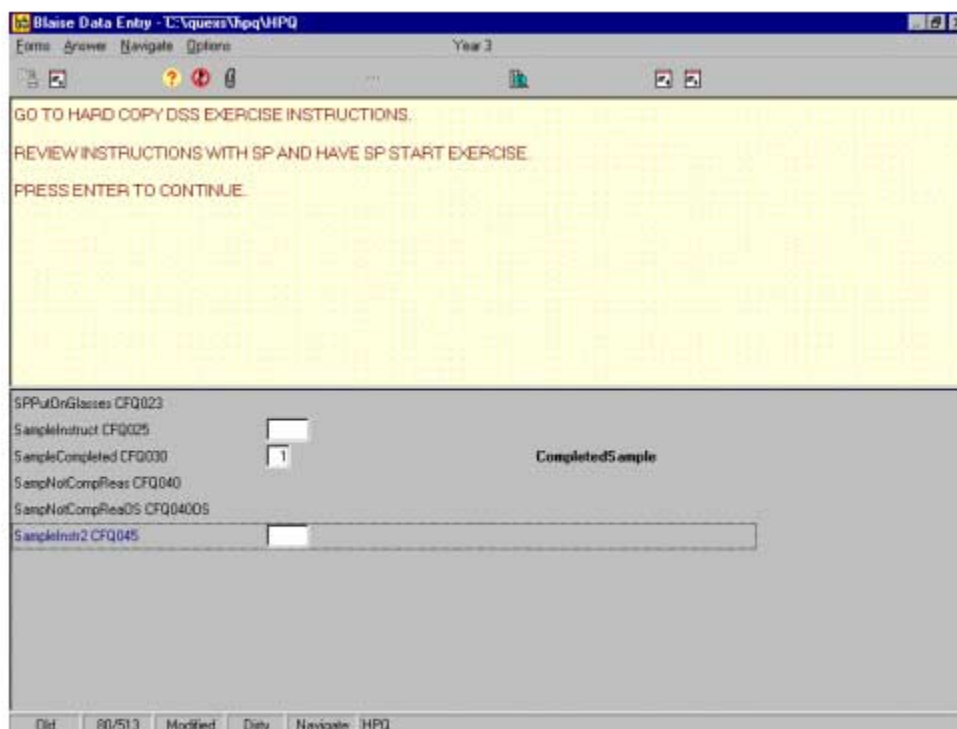
When the SP **refuses** to complete the sample, use the F5 key (REFUSED) when coding CFQ.030.

Only use code “2” (UNABLE TO COMPLETE SAMPLE) when the SP did not successfully complete the sample due to physical, cognitive, mental, or other reasons. CAPI will then display screen CFQ.040 and you will be required to code the reason the SP was unable to complete the sample.

SPPutOnGlasses CFQ023		
SampleInstrct CFQ025		
SampleCompleted CFQ030	2	UnableToComplete
SampleNotCompPleas CFQ040	3	CognitiveLimit
SampleNotCompPleas05 CFQ04005		
SampleInstr2 CFQ045		

At CFQ.040, be sure to choose a 1 or a 2 for any physical or cognitive impairment that caused the sample to be skipped. When an SP has both a physical and a cognitive limitation that prevents him/her from completing the sample, choose cognitive over physical. ONLY use code 3 (other, specify) for reasons that are neither physical nor cognitive. Be sure to distinguish between physical and cognitive limitations. Examples of physical limitations are arthritis, Parkinson’s disease, stroke or vision problems, cerebral palsy, injury to the writing hand and paralysis. An example of a cognitive limitation is the inability to understand the instructions. An example of another reason is when there is no table or flat surface for writing.

Administering the Timed Exercise



Go on to the administration of the timed exercise if the SP seems to understand the task.

Use the hard copy instructions printed on the back of the DSS hand card to administer the exercise. Point to the first square to the right of the heavy line and say: *“Begin here and fill in as many as you can, one after the other without skipping any. Keep working until I tell you to stop. Work as quickly as you can without making any mistakes.”* Sweep across the first row with your finger and say: *“When you finish this line, go on to this one.”* Point to the first square in the second row. Then point to the heavy black line and say: *“Go ahead.”* Begin timing.

If the SP asks what they should do if they make a mistake, encourage them to work as fast as they can. They are permitted to use the eraser to correct their mistakes but speed is more important. You can tell them the exercise is timed but do not tell them what the time limit is. If they use the eraser excessively or make spontaneous corrections that slow them down, remind them that speed is more important than neatness.

If the SP omits an item or starts to do only one type (see example #4), point to the first skipped block and say: “*Do them in order. Don’t skip any.*” If the SP skips an entire line (see example #5), allow him or her to continue without interruption. If the SP tries to complete a row in reverse order, point to the first block in the row, remind them to start at the beginning of the row and not to skip any. Do not stop the timer if you have to correct the SP during the exercise. If the SP volunteers the information that s/he is dyslexic, record that on the hard copy DSS coding sheet after you leave the household. The scorer will use this information.

Provide no further assistance except to remind the SP to continue until instructed to stop. Interviewers must watch the SP closely during the entire 2 minutes of the test in order to catch any skipped blocks right away. At the end of 120 seconds, say “Stop”.

Record the participant number from the CAPI screen on the hard copy form and circle the NO next to the words BREAK OFF on the hard copy form (see example #6).

Also record the SP ID on the form if it is available.

Coding the Completion of the Timed Exercise in CAPI

The screenshot shows a software window titled "Blaise Data Entry - T:\quest\hpq\HPQ". The window contains a form with a yellow background. At the top, it says "INDICATE DSS EXERCISE COMPLETION RESULT". Below this, there are two options: "1. BREAK OFF TO EXERCISE" and "2. 2 MINUTES COMPLETED". The option "2. 2 MINUTES COMPLETED" is selected, indicated by a small circle next to the number "2". Below the options, there are two data entry fields: "DSSTestResult1 CFQ050" and "DSSEndScreen CFQ056". The "DSSTestResult1 CFQ050" field contains the value "1". At the bottom of the window, there is a status bar with the text "Old 81/513 Modified Dirty Insert HPQ".

When coding the completion of the sample use 2 MINUTES COMPLETED (code 1) in CAPI if the SP has worked for the **entire 2 minutes** regardless of the number of items completed.

If the SP could/would not start the timed exercise after successfully completing the sample or if the SP quits once the test has begun and the 2 minutes are not up, be sure to note this as a BREAK OFF to the timed exercise in CAPI. Also note this on the hardcopy form by circling the YES next to the words BREAK OFF. This will save the scorer and the data entry person time since break offs are not scored. All DSS sheets are to be placed in the household folders and returned to the field office. Sheets will be scored at the home office.

EXAMPLE #1

1	2	3	4	5	6	7	8	9
—	⊥	⊐	└	└	○	∧	×	=

Sample Items

2	1	3	7	2	4	8	2	1	3	2	1	4	2	3	5	2	3	1	4
⊥	—	⊐	∧	⊥	└	×													

EXAMPLE #2

1	2	3	4	5	6	7	8	9
—	⊥	⊐	└	└	○	∧	×	=

Sample Items

2	1	3	7	2	4	8	2	1	3	2	1	4	2	3	5	2	3	1	4
⊥	—	⊐	∧	└	└	×													

EXAMPLE #3

1	2	3	4	5	6	7	8	9
—	⊥	⊐	└	└	○	∧	×	=

Sample Items

2	1	3	7	2	4	8	2	1	3	2	1	4	2	3	5	2	3	1	4
⊥	—	⊐	○	∧	└	└													

EXAMPLE #4

1	2	3	4	5	6	7	8	9
—	⊥	⊐	⊔	⊕	○	∧	×	=

Sample Items

2	1	3	7	2	4	8	2	1	3	2	1	4	2	3	5	2	3	1	4
⊥	—	⊐	∧	⊥	⊔	×	⊥	—	⊐	⊥	—	⊔	⊥	⊐	⊕	⊔			

5	6	3	1	4	1	5	4	2	7	6	3	5	7	2	8	5	4	6	3
								⊥						⊥					

EXAMPLE #5

1	2	3	4	5	6	7	8	9
—	⊥	⊐	⊔	⊕	○	∧	×	=

Sample Items

2	1	3	7	2	4	8	2	1	3	2	1	4	2	3	5	2	3	1	4
⊥	—	⊐	∧	⊥	⊔	×	⊥	—	⊐	⊥	—	⊔	⊥	⊐	⊕	⊔	⊐	—	⊔

5	6	3	1	4	1	5	4	2	7	6	3	5	7	2	8	5	4	6	3

7	2	8	1	9	5	8	4	7	3	6	2	5	1	9	2	8	3	7	4
∧	⊥	×	—	=	⊕	×	⊔	∧	⊐	○	⊥	⊕	—	=	⊥	×	⊐	∧	⊔

EXAMPLE #6

7	1	8	2	9	3	6	7	2	8	5	2	3	1	4	8	4	2	7	6

Participant Number:

| 1 | 2 | 7 | 1 | 1 | 0 | 0 | 1 | 6 | 0 | 1 | 0 | 1 |

Break Off: Yes/**No** (Circle 1)

SP ID: | 0 | 1 | 1 | 6 | 4 | 9 | 1 |

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IMMUNIZATION (IMQ)

The three questions in the IMQ section are about immunization for several conditions. All SPs are asked at least one question in this section.

TUBERCULOSIS (TBQ)

The tuberculosis section, ask whether the SP has ever received a TB test and if so, whether the test was positive or negative. There are also questions about diagnosis and treatment for active TB and whether the SP ever lived in a household in which someone had active TB. This section is asked of SPs age 1 or older.

DIABETES (DIQ)

The first question in this section is designed to determine if the SP has been diagnosed with diabetes. If a diagnosis has been made, there are follow-up questions asked to determine age at diagnosis, treatments and effects of the disease. This section is asked of SPs age one or older.

DIQ.010 The next questions are about specific medical conditions.

Have you **ever** been told by a doctor or other health professional that you have diabetes or sugar diabetes?

1. YES
2. NO

Do **not** include self-diagnosed diabetes, pre-diabetes, high sugar, or any conditions other than “diabetes” or “sugar diabetes.”

BLOOD PRESSURE (BPQ)

This section focuses on **high blood pressure (hypertension)** and a related phenomenon, **blood cholesterol level**. Specifically, the questions seek information on awareness of high blood pressure and/or blood cholesterol level, measurements of these conditions, visits to a doctor or health profession about these conditions, and treatment. These questions are asked of SPs age 16 or older.

BPQ.010 About how long has it been since you **last** had your blood pressure taken by a doctor or other health professional? Was it...

1. less than 6 months ago,
2. 6 months to 1 year ago,
3. more than 1 year ago,
4. more than 2 years ago, or
5. never?

Enter the code that best describes how much time has passed since the SP most recently had his or her blood pressure taken by any health professional. For example, if the SP says, “About a year and a half ago,” enter “3” – “more than 1 year ago.”

BPQ.020 Have you **ever** been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

1. YES
2. NO

In some parts of the United States, the term “high blood” is used instead of “high blood pressure” or “hypertension.” If the respondent reports “high blood” in response to this question, code 1 – “YES.”

If a female indicates that she has had high blood pressure or hypertension but **only** during pregnancy, code 1 – “YES.”

BPQ.040a Because of your (high blood pressure/hypertension), have you **ever** been told to **take prescription medicine**?

1. YES
2. NO

“Prescription medicine” may include pills, powder or liquids and **must** be purchased by prescription.

CARDIOVASCULAR (CAQ)

The cardiovascular section consists of a series of questions designed to determine if the SP has experienced any symptoms associated with various types of cardiovascular conditions. It is asked of SPs who are 40 years old or older.

CAQ.010 Have you had shortness of breath either when hurrying on the level or walking up a slight hill?

1. YES
2. NO

“On the level” refers to walking on level ground.

OSTEOPOROSIS (OSQ)

The next section, “osteoporosis” is asked of SPs age 20 or older. The first questions ask if the SP has ever been told by a doctor that he or she had broken or fractured the hip, wrist, or spine and if so the SPs age at the time of fracture and the cause of the break or fracture. It then ask if the SP has ever been diagnosed with osteoporosis (brittle bones) and if so, a follow-up question about treatment.

KIDNEY CONDITIONS (KIQ)

The next section, ask about various diseases and conditions of the kidney. It is asked of SPs age 20 or older but contains large skips for SPs based on age and gender.

KIQ.160 Have you **ever** had a blood test that your doctor told you was being used to check for prostate cancer, called PSA, or Prostate Specific Antigen?

1. YES
2. NO

If the respondent answers that he has had a PSA test but doesn't know what the test was for, code 1 – "YES". The intent of the question is to determine the number of persons tested rather than why they were tested.

RESPIRATORY HEALTH (RDQ)

This section contains questions about respiratory and allergy problems and symptoms experienced. It is asked of SPs age 1 or older. The reference period for all of the questions in this section is "past 12 months".

VISION (VIQ)

The vision section collects information about **vision problems** and corrective treatment. Although the section targets SPs who are 20 years old and older, most of the questions are asked only of those SPs who are at least 50 years old.

VIQ.020 IS {SP} COMPLETELY BLIND OR UNABLE TO SEE AT ALL.

ASK IF NOT OBVIOUS.

1. YES
2. NO

“Completely blind” means that a person is unable to see at all and that the blindness is not correctable, for example, with eyeglasses or contact lenses. A person is completely blind if they need the help of a seeing eye dog, a cane, or another person to help get around because the person cannot see at all. Note that this question is to be answered by interviewer observation and should not be read to the respondent.

AUDIOMETRY (AUQ)

This section is concerned with **hearing problems**, measurement of hearing and some investigation into the cause of hearing problems. It is asked of SPs age 20 and older.

AUQ.040 These next questions are about your hearing?

Which statement best describes your hearing without a hearing aid. Would you say your hearing is good, that you have a little trouble, a lot of trouble, or are you deaf?

1. GOOD
2. LITTLE TROUBLE
3. LOT OF TROUBLE
4. DEAF

If the SP has trouble hearing in crowded places, but no trouble hearing at home, or if the hearing problem comes and goes, probe using the phrase, “in general.”

BALANCE (BAQ)

The next section asks about problems with balance and dizziness, treatment, and family history of the problem. The section is asked of SPs who are age 40 and older. The time frame of the questions in this section varies between “ever” and “past 12 months.”

DERMATOLOGY (DEQ)

The next section is the dermatology section. It asks questions about the SP's skin and hair, history of melanoma for the SP and his or her family, and the prevalence of other skin conditions, including rashes. This section is asked of SPs age 6 and older.

DEQ.100 What chemicals or other substances were these?

PROBE: Any others?

PRESS BACKSPACE TO START THE LOOKUP.
SELECT NAME FROM CAPI SUBSTANCE LIST.
IF PRODUCT NOT ON LIST, ENTER "***".

If the SP reports that they had a skin condition in the past 12 months **resulting from chemicals or other substances touching the skin**, you will collect the name of the chemicals that caused the rash by using a look-up function in CAPI.

To begin, type in the chemical, substance or product name. The SP may not know the name of the chemical but may be able to tell you the type of product, for example, "furniture stripper," or the name of the product containing the chemical, (e.g., "Drano"). Press "enter" to move to the lookup field. Use the "backspace" key to start the lookup.

When the lookup window opens, the chemical/product you entered will be in the input field. Above the input field will be a list of the possible matches. You may scroll through the list to find the best match for the product/chemical you entered. Upon finding a match, make sure that it is highlighted and press "enter" to select it. The lookup window will disappear and your selection will be in the lookup field. Press "enter" to accept your selection.

If the chemical or substance does **not** appear on the lookup list, that is – there are no matches – you may erase your entry by using the "backspace" key. You then type "***" and press "enter" to indicate that your lookup was unsuccessful. "PRODUCT NOT ON LIST" appears in the lookup field. Press "enter" to accept it.

The next screen provides a probe, “Any others,” that you can use to initiate another look-up if the SP’s skin condition was caused by more than one chemical. If there are no additional chemicals to be recorded, you may press “enter” to move on to the next question.

ORAL HEALTH (OHQ)

The oral health section is concerned with dental care habits, problems, and routine treatment. The questions in this section are asked of SPs age 2 and older.

OHQ.010 Now I have some questions about your mouth and teeth.

How would you describe the condition of your mouth and teeth? Would you say...
INCLUDE FALSE TEETH AND DENTURES.

1. very good,
2. good,
3. fair, or
4. poor

The response categories should be read exactly as written. The meaning of each category is respondent defined. Note that this question includes the condition of the mouth and teeth even if the SP has false teeth or wears dentures.

If the respondent makes a distinction between the condition of his or her teeth and mouth, ask him or her to generalize about the condition of both together.

OHQ.030 About how long has it been since you **last** visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

1. 6 MONTHS OR LESS,
2. MORE THAN 6 MONTHS BUT NOT MORE THAN 1 YEAR AGO
3. MORE THAN 1 YEAR BUT NOT MORE THAN 2 YEARS AGO
4. MORE THAN 2 YEARS BUT NOT MORE THAN 3 YEARS AGO
5. MORE THAN 3 YEARS BUT NOT MORE THAN 5 YEARS AGO
6. MORE THAN 5 YEARS AGO
7. NEVER HAVE BEEN

To code the response, make the SP's answer fit one of the answer categories. For example, if the SP says "about 1 and ½ years ago", enter code 3 – "MORE THAN 1 YEAR BUT NOT MORE THAN 2 YEARS AGO." Do **not** read the categories to the respondent.

PHYSICAL ACTIVITY (PAQ)

The PAQ section is concerned with the physical activity – including transportation, daily activities, exercise, sports and physically active hobbies – that the SP may have done in the past 30 days in his or her work or leisure time. The section is asked of SPs 2 years old and older, though children are only asked a few targeted questions.

For teenagers and adults, PAQ is organized into groups of questions dealing with specific kinds of activity:

1. **Walking or bicycling** to work or school or to do errands.
2. **Moderate to strenuous tasks done around the house or yard** like gardening, chopping wood, carpentry or home repairs, cleaning tasks, and moving furniture.
3. **Vigorous leisure time activities** such as basketball, bicycling, dancing, football, running or jogging, stair climbing, rowing, soccer, swimming, tennis, or other racket sports.
4. **Moderate leisure time activity** such as baseball, cycling, low impact aerobics, fishing, golf, or walking
5. **Activities designed to strengthen muscles.** These are activities that require strenuous muscular contraction such as lifting weights, sit-ups, push-ups, resistance training, or calisthenics.

It is important that the respondent focus on the distinction between these activities in the questions. Emphasize the kind of activity you are asking about in the text of the question. There should be no "overlap" between things reported as bicycling or walking to work and tasks done around the house (#1 and #2 above). There may be some overlap between vigorous and moderate leisure time activity (#3 and #4 above) if the activity is sometimes "vigorous" and sometimes "moderate." Also, as stated in the question, some of the earlier "vigorous" or "moderate" activities may be repeated in activities designed to strengthen muscles (#5 above) if they are done specifically for "strengthening."

For tasks around the house and yard and for each vigorous and moderate activity reported, there are follow-up questions to further assess the frequency and duration of the activity. Frequency is asked in times per day, per week, or per month. Duration, in terms of minutes or hours of each occurrence.

The designation of an activity into a particular category – that is strenuous task, vigorous leisure time activity or moderate leisure time activity – is respondent defined. The question at which the respondent reports the activity is not important. Report the activity under the category the respondent reports it. However, if asked, exercise from normal daily walking or using stairs instead of taking the elevator should **not** be counted as vigorous or moderate activity in this section.

PAQ.020 The next series of questions are about physical activities that you have done over the **past 30 days**. First I will ask about activities that are related to transportation. Then I'll ask about your daily activities, and finally, about physical activities that you do in your leisure time.

Over the **past 30 days**, have you walked or bicycled as part of getting to and from work, or school, or to do errands?

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS.

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

The response to this question should **not** include walking or biking for pleasure or as a leisure time activity.

PAQ.100 Over the **past 30 days**, did you do any tasks in or around your home or yard for **at least 10 minutes** that required moderate or greater physical effort? By moderate physical effort I mean, tasks that caused **light** sweating or a **slight to moderate increase** in your heart rate or breathing. [Such as raking leaves, mowing the lawn or heavy cleaning.]

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

The intent of this question is to capture tasks that required moderate physical effort, such as the examples presented in the question. The questions specifically targets tasks done for at least 10 minutes and done around the home or yard and **not** as a part of work. This question is not intended to obtain information on aerobic activities or strength training.

This question provides three illustrations (raking leaves, mowing, heavy climbing) but the interviewer is not asked to record the specific activity. This question should pick up all related household chores that qualify for the “moderate” level defined in the question. Additional activities might include washing the car, moving furniture, etc.

After the questions (which include the definitions) are given, the interviewer should **rely on the respondent to designate** whether a task around house or yard required at least moderate or greater physical effort.

PAQ.120 [Over the **past 30 days**], how often did you do **these tasks** in or around your home or yard, that is tasks requiring moderate effort? [Such as raking leaves, mowing the lawn or heavy cleaning.]

PROBE: How many times per day, per week or per month did you do these activities?

ENTER NUMBER OF DAYS, WEEKS OR MONTHS.

Always prompt with the probe, “How many times...”. As necessary, probe for an exact number. If the SP reports a range or interval, assist the SP in making an estimate by probing. For example, you might ask, “Could you give me a more exact number?”

PAQ.160 About how long did you do these tasks **each time**?

IF MORE THAN 1 TASK, ASK FOR TASK DONE MOST OFTEN

{ENTER NUMBER AND UNIT -- MINUTES OR HOURS}

This question refers to the **duration of time in motion** rather than the total time devoted to the pursuit of a particular activity. If the SP reports different amounts of time on different occasions probe with “on the average...”. If the response is for different activities, ask the SP for a response for the task that was done most often.

PAQ.180 Please tell me which of these four sentences **best** describes your usual daily activities?

[Daily activities may include your work, housework if you are a homemaker, going to and attending classes if you are a student, and what you normally do throughout a typical day if you are a retiree or unemployed.]

HANDCARD PAQ1

1. You sit during the day and do not walk about very much;
2. You stand or walk about quite a lot during the day but do not have to carry or lift things very often;
3. You lift or carry light loads or have to climb stairs or hills often;
4. You do heavy work or carry heavy loads.

The purpose of this question is to obtain a description of the **usual** daily activities done by the individual, whether at work, going to and attending school, doing housework, as a retiree, or if the person is unemployed. The hand card provides four sentences to which the individual is to indicate the best overall description of their usual daily activities.

PAQ.200 The next questions are about physical activities including exercise, sports, and physically active hobbies that you may have done in your leisure time or at school over the **past 30 days**.

First I will be asking you about **vigorous** activities that cause **heavy** sweating or **large increases** in breathing or hear rate. Then I will be asking you about **moderate** activities that cause only **light** sweating or a **slight to moderate increase** in breathing or heart rate.

Over the **past 30 days**, did you do any **vigorous** activities for **at least 10 minutes** that caused **heavy** sweating, or **large increases** in breathing or heart rate? Some examples are running, lap swimming, aerobics classes or fast bicycling.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS.

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

This question asks if the individual did any **vigorous** activities for **at least 10 minutes** that caused **heavy** sweating, or **large increases** in breathing or heart rate over the past 30 days. This question is asked to obtain information on vigorous activities only. If the individual is uncertain as to whether or not the physical activity engaged in was vigorous, emphasize that this activity should have been performed for at least a 10 minute period, and should have resulted in heavy sweating (not light sweating), or large increases in breathing or heart rate. If the SP still is unsure, inform the SP that later questions will ask about more moderate activities.

PAQ.320 [Over the **past 30 days**], did you do **moderate** activities for **at least 10 minutes** that cause only **light** sweating, or a **slight to moderate increase** in breathing or heart rate? Some examples are brisk walking, bicycling for pleasure, golf, and dancing.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS.

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

This question asks if the individual did **moderate** activities for **at least 10 minutes** that caused **only light** sweating, or a **slight to moderate increase** in breathing or heart rate over the past 30 days. This question is asked to obtain information on moderate activities only. If the individual is uncertain, repeat that the question asks about moderate activities for a period of at least 10 minutes, etc. Read the examples as provided in the question.

Reporting Specific Activities—A Special Note

In general, activities reported as moderate or vigorous **leisure time** activities should not repeat anything already captured in the question on transportation to work or tasks done around the house and yard. Do not enter a response of “having sex” in the “OTHER” category. Neither should activities already reported in previous questions be included as “OTHER.” We learned in the Pilot study that people will report all kinds of things. Here are a few: carrying children, pushing children in a stroller, picking up toys, packing suitcases, scrubbing pots, washing the dog, shopping, and using a wheelchair. Responses were sometimes as amorphous as “lifting and carrying.” After doing the appropriate probes, the interviewer should “cordially” bypass these purported “leisure activities” that simply do not qualify as moderate or vigorous exercise.

When a reported activity is clearly in the list following the question, the interviewer’s task is simple. When some other activity is reported, it is important for the interviewer to understand the activity and to properly report it. For example, reported use of a “rowing machine” would not be recorded as “OTHER,” but recorded as “ROWING.” Some examples of acceptable “OTHER” entries would be for activities not listed, such as wrestling or canoeing. Other responses might require the interviewer to probe further to understand how they should be recorded. For example, if an SP mentions that he/she was “working out in the gym,” the interviewer needs to know what activities were done, e.g., weight lifting, riding a stationary bicycle, or using a rowing machine. If a combination of activities was done, the SP should be asked which ones they did for at least 10 minutes with the appropriate sweating, breathing, and heart rate to make it either a “moderate” or “vigorous” activity. If a “brand name” of an exercise machine is mentioned, for example “Health Rider” or “Nordic Track,” the interviewer should probe to understand what the person was doing on the machine and record the activity, not the name of the exercise machine.

PAQ.440 Over the **past 30 days**, did you do any physical activities designed to **strengthen** your muscles such as lifting weights, push-ups or sit-ups? Include all such activities ever if you have mentioned them before.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS.

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

This question asks about physical activities done to strengthen muscles, such as lifting weights or doing push-ups or sit-ups. The individual can respond “YES” to this question even if he or she reported the activity in previous questions on vigorous and/or moderate activities. The intent is to determine if the individual engaged in activities specifically designed to strengthen muscles.

PAQ.480 Now I will ask about TV watching or computer use.

Over the **past 30 days**, how much time altogether did you spend on a typical day sitting and watching TV or videos or using a computer **outside of work**? Would you say...

0. Less than 1 hour,
1. 1 hour,
2. 2 hours,
3. 3 hours,
4. 4 hours,
5. 5 hours or more, or
6. you do not watch TV or videos or use a computer outside of work?

This question asks about time spent on a typical day watching TV, videos, or using a computer outside of work. The unit of time is hours per day, and the intent is to get an idea of time spent in sedentary activities outside of work.

PAQ.500 How does the amount of activity that you reported for the **past 30 days** compare with your physical activity for the **past 12 months**? Over the **past 30 days** were you...

1. more active,
2. less active, or
3. about the same?

This question asks the SP to compare the amount of activity reported over the past 30 days with the activity done over the past 12 months, to determine if this 30 day period was more active, less active or about the same as over the past 12 months. This will provide information as to how similar the past 30 days of activity is to the past 12 months of activity.

PAQ.520 Compared with most men your age, would you say that you are...

1. more active,
2. less active, or
3. about the same?

This question asks for a comparison of the SP's activity level with other people of the same age as the SP. The response is self-reported and respondent defined.

PAQ.540 Compared with yourself **10 years ago**, would you say that you are...

1. more active,
2. less active, or
3. about the same?

This question asks the SP to compare his or her activity level with his or her activity level from 10 years ago, to determine if the SP is more active, less active or about the same. The response is self-reported.

DIET BEHAVIOR AND NUTRITION (DBQ)

This section contains questions about the SP's general eating habits, milk consumption over his or her lifetime, use of alcoholic beverages, and meals or food provided by various community or

government programs. For SPs under the age of six, there are questions about breastfeeding, use of formula, use of regular milk, use of solid foods, and the ages at which eating habits changed. The section is asked of all SPs.

It is extremely important to pay attention to the reference period being asked about in each of the questions, it changes from “ever” to “past month” to “over your lifetime”.

DBQ.010 Now I am going to ask you some general questions about Anna's eating habits.

Was Anna ever breastfed or fed breastmilk?

1. YES
2. NO

Code 1 – “YES” if the child is/was breastfed by the biological mother or by a wet nurse or if breastmilk was given to the child through a bottle.

A wet nurse is someone other than the biological mother who breastfeeds the child or provides breastmilk that is fed to the child through a bottle, medical dispenser, cup, glass etc.

DBQ.020 How old was Anna when she was **first** fed something other than breastmilk or water.

INCLUDE FORMULA, JUICE, SOLID FOODS.

1. ENTER NUMBER AND UNIT
2. NEVER

Record the age at which the child was **first** given something other than breastmilk or water, even if he or she was not given it on a regular basis. Enter the child's age numerically, then designate the unit (days, weeks, months, years).

DBQ.040 How old was Anna when she was **first** fed formula on a **daily basis**?

INCLUDE CHILDREN RECEIVING FORMULA **AND** THOSE RECEIVING FORMULA AND BREASTMILK AT THE SAME TIME.

1. ENTER NUMBER AND UNIT
2. NEVER ON A DAILY BASIS

Code 1 – and enter the child’s age if at least one feeding of milk is/was usually given each day, even if the child was still breastfed most of the time.

This idea is noted on the instructions on the screen: “AT THE SAME TIME” means daily or on a regular daily basis. It does **not** mean formula and breastmilk are mixed together in the bottle.

Formula is a milk mixture or milk substitute that is fed to babies.

DBQ.080 How old was Anna when she **started** eating solid foods [such as strained food like baby food or any other foods] on a daily basis?

1. ENTER NUMBER AND UNIT
2. NEVER ON A DAILY BASIS

“Solid foods” include commercially prepared strained and junior foods, “table foods,” homemade foods, or other non-liquid food.

DBQ.210 In the **past 30 days**, how often did you have milk to drink or on your cereal. Do not count small amounts of milk added to coffee or tea or the milk used to make the chocolate milk or hot cocoa that you may have told me about earlier.

PROBE: Tell me how often you usually drank it per day, per week, per month, or if you did not drink it at all.

1. ENTER NUMBER AND UNIT
2. NEVER

The intent of this question is to determine the SP’s frequency of milk consumption, **excluding chocolate milk.**

DBQ.230 Now, I'm going to ask you how often you drank **milk** over your **lifetime**. Try to remember if you were a milk drinker or a non-milk drinker during different times in your life.

How often did you drink any type of milk, including milk added to cereal when you were...

- a child (5 – 12)**
- a teenager (13 – 17)**
- a young adult (18 – 35)**
- a middle age adult (36 – 65)**
- an older adult (over 65)?**

1. ENTER NUMBER AND UNIT
2. NEVER

Unlike the preceding questions in this section, the time frame for this question is **over the SP's lifetime** rather than past month. It may be difficult for an SP to give an accurate count of how often he or she drank milk at a particular point in time. The time periods asked about cover a broad range of time and an SP's milk drinking may have changed dramatically during the time period asked about. For example, a person may have had milk three times a day from ages 18 to 20 but only once a day during his 20s and 30s. As a result, it is difficult for him or her to even respond to a probe such as, "How often did you drink it, on average?" The answer that you record in situations such as these should be the frequency reported that covers the longest period of time. In the preceding example, that would be "once a day".

WEIGHT HISTORY (WHQ)

This section contains questions about the SP's height and weight at different times in his or her life and about the SP's attempts to lose and/or maintain weight in the past 12 months. Weight History is asked of SPs age 16 and older.

WHQ.010 About how tall are you without shoes?

ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS

The recording rules for this question are as follows:

- If the respondent answers in feet only, probe for inches.
- If the respondent still states height in feet (for example, "exactly 5 feet"), record the answer as 5 feet, 0 inches.

- If the height is stated in terms of feet only (for example, “6 and ½ feet), record in feet and inches – 6 feet, 6 inches.
- If inches are given as a fraction measurement, use the rounding rule and drop the fraction.
- Probe a DK response by saying, “the last time SP was measured, how tall was he/she?” A best estimate is sufficient.

DBQ.480 About how much do you weigh without clothes or shoes?

RECORD **CURRENT** WEIGHT
 INCLUDE WEIGHT DURING PREGNANCY
 ENTER WEIGHT IN POUNDS OR KILOGRAMS

Weight may be entered in pounds and/or ounces or kilograms and/or grams. If the answer provided is in kilograms, enter through the pound and ounces answer fields to get to kilograms.

Do not enter fractions; use the rounding rule and enter whole numbers only. If a person responds, “I don’t know because I never weigh myself,” probe by asking the SP how much he or she weighed the most recent time he or she was weighed.

Do not have the SP weigh him or herself. Probe for a guess or best estimate. Keep in mind that some people are sensitive about their weight and be careful not to alienate the SP by probing if this seems to be the case.

If the SP is pregnant, note that the instructions say to **include** the weight during pregnancy.

SMOKING AND TOBACCO USE (SMQ)

The next section asks about the use of tobacco in all of its forms, that is, cigarettes, pipes, cigars, snuff and chewing tobacco. It asks about the regularity of use, starting and quitting experiences, and, for cigarettes, the name of the product used. This section is not interested in the use of any kind of marijuana, hashish, crack or the like. The section is asked of all SPs age 20 and older.

The questions are grouped by type of product (e.g., cigarettes, pipes, etc.). All SPs are asked if they have smoked a certain amount of the tobacco form over their lifetime (for example, 100 cigarettes, 20 cigars). This minimum is to eliminate those who never had the habit from answering other questions about the product. The minimum number convention is used in many other health surveys.

SMQ.020 These next questions are about cigarette smoking and other tobacco use.

Have you smoked at least 100 **cigarettes** in your entire life?

1. YES
2. NO

Do not define “cigarettes” for the SP. For example, if the SP asks whether little cigars are considered “cigarettes,” find out how the SP would classify them and accept this classification.

SMQ.030 How old were you when you first started to smoke cigarettes fairly regularly?

1. ENTER AGE
2. NEVER SMOKED REGULARLY

This question can be difficult for an SP to answer since it depends on their interpretation of what is meant by “fairly regularly.” We are interested in the SP’s age when smoking became routine or became an established habit for them, **not** necessarily when they first started experimenting with cigarettes. Record the respondent’s best estimate.

SMQ.040 Do you **now** smoke cigarettes...

1. every day
2. some days, or
3. not at all?

“Now” means within the current month or so and **not** necessarily whether the SP has had a cigarette today. Even the use of a very small number of cigarettes at the present time would qualify as a “YES” response. For example, if a person says, “I only smoke if I’m under a lot of pressure,” the answer should be coded 2 – some days.

Similarly for respondents who indicate they have stopped smoking temporarily, for example due to illness, but expect to begin again, the answer should be either 1 or 2.

SMQ.050 How long has it been since you quit smoking cigarettes?

ENTER NUMBER AND UNIT (DAYS, WEEKS, MONTHS, YEARS)

If less than one day, enter “1 day.” Otherwise enter the length of time since the SP quit smoking in whole days, weeks, months, or years. Convert fractions to a different unit if possible. For example 1 and ½ years can be recorded as 18 months. 1 and ½ months can be recorded as 6 weeks. If not possible, use the rounding rule to round to the nearest whole number.

If you see the cigarette pack, you should enter the 6 digit UPC code on the side of the pack. CAPI will then display a verification screen with the name of the cigarette that corresponds to the code you have selected.

SMQ.092 May I please see the pack for the brand of cigarettes {you **usually** smoke/SP **usually** smokes}.

PACK SEEN	1
PACK NOT SEEN.....	2 (SMQ.100)
REFUSED	7 (SMQ.100)

SMQ.094 ENTER THE UNIVERSAL PRODUCT CODE (UPC) FROM CIGARETTE PACK.

ENTER UPC
ENTER '0' IF NO UPC.

|_|_|_|_|_|_|_|
ENTER UPC

CAPI INSTRUCTION:
ALLOW FOR UPC CODE ENTRIES OF 3, 4, 5 OR 6 DIGITS.

SMQ.098 YOU HAVE SELECTED

{DISPLAY BRAND ASSOCIATED WITH CODE}

CORRECT 1 (SMQ.120)
NOT CORRECT 2 (SMQ.100)

CAPI INSTRUCTION:

DISPLAY BRAND NAME WITH ALL QUALIFIERS – NAME, SIZE (REGULAR, KING, 100, 120), FILTERED/NONFILTERED, MENTHOLATED/NONMENTHOLATED, OTHER QUALIFIERS (DELUXE, HARD PACK, LIGHTS, ETC.)

If you are unable to see the cigarette pack, or if the code you entered is not in the CAPI database, you will be asked to enter the full brand name of the cigarette.

SMQ.100k What brand of cigarette do you **usually** smoke?

CAPI INSTRUCTION:

FOLLOW THE BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW INTERVIEWER TO ENTER 1 BRAND OF CIGARETTES OR 'NO SPECIFIC BRAND'. ALLOW ENTRY OF DON'T KNOW AND REFUSED.

REFER TO PRODUCT LABEL IF AVAILABLE.

ENTER **BRAND** NAME OF CIGARETTE.

IF NO USUAL BRAND, TYPE 'NO USUAL BRAND'.

SMQ.110 PRESS BACKSPACE KEY TO START THE LOOKUP.

SELECT PRODUCT FROM CAPI CIGARETTE PRODUCT LIST OR SELECT 'NO SPECIFIC BRAND'. IF PRODUCT **NOT** ON LIST –
PRESS BACKSPACE KEY TO DELETE ENTRY
THEN TYPE '**' AND SELECT '** PRODUCT NOT ON LIST'.
PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY CAPI CIGARETTE PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONE PRODUCT NAME FROM LIST OR 'NO SPECIFIC BRAND'. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN SMQ.100 BY TYPING IN '**'. INTERVIEWER SHOULD ALSO BE ABLE TO USE THE F5 AND F6 KEYS FOR DON'T KNOW AND REFUSED.

These screens initiate the lookup function in this section of the questionnaire.

Type in the full brand name and all of the product information (e.g., More Ultralight 120's, soft pack, filtered, non-menthol). If the SP mentions more than one brand, probe for the one he/she **usually** smokes. If the SP does not usually smoke a particular brand, enter "NO SPECIFIC BRAND". Press "enter" to move to the lookup field.

Press the "backspace" key to start the lookup. When the lookup window opens, the information that you entered will be in the input field. Above the input field, a list of possible matches will appear. You may scroll through the list to find the best match for the full brand and product information that the respondent has provided. It is important to review the list of potential matches very carefully as a brand name may appear on the list more than once with the only distinction being the size or whether it is filtered or mentholated. The data contained on the lookup list includes size of the cigarette (e.g., "king" or "100"), whether it is filtered (1 = "filtered", 0 = "non-filtered") and whether it is mentholated (1 = "menthol", 2 = "non-menthol"). If there is a match, make sure it is highlighted and select it by pressing "enter". Your selection will appear in the lookup field. Press "enter" to accept your selection.

If the cigarette brand name does **not** appear on the list, that is there are no matches, use the "backspace" key to delete the entry in the input field, then type "***" and press "enter" to indicate that your lookup was unsuccessful. "PRODUCT NOT ON LIST" appears in the lookup field. Press "enter" to accept this response. You will then be asked a series of questions to identify all the qualifiers to the brand you have entered.

SMQ.110a ASK IF NECESSARY:

IS THE CIGARETTE PRODUCT FILTERED OR NON-FILTERED?

ENTER '1' FOR **FILTERED**

ENTER '0' FOR **NON-FILTERED**

CAPI INSTRUCTION:

'1' AND '0' SHOULD BE THE ONLY CODES ACCEPTED BY CAPI.

FILTERED	1
NON-FILTERED	0
REFUSED	7
DON'T KNOW.....	9

SMQ.110b ASK IF NECESSARY:

IS THE CIGARETTE PRODUCT MENTHOLATED OR NON-MENTHOLATED?

ENTER '1' FOR **MENTHOLATED**

ENTER '0' FOR **NON-MENTHOLATED**

CAPI INSTRUCTION:

'1' AND '0' SHOULD BE THE ONLY CODES ACCEPTED BY CAPI.

MENTHOLATED.....	1
NON-MENTHOLATED	0
REFUSED	7
DON'T KNOW.....	9

SMQ.110h ASK IF NECESSARY:

WHAT IS THE CIGARETTE PRODUCT SIZE?

CAPI INSTRUCTION:

THIS ITEM IS STORED IN SMQ.110f IN THE DATA BASE.

REGULARS.....	1
KINGS	2
100S	3
120S	4
REFUSED	7777
DON'T KNOW.....	9999

SMQ.110g REFER TO PRODUCT LABEL, IF AVAILABLE – ASK IF NECESSARY.

WHAT ARE THE OTHER NAME BRAND QUALIFIERS FOR THE CIGARETTE PRODUCT?

CAPI INSTRUCTION:

SHOULD BE A 'CODE ALL THAT APPLY' EXCEPT IF "REF", "DK" OR "NONE" SELECTED. NO OTHER RESPONSE OPTION SHOULD BE ALLOWED. THE "OTHER SPECIFY" RESPONSE SHOULD REQUIRE A TEXT ENTRY.

DELUXE	10
HARD PACK.....	11
LIGHTS.....	12
MILDS.....	13
SLIMS.....	14
SPECIALS	15
SUPER	16
ULTRA LIGHTS.....	17
OTHER (SPECIFY)	18
NONE	19
REF	77
DK.....	99

ACCULTURATION (ACQ)

The set of questions in this section are about language use. For SPs whose ethnicity is coded “Hispanic” in the Screener, there is a series of questions about the language usually used, Spanish or English, when speaking and reading as well as questions on the country of birth of the SP’s father and mother. For the purposes of this section we are only interested in Spanish and English, even if the SP also speaks or reads other languages. This section is asked of SPs age 12 or older.

SOCIAL SUPPORT (SSQ)

This section covers family and other social relationships. The purpose of these questions is to gather data on the SP’s social support environment. This section is asked of SPs age 60 and older.

OCCUPATION (OCQ)

Overview

This section of the questionnaire obtains information about the current job held by SPs age 12 and over. The section also collects information about protective equipment worn on the current job and about current and past exposure to job related loud noise. If the SP reported that he or she had asthma in the condition section, a few additional questions are asked about the type of work the SP was doing when he or she first developed symptoms of asthma. For SPs 12 to 15 years old, only one question is asked – the average number of hours worked per week. The general flow of the questions for SPs 16 and older is illustrated on the next page.

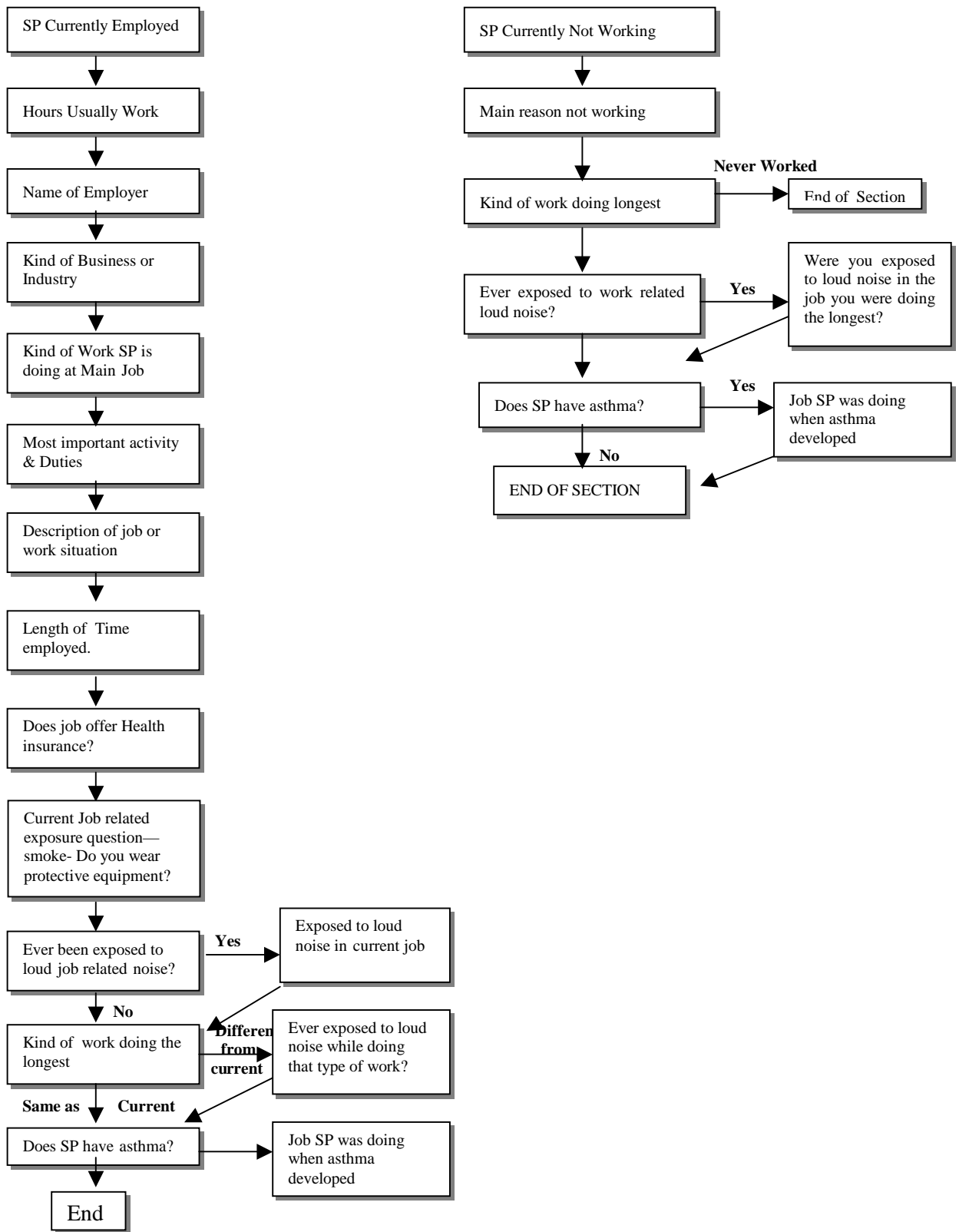
The occupation section contains questions about employment status, type of work (if employed) and work conditions and, if the SP reported that he or she had asthma in the condition section, the type of work he or she was doing when asthma symptoms first developed.

Note the following definitions with respect to Question **OCQ.150**:

1. Work

■ Include the following as “work”:

- (1) Working for pay (wages, salary, commission, piecework rates, tips, or “pay-in-kind” such as meals, living quarters, or supplies provided in place of cash wages.)
- (2) Working for profit or fees in one’s own business, professional practice, partnership, or farm even though the efforts may produce a financial loss.
- (3) Working without pay in a business or farm operated by a related household member.
- (4) Working as an employee of the National Guard or Department of Defense.
- (5) Serving on paid jury duty.
- (6) Participating in “exchange work” or “share work” on a farm.



- Do not include as “work”:
 - (1) Unpaid work which does not contribute to the operation of a family business or farm (e.g., home housework).
 - (2) Unpaid work for a related household member who is a salaried employee and does not operate a farm or business (e.g., typing for a husband who is a lawyer for a corporation).
 - (3) Unpaid work for an unrelated household member or for a relative who is not a household member.
 - (4) Volunteer or other unpaid work for a church, charity, political candidate, club, or other organization, such as the Red Cross, Community Fund, etc.
 - (5) Service in the Armed Forces, including time while on temporary duty with the National Guard or Reserves. (NOTE – Persons on active duty with the Armed Forces should have been excluded by the Screener Questionnaire. They should not be administered the SP questionnaire.)
 - (6) Owning a business solely as an investment to which no contributions is made to the management or actual operation (e.g., owning a grocery store which someone else manages and operates).
2. Job – A job exists if there is a definite arrangement for regular work for pay every week or every month. This includes arrangements for either regular part-time or regular full-time work. A formal, definite arrangement with one or more employers to work a specified number of hours per week or day per month, but on an irregular schedule during the week or month, is also considered a job.
- Do not consider a person who is “on call” and works only when his/her services are needed as having a job during the week in which s/he does not work. An example of a person “on call” is a substitute teacher who was not called to work during the last week.
 - Consider seasonal employment as a job only during the season and not during the off-season. For example, a ski instructor would not be considered as having a “job” during the off-season.
 - Consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work in the fall as having a “job” even though they may be on summer vacation.
 - Consider persons who have definite arrangements to receive pay while on leave of absence from their regular jobs to attend school, travel, etc., as having a “job”. This may be referred to as a “sabbatical leave”. Probe to determine if the person is receiving pay if this is not volunteered.

- Do not consider a person who did not work at an unpaid job on a family farm or in a family business during the past week as having a “job”.
- Do not consider people who do not have a definite job to which they can return as having a “job”. For example, do not consider a person to have a job if his/her job has been phased out or abolished, or if the company has closed down operations.

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

- Machinery or equipment of substantial value is used in conducting the business, or
- An office, store, or other place of business is maintained, or
- The business is advertised to the public. (Some example of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cars of leaflets, or any type of promotion which publicizes the type of work or service offered.)

Examples of what to include as a business:

- Sewing performed in the sewer’s house using his/her own equipment.
- Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm

Do not count the following as a business:

- Yard sales; the sale of personal property is not a business or work.
- Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
- Distributing products such as Tupperware, or newspaper. Distributing products is not a business unless the person buys the good directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

4. On Layoff – Persons are on layoff if they are waiting to be recalled to a job from which they were temporarily separated for business-related reasons, such as temporary drops in demand, business downturns, plant remodeling, material shortage, and inventory taking. They must have either been given a date to report back to work or, if not given a date, must expect to be recalled to their job within six months.

5. Looking for Work – To be looking for work, a person has to have conducted an active job search. An Active job search means that the person took steps necessary to put him/herself in a position to be hired for a job. Active job search methods includes:

- Filled out applications or sent out resume.
- Placed or answered classified ads.

- Checked union/professional registers.
- Bid on a contract or auditioned for a part in a play.
- Contacted friends or relatives about possible jobs.
- Contacted school/college university employment office.
- Contacted employment directly

Job search methods that are not active include:

- Looked at ads without responding to them.
- Picked up a job application without filling it out.

The government is attempting through several work and training programs to assist various segments of the population in combating poverty and to provide increased employment opportunities. The employment questions in this series are not designed to distinguish participants in these programs and you should not probe to identify them. However, if the respondent identifies a person as an enrollee in a government-sponsored program, proceed according to the instruction below. (NOTE: The list of programs is not all-inclusive. Use the “general” guidelines for programs not specifically covered.)

a. General

- Consider the person as working if s/he receives any pay for the work or an on-the-job training.
- Do not consider the person as working or with a job if s/he receives welfare or public assistance while participating in work programs as a condition for receiving the welfare (work relief) or participating voluntarily.

b. Comprehensive Employment and Training Act (CETA) – This act authorizes a full range of manpower services, including public service employment, and funds programs for education and skill training, on-the-job training, special programs and disadvantaged groups, language training for persons with limited English-speaking abilities, retraining for older workers, basic education, etc. Some older programs now administered under this act are the Neighborhood Youth Corps, the Job Opportunities in the Business Sector Program (JOBS), the Manpower Development and Training Program (MDTA), the new Careers Program, Operation Mainstream, and others.

- Consider the participants as working if s/he receives on-the-job training.
- Do not consider the participants as working or with a job if s/he receives training in a school or other institutional setting.
- Consider the participants as working if s/he receives both on-the-job and institutional training. (NOTE: Count only the time spent on the job as working, however.)

- c. Migrant Seasonal Farm Workers – (CETA- National) – This program aids migrant workers with high school equivalency instruction, manpower training, and the other aids available under local CETA programs.
- Consider the participant as working if s/he worked full- or part-time in addition to any training received. (NOTE: Count only the time actually worked or spent in on-the-job training as working.)
 - Do not consider the participants as working with a job if s/he does no work at all, but received training in a school or other institutional setting.
- d. Public Employment Program (PEP) or Public Service Employment (PSE-CETA) – These programs provide public service jobs for certain groups suffering from the effects of unemployment. Consider participants in these programs as working.
- e. Volunteers in Service to America (VISTA) – This program is known as the “Domestic Peace Corps” and provides community service opportunities. Participants serve for one year and receive a small stipend and living allowance. Consider enrollees as working.
- f. College Work-Study Program – This program was designed to stimulate and promote the part-time employment of students who are from low-income families and are in need of earnings to pursue courses of study. Consider participants in this program as working.
- g. Cooperative Education Program – This authorizes a program of alternating study and work semesters at institutions of higher learning. Since the programs alternate full-time study with full-time employment, consider participants as working if that is the activity at the time of interview. Do not consider them as working or with a job if they are going to school at the time of the interview.
- h. Foster Grandparent Program – This program pays the aged poor to give personal attention to children, especially those in orphanages, receiving homes, hospitals, etc. Consider such persons as working.
- i. Work Incentive Program (WIN) – This program provides training and employment to persons receiving Aid to Families with Dependent Children (AFDC).
- Consider persons receiving public assistance or welfare who are referred to the State Employment Service and place in regular job as working.
 - Consider persons receiving public assistance or welfare who are placed in an on-the-job or skill training program as working only if receiving on-the-job training.
 - Do not consider persons receiving public assistance or welfare who are placed on special work projects, which involve no pay, other than the welfare itself, as working or with a job.
- j. Older Americans Community Service Employment and Operation Mainstream – These programs provide employment to chronically unemployed or older persons from poverty families. Consider persons in either program as working.

- k. Veterans Apprenticeship and On-the-Job Training Programs – These programs encourage unions and private companies to set up programs to train veterans for jobs that will be available to them after completion of the program. Consider veterans in such programs as working.
 - l. Work Experience and Related Programs – See “General Guidelines”.
6. On Leave – An uncompensated leave of absence from a job. The absence must be at least one week or longer. Count this response as “with a job but not at work.”

OCQ.160-OCQ.180

1. Working Without Pay – Working on a farm or in a business operated by a related member of a household, or receiving wages or salary for work performed.
2. Hours Worked Last Week – The number of hours actually worked during a week. Hours worked will include overtime if the SP member worked overtime for most of the week during the reference period. The actual hours worked is often not the same as the hours on which the person’s salary is based. In this question we want the actual hours spent working on the job, whether the hours are paid or not. However, unpaid hours spent traveling to and from work are never included in hours worked per week.

NOTE: JOB AND BUSINESS DESCRIPTION QUESTIONS

Questions **OCQ.220 through OCQ.250** provide a full description of a person’s current or most recent job or business. The detail asked for in these questions is necessary to properly and accurately code each occupation and industry. This information can be combined with various health data collected in the remainder of the survey to compare the relationships between jobs and health, exposure to hazards, time lost from work and other variables.

Note the following definitions:

1. Main Job – The job or business which is the primary source of a person’s income. (**OCQ.220**)
2. Work – See definition for work status series.
3. Kind of business or industry – The major activity of the establishment or business in which the person works.

GENERAL INSTRUCTIONS

1. Questions **OCQ.220 through OCQ.260** provide a full description of a person's civilian job or business. Each question must be completed as follows:

OCQ.220—Employer: The name of the company, business, organization, government agency, or other employer.

OCQ.230– Kind of Business: The type of business or industry at the location where the person was working.

OCQ.240– Kind of Work/Occupation: The type of work the person was doing. Often stated as job title.

OCQ.250– Most Important Activities/Duties: The most important activities or duties associated with the type of work the person was doing.

OCQ.260 – Class of Workers: Whether the industry and occupation described in OCQ.220-OCQ.250 identifies the person as working for:

- A. **Private Company or Business:** Employees of an organization whose operation are owned by private individuals and not a governmental entity. This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes work for private organizations doing contract work or government agencies.
- B. **Federal Government:** Federal employees include individuals working for any branch of the federal government, as well as elected officials and civilian employees of the armed forces. Includes persons working for any branch of the federal government including persons who were elected to paid federal offices and civilian employees of the Armed Forces and some members of the National Guard. Include employees of international organizations like the United Nations and employees of foreign governments such as persons employed by the French embassy.
- C. **State Government Employees:** State employees include individuals working for agencies of state governments, as well as paid state officials, the state police, and employees of state universities and colleges. Report this category for employees of State governments which include paid state officials, state police, employees of state universities and colleges, and statewide JTPP administrators.
- D. **Local Government:** Local government employees include individuals employed by cities, towns, counties, parishes, and other local areas, as well as employees of city-owned businesses, such as electric power companies, water and sewer services, etc. Report for employees of counties, cities, towns, and other local areas. Included here would be city-owned bus lines, electrical power companies, water and sewage services, etc. Employees of public elementary and secondary schools who worked the local government should also be here.

- E. **Self Employed:** Persons working for profit or fees in their own business, shop, office, farm, etc. Included persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers.
 - F. **Working Without Pay In a Family Business or Farm.** Working on a farm or in a business operated by a related member of the household, without receiving wages or salary for work performed. Room and board and a cash allowance are not considered as pay for these family workers.
2. Ask question OSQ.220 through OSQ.260 in the following situations:
 - a. For persons who had a job or business in the past week, whether they worked at it or not, including persons on layoff.
 - b. For all other persons who were looking for work during the past week.
 3. All entries in this series must refer to the same job or business and must present a consistent picture since you are describing only one job, business, or profession. When you get an inconsistency, probe to obtain adequate and consistent entries.

Example: A respondent reports

OCQ.220 Joe's Barber Shop
 OCQ.230 Retail Jewelry store
 OCQ.240 Barber
 OCQ.250 Selling Jewelry
 OCQ.260 1 (private)

This is obviously inconsistent. Correct entries might be:

OCQ.220	Joe's Barber Shop		OCQ.220	Smith's Jewelry Co.
OCQ.230	Barber shop		COQ.230	Retail Jewelry store
OCQ.240	Barber	OR	OCQ.240	Jewelry salesman
OCQ.250	Cutting hair		OCQ.250	Selling jewelry
COQ.260	1		OCQ.260	1

4. For persons who worked during the past week, describe the job at which they worked.
 - a. If a person worked at more than one job during the past week, or operated a farm or business and also worked for someone else, describe the one job at which s/he worked the most hours. If the person worked the same number of hours of all jobs, enter the one job at which s/he has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the main job.
 - b. If a person was absent from his/her regular job all the past week but worked temporarily at another job, describe the job at which the person actually worked, not the job from which s/he was absent.

5. If a person had a job but did not work at all during the past week, describe the job s/he held.

If a person usually works at two or more jobs, but during the past week did not work at any of them, enter the job at which s/he usually works the most hours. If the person usually works the same number of hours at all jobs, enter the job at which s/he has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the main job.

6. For a person on LAYOFF during the past week, enter the job from which she was laid off, regardless of whether this is a full- or part-time job.
7. For person LOOKING FOR WORK, enter the last full-time civilian job which lasted 1 week or more. This may have been for wages or salary, in his/her own business, or without pay on a family farm or in a family business.
8. For persons who worked or last worked in a foreign country, enter a description of the foreign job or business. Use the same instructions for completing questions OCQ.220 through OCQ.260 for foreign jobs as you do for U.S. held jobs.
9. Consider persons who are working through an employment contractor to be working for the contractor, not the individual employer to whom they are assigned.

Example: For a person assigned a job by “Kelly Services” as a typist for an insurance firm, the OCQ.220 through OCQ.260 questions entries would be:

OCQ.220	Kelly Services
OCQ.230	Temporary help employment contractor
OCQ.240	Typist
OCQ.250	Typing
OCQ.260	1

10. Distinguish between different types of farm workers.

When the place of work is a ranch, follow the same procedures used for a farm. Use the terms “Rancher:” instead of a “Farmer”, “Ranch hand” instead of “Farm hand” etc. If you have difficulty deciding whether a place is a farm or a ranch, consider it to be a farm.

11. For persons enrolled in government-sponsored programs, record the specific employer rather than government program. For example, in the case of CETA-sponsored programs, it is possible for an individual to actually work for either the local government or a private employer. If in doubt as to whom the employer is, ask the respondent who pays the wages.
12. Whenever you have difficulty determining who the actual employer is, apply the “pay check” rule of thumb – ask who pays the person and consider them as the employer.

Example: A person may say that s/he works for Local #212 of the plumbers’ union. However, during the past week s/he was working on a new construction project and was paid by Acme Contractors. Therefore, “Acme Contractors” would be the employer, not the union.

OCQ.220

You may or may not ask this question depending on the respondent's previously determined work status.

Employer

- a. Enter the full and exact name of the company, business, government agency, or other employer. Do not use abbreviations unless that is all the respondent can give you for the names of the employers. The answer fields in both OCQ.220 are long enough so that you do not have to abbreviate. For persons who work or last worked for employers without company names (such as a farm, dentist's or lawyer's office, etc.), enter the name of the owner. For persons who worked for several different employers, like odd jobs or domestic workers, baby-sitters, etc., type "various persons" in OCQ.220.
- b. Government—For employees of a government agency, record the specific organization and indicate whether the organization is Federal (U.S.), state, county, etc. For example, U.S. Treasury Department, STATE highway police, CITY tax office, COUNTY highway commission. It is not sufficient to report merely "U.S. Government", "City government", "police department", etc.
- c. Self- Employed – If the person is self-employed, ask if the place of business or establishment has a name (such as Twin City Barber Shop, Capitol Construction, etc.) and write it in OCQ.220. If there is no business name, enter "Self- Employed", "own business", "family farm", etc.

OCQ.230 – OCQ.250

The next several questions contain open-ended response categories. An open-ended question is a question that does not contain a pre-coded choice of answer categories. Open-ended questions are used when researchers do not feel they know the full range of possible answers to a question. The respondent answers the question in his/her own words. The interviewer records exactly what the respondent says, word for word. This technique is called verbatim recording. The interviewer may neither paraphrase nor summarize the respondent's answer.

People talk faster than most interviewers can type, therefore the interviewer must have techniques for recording quickly and for slowing down the respondent without inhibiting him/her or biasing his/her answers. Some of these techniques include:

- Beginning to type as soon as the respondent begins to answer.
- Use of standard abbreviations. Use only abbreviations that are commonly known.
- Letting the respondent know what you are doing. "I need to record everything you're saying and I want to be sure I get it all down, so will you please speak slowly and bear with me while I type?"
- Repeat what you are typing as you type it. This is another way of letting the respondent know what you are doing, and is a good way of filling dead space in the interview.

- If you get lost, go back to the beginning, read what you have recorded and let the respondent take it from there. Do not suggest to the respondent what you think s/he was saying when you lost your place.
- The respondent will take a cue from your pace. Reading questions slowly shows him/her you aren't in a hurry, and that s/he shouldn't be either.
- Be aware of your space limitations. Some screens will not have enough space for you to record the complete verbatim response. In those situations, record the full response in comments and an "abbreviated version on the screen."

In order to insure that we are getting enough correct information, you must listen carefully to what the respondent is saying while you are typing. You must be ready to probe. You should always use controlled, non-directive and neutral probes. Answers should be probed for clarity, completeness, and to the point of the question.

OCQ.230 Kind of Business of Industry

- a. In order to give a clear and exact description of the industry, the entry must indicate both a general and specific function for the employer; for example, copper mine, fountain pen manufacturer, wholesale grocery, retail bookstore, road construction, and shoe repair service. The words "mine", "manufacturer", "wholesale", "retail", "construction", and "repair service" shows the general function. The words "fountain pen", "grocery", "bookstore", "road", and "shoe" indicate the specific function.
- b. Do not use the word "company" in this entry. It does not give useful information. If the respondent reports that s/he works for a metal furniture company, ask "What does the company do?" If they sell the furniture, ask, "Do they sell to other stores (which would be wholesale) or to individual (which would be retail)?" In this example, the possible replies, would be "metal furniture manufacturer," "furniture wholesales," or "furniture retailer". Note that, where possible, you should specify for furniture manufacturers the major materials used – wood, metal, plastic, etc., but for the selling operation, it is not necessary, since the furniture wholesalers, and retailers very often sell various types.
- c. Some firms may carry more than one kind of business or industrial activity. If several activities are carried on at the same location, describe only the major activity of the establishment. For example, employees in a retail salesroom located at the factory of a company primarily engaged in the manufacturing of men's clothing should be reported as working as "Men's clothing manufacturing."
 - (1) If the different activities are carried on at separate locations, describe the activity at the place where the person works. For example, report a coal mine owned by a large steel manufacturer as "Coal mine"; report the separate paint factory of a large chemical manufacturer as "paint manufacturing".
 - (2) A few specified activities, when carried on at separate locations, are exceptions to the above. Record the activity of the parent organization for research laboratories, warehouses, repair shops, and storage garages, when these kinds of establishments exist primarily to serve their

own parent organizations rather than the public or other organizations. For example, if a retail department store has a separate warehouse for its own use, the entry for the warehouse employees should be “retail department store” rather than “warehouse”.

- d. It is essential to distinguish among manufacturing, wholesale, retail, and service companies. Even though a manufacturing plant sells its products in large lots to other manufacturers, wholesalers, or retailers, report it as a manufacturing company. Use the following as a guide:
 - (1) A wholesale establishment buys, rather than makes, products in large quantities for resale to retailers, industrial users, or to other wholesalers.
 - (2) A retailer sells primarily to individual customers or users but seldom makes products.
 - (3) Establishments which render services to individuals and to organizations such as hotels, laundries, cleaning, dyeing shops, advertising agencies, and automobile repair shops are engaged in providing services. Report these as retailers but show the type of service provided, for example, “Retail TV and radio repair.”
- e. Manufacturer’s Sales offices: Record a separate sales office set up by a manufacturing firm to sell to other business organizations and located away from the factory or headquarters of the firm as “(product) manufacturers’ sales office.” For example, a St. Louis Shoe factory has a sales office in Chicago; “shoe manufacturer’s sales office,” is the correct entry for workers in the Chicago office.
- f. Government Organizations: Usually the name of the government agency is adequate, for example, U.S. Census Bureau, Alexandria City Fire Department.
 - (1) If the activity of the government is absolutely clear, the name of the agency is sufficient. In such cases, enter “Same” in OCQ.230. However, sometimes the names of government agencies are not fully descriptive of their business or activity. A correct entry in OCQ.230 for a county highway commission might be one or any combination of the following: “County road building”, “ County road repair”, “ County contracting for road building (or repair)”. For State Liquor Control Board, the correct entry might be “State licensing of liquor sales” or “State liquor retailer”.
 - (2) If the business or main activity of a government employer is not clear, ask what part of the organization the person works and then report that activity. For example, for a city department of Public Works, a correct entry might be one of the following: “city street repair”, “city garbage collection”, “city sewage disposal” or “city water supply”.
- g. Persons who do not work at one specific locations: Some people’s work is done “on the spot” rather than in a specific store, factory, or office. In these cases report the employer for whom they work in item OCQ.220 and the employer’s business or industry in OCQ.230. Among those who normally work at different locations at different times are Census interviewers, building painters, and refrigeration mechanics. Their industry entries might be the U.S. Census Bureau, building contractor, or refrigeration repair services. For example, a local retail chain is doing remodeling of several stores, one at a time. They have a contract with a building contractor to furnish a small crew each day for the several months needed to do the work. Even though these people report to a retail store each day, they work for the building contractor.

- h. Business in own home: Some people carry on businesses in their own homes. Report these businesses as if they were carried on in regular stores or shops. For example, dressmaking shop, lending library, retail antique furniture store, insurance agency, piano teaching, boarding house, rest home, boarding children (for a foster home), etc.
- i. Domestic and other private household workers: When the name of a single individual is given as the employer, find out whether the person works at a place of business or in a private home. The proper Industry entry for a domestic worker employed in the home of another person is “private home”. For a person cleaning a doctor’s office which is in the doctor’s own home, the property entry is “doctor’s office”. This also applies to other types of offices, such as dentists or lawyers.
- j. Persons placed on jobs through union hiring halls or other similar registers often report working for the union. In this situation probe to determine who pays the person – the union or the site employer – and complete OCQ.220 through OCQ.260 for the one who pays.
- k. Examples of adequate entries for question OCQ.230: The following are examples of inadequate and adequate entries for kind of business or industry (OCQ.230). Study them carefully and refer to them periodically to familiarize yourself with the types of entries that are proper and adequate.

INADEQUATE

Agency

Aircraft components:
Aircraft parts

Auto or automobile
components; auto or
automobile parts

Bakery

Box factory

City or City
government

Private club

ADEQUATE

Collection agency, advertising agency, travel agency, insurance agency.

Airplane engine parts factory, propeller manufacturing, electronic instruments factory, wholesale aircraft parts, etc.

Auto clutch manufacturing, wholesale auto accessories, automobile tire manufacturing, retail sales and installation of mufflers, battery factory, etc.

Bakery plant (makes and sells to wholesalers, retail stores, restaurants, or home delivery), wholesale bakery (buys from manufacturers or sells to grocers, restaurants, hotels, etc.), retail bakery (sells only on premises to private individuals; may bake its own goods on premises).

Paper box factory, wooden box factory, metal box factory.

City street repair department, City Board of Health, City Board of Education.

Golf club, fraternal club, night club, residence club.

INADEQUATE

Coal company

Credit company

Dairy

Discount house;
Discount store

Electrical components
Manufacturers
Electrical parts
manufacturer

Engineering company

Express company

Factory, mill or plant

Foundry

Freight company

Fur company

Laundry

ADEQUATE

Coal mine, retail coal yard, and wholesale coal yard.

Credit rating service, loan service, retail clothing store (sometimes called a credit company).

Dairy farm, dairy depot, dairy bar, wholesale dairy products, retail dairy products, and dairy products manufacturing

Retail drug store, retail electrical appliances retail general merchandise, retail clothing store, etc.

Electronic tube factory, memory core manufacturing, transistor factory, manufacturer of tape readers, etc.

Engineering consulting firm, general contracting, wholesale heating equipment, and construction machinery factory.

Motor freight, railway express agency, railroad car rental (for Union Tank car Company, etc.), armored car service.

Steel rolling mill, hardware factory, aircraft factory, flour mill, hosiery mill, commercial print plant, cotton textile mill.

Iron foundry, brass foundry, aluminum foundry.

Motor freight, air freight, railway, water transportation, etc.

Fur dressing plant, fur garment factory, retail fur store, wholesale fur store, fur repair shop.

Own home laundry (for a person doing laundry for pay in own home), laundering for private family (for a person working in the home of a private family), commercial laundry (for a person working in a steam laundry, hand laundry, or similar establishment).

INADEQUATE

Lumber company

Manufacturer's agent;
Manufacturer's
Representative

Mine

Nylon or Rayon
Factory

Office

Oil company; Oil
Industry, Oil
Plant

Packing house

Pipeline

Plastic factory

Public utility

ADEQUATE

Sawmill, retail lumber yard, planning mill, logging camp, wholesale lumber, lumber manufacturer.

Specify product being sold, such as jewelry manufacturer's representative, lumber manufacturer's agent, electric appliance manufacturer's representative, chemical manufacturer's agent, etc.

Coal mine, gold mine, bauxite mine, iron mine, copper mine, lead mine, marble quarry, sand, and gravel pit.

Nylon or rayon chemical factory (where chemicals are made into fibers); nylon or rayon textile mills (where fibers are made into yarn or woven into cloth); women's nylon hosiery factory (where yarn is made into hosiery); rayon dress manufacturing (where cloth is made into garments).

Dentist's office, physician's office, public stenographer's office.

Oil drilling, petroleum refinery, retail gasoline station, petroleum pipeline, wholesale oil distributor, retail fuel oil.

Meat packing plant, fruit cannery, fruit packing shed (wholesale packers and shippers).

Natural gas pipeline, gasoline pipeline, petroleum pipeline, pipeline construction.

Plastic materials factory where plastic materials are made, plastic products plant (where articles are actually manufactured from plastic materials)

Electric light and power utility, gas utility, telephone company, and water supply utility. If the company provides more than one service, specify the services; such as gas and electric utility, electric and water utility.

INADEQUATE

Railroad car shop

Repair shop

Research

School

Tailor

Terminal

Textile mill

Transportation
Company

ADEQUATE

Railroad car factory, diesel railroad repair shop, locomotive manufacturing plant.

Shoe repair shop, radio repair shop, blacksmith shop, welding shop, auto repair shop, machine repair shop.

(1) Permanent-press dresses (product of the company for which research is done, when the company or organization does research for its own use), Brandeis University (name of University at which research is done for its own use), St. Elizabeth's Hospital (name of hospital at which medical research is done for its own use).

(2) Commercial research (if research is the main service which the company sells, and the research is done under contract to another company).

(3) National Geographic, Cancer Association, Brooking Institution (name of the nonprofit organization.)

City elementary school, private kindergarten, private college, state university. Distinguish between public and private, including parochial, and identify the highest level of instruction provided, such as junior college, senior high school, etc.,

Dry cleaning shop (provides valet service), customer tailor shop (makes clothes to customer's order), men's retail clothing store.

Bus terminal, railroad terminal, boat terminal, airport terminal.

Cotton cloth mill, woolen cloth mill, cotton yarn mill, nylon thread mill,

Motor trucking, moving and storage, water transportation, air transportation, airline, taxicab service, subway, elevated railway, railroad, petroleum pipeline, car loading service.

INADEQUATE

Water company

Well

ADEQUATE

Water supply irrigation system, water filtration plant.

Oil drilling, oil well, salt well, water well.

OCQ.240-OCQ.250

The answer in question OCQ.240 should describe clearly and specifically the kind of work or nature of duties performed by the person. The answer in question OCQ.250 should tell you the person’s most important activities or duties. Often, the response to question OCQ.250, together with the response to question OCQ.240, will give the information needed to make the person’s occupation description complete, and thus, adequate.

- a. How to ask: Ask question OCQ.240, record the respondent’s answer and then ask question OCQ.250. When the combination of entries in both questions OCQ.240 and OCQ.250 does not give you an adequate description of the person’s occupation, ask additional probing questions until the total combined information adequately describes the person’s job.
- b. Examples of combined entries: The following is provided to help clarify the use of the combined information by OCQ.240 and OCQ.250.

<u>Inadequate</u>	<u>Adequate</u>	<u>Adequate</u>
OCQ.240 – Mechanic	OCQ.240- Mechanic	OCQ.240 – Mechanic, Autobody repair
OCQ.240- Repairs Cars	OCQ.240- Fixes dents, replaces fenders and other repairs to auto bodies.	OCQ.240- repairs cars

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

- c. Examples of adequate entries for question OCQ.240: The examples on the following pages are of inadequate and adequate occupation entries. If the combined entries for questions OCQ.240 and OCQ.250 provide the kind of information shown in the listing of adequate example, accept them as being adequate.

INADEQUATE

Accounting; Accounting work

Adjuster

Agent

Analyst; Analyzer

Caretaker; Custodian

Claim examiner;
Claim investigator;
Claims adjuster
Adjuster Claims;
Analyst; Claims
Authorizer

Clerical; Clerical work;
Clerk

Data Processing

Doctor

Engineer

ADEQUATE

Certified public accountant, accountant, accounting machine operator, tax auditor, accounts-payable clerk, etc.

Brake adjuster, machine adjuster, merchandise complaint adjuster, insurance adjuster.

Freight agent, insurance agent, sales agent, advertising agent, and purchasing agent.

Cement analyst, food analyst, budget analyst, computer systems analyst, etc.

Janitor, guard, building superintendent, gardener, groundskeeper, sexton, property clerk, locker attendant, etc.,

Unemployment benefits claim taker, insurance adjuster, right-of-way claims agent, merchandise complaint, etc.

Stock clerk, shipping clerk, sales clerk. A person who sells goods in a store is a salesperson or sales clerk – do not report them merely as clerk.

Computer programmer, data typist, keypunch operator, computer operator, coding clerk, card tape converter operator.

Physician, dentist, veterinarian, osteopath, chiropractor.

Civil engineer, locomotive engineer, mechanical engineer, and aeronautical engineer.

INADEQUATE

Entertainer

Equipment operator

Factory Worker

Farmworker

Firefighter

Foreman/ Forewomen

Graphic Arts

Group Leader

ADEQUATE

Singer, dancer, acrobat, musician

Road grade operator, bulldozer operator, trench operator.

Electric motor assembler, forge heater, turret lathe operator, weaver, loom fixer, knitter, stitcher, punch-press operator, spray painter, riveter.

Farmer: For the owner, operator, tenant or sharecropper who is self- employed.

Farm manager: For the person hired to manage a farm for someone else.

Farm foreman/ forewoman: For the person who supervises a group of farm hands or helpers.

Farmhand or farm helper: For those who do general farmwork for wages. Fruit picker and cotton chopper are examples of persons who do a particular kind of farmwork.

When the place of work is a ranch, indicate specifically rancher, ranch manager, ranch foreman, forewoman, ranch hand or help, as shown in the case for similar types of farmworkers

Locomotive fire stoker, city fire fighter, (city fire department), stationary fire engineer, fire boss.

Specify the craft of activity involved: foreman/forewoman carpenter, and foreman/forewoman truck driver.

Illustrator, commercial artist, poster artist, art layout specialist, etc.

Group leader on assembly line, harvest crew boss, clerical group leader, labor gang leader, recreation group leader, etc.

INADEQUATE

Heavy equipment operator

Helper

IBM Clerk;
IBM machine operator;
IBM operator

Interior decorator

Investigator

Laborer

Layout worker

Maintenance Worker

Mechanic

Nun

Nurse; Nursing

ADEQUATE

Specify the type of equipment, such as:
clam-shovel operator, derrick operator,
monorail crane operator, dragline operator,
Euclid operator

Baker's helper, carpenter's helper, janitor's
helper.

IBM card puncher, IBM tabulator, sorting
machine operator, proof machine operator,
etc.

Be sure that entries in questions OCQ.240/
OCQ.250 differentiates between the interior
decorator who plans and designs interiors
for homes, hotels, etc., and those who paint,
paperhang, etc.

Insurance claim investigator, income tax
investigator, financial examiner, detective,
social welfare investigator, etc.

Sweeper, cleaning person, baggage porter
janitor, stevedore, window washer, car
cleaner, section hand, hand trucker.

Pattern maker, sheet-metal worker,
compositor, commercial artist, structural
steel worker, boilermaker, draftsman,
coppersmith.

Groundskeeper, janitor, carpenter,
electrician.

Auto engine mechanic, dental mechanic,
radio mechanic, airplane structure mechanic,
or office machine mechanic.

Specify the type of work done, if possible,
such as grammar school teacher,
housekeeper, art teacher, organist, cook,
laundress, or registered nurse.

Registered nurse, nursemaid, practical nurse,
nurse's aide, student nurse, professional
nurse.

INADEQUATE

Office clerk;
Office work;
Officer worker

Program analyst

Program specialist

Programmer

Research:
Research and Development;
Research and testing;
Research assistant;
Research specialist;
Research work

Salesperson

Scientist

Specialist

Shipping Department

ADEQUATE

Typist, secretary, receptionist, comptometer operator, file clerk, bookkeeper, physician's attendant.

Computer-systems analyst, procedure analyst, vocational director, manufacturing liaison planner, etc.

Program scheduler, data processing systems supervisor, metal-flow coordinator, etc.

Computer programmer, electronics data programmer, radio or TV program director, senior computer programmer, production planner, etc.

Specify field or research, as research chemist, research mathematicians, research biologist etc. Also, if associate or assistant, research associate chemist, assistant research physicist, research associate geologist.

Advertising sales, insurance sales, bond sales, canvasser, driver-sales (route-person), fruit peddler, or newspaper sales.

Specify field, for example, political scientist, physicist, sociologist, home economist, oceanographer, soil scientist, etc.

If the word specialist is reported as part of a job title, be sure to include a brief description of the actual duties in question OCQ.250. For example, for a "transportation specialist" the actual duties might be any one of the following: "gives cost "estimates of trips", "plans trips or tours", "conducts tours", "schedules trains", or "does economic analyses of transportation industry".

What does the worker do? Shipping and receiving clerk, crater, order picker, typist, wraps parcels, etc.

INADEQUATE

Supervisor

Teacher

Level

Preschool
Kindergarten
Elementary
Elementary
Junior High
High School
College

Technician

Tester

Trucker

Works in stock room,
bakery, office, etc.

ADEQUATE

Typing supervisor, chief bookkeeper, steward, kitchen supervisor, buyer, cutting and sewing foreman/ forewoman, sales instructor, and route foreman/forewoman.

Teachers should report the level of school they teach and the subject. Those below high school who teach many subjects may just report level. College teachers should report title. The following are some illustrations:

Subject

Music
English
Physical Education
Mathematics professor

Medical laboratory technician, dental laboratory technician, x-ray technician.

Cement tester, instrument tester, engine tester, or battery tester.

Truck driver, trucking contractor, electric trucker, hand trucker.

Names of departments or places of work are unsatisfactory. The entry must specify what the worker does; for example, “shipping clerk” or “truck loader”, not “works in shipping department”, or “cost accountant “ or “filing clerk”, not “works in cost control”.

- d. When a person is self-employed, ask the occupation question as worded: “What kind of work was _____ doing?” Do not enter “ manager” as the occupation unless the person actually spends most of the time in the management of the business. If the person spends most of the time in his/her trade or craft, record that as the occupation, that is, shoe repair, beautician, or carpenter, as the case may be.
- e. Professional, technical, and skilled occupations usually require lengthy periods of training or education which a young person normally cannot achieve. By probing, you may find that the young person is really only a trainee, apprentice, or helper (for example, accountant trainee, electrician trainee, apprentice electrician, electrician’s helper).
- f. You may encounter occupations that sound strange to you. Accept such entries if the respondent is sure the title is correct. For example, “sand hog” is the title for a certain worker engaged in the construction of underwater tunnels, and “printer’s devil” is sometimes used for an apprentice printer. When these or any other unusual occupation title is entered, add a few words of description if the combined entries are not sufficiently clear.
- g. Some special situations are:
 - (1) Apprentice versus Trainee – An apprentice is under written contract during the training period but a trainee may not be. Include both the occupation and the word “ apprentice” or “ trainee”, as the case may be, in the description, for example, “ apprentice plumber” or “buyer trainee”.
 - (2) Baby-sitter versus boarding children – A baby sitter usually cares for children in the home of the employer. However, when the children are cared for in the worker’s own home, the occupation is “boarding children”.
 - (3) Contractor versus skilled worker – A contractor is engaged principally in obtaining building or other contracts and supervising the work. Classify a skilled worker, who works with his/her own tools, as a carpenter, plasterer, plumber, electrician, and the like, even though s/he hires others to work for him/her.
 - (4) Paid housekeeper versus housemaid – A paid housekeeper employed in a private home for wages has the full responsibility for the management of the household. A housemaid (general housework), hired helper, or kitchen help does not.
 - (5) Interior decorator versus painter or paperhanger – An interior decorator designs the decoration plans for an interior of homes, hotels, offices, etc., and supervises the placement of the furniture and other decorations. A house painter or paperhanger only does painting or hangs paper.
 - (6) Machinist versus mechanic versus machine operator – A machinist is a skilled craftsman who constructs metal parts, tools, and machines through the use of blueprints, machines and hand tools, and precise measuring instruments. A mechanic inspects, services, repairs, or overhauls machinery. A machine operator operates a factory machine (drill press operator, winder, etc.)

- (7) Secretary versus official secretary – Use the title “ secretary” for secretarial work in an office; report a secretary who is an elected or appointed officer of a business, lodge, or other organization as an “official secretary”.
- (8) Names of departments or places of work – Occupation entries which give only the name of the department of a place of work are unsatisfactory. Examples of such unsatisfactory entries are “works in warehouse”, “works in shipping department”, “works in cost control”. The occupation entry must tell what the worker does, not what the department does.

OCQ.250

The responses to the activity question (OCQ.250) are very important for coding purposes. Although the question may seem redundant in some cases, the responses often permits more accurate coding of the occupation. We cannot provide you with a complete list showing when an activity response together with the job title is adequate or when additional probing is necessary. However, we would like to stress the importance of the activity question in providing more detail even though it may not appear to. Here are some examples showing the value of question OCQ.250:

OCQ.240-	Telephone Co. serviceman	OCQ.240-	Telephone Co. serviceman
OCQ.250-	Installs phones in homes	OCQ.250-	Repairs telephone transmission lines

Each of these examples is an adequate combination of responses. The additional information obtained from question OCQ.250 identifies different occupations even though in each sample the responses to question OCQ.240 are the same. These two telephone company servicemen will be assigned different occupation codes.

OCQ.240-	Bookkeeper	OCQ.240-	Bookkeeper
OCQ.250-	Keeping and Balancing ledgers	OCQ.250-	Operates a bookkeeping machine.

Again, adequate responses are obtained in each sample. In the basis of the detail provided by question OCQ.250, these occupations will be coded in different categories.

These two examples illustrate the importance of the activity question (OCQ.250) in obtaining adequate responses even though the question may seem repetitive.

OCQ.260 Class of Workers

Record the class of worker by entering one of the codes in question OCQ.260. If the information provided by the respondent is not adequate, ask additional questions as necessary; for example, “Were you a local government employee?”

When in doubt, use the “Who pays” criterion, that is, record the class of worker category according to who pays the person’s wages or salary. For persons paid by check, the employer’s name will usually be printed on the check. Although you are NOT to ask to see a check or salary statement, you may ask “Do you know the name of the employer that is shown on –’s salary check?”

- a. If a person has more than one job or business, be sure you enter the code in OCQ.260 which applies to the one job or business entered in questions OCQ.220 through OCQ.250.
- b. Cautions regarding class-of-worker entries:
 - (1) Corporation employees – Report employees of a corporation as employees of a private employer (except for a few cases of employees of government corporations, such as the Commodity Credit Corporation, who must be properly reported as Federal government employees). Do not report corporation employees as owning their business even though they may own part or all of the stock of the incorporated business. If a respondent says that a person is self-employed, enter Code 5 (self-employed in own business, professional practice, or farm).
 - (2) Domestic work in other persons’ homes – Report housecleaner, launderer cook, or cleaning person working in another person’s home as working for a private employer.
 - (3) Partnerships- Report two or more persons who operate a business in partnership as self-employed in own business. The word “own” is not limited to one person.
 - (4) Public utility employees – Although public utilities (such as transportation, communication, electric light and power, gas, water, garbage collection, and sewage disposal facilities) are subject to government regulations, they may be owned by either government or private organizations. Distinguish between government-operated and privately owned organizations in recording class of worker for public utility employees.
 - (5) Work for pay “in kind” – Pay “ in kind” includes room, board, supplies, and food, such as eggs or poultry on a farm. This is considered pay except for a member of the family. Report persons who work for pay “in kind” as employees of a private company or individual.
 - (6) Work on an odd-job or casual basis – Report work on an odd-job or casual basis as work by an employee for a private company, business, or individual. For example, do not report the babysitter employed in other peoples’ household as self-employed.
 - (7) Clergymen and nuns – Enter Code 1 (private) for preachers, ministers, priests, rabbis, and other clergymen except in the following two cases:

Record clergy working in a civilian government job, such as a prison chaplain, as a government employee – Code 2, 3, or 4 (Federal, State, or Local, respectively) in question OCQ.260. Record clergy not attached to a particular congregation or church organization, who conducts religious services in various places on a fee basis, as Code 5 (self-employed in their own professional practice) in question OCQ.260.

Enter Code 1 (private) for nuns who receive pay in kind.
 - (8) Registered and practical nurse – Private duty – For nurses who report “ private duty” for kind of business, enter Code 5 (self-employed).

- (9) PX (Post Exchange) employees versus officer's club, N.C.O. club employees, etc. – Record persons working in an officer's club, N.C.O. club or similar organization which is usually located on a government reservation as Code 1 (private). Such nonprofit organizations are controlled by private individuals elected by some form of membership.

Record persons working at a Post Exchange as Code 1 (private). This nonprofit organization is controlled by government officials acting in their official capacity.

- (10) Foster parents and child care in own home – Foster parents and other person who consider themselves as working for profit and who provide childcare facilities in their own place and are furnishing the shelter and meals for certain time periods are to be considered as operating their own business; Enter Code 5 (self-employed).
- (11) Boarding housekeepers – Record boarding housekeepers who consider themselves as working and who perform this work in their own homes as “own home” for industry with Code 5 as class of workers. Record those who do this work for someone else for wages or salary or pay in kind as “boarding house” for industry with Code 1 (private) for class of worker.
- (12) Sales or merchandise employees –Report person who own a sales franchise and are responsible for their own merchandise and personnel as “Retail or Wholesale Sales” for industry; Code 5 (self-employed) for class of worker. Report persons who do sales work for someone else (such as an Avon or Tupperware representative) as Code 1 (private). Also for such people, indicate whether they sell door-to-door or use the party plan method.
- (13) Post Office and TVA employees – Report persons who work for the Postal Service and Tennessee Valley Authority as Federal employees and enter a code 2 (federal government employee).
- (14) Comsat, Amtrak, and Conrail – Comsat, Amtrak, and Conrail are private companies and you should report the employees of these companies as Code 1 (private).

If necessary, refer to definition of terms in the introduction to question in this series (OCQ.220 through OCQ.250).

OCQ.280

Health Insurance -- Health benefits coverage which provides persons with health-related benefits. Coverage may include the following: hospitalization, major medical, surgical, prescriptions, dental, and vision.

OCQ.380

Retired -- Respondent defined.

Unable to Work for Health Reasons – Respondent defined

OCQ.450

Protective Hearing Devices – A device to help prevent hazardous noise levels from damaging one's hearing by serving as a barrier between noise and the inner ear. Examples are special headphones, ear plugs, and protective earmuffs.

DEMOGRAPHICS INFORMATION (DMQ - SP)

This section collects standard demographic information about the SP such as level of education, military status, country of birth, length of residence in this country, citizenship status, ethnicity and race. It also collects information that is used primarily to track SPs for future studies, such as social security number.

Because of immigration laws, some respondents who have emigrated to the United States in recent years may be sensitive to questions about their length of residence and country of birth asked in this section, especially since you may be viewed as a “government representative.” If respondents are reluctant to answer such questions, encourage (but don’t push) them to do so by assuring them that the information they give you is compiled and reported together with **all other respondents** so that **no individuals** are identified.

This section is asked of SPs from birth on. The questions that are asked are dependent on the SP’s age.

DMQ.140 What is the **highest** grade or level of education you have **completed** or the **highest degree** you have **received**?

ENTER HIGHEST LEVEL OF SCHOOL.

{DISPLAY EDUCATION LEVELS FROM “NEVER ATTENDED THROUGH DOCTORAL DEGREE}

This question is designed to find out about **formal** education. Pay attention to the respondent’s answer and probe the response if it seems that the respondent’s answer is reporting the highest level of school **attended**, not necessarily **completed**. For example, if the response is “I went to college”, probe to determine whether or not the person received a degree or not and code the appropriate category.

DMQ.200 Where have you traveled?

HAND CARD DMQ2
CODE ALL THAT APPLY

1.	EUROPE OR AUSTRALIA/NEW ZEALAND
2.	ASIA OR AFRICA OR SOUTH PACIFIC
3.	SOUTH/CENTRAL AMERICA (INCLUDING MEXICO)
4.	CARIBBEAN
5.	MIDDLE EAST
6.	OTHER

Stopping at the airport in a country is **not** considered traveling to that country.

DIETARY SUPPLEMENTS PRESCRIPTION MEDICATION (DSQ)

This section is concerned with the use of dietary supplements/minerals/vitamins, antacids, and medications during the past month. This section is administered to SPs from birth on.

The section begins by first determining if the SP took any of these items in the past month. If “yes”, information about the products is collected using a look-up function. In addition, the SP is asked some follow-up questions for the products taken.

I. TIPS FOR DATA COLLECTION

1. Familiarize yourself with these products. Review the product definitions and survey recording guidelines so that you know what to include or ignore.
2. Before you begin to record product information, it will be helpful to arrange the product containers into dietary supplement, antacid, and prescription medicine drug groups so that you and the respondent can easily focus on one group of products at a time.
3. Check product labels carefully. Most non-prescription dietary supplement products are labeled as “dietary supplement” products. If this is not stated on the front of the label, check the “Directions for Use” or “Suggested Uses” of the product on the back of the product label. While we think that most products will be labeled this way, some products may not be. If a product was purchased before the new FDA labeling rules went into effect, the label might be unclear. **If in doubt, record it anyway.**
4. Prescription dietary supplement products are included in the dietary supplements section. Prescription products include several vitamins and mineral drops for infants, prenatal dietary supplements, products formulated to treat osteoporosis, and fluoride, iron and ferrous sulfate products. The prescription supplement labels may not explicitly state “dietary supplement product”.
5. Collect information on dietary supplements that are **taken orally or given by injection**. Omit creams and ointments applied to the skin, brewed teas containing compounds such as rose hips or acerola cherry and health drinks from juice bars, health stores, etc.
6. If in doubt, record the product as a new product.
7. Dietary supplements are marketed in several forms – pills, capsules, drops, powders, softgels, gelscaps, tablets, wafers, and liquids (may include oils, suspensions, extracts, tinctures, and elixirs.)

II. What Should be Included as Dietary Supplements?

The following types of products are included:

- **Amino acids:** Single or combination amino acid supplement products. Examples: Lysine, Valine, and Methionine.
- **Antacids:** Products that are also labeled as calcium supplements, **if they are only used as a calcium supplement.**
- **Botanicals:** Examples: Echinacea and ginkgo.
- **Enzymes:** Example: Coenzyme Q₁₀.
- **Extracts**
- **Fatty acid supplements**
- **Fiber supplements:** Products that are eaten alone or mixed with foods or beverages. Include Metamucil™, bulk laxatives, oat bran, and pectin. Exclude granola bars, fruit snack bars labeled as high fiber, or fiber food bars.
- **Fish oils:** Example: Cod liver oil.
- **Glandulars:** Animal organ extracts such as dried/desiccated liver or pancreas.
- **Herbs:** Examples: Parsley and mint.
- **Minerals:** Single minerals or combinations of two or more minerals. (Examples: Calcium 600 mg or Zinc 15 mg.
- **Miscellaneous:** Examples: Bee pollen, choline, papain, spirulina.
- **Multi-vitamin and/or mineral combinations:** Two or more vitamins and/or minerals.
- **Multi-vitamin and/or mineral combinations, plus other substances:** Two or more vitamins, minerals, or other compounds that may include herbs, botanicals, and other substances such as ginseng and ginkgoba.
- **Protein supplements:** Include gelatin and collagen formulas.
- **Vitamins:** Single vitamin or combinations of two or more vitamins. Examples: Vitamin E 200 IU and Vitamin C 500 mg.
- **Throat drops that contain vitamin C, herbs, zinc and the like.**

III. What products should not be included in the dietary supplements section?

1. Foods

The following types of products are considered to be foods rather than dietary supplements:

1. Liquid food supplement products: Formula type food products that are eaten in place of regular food. Examples: Ensure, Sustacal, and Instant Breakfast.
2. Other food supplements: Fortified meal or snack bars, granola bars, and puddings that are eaten as snacks or meal supplements are not dietary supplements.
3. Weight reduction diet formulas and beverages*: Foods that are formulated for the purpose of promoting weight reduction when used alone or in combination with other foods. Examples: Slim Fast and Herbalife.
4. Athletic training and muscle-building formulations*: Food products that are marketed as food supplements to enhance athletic performance and muscle strength. These products are typically sold ready-to-drink or as powders that are mixed with a beverage or water. These products are considered to be foods, not dietary supplements.

*Note: Weight reduction diets and athletic training programs may be sold as a “total package” or “kit”. These may include **dietary supplement products** that are used with the food products. Include any dietary supplements that were used in the past month, even if they were part of one of these “kits” or “packages”.

IV. Other Products to Exclude

Sports drinks, fluid replacers, and rehydration formulas for adults and infants such as Gatorade, Pedialyte, and Lytren.

V. Recording Information About Dietary Supplement Products

Because the dietary supplement market is extremely large and new products are being introduced almost daily, it is impossible to include all dietary supplements in a database. In order to get a complete picture of the dietary supplements being taken, you will be asked to:

- enter the complete name of the dietary supplement. If a brand name product in the product database is identical to a product reported by an SP, you may select it. If it is not a match, you will select “supplement not found on list”, then
- select the strength for single element supplements or enter ‘not specified’ if it is a multi-element supplement, next
- select the manufacturer. If you do not find an exact manufacturer “match”, you will record the city and the state where the product was manufactured, and
- you will record how long an SP has been taking the supplement, how often it is used, and how much of the product the SP takes each time.

DSQ.010 These next questions are about your use of dietary supplements and medications during the **past month**.

Have you used or taken any **vitamins, minerals or other dietary supplements** in the **past month**? Include those products prescribed by a health professional such as a doctor or dentist, and those that do not require a prescription.

HAND CARD DSQ1.

1. YES
2. NO

Include only vitamins, minerals and supplements that are taken **internally**. Do not include those that are applied topically such as “Vitamin E Cream”.

Common **prescription** vitamins and minerals are:

- Fluoride – tablets or drops; e.g., “Florvite” (Everett)
- Prenatal vitamins – Stuart Prenatal (Stuart)
Maternal 1-60 (Lederle)
Natalins (Meade Johnson)
- Iron or ferrous sulfate – tablets; e.g., Iberet Folic 500 (Abbott), Feosal.

Any vitamins containing fluoride **must** be prescription. Fluoride tablets from a physician or a dentist are also considered to be prescription vitamins/minerals, not prescription medications.

RXQ.020 Have you used or taken any nonprescription **antacids** in the **past month**?

1. YES
2. NO

This question refers to antacids in tablet, chewable or liquid form.

RXQ.030 In the **past month**, have you used or take medication for which a **prescription** is needed?
Do not include prescription vitamins you may have already told me about.

1. YES
2. NO

This question refers to any prescription medicines taken or used in the past month. Medicines can come in many forms – pills, liquids, shots (such as insulin), drops, ointments, and so on. **Prescription** medicines are those that cannot be obtained or purchased without a doctor's or dentist's prescription. Do **not** include prescription vitamins here. They are to be included in the question asked about vitamins, minerals and dietary supplements.

Include prescription medicines received from a physician (in person), a clinic, pharmacy, etc. for which a prescription is normally needed **even though the SP may not have a prescription on paper**. For example, an SP may have been given samples by a physician without a prescription. But the containers/packages for such will often have a printed warning on them such as:

“Federal law prohibits distribution of this product without a prescription.”

Sometimes, however, the warning might not be there, especially if the medicine was purchased in another country or given to the SP by a relative who purchased it elsewhere. If you have **any doubt** as to whether something is a prescription product or not, report it as a prescription product and make a note in comments of any questions you have.

DSQ.040 May I please see the containers, bottles, or bags for **all** the prescription and nonprescription vitamins, minerals, and dietary supplements, prescription medicines, and nonprescription antacids that you used or took in the **past month**?

PRESS ENTER TO CONTINUE

Ask this question carefully and politely as it could be viewed as intrusive.

When the respondent has provided you with all containers, sort the containers into the three general categories before you begin to collect detailed information about each. Make sure that if the SP said he or she took products of all three types, you have at least one container of each type.

If the SP cannot provide the containers, then you will have to ask him or her for the names of **all** dietary supplements/vitamins/minerals, nonprescription antacids, and prescribed medications taken in the past month.

DSQ.050 I would like to ask you some question about the **dietary supplements, vitamins and minerals** you have used in the **past month**. Please include those products prescribed by a health professional such as a doctor or dentist and those that do not require a prescription.

[To begin I need to record some information about a supplement, then I will ask you some questions about that supplement.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF DIETARY SUPPLEMENTS USED. ENTER **FULL** BRAND NAME OF SUPPLEMENT.

ENTER SUPPLEMENT NAME.

The lookup function for vitamins/minerals/dietary supplements, antacids, and prescribed medication requires **complete entry of product name prior to initialization of the lookup**.

For antacids, single element and multi-vitamins/minerals/supplements it is extremely important to **enter the complete name** of the product when collecting that information. That way, if the name of the manufacturer is unavailable, recording the exact product name will make it easier for data processing to locate the manufacturer and to determine the exact components and their strengths.

DSQ.065 PRESS THE BACKSPACE KEY TO SEE THE LIST OF STRENGTHS.

SELECT THE PRODUCT STRENGTH.

{DISPLAY LOOKUP WINDOW OF PRODUCT STRENGTH}

For vitamins that are **not** single element vitamins, because they will never contain only one strength, always select “not specified” from the lookup window for strength.

DSQ.080 ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME.

ENTER CITY. ENTER STATE.

DSQ.083 PRESS BS TO START THE LOOKUP.

SELECT MANUFACTURER
FROM LIST.

IF MANUFACTURER **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY

TYPE '***'.

PRESS ENTER TO SELECT.

For all dietary supplements, you will attempt to collect information about the manufacturer. This information will be useful to us in post-processing and data editing. This information can usually be found on the product label. Sometimes the manufacturer may be the distributor or even the store brand name. Record as much information as possible. A lookup of manufacturer names is used for dietary supplements.

You will also collect information about the manufacturer of **all antacids** recorded.

RXQ.230 Now I would like to talk about **prescription medication** you have used in the **past month**.

[To begin I need to record some information about a medication, then I will ask you some questions about that medication.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF
PRESCRIPTION MEDICATION.

TYPE THE PRODUCT NAME AND PRESS ENTER.

As with vitamins/minerals/dietary supplements and antacids, when collecting information about prescription medicine you begin by entering the complete product name and pressing enter. The same screen that initiates the lookup function for vitamins/minerals/ dietary supplements and antacids appears.

After selecting the product or selecting the “***” option if it is not on the list, the remaining questions asked about prescribed medicines are different than those asked about vitamins/minerals/dietary

supplements and antacids. The only other information collected about prescribed medication is the length of time the SP has been using the product and the main reason for taking it.

For prescribed medicine, there are **no** questions about form, strength, dosage or manufacturer as there were for dietary supplements/vitamins/minerals and antacids.

MAILING ADDRESS CONFIRMATION (HPQ 3.30)

After you exit the Blaise Questionnaire, you will see a few more screens before ending the SP questionnaire. You will ask the SP for their complete mailing address. If it is exactly as it appears on the screen, tap the forward arrow.

If the SP gives you a different mailing address, you will record the new information. Notice the cursor rest on the Street # because you will not use the “Additional Address Line” field very often. This line is for additional address information such as the name of a dormitory or apartment building. If the SP has a PO box, you will need to clear the street #, street name, Apt, and Apt # fields. To clear a field, with your keypad turned off, place your cursor in the field you want to clear and tap “clear”. Correct any error in the address using the drop down list when appropriate. Always verify that the remaining information, city, state and zip code are the same. Remember, your drop down lists do not work when your keypad is on.

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

When all corrections are made, press the forward arrow key. You will then be asked to read the corrected mailing address to the SP. You are given the opportunity to make further correction by coding NO until the mailing address is correct. **Remember, the address you enter here is used to produce a mailing label for the household. The address should look exactly as it would appear on an address label** (or as close as possible).

TELEPHONE NUMBER

If no **home** phone was recorded in the Screener, either because the household had no home phone or because the question was refused), you will ask the SP for his or her home phone. The questions you will see at this point are identical to the questions about telephone number that appear in the Screener. Please refer to Chapter 4, Section 4.1.3.13 to see the screens for these questions.

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

14.4.2 The Family Questionnaire

A Family Questionnaire will be completed for each family in a household that has at least one SP. A family with at least one SP is referred to as an NHANES Family. For example, if a household has two families and both families have an SP, two Family Questionnaires will be completed.

The Family Questionnaire is organized to ask questions about non-SPs, SPs, all members of the family, and the household in general. Below is a description of each of the eight sections comprising the Family Questionnaire and question by question specifications for each.

DEMOGRAPHIC BACKGROUND/OCCUPATION (DMQ -- FAM)

This section is asked for the head of the family **if he or she is not an SP** and for the spouse of the head of the family, **if not an SP**. It collects demographic and occupation information for the non-SP head of the family and his/her spouse. Information collected includes birthplace, education level, and employment status. Question by Question specifications for all of the questions in this section of the Family Questionnaire can be found in the Q by Q specifications for the SP questionnaire in the Demographics (DMQ -- SP) and "Occupation" (OCQ) sections.

HEALTH INSURANCE (HIQ)

The health insurance section asks about the health insurance situation of **SPs** in the family. This means that in some families, you may not be asking questions about everyone in the family in this section. The questions ask about specific types of health insurance and which SP family members receive them. It then loops through the different types of insurance identified, asking about the type of coverage. For each person identified as having had coverage, a question about periods of non-coverage in the past 12 months is asked. If an SP did not have coverage, questions are asked about how long he/she has not had coverage and why he/she does not have coverage.

HOUSING CHARACTERISTICS (HOQ)

The housing characteristics section asks questions about the dwelling unit in which the family resides. Information collected in this section will provide social and economic data to aid in the analysis of health data. For families that include an SP who is between the ages of one and five, there are also questions about the condition of the home with respect to paint and about recent construction.

HOQ.010 I'd like to ask you a few questions about your home. Is your home...

VERIFY OR ASK IF NOT OBVIOUS.

INCLUDE TOWNHOME AS 'HOUSE', EITHER DETACHED OR ATTACHED.

1. a mobile home or trailer,
2. a one family house detached from any other house,
3. a one family house attached to one or more houses,
4. an apartment, or
5. something else (SPECIFY)?

Note the first interviewer instruction on this screen: If you are sitting in the respondent's home, you can probably code the question without asking. However, if there is any doubt at all about the type of dwelling unit, ask this question.

Note the second interviewer instruction: Code a townhome as a house (either attached or detached). Do not code a condo or condominium as something else, probe for which of the other categories best represents the type of dwelling (e.g., apartment).

HOQ.040 When was this house originally built?

READ CATEGORIES IF NECESSARY.

1. 1990 TO PRESENT,
2. 1978 TO 1989,
3. 1960 TO 1977,
4. 1950 TO 1959
5. 1940 TO 1949, OR
6. BEFORE 1940?

The focus of this question should be on the year the structure was **completed**, rather than when construction began or when it was first occupied.

HOQ.065 Is this house owned, being bought, rented, or occupied by some other arrangement by you?

READ CATEGORIES IF NECESSARY.

1. OWNED OR BEING BOUGHT,
2. RENTED,
3. OTHER ARRANGEMENT

Code 1, "OWNED OR BEING BOUGHT" means either that there is **no** outstanding mortgage on the residence or that there **is** an outstanding mortgage. Either way, the eventual outcome should be outright ownership of the residence.

HOQ.070 What is the source of tap water in this home? Is it a private or public water company, a private or public well, or something else?

1. PRIVATE/PUBLIC WATER COMPANY
2. PRIVATE/PUBLIC WELL
3. SOMETHING ELSE

A private or public water company (Code 1) may draw water from many sources, but provides it to the public as a service.

A private or public well (Code 2) is a hole in the ground.

PESTICIDE USE (PUQ)

This section asks about the family's use and application of chemicals, either inside or outside the house, to control insects such as fleas, roaches, and so on. It also asks about the use and application of chemicals in the yard to kill insects, weeds, or plant diseases.

SMOKING (SMQ)

The smoking section asks about all members of the household – both SPs and non-SPs, regardless of their relationships, who smoke inside the house. It captures data that can be used in the analysis of the effects of passive smoking.

Anyone who lives in the household and **smokes anywhere inside the house** is identified by selecting the person from the household roster that is displayed. A question about the frequency of smoking cigarettes, cigars and pipes in the house is then asked of each identified smoker.

<p>HOQ.420 Who smokes?...</p> <p>PROBE: Anyone else?</p> <p>SELECT NAMES FROM HOUSEHOLD ROSTER</p> <p>{DISPLAY HOUSEHOLD ROSTER}</p>

This question applies to **all** people who live in the household, even if they are not related to a family containing SPs. It is asked for any household member who currently smokes **in the home**. Do not include a household member who smokes but never does so at home.

The household roster displayed by CAPI presents a list of names of all household members identified during the Screener.

FOOD SECURITY (FSQ)

The food security section addresses food availability and food sufficiency in the household. Some questions are directed toward the household in general, and some questions are directed only toward households with children. This section is only asked of the first NHANES family identified in the household.

FSQ.010 The next questions are about the food eaten in your household. When answering these questions, think about all the people who eat here, even if they are not related to you.

Which of these statements best describes the food eaten in your family in the **last 12 months**, that is since {MONTH FROM LAST YEAR}? 1. We always have enough to eat and the kinds of food we want; 2. We have enough to eat but **not** always the **kinds** of food we want; 3. Sometimes we don't have **enough** to eat; or 4. **Often** we don't have enough to eat.

HAND CARD FSQ1

1. ENOUGH AND THE KINDS OF FOOD WANTED
2. ENOUGH BUT **NOT** ALWAYS THE **KINDS** OF FOOD WANTED
3. SOMETIMES NOT **ENOUGH**
4. **OFTEN** NOT ENOUGH

It is important **not** to define any of the concepts in this question. (If the respondent asks for clarification for any of the categories, your answer should be along the lines of “What ever it means to you.”)

INCOME (INQ)

The income section of the Family questionnaire asks a series of questions about family income. These questions are asked about the family head and all family members, **regardless of whether the person is an SP or not**. You will ask if anyone in the family receives various types of income and if so, who.

Income often indicates differences in the ability to obtain adequate health care or differences in the ability to afford food for adequate diets to prevent diseases. These questions will also enable analysts to determine the relationship between family income and family size in order to identify poverty levels and relate this to other health variables.

Definition of Family or Household Income – The monetary income **before** deducting taxes, retirement, insurance, union dues, etc.

1. Income includes:
 - a. Veteran's payments;

- b. Unemployment or workman's compensation;
 - c. Alimony and child support;
 - d. Money regularly received from friends or relatives not living in the household;
 - e. Other periodic money income.
2. Income does NOT include:
- a. Income "in kind," such as the value of room and board, free meals in restaurants, food stamps, free or reduced rent, value of crops produced by a farmer but consumed by his/her family, etc.;
 - b. Lump sum payment of any kind, such as insurance payments, inheritances, or retirement;
 - c. Occasional gifts of money from persons not living in the household or any exchange of money between relatives living in the same household;
 - d. Money received from selling one's own house, car, or other personal property;
 - e. Withdrawal of savings from banks, retirement funds, or loans;
 - f. Tax refunds or any other refund or rebate;
 - g. Money received from other non-family (not related) household members.

INQ.010 The next questions are about your combined family income in the **last 12 months**. When answering these questions, please remember that by "combined family income", I mean your income **plus** the income of all family members living in the household **before taxes**.

Did you or **any** family member 16 years old and older, that is: you or {NAMES OF FAMILY MEMBERS 16 +} receive income in the **last 12 months** from **self-employment** including business and farm income?

- 1. YES
- 2. NO

Income from work includes money earned from one's own business, partnership, professional practice or farm as well as money earned from working at a job. Self-employment may vary from owning a large company to babysitting.

INQ.200 Now I am going to ask about the **total combined income** for all the persons in your household; that is all the persons we have talked about and {NAMES OF ADDITIONAL HOUSEHOLD MEMBERS} in the **last 12 months**, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

\$_____

For the purpose of collecting information about total income, the study is interested in breaking down some individuals into smaller economic units. For example, a person – Mary -- and her unmarried partner – Bill -- are considered to be part of the same NHANES family, and as a result, most of the family questionnaire is about both of them. But in the income section, you would ask total income for Mary, then total income for Bill. The CAPI program will take care of filling the text of this question with the correct names. You should read the question carefully, making sure the respondent understands who you are talking about.

For the first NHANES family identified in the household, this question is also asked for the **whole** household, regardless of relationships.

TRACKING AND TRACING (TTQ)

The questions in this section of the Family questionnaire are intended to obtain the names, addresses, and telephone numbers of persons we could contact who would know of the whereabouts of the SPs in the family if one or more were no longer at this address.

NHANES has been designed as a longitudinal study of the U.S. population. All identified SPs will be tracked in a number of different ways. Subjects can often be lost due to insufficient address and name information so it is important to collect as complete and accurate information as possible in the TTQ section. To avoid keying errors, carefully review all information that is entered, as there are separate response fields for every entry (e.g., street number, street name, apartment and city).

15. DEFINITIONS OF TERMS

The following is a list of words or terms from the Screener, the Family, and the Sample Person (SP) Questionnaires that may not be familiar to respondents. Many of the terms listed in this section are also defined in your CAPI instrument in on-line (F1) help screens.

The wording of each question in the instruments has been chosen with extreme care. If the respondent does not understand a word or a question, you must not "help" them to interpret by using your own words. However, if a respondent asks you a question or seems confused about the meaning of a word or phrase that is used as part of a question, you may refer to this list or to the help screens and read the definition provided. This section and the help screens are designed to list standard definitions, which you may use only if a respondent asks for a specific definition. All items are listed in alphabetical order.

Active Duty in the Armed Forces: This means full-time active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or any National Guard unit currently activated as part of the regular Armed Forces. Included in active duty is the 6-month period a person may serve in connection with the provisions of the Reserve Forces Act of 1955 and cadets appointed to one of the military academies, such as West Point, the Naval Academy, etc. Also include persons on full-time active duty in the military service of a foreign nation. Household members on active duty in the Armed Forces will not be selected as sample persons. They may be respondents for some of the household questionnaires, however.

AFDC (Aid to Families with Dependent Children): Was a government program that provided cash benefits to needy children (and certain others in their households) who had been deprived of parental support or care because their father or mother was absent from the home continuously, incapacitated, deceased, or unemployed. AFDC has been replaced by TANF (Temporary Assistance to Needy Families).

Alzheimer's Disease: A form of dementia due to atrophy of the brain. Symptoms include loss of memory and intellectual function and disorientation.

Ancestry/Origin: A person's origin or ancestry refers to the nationality that distinguishes the customs, characteristics, language, common history, etc. of the person and his/her ancestors. The country from which a person "comes," where s/he is born, or his/her descent. The national or cultural group from which the person is descended, as determined by the nationality or lineage of the person's ancestors. There is no set rule as to how many generations are to be considered in determining origin: a person may report his/her origin based on that of a parent, grandparent, or some far-removed ancestor.

Anemia: A blood condition. Low red blood cell count.

Angina (Angina Pectoris): A condition affecting the heart and circulatory system. Pain resulting from insufficient blood to the heart. Do not count heart murmurs or dropped or skipped heart beats. If the respondent reports "chest pain," probe if a doctor told them that they had blocked blood vessels or angina.

Another Room: If you select "ANOTHER ROOM," you will be prompted to specify the type of room. Use this code when the child spends most of his/her waking time in a room that does not fit into one of the standard response options. This may include a playroom, office, study, guestroom, library, laundry room, sewing room, workshop, bathroom, etc. Do not record basement, upstairs, loft or attic, (these are levels) – instead record the room type based on its use, e.g., laundry room, workshop, etc.

Another Thyroid Disease: Include hyperthyroidism (overactive thyroid); hypothyroidism (underactive thyroid); Graves disease (a thyroid eye disease); Hashimoto's thyroiditis (inflamed thyroid); thyroid cancer; thyroid nodule (lump growing in thyroid); and postpartum thyroiditis (a thyroid disease that occurs after delivery).

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Armed Forces: Non-civilian members of any of the armed services of the federal government (Army, Navy, Air Force, Coast Guard, Marines).

Arthritis: A condition affecting the bone and muscle. The inflammation of a joint. Common types of arthritis are rheumatoid arthritis and osteoarthritis.

Asthma: A condition affecting the respiratory system with marked recurrent attacks which include breathing difficulty and wheezing. Include smoker's asthma, bronchial asthma, allergic asthma, etc. Do not accept self-diagnosed lung problems or conditions or those diagnosed by a person who is not a doctor or other health professional.

Attack: Occurrence of a symptom where there is an identifiable beginning and end point.

Attention Deficit Disorder: A condition diagnosed by an education or health professional and characterized by developmentally inappropriate inattention, impulsiveness and varying hyperactivity.

Aunt: The sister of a person's mother or father.

Authorized Person: The person whose name appears on a certification card.

Automatic Defibrillator: A small device implanted into a person's heart that delivers a small shock in the event the heart does not beat adequately.

Bachelor's Degree: An educational degree given by a college or university to a person who has completed a 4-year course or its equivalent in the humanities or related studies (B.A.) or in the sciences (B.S.).

Bed: Anything used for lying down or sleeping, including a sofa, cot, or mattress.

Bedroom: A bedroom is the room in which person(s) sleeps (i.e., there is usually a bed present in the room) on most nights. NOTE: Rooms that are designed as bedrooms when constructed, but are now being used for another purpose, e.g., as a guestroom, office, playroom, sewing room or storage room, are **not** included as bedrooms. Treat these rooms as the room type for which they are being used.

Benign: Not recurrent or progressive. The opposite of malignant.

Biological Mother: The person who gave birth to the child.

Biological or Blood Relative: Relatives related by blood. Biological relatives do not include "step" or "foster" relatives or persons related by marriage or adoption.

Blind: Refers to persons who cannot see at all or who only have light perception. It also includes persons who are considered legally blind. Legal blindness is defined as visual acuity of 20/200 or less in the better eye (with the best possible correction) or as a visual field of 20 degrees or less.

Breastfed: To feed (a baby) mother's milk from the breast. Breastfeeding includes feeding from the biological mother and also by a wet nurse (someone other than the biological mother who feeds the child). The term also includes feeding mother's milk through a bottle.

Bronchitis: A condition affecting the respiratory system. An inflammation of the bronchial tubes, generally accompanied by coughing, pain, or shortness of breath.

Brother: Includes biological, adoptive, step, foster and half brothers, and brothers-in-law. A brother is one's male sibling who shares both of the same biological or adoptive parents. A stepbrother is one's stepparent's son by a previous relationship. A half brother is one's male sibling who shares one of the same biological or adoptive parents. A brother-in-law is one's sister's husband. A foster brother is the foster son of one or both of one's parents or the son of one's foster parent(s).

Brother-in-Law: The husband of a person's sister or the brother of a person's spouse.

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

1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:

- Sewing performed in the sewer's house using his/her own equipment.
- Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

- Yard sales; the sale of personal property is not a business or work.
- Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
- Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

Cancer: An abnormal uncontrolled growth of tissue that has potential to spread to distant sites of the body, also known as a malignant tumor. Count the same type of cancer or malignancy on different parts of the body as one kind.

Cataract Operation: Surgical removal of the cataract and implantation of a plastic lens. A cataract is an opaque (cloudy) area that occurs in the normally clear lens of the eye. The cataract blocks or distorts light that is entering the eye and causes a general loss of detail. It may also cause problems with glare or distortion, such as double images.

CHAMPUS/TRICARE/CHAMP-VA: CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. TRICARE is the "managed care" version of CHAMPUS. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

Chewing Tobacco: Coarsely shredded tobacco that is sold in pouches of loose tobacco leaves or in a "plug" or "twist" form. To use chewing tobacco, you either chew it or hold it in your cheek or inside your lower lip.

Child: Male or female child through birth or adoption, regardless of age. Also include stepchildren, foster children and sons/daughters-in-law. Do not include an unmarried partner's children. A stepchild is one's spouse's male or female child by a previous relationship. A foster child is not one's biological child, but lives with one's family as one's son or daughter. A son/daughter-in-law is the spouse of one's child.

Child of Partner: Any son or daughter of a person's unmarried partner that is not the person's biological child.

Child Support: Money received from parents for the support of their children. In some cases, child support payments may be delivered to recipients by a government office, court office, or welfare agency.

CHIP (Children's Health Insurance Program, also called SCHIP): A joint federal and state program, administered by each state, that offers health care coverage to low-income, uninsured children. This law was passed in 1997. In some states, CHIP programs have distinct names.

Chronic (Bronchitis): Long, drawn out, or of long duration. A disease showing little change or slow progression over time.

Cigarette: Respondent defined. Do not include cigars or marijuana.

Cleaning (Dental): Refers to activities performed by a dentist or dental hygienist to maintain healthy teeth and prevent cavities. Cleaning includes scraping tartar deposits off teeth, both above and below the gumline.

Clinic: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals, that is not located at a hospital. (Do not include hospital outpatient departments.) Include a clinic operated solely for employees of a company or industry, regardless of where the clinic is located.

College: Any junior college, community college, 4-year college or university, nursing school or seminary where a college degree is offered, and graduate school or professional school that is attended after obtaining a degree from a 4-year institution.

Condition: Respondent's perception of a departure from physical or mental well-being. Any response describing a health problem of any kind.

Condo (Condominium): Do not count this as a housing type. If condo is given as a response, probe for actual housing type (e.g., apartment).

Confidentiality and Public Reporting Burden Statement: Information will be collected under authority of Section 306 of the Public Health Service Act (42 USC 242k) with a guarantee of strict confidence.

Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552a) state that we are forbidden to release any information that identifies you or your family to anyone, for any purpose, without your consent.

Public reporting burden for this collection of information is estimated to average 6.6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0237).

Congestive Heart Failure: Congestive heart failure occurs when the heart does not pump as much blood as the body needs. It is associated with water retention and results in inadequate blood and oxygen supply. Do not count heart murmurs, dropped or skipped heart beats, or chest pain.

Contact Lenses: A curved shell of glass or plastic worn directly against the eye to correct vision problems.

Coronary Heart Disease: Any problem with the arteries which supply blood to your heart, like blocked or narrow arteries. Do not count heart murmurs or dropped or skipped heart beats. If the respondent reports "chest pain," probe if a doctor told them that they had blocked blood vessels or coronary heart disease.

Daughter-in-Law: The wife of a person's son.

Day Care: Any child care given on a routine basis outside the home where 1 or more child is in care. Include care given at a day care center as well as care given by babysitters.

Deaf: Refers to inability to hear in both ears without the use of hearing aides. Also can include hearing loss greater than 70 DB (decibels) in the better ear without hearing aides.

Dental Care: Health care that is related to the teeth, gums and jaw. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Dental Clinic: A group of dentists who have organized their practice in a clinical setting and work cooperatively.

Dentist: Medical professional whose primary occupation is caring for teeth, gums and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Dentures: False teeth that can be removed from the mouth.

Dermatitis: A condition affecting the skin. Inflammation of the skin with itching, redness, and various skin lesions.

Diabetes: A glandular disease that impairs the ability of the body to use sugar and causes sugar to appear abnormally in the urine. Common symptoms are persistent thirst and excessive discharge of urine. Do not include gestational diabetes or diabetes that was only present during pregnancy. Also, do not include self-diagnosed diabetes, pre-diabetes or high sugar.

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Difficulty: It is important to determine for the questions in this section whether the problems that a respondent might have with an activity are because of an impairment or a physical or mental health problem. Some people may not do these activities because of gender or social norms or because of personal preferences. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity

at all, remember to ask if that is due to an impairment (deaf), a physical health problem (high blood pressure), or mental health problem (depression).

Dining Room: This is the room designed for people to eat their meals. If they eat in the kitchen and this is where the child spends the most time awake, select "KITCHEN." If they eat in the living room, select "LIVINGROOM."

Disabled: Respondent defined.

Disability Pension/Benefits: The following are the most common types of disability pensions: company or union disability, Federal Government (Civil Service) disability, U.S. military retirement disability, state or local government employee disability, accident or disability insurance annuities, and Black Lung miner's disability.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Doctorate Degree: The highest educational degree given by a college or university to a person who has completed a prescribed course of advanced graduate study. For example—a Doctor of Philosophy (Ph.D.).

Doctor's Office: In Hospital - An individual office in a hospital where patients are seen on an outpatient basis, or several doctors might occupy a suite of offices in a hospital where patients are treated as outpatients.

Doctor's Office: Not in Hospital - An individual office in the doctor's home or office building, or a suite of offices occupied by several doctors. Suites of doctors offices are not considered clinics.

Dressing: The overall complex behavior of getting clothes from closets and drawers and then putting the clothes on. Dressing does not include undressing. Whether the SP wears nightclothes or street clothes is irrelevant; it is the act of getting clothes and putting them on that matters.

Dry Cough: Cough with no mucous, sputum, or phlegm.

Dwelling Unit (DU): A DU is a group of rooms or a single room occupied as separate living quarters, that is, when the occupants do not live and eat with any other person in the structure and when there is direct access from the outside or through a common hall or area. Also regard as DUs vacant groups of rooms and vacant single rooms that are intended for occupancy as separate living quarters.

Early Head Start: A Head Start program that provides prenatal and infant care services. Pregnant women may participate in this program. For children, the program starts at birth and ends at 3 years of age.

Early Intervention Services: Services designed to meet the needs of very young children with special needs and/or disabilities. They may include but are not limited to: medical and social services, parental counseling, and therapy. They may be provided at the child's home, a medical center, a day care center, or other place. They are provided by the state or school system at no cost to the parent.

Eczema: An allergic condition affecting the skin. An inflammation of the skin causing itching. It is often accompanied by scaling or blisters and is sometimes caused by an allergy.

Emergency Room: A medical department or emergency care facility at a hospital that is open 24 hours a day. No appointments are necessary, although a provider may arrange to meet a patient at an emergency room. Medical care may be administered by a physician, nurse, paramedic, physician extender, or other medical provider. Do not include urgent care centers, which are not part of a hospital, or outpatient clinics.

Emotional Problem: A kind of mental health problem affecting a person's emotional well being.

Emotional Support: To give courage, faith, or confidence. To help or comfort.

Emphysema: A condition affecting the respiratory system. A disease in the lungs in which the alveoli (tiny air sacs) become damaged, usually due to smoking.

Episode: Occurrence of a symptom where there is an identifiable beginning and end point.

Fairly Regularly (started smoking cigarettes, pipes, cigars, or using chewing tobacco, snuff): On a routine basis. When using tobacco became a routine or established habit as opposed to when the person first experimented with tobacco.

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

Father: One's male parent, including biological, adoptive, step, and foster fathers and fathers-in-law. A stepfather is the spouse of one's biological or adoptive mother. A foster father is the father in one's foster family.

Father-in-Law: The father of a person's spouse.

Federal Government: Include individuals working for any branch of the federal government, as well as paid elected officials, civilian employees of the Armed Forces and some members of the National Guard. Include employees of international organizations like the United Nations and employees of foreign governments such as persons employed by the French embassy.

Food Stamps: Government issued coupons or vouchers that can be used to purchase food. They also come in the form of electronic benefit transfers (EBT). The food stamp program is jointly funded by state and federal governments and is administered at the state and local level.

Food Supplement: A beverage, candy bar or pudding that is intended to supply a major part of a person's calorie or nutrient needs and is consumed in place of or along with conventional foods.

Formula: A milk mixture or milk substitute that is fed to babies.

Foster Brother: The foster son of one or both of a person's parents or the son of a person's foster parent(s).

Foster Care Relationship (Foster Child/Foster Parent): A relationship between a substitute family and a minor child who is unable to live with his/her biological parent(s). The minor living in this relationship is considered a "foster child."

Foster Child: A minor who lives with a substitute family because he/she is unable to live with his/her biological parents.

Foster Daughter: An unrelated female child in a person's foster care.

Foster Sister: The foster daughter of one or both of a person's parents or the daughter of a person's foster parent(s).

Foster Son: An unrelated male child in a person's foster care.

GED (General Educational Development): An exam certified equivalent of a high school diploma.

Glasses: Includes prescription eyeglasses as well as nonprescription eyeglasses purchased at drug stores or variety stores. Do not include safety or nonprescription glasses, which are worn for protection only.

Going to School: Attending any type of public or private educational establishment both in and out of the regular school system.

Goiter: An enlarged thyroid. Your thyroid is a gland located in the front of your neck. This may appear as a very large swollen area in the front of your neck.

Government Assistance for Housing: Federal, state, or local government housing programs for persons with a low income may take many forms. Government housing assistance could be: monetary assistance to help pay rent, a program called "Section 8," direct payments to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

Government Payments (Welfare, Public Assistance, AFDC, Some Other Program): Aid to Families with Dependent Children (AFDC) or Aid for Dependent Children (ADC) are the old welfare program names. AFDC and ADC have been replaced by Temporary Assistance to Needy Families (TANF; pronounced "tan'iff"). TANF is administered by state and local governments. Each TANF program has a unique name depending on the state or local area.

Eligibility for TANF programs varies from state to state, but usually depends on having low-income. Services provided through TANF programs also vary from state to state. Where AFDC primarily

provided cash benefits, TANF provides a wide range of services such as job training, child care, and subsidies to employers.

Grandchild: A child of one's daughter or son.

Grandfather: The male parent of one's mother or father.

Grandmother: The female parent of one's mother or father.

Half Brothers: Brothers that have only one biological parent in common.

Half Sisters: Sisters that have only one biological parent in common.

Hayfever: An allergic condition affecting the respiratory system.

Head Start Programs: Programs that are designed to provide services for children living in families with incomes below poverty. These services may include but are not limited to: medical, dental, social, and educational services. If a child who is eligible for these services has "special needs" or "disabilities," the child may receive both Head Start and Early Intervention Services or Special Education Services. Although many children begin Head Start at age three or four, in some areas Early Head Start begins with prenatal and infant care.

Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturapaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Health Center: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals that is not located at a hospital.

Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.

HMO (Health Maintenance Organization): A health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis. There are three basic types of HMOs:

1. A group or staff HMO delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO.
2. An Individual Practice Association (IPA) makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices.
3. A network HMO contracts with two or more group practices to provide health services.

HMOs and IPAs require plan members to use only those doctors who work for or in association with the plan. Sometimes members may choose to go to doctors not associated with the plan, but usually at greater cost to the member. Generally, members do not have to submit claims for costs of medical care services. Visits to specialists usually require a referral or authorization from the member's primary care physician.

Health Problem: Respondent defined, should be limited to chronic conditions.

Hearing Aid: A small electronic apparatus that amplifies sound and is worn in or behind the ear to compensate for impaired hearing.

Hearing Test: Any audiometric testing or screening that required the person to respond to a series of tones by raising his/her head, pressing a button, etc.

Heart Attack (Myocardial Infarction): A condition affecting the heart and circulatory system. Do not include heart murmurs, dropped or skipped heart beats, or chest pain. A term used to describe irreversible injury to the heart muscle. Common symptoms include crushing lower chest pain that may radiate to the jaw or arms. The chest pain may be associated with nausea, sweating, and shortness of breath.

Helpings: Respondent defined. If the respondent has trouble understanding this concept, it is acceptable to define "helpings" as "servings" or "portions".

Hepatitis: A liver infection. An inflammation of the liver with several possible causes, such as a virus.

High Blood Pressure: Also called hypertension. A condition affecting the heart and circulatory system. When the blood flows through the vessels at a greater than normal force. High blood pressure strains the heart; harms the arteries; and increases the risk of heart attack, stroke, and kidney problems.

Hispanic Names: Some conventions for recording Hispanic names:

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

Place the first last name, with hyphen (e.g., Sanchez-), in the first "Last Name" field and the second last name (e.g., Gomez) in the second "Last Name" field.

2. Father's last name followed by mother's maiden name with no hyphen (e.g., Sanchez Gomez).

Place the first last name (e.g., Sanchez) in the first "Last Name" field and the second last name (e.g., Gomez) in the second "Last Name" field.

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

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

In the case of two last names separated by "del", "de" or "de la", place the first last name (e.g., Vacario) in the first "Last Name" field and the second last name, with the "del", "de" or "de la" (e.g., de Sanchez) in the second "Last Name" field. In the case of one last name with "del", "de" or "de la" in it (e.g., de la Puente), place all parts of the last name in the first "Last Name" field. Remember to leave appropriate spacing between name parts.

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

In some cases a woman may have a middle name (e.g., Maria del Carmen Sanchez, Maria de la Concepcion Sanchez) that is preceded by "del", "de" or "de la". In these cases, place the full middle name (e.g., del Carmen) in the first "Middle Name" field. When you are uncertain about the correct recording of such names, probe to determine whether to record a name as a middle or last name. Space names appropriately.

5. In a few cases female respondents will use their father's, mother's and husband's surnames (e.g., Maria Luisa Gonzales-Rodriquez de Martinez).

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

HMO Clinic: A medical facility sponsored by an HMO that typically includes a group of doctors on staff.

Hospital: A health care organization that has a governing body, an organized medical staff and professional staff, and inpatient facilities. Hospitals provide medical, nursing, and related services for ill and injured patients 24 hours per day, 7 days per week.

Hospital Outpatient Department: A unit of a hospital providing health and medical services to individuals who receive services from the hospital but do not require hospitalization overnight, such as outpatient surgery centers. Examples of outpatient departments include the following:

- Well-baby clinics/pediatric OPD;
- Obesity clinics;
- Eye, ear, nose, and throat clinics;
- Cardiology clinic;
- Internal medicine department;
- Family planning clinics;
- Alcohol and drug abuse clinics;
- Physical therapy clinics; and
- Radiation therapy clinics.

Hospital outpatient departments may also provide general primary care.

Hot Cocoa: Only include hot cocoa that was made by adding milk. Do not include hot cocoa that was made by adding water, even if the hot cocoa was supposed to be made with water instead of milk.

Hours Spent Away from Home: This is the time that a child spends out of the dwelling unit (e.g., house, apartment, mobile home) where he/she resides. During these hours the child may be at a child care center, preschool, or somewhere else and may or may not be with a parent.

Hours Worked Last Week: The number of hours actually worked last week. Hours worked will include overtime if the person worked overtime last week. The actual hours worked is often not the same as the hours on which the person's salary is based. We want the actual hours spent working on the job, whether the hours were paid or not. However, unpaid hours spent traveling to and from work are not included in hours worked last week.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

Household Member: Consider the following two categories of persons in a housing unit as members of the household.

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

Housemate/Roommate: Unrelated persons of either sex who share living quarters primarily to share expenses or reduce costs.

Hypertension (High Blood Pressure): A condition affecting the heart and circulatory system. Abnormally high blood pressure. Do not include "potential" or "borderline" hypertension. Do not include reports of high blood pressure from home blood pressure testing or testing by a machine in a mall, store or other commercial area.

Impairment: An objective assessment of anatomical, physiological or mental losses from injury, disease, residuals of disease or birth defects. Impairments may or may not interfere with physical or mental functioning. Examples include missing limbs, digits or other body parts; partial paralysis from an early case of polio, accident or war wound; stiff joints, deformed fingers or other physical evidence of arthritis; and vision or hearing loss.

In Any Way: This refers to activities that are normal for most people of that age.

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Indian Health Service: The federal health care program for Native Americans.

Injury: Respondent defined.

Insulin: A chemical used in the treatment of diabetes. Typically, insulin is administered with a syringe by the patient.

Intensive Care Unit: A hospital unit that specializes in special services provided to seriously ill patients.

IPA (Individual Practice Association): A type of HMO that makes contractual arrangements with individual physicians or small groups of physicians who treat plan members out of their own offices. Plan members are usually required to use only doctors in the plan network. Sometimes members may go to doctors outside of the plan network, but usually at a greater cost. Generally, members do not have to submit health insurance claims. Visits to specialists usually require a referral or authorization from the member's primary care physician.

Job: A job exists when there is:

1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

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

Include:

- Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.
- Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Joint: The point of connection between two bones.

Kitchen: This is the room in which people cook their meals. They may also eat their meals in the kitchen.

Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

Learning Disability: A condition diagnosed by an education or health professional and characterized by difficulty learning basic skills. It is a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written. It may be evident by an inability to listen, think, speak, read, write, spell or do mathematical calculations. It includes conditions such as brain injury, minimal brain dysfunction, dyslexia or aphasia. It does not apply to people who have difficulty learning as a result of visual, hearing or motor impairment, mental retardation, or emotional disturbance.

Legal Guardian: A person appointed to take charge of the affairs of a minor, or of a person not capable of managing his/her own affairs.

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

Limited Activities: Difficulties that limit the child's ability to participate in the activities. We are only interested in difficulties that are associated with an impairment or a physical or mental health problem. Limited activity participation (for example, playing games) means that the child cannot do the activity as long or in the same way as he/she did previous to the impairment or physical or mental health problem, but still does it to some extent (as opposed to not being able to do it at all). If the child has had the impairment or physical or mental health problem since birth, limited activity participation means the child cannot do the activity as well as other children of his/her age, or as well as he/she might if he/she did not have the impairment or health problem.

Living Room/Family Room/Den: This is a common living area in the home. This room type may have a variety of names, including living room, family room, den, parlor, great room, recreation room, Florida room, etc.

Living with a Partner: Person's living together as if they were married when they are not legally married.

Local Government: Include individuals employed by cities, towns, counties, parishes, and other local areas, as well as employees of city-owned businesses, such as electric power companies, water and sewer services, etc. Also included here would be city-owned bus lines and employees of public elementary and secondary schools who worked for the local government.

Looking for Work: To be looking for work, a person has to have conducted an active job search. An active job search means that the person took steps necessary to put him/herself in a position to be hired for a job. Active job search methods include:

1. Filled out applications or sent out resumes;
2. Placed or answered classified ads;
3. Checked union/professional registers;
4. Bid on a contract or auditioned for a part in a play;
5. Contacted friends or relatives about possible jobs;

6. Contacted school/college university employment office;
7. Contacted employment directly.

Job search methods that are not active include the following:

1. Looked at ads without responding to them;
2. Picked up a job application without filling it out.

Low Income: Count all money income before taxes in total income. Do not include capital gains or non-cash benefits (such as Food Stamps, Medicaid or subsidized public housing).

Main Job: The job or business where the person worked the most hours.

Malignancy: A tumor or growth that is cancerous. (See cancer.)

Married: Count legal marriages, including common-law marriages, even if the spouse is not living in the household. Do not count legally annulled marriages.

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Health Care Financing Administration (HCFA) of the U.S., Department of Health and Human Services.

Medicare consists of two parts, A and B:

Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older.

Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.

Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.

If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security.

Medicaid: Refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states.

Medi-Gap: Refers to private health insurance purchased to supplement Medicare. Medi-Gap will be treated as a private health insurance plan in the detailed questions about health insurance.

Melanoma: A type of skin cancer. Cancer of the cells that produce pigment in the skin, which usually begins in a mole.

Mental Health Professional: A person trained to diagnose and treat emotional or mental health problems, including, psychiatrists, psychologists, counselors, and social workers.

Mental Problem: A problem having to do with state of mind; an emotional problem.

Mental Retardation: Someone who is mentally retarded is significantly below average in intellectual functioning and has problems in adaptive behavior.

Migraines: A condition affecting the nervous system. Severe attacks of headache, frequently unilateral, usually accompanied by disordered vision and gastrointestinal disturbance.

Military Health Care/VA: Refers to health care available to active duty personnel and their dependents, in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

Mother: One's female parent, including biological, adoptive, step and foster mothers and mothers-in-law. A stepmother is the spouse of one's biological or adoptive father. A foster mother is the mother in one's foster family.

Mother-in-Law: The mother of a person's spouse.

Names: Enter the SP's full legal name, including middle name(s). Do not assume that members of the same family have the same last name. If 2 people in the household have the same first, middle and last names, they must be further identified by recording "Jr", "Sr", etc. in the "Suffix" field. Do not enter a suffix in the "Last Name" field. Do not record parts of the last name in the "Middle Name" field.

Some people have hyphenated last names (e.g., Sperry-Hendricks). Record the first part of the last name, with hyphen (e.g., Sperry-), in the first "Last Name" field and the second part of the last name (e.g., Hendricks) in the second "Last Name" field. Some last names have "of" in them (e.g., Van in Van Gogh, D' in D'Amico). Record both parts of these last names in the first "Last Name" field.

Verify the spelling of all parts of the name. If unsure how to enter a name, ask the Respondent how it should be recorded.

Naturalization: The process of granting full citizenship to a person of foreign birth.

Nephew: The son of a person's brother or sister.

Never Married: A person who has never been legally married or whose only marriage(s) has(have) been legally annulled. (For an annulment to be legal, it must have been granted by the court, not through a religious decree.) If the person has had informal unions in the past but has never had a legal marriage, he/she is never married even if he/she considered his/herself as living with someone as married.

Niece: The daughter of a person's brother or sister.

Non-Relative: Refers to the relationship between two people when there is no family relationship through blood, marriage, adoption, fostership or partnership (i.e., living together as married). Also refers to more ambiguous relationships. For example, a man and woman live together as married and the woman's sister lives with them. The relationship of the sister to the male partner would be sister-in-law if they were married, but since they are not married, she is "non-related."

Number of Rooms in House: Do not count bathrooms, laundry rooms, or unfinished basements.

Occupational/Technical/Vocational Programs: Includes secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered and other trade and business schools outside the regular school system.

On Layoff: Is when a person is waiting to be called back to a job from which they were temporarily laid-off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his or her place of employment as being in layoff.

On Leave: An uncompensated leave of absence from a job. The absence must be at least 1 week or longer. Count this response as "with a job but not at work".

Osteoarthritis: A chronic disease characterized by destruction of cartilage and overgrowth of bone with malformation. Especially affects joints that bear weight.

Osteoporosis: A disease in which bones become less dense, which makes them more fragile and likely to break. Osteoporosis is not always painful. In fact, many people don't know they have osteoporosis unless a bone breaks. A doctor may tell you that you have osteoporosis after you have had a broken bone or a bone density test.

Other Government Program: A catch-all category for any public program providing health care coverage other than those programs in specific categories.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturapaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Outside of Work: Do not count exposure to firearm noise while in the military. Military service should be counted as work.

Over the Counter Pain Relievers: Certain medications that can be purchased without a prescription and that treat a variety of specific health problems. This category includes medications purchased to treat problems such as headaches (including sinus, menstrual, cold or tension), muscle aches and pains, arthritis, rheumatism, bursitis, back problems, migraine headaches, and pain associated with an injury.

Overnight Stay in a Hospital: A medical event when a person is admitted to a hospital and spends at least one night in the hospital. Note that a person can be "admitted" to a hospital without staying overnight. Do not count as "overnight" when a person is admitted and discharged on the same day. Do not include visits to emergency rooms or outpatient clinics or stays for non-medical reasons, such as staying with a family member.

Pacemaker: A small device implanted into a person's heart that helps the heart keep a normal rhythm or beat.

Pain: Respondent defined. Must have lasted a whole day or more.

Parent: Include a person's biological, adoptive, step or foster mother or father, as well as his/her mother or father-in-law.

Past Month: The past 30 days. From yesterday, 30 days back.

Phlegm: Thick mucus from the respiratory passages.

Physical Problem: Some people may not do some activities at all, because of a reason other than a health or physical problem. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment or a health problem.

POS (Point of Service): A fee-for-service type managed care plan that provides its members with the option to use a selected network of managed care physicians. If using in-network providers, the out of pocket expenses to the member are near zero, or the same as an HMO. If using out-of-network providers, the member is subject to substantial out of pocket expenses in the form of deductibles and/or copayments.

PPO (Preferred Provider Organization): The key word in preferred provider organization (PPO) is "prefer." There is a network of health care providers the PPO "prefers" you to stick to, but if you decide to use others, you won't have to pay the full bill. PPOs are a variation of managed care. They are less restrictive than HMOs in that visits to specialists are not dependent on authorization from a member's primary care physician, as they generally are in HMOs. Also, unlike HMOs, out-of-network usage is allowed by PPOs, at a higher cost to members. Financial incentives to use "preferred" providers include lower copayments or coinsurance and maximum limits on out of pocket costs.

Premature Nursery: A facility within the hospital that offers special or extra medical care to infants who were born after a period of less than normal gestation, or too early in a pregnancy.

Preparing Meals: The overall activities of cutting, mixing, and cooking food. The amount of food prepared is not relevant as long as it is sufficient to sustain a person over time. Preparing meals may be as simple as heating up a TV dinner or boiling an egg.

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;
- Diaphragms and IUD's (Intra-Uterine Devices); or
- Prescriptions for eyeglasses or contact lenses.

Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Private Company or Business: Employees of an organization whose operations are owned by private individuals and not a governmental entity. This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes private organizations doing contract work for government agencies.

Private Health Insurance Plan: Any type of health insurance, including HMOs, that is not a public program. Private health insurance plans may be provided in part or full by a person's employer or union, or may be purchased directly by an individual.

Private Health Insurance Plan through a State or Local Government Program or Community Program: A type of health insurance for which state or local government or community effort pays for part or all of the cost of a private insurance plan, such as Blue Cross/Blue Shield. The individual may also contribute to the cost of the health insurance and may receive a card such as a Blue Cross/Blue Shield card. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private company giving a grant to an HMO to pay for health insurance coverage.

Problem (Health, Physical, Mental, Emotional): The person's perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

Protective Hearing Device: A device to help prevent hazardous noise levels from damaging one's hearing by serving as a barrier between noise and the inner ear. Examples are special headphones, ear plugs, and protective earmuffs.

Prostate Surgery (Prostatectomy): Excision (i.e., cutting away) of part or all of the prostate gland.

Psychiatrist: A physician who specializes in dealing with the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders, such as psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions and adjustment reactions.

Psychologist: A non-physician who specializes in the counseling and testing of persons with mental, addictive or emotional disorders.

Public Housing: Count Public Housing and other types of low income housing.

Race: Respondent defined.

Railroad Retirement: U.S. Government Railroad Retirement Benefits are based on a person's long-term employment in the railroad industry.

Reference Person (Householder): The first household member 18 years or older mentioned by the Screener respondent in answer to the question about who owns or rents the dwelling unit.

Related: All common relationships that occur through blood (grandfather, daughter), marriage (wife, stepson), or adoption (adopted son or daughter). Include foster relationships and guardian/ward relationships.

Relative: All common relationships that occur through blood (grandfather, daughter), marriage (wife, stepson), or adoption (adopted son or daughter). Include foster relationships and guardian/ward relationships. Also refers to extended relationships by legal marriage. For example, a man and woman are married. The woman's cousin's husband would also be counted as a "relative" of the man.

Rents or Owns Home: A person rents the home if s/he pays on a continuing basis without gaining any rights to ownership. A person owns the home if even if s/he is still paying on a mortgage.

Restaurant Meals: Include meals that are prepared at the grocery store, such as salad from the salad bar or pre-made deli items like sandwiches, rotisserie chicken, macaroni and cheese, etc. Do not include school lunches, school breakfasts or home-delivered meals for senior citizens.

Retinopathy: Any disorder of the retina.

Retirement or Survivors Pension: Employment benefit that provides income payments to employees upon their retirement. Pension plans provide benefits to employees who have met specified criteria, normally age and/or length of service requirements. The two main types of pension plans are:

- Defined benefit plans - an employer's cost is not predetermined, but the benefit is; and
- Defined contribution - the employer's cost is predetermined, but the benefit depends on how much the employee contributes, investment gains and losses, etc.

Include in this item income from 401 K, IRA's, annuities, paid-up life insurance policies and KEOGH accounts.

Retired: Respondent defined.

Rheumatoid Arthritis: Form of arthritis with inflammation of the joints, stiffness, and swelling.

Roomer/Boarder: A person who is not related to a family, but who occupies room(s) in the family's home, pays rent for the room(s), and may or may not take meals with the family.

Routine Check Up/Routine Care: A health procedure or series of health procedures, which is done (usually on a regular basis, such as every year) to help a person avoid illness or to detect problems early.

School: An institution that advances a person toward an elementary or high school diploma, or a college or professional school degree. Do not count schooling in non-regular schools unless the credits are accepted by regular schools.

Regular school includes graded public, private, and parochial schools, colleges, universities, graduate and professional schools, seminaries where a Bachelor's degree is offered, junior colleges specializing in skill training, colleges of education, and nursing schools where a Bachelor's degree is offered.

If the person attended school outside of the "regular" school system, probe to determine if the schooling is applicable here. Use the following guidelines to determine if the schooling should be included:

- Training Programs - Count training received "on the job," in the Armed Forces, or through correspondence school only if it was credited toward a school diploma, high school equivalency (GED), or college degree.
- Vocational, Trade, or Business School - Do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system.
- General Educational Development (GED) or High School Equivalency - An exam certified equivalent of a high school diploma. If the person has not actually completed all 4 years of high school, but has acquired his/her GED (high school equivalency based on passing the GED exam), count this and enter code "14."
- Adult Education - Adult education classes should not be included as regular school unless such schooling has been counted for credit in a regular school system. If a person has taken adult education classes not for credit, these classes should not be counted as regular school. Adult education courses given in a public school building are part of regular schooling only if their completion can advance a person toward an elementary school certificate, a high school diploma (or GED), or a college degree.
- Other School Systems - If the person attended school in another country, in an ungraded school, in a "normal school", under a tutor, or under other special circumstances, ask the respondent to give the nearest equivalent of years in regular U.S. schooling.

Self Employed: Persons working for profit or fees in their own business, shop, office, farm, etc. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators or independent truckers.

Separated: Legal or informal separation due to marital discord. If the spouse is absent for reasons other than marital discord, the "married" category applies.

Single Service Plan (SSP): Health insurance coverage paid for by an individual that provides for only one type of service or treatment for a specific condition. These plans are usually bought to supplement a more comprehensive health insurance plan. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization.

Sister: A sister includes biological, adoptive, step, foster, half sisters and sisters-in-law. A sister is one's female sibling who shares both of the same biological or adoptive parents. A stepsister is one's stepparent's daughter by a previous relationship. A half sister is one's female sibling who shares one of the same biological or adoptive parents. A sister-in-law is one's brother's wife. A foster sister is the foster daughter of one or both of one's parents or the daughter of one's foster parent(s).

Sister-in-Law: The wife of a person's brother or the sister of a person's spouse.

Skin Rash: Include hives. Do not include warts.

Snuff (also called Snoose or Dip): A finely ground form of tobacco that usually comes in a container called a tin. You use snuff by placing a "pinch" or "dip" in your mouth between your lip and gum or between your cheek and gum. Snuff is sold in both loose form or in ready-to-use packets.

Social Security: Social Security (SS) payments are received by persons who have worked long enough in employment that had SS deductions taken from their salary in order to be entitled to payments.

SS payments may be made to the spouse or dependent children of a covered worker. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.

Social Worker: A person who assists patients and their families in handling social, environmental and emotional problems associated with illness or injury. Can include social work specialists, such as a medical or psychiatric social worker.

Son-in-Law: The husband of a person's daughter.

Special Care Facility: A place within a hospital that offers extra medical care or intervention to an infant after birth because of some medical condition.

Special Consideration Codes for the MEC Appointment:

BL = Blind	OB = Obese
CR = Crutches	OP = Other Physical Impairment
DF = Deaf	SA = Substance Abuse
HI = Hearing Impaired	WL = Walker
MI = Mental Impairment	WC = Wheelchair

Special Education: Teaching designed to meet the needs of a child with special needs and/or disabilities. It is designed for children and youths aged 3 to 21. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

Special Equipment: Any device, tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult "diapers" for incontinence. However, ordinary eyeglasses and hearing aids should not be considered "special equipment." For example: a spoon is not normally considered as "special equipment;" however, a uniquely designed or functioning one used for eating by a person because of physical, mental or emotional problems is considered "special equipment."

Spouse (Husband/Wife): Persons who are legally married or have a common-law marriage.

SSI: Also known as Supplemental Security Income (SSI), this federal program provides monthly cash payments in accordance with uniform, nationwide eligibility requirements to persons who are both needy and aged (65 years or older), blind, or disabled. A person may be eligible for SSI payments even if they have never worked. SSI is NOT the same as Social Security. A person can get SSI in addition to Social Security. The SSI program is issued by the Social Security Administration. Each state may add to the federal payment from its own funds. This additional money may be included in the federal payment or it may be received as a separate check. If it is combined with the federal payment, the words "STATE PAYMENT INCLUDED" will appear on the federal check. A few states make SSI payments to individuals who do not receive a federal payment.

State or Federal Government Employees' Health Insurance: Most government employees have a private health insurance plan from their employer or workplace.

State Government: Include individuals working for agencies of state governments, as well as paid state officials, the state police, employees of state universities and colleges, and statewide JTTP administrators.

State-Sponsored Health Plan: Any other health care coverage run by a specific state, including public assistance programs other than "Medicaid" that pay for health care.

Stepbrother: Brothers who have no biological or adoptive parents in common, but whose parents are married to each other.

Stepdaughter: The female child of a person's spouse, who is not the person's biological or adopted child.

Stepfather: Someone who has become a person's father through marriage to the person's biological or adopted mother.

Stepmother: Someone who has become a person's mother through marriage to the person's biological or adopted father.

Stepsister: Sisters who have no biological or adoptive parents in common, but whose parents are married to each other.

Stepson: The male child of a person's spouse, who is not the person's biological or adoptive child.

Stroke: A condition affecting the heart and circulatory system. Disease caused by damage to blood vessels in the brain. Include cerebrovascular accidents and transient ischemic attacks (TIAs). Depending on the part of the brain affected, a stroke can cause a person to lose the ability to speak or move a part of the body, such as an arm or a leg.

Sun Exposure: If respondent says that it would depend on the time of year or on the UV rating, probe for "in general" or "on average".

Taking Care of House or Family: Doing any type of work around the house, such as cleaning, cooking, maintaining the yard, caring for children or family, etc.

TANF (Temporary Assistance to Needy Families): This program has replaced AFDC. It is administered by state and local governments and may have a unique name depending on the state or local area. Eligibility for TANF programs varies from state to state, but usually requires a low income. The services provided by TANF programs also varies from state to state and may include cash benefits, job training, child care, employer subsidies, and a wide range of other services.

Traveled Outside of the U.S. or Canada: Do not count stopping at an airport in a country as traveling to that country.

Ulcer: A condition affecting the digestive system. An erosion of the lining in the gastrointestinal tract, such as the stomach or intestine.

Unable to Work for Health Reasons: Respondent defined.

Uncle: The brother of a person's mother or father.

Unemployment Compensation: Payment by the state government of a fixed amount of money to an unemployed person, usually at regular intervals over a fixed period of time.

Unmarried Partner: Persons who share living quarters because they have a close, personal relationship, but are not legally married (i.e., unmarried couples living together as if they were married).

Usual Place: Include walk-in clinic, doctor's office, clinic, health center, Health Maintenance Organization or HMO, hospital emergency room or outpatient clinic, or a military or VA health care facility.

Usually Live and Sleep: The place where a person usually lives and sleeps must be specific living quarters held by the person to which he/she is free to return at any time. Living quarters which a person rents or lends to someone else cannot be considered as his/her usual residence during the time these quarters are occupied by someone else. Also, vacant living quarters offered for rent or sale during a person's absence should not be considered as his/her usual residence while he/she is away.

Vaccine/Vaccination: Oral medications or shots given to prevent the patient from contracting a communicable disease.

Vocational (Trade or Business) School: When determining the highest grade or year of regular school the person ever completed, do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system.

Wages and Salaries: Include tips, bonuses, overtime, commissions, Armed Forces pay, special cash bonuses and subsistence allowances.

Ward: A child or incompetent person placed by law under the care of a guardian or court.

Water Treatment Devices: Any device intended to improve the safety and quality of water in the home. There are eight main types of treatments: carbon filters, fiber filters, reverse osmosis units, neutralizers, chemical feed pumps, disinfection and softeners. Devices such as Brita and other pitcher water filters should be counted as water treatment devices.

Wheezing: A high-pitched whistling or musical sound made when breathing.

WIC: WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. This program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5.

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Workers' Compensation: A system, required by law, of compensating workers injured or disabled in connection with work. This system establishes the liability of an employer for injuries or sickness that arise in the course of employment. The liability is created without regard to the fault or negligence of the employer. The benefits under this system generally include hospital and other medical payments and compensation for loss of income.

Working Without Pay: Working on a farm or in a business operated by a related member of the household, without receiving wages or salary for work performed.

Year Built: This refers to the original construction completion date. Consider construction completed when:

- All exterior windows and doors have been installed;
- The usable floors are finished; and
- The unit is ready for occupancy.

Year built does not apply to:

- Later remodeling;
- Additions to previously existing structures;
- Conversions (commercial or residential) within a structure; or
- The date a building was moved to another site or lot.