RESPONDENT SELECTION SECTION - RIQ

RIQ.004 INTERVIEWER INSTRUCTION: SELECT INTERVIEW MODE

IN-PERSON................................................................. 1
PHONE........................................................................ 2

RIQ.006 SELECT RESPONDENT FOR THE SP QUESTIONNAIRE FOR {SP}.

IF THE SP IS 16-17 YEARS OLD, SELECT HIM/HER AS THE RESPONDENT TO THE INTERVIEW UNLESS THERE IS A PHYSICAL OR COGNITIVE REASON S/HE CANNOT ACT AS THE RESPONDENT. THE PARENT/GUARDIAN IS NOT THE RESPONDENT FOR THESE SPS AND ONLY PROVIDES CONSENT AND CONFIRMS SOME BASIC DEMOGRAPHIC INFORMATION BEFORE THE SP COMPLETES THE INTERVIEW.

REVIEW THE HELP SCREEN IF UNSURE WHICH RESPONDENT TO SELECT.

HELP SCREEN:

MOST COMMON SCENARIOS:
SP IS 18+ YEARS OLD: SELECT THE SP AS THE RESPONDENT.
SP IS 16 to 17 YEARS OLD: SELECT THE SP AS THE RESPONDENT.
SP IS BIRTH to 15 YEARS OLD: SELECT THE PARENT/GUARDIAN AS THE RESPONDENT.

RARE SCENARIOS:
SP IS 16+ YEARS OLD AND HAS A "HELPER": SELECT THE SP AS THE RESPONDENT. A HELPER IS SOMEONE THAT ASSISTS THE SP, BUT THE SP IS STILL COGNITIVELY/PHYSICALLY CAPABLE OF PROVIDING RESPONSES.
SP IS 16+ YEARS OLD WITH A COGNITIVE/PHYSICAL IMPAIRMENT: SELECT THE PROXY AS THE RESPONDENT. YOU MUST HAVE SUPERVISOR APPROVAL BEFORE PROCEEDING.
SP IS 12 to 17 YEARS OLD AND IS AN EMANCIPATED MINOR: SELECT THE SP AS THE RESPONDENT. YOU MUST HAVE SUPERVISOR APPROVAL BEFORE PROCEEDING.

CAPI INSTRUCTION:
DISPLAY HOUSEHOLD ROSTER FROM SCREENER AND ‘SOMEONE NOT LIVING IN HH’ AS OPTION.

SOFT EDIT:
IF AGE IN SCREENER OF RESPONDENT IS 16-17 YEARS OLD DISPLAY, “YOU SELECTED A 16-17 YEAR OLD AS THE RESPONDENT. UNLESS SHE OR HE IS AN EMANCIPATED MINOR, YOU MUST FIRST SPEAK TO THE PARENT/GUARDIAN TO OBTAIN CONSENT. PRESS SUPPRESS TO CONTINUE.”
DMQ.INTRO CAPI INSTRUCTION: BEGIN RECORDING SO THAT WHEN INTERVIEWER READS THIS QUESTION IT IS CAPTURED ON RECORDING.

ADMINISTER WELCOME SCREEN TO {ADULT SP/PROXY FOR ADULT SP/PARENT/GUARDIAN OF 16-17 YEAR OLD SP/PARENT/GUARDIAN OF 0-15 YEAR OLD SP/EMANCIPATED MINOR SP}. THIS IS FOR THE HEALTH INTERVIEW FOR {SP}.

[Welcome to the National Health and Nutrition Examination Survey, also known as NHANES. {You have/SP has} been selected to be part of this study which includes an interview and a health exam. This study is sponsored by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention. The information I collect in this interview will be extremely valuable in understanding the health and nutrition of people in the United States.]

Before we begin the health interview, I will collect consent to the interview and some additional information about {you/you and SP}.

INTERVIEWER INSTRUCTION: IF SP IS 16 OR 17 YEARS OLD YOU MUST SPEAK WITH PARENT/GUARDIAN FIRST. PARENT/GUARDIAN MUST VERIFY THE SP’S AGE AND NAME AND PROVIDE CONSENT BEFORE YOU COLLECT CONSENT AND CONDUCT THE HEALTH INTERVIEW WITH THE 16 OR 17 YEAR OLD SP.

INTERVIEWER INSTRUCTION: IN THE RARE CASE THE SP IS A 16-17 YEAR OLD EMANCIPATED MINOR, REVIEW THE HELP SCREEN FOR INSTRUCTIONS ON HOW TO CONDUCT THE INTERVIEW.

HELP SCREEN:
IF YOU ARE CONDUCTING THE INTERVIEW WITH A 16-17 YEAR OLD EMANCIPATED MINOR, FOLLOW THESE STEPS:

1) GAIN APPROVAL FROM YOUR SUPERVISOR BEFORE PROCEEDING WITH THE INTERVIEW.
2) ADMINISTER ALL SCREENS DIRECTLY TO THE 16-17 YEAR OLD EMANCIPATED MINOR. IGNORE ANY HEADERS THAT INSTRUCT YOU TO ADMINISTER THE SCREEN TO THE PARENT/GUARDIAN OF 16-17 YEAR OLD SP.
3) REPLACE THE SP’S NAME WITH “YOU” OR “YOUR” WHEN ADMINISTERING SCREENS.

CAPI INSTRUCTION:
FOR HEADER:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
   IF AGE IN SCREENER IS 18+ DISPLAY “ADULT SP”
   IF AGE IN SCREENER IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
   IF AGE IN SCREENER IS <16 DISPLAY “EMANCIPATED MINOR SP”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
   IF AGE IN SCREENER IS 18+ DISPLAY “PROXY FOR ADULT SP”
   IF AGE IN SCREENER IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
   IF AGE IN SCREENER IS <16 DISPLAY “PARENT/GUARDIAN OF 0-15 YEAR OLD SP”

FOR QUESTION TEXT:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE IN SCREENER IS 16 OR 17 DISPLAY “SP has” AND “you and SP”
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE IN SCREENER >17 OR <16 DISPLAY “You have” AND “you”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006 DISPLAY “SP has” AND “you and SP”
RIQ.800 ADMINISTER AUDIO CONSENT SCREEN TO {ADULT SP/PROXY FOR ADULT SP/PARENT/GUARDIAN OF 16-17 YEAR OLD SP/PARENT/GUARDIAN OF 0-15 YEAR OLD SP/EMANCIPATED MINOR SP}. THIS IS FOR THE HEALTH INTERVIEW FOR {SP}.

We would like to record the interview for training and data quality. The computer is now recording our conversation. Do I have your permission to continue recording?

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

CAPI INSTRUCTION:
IF RIQ.800 = 2, STOP RECORDING.

FOR HEADER:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN SCREENER IS 18+ DISPLAY “ADULT SP”
  IF AGE IN SCREENER IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN SCREENER IS <16 DISPLAY “EMANCIPATED MINOR SP”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN SCREENER IS 18+ DISPLAY “PROXY FOR ADULT SP”
  IF AGE IN SCREENER IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN SCREENER IS <16 DISPLAY “PARENT/GUARDIAN OF 0-15 YEAR OLD SP”
Before we begin the health interview, I would like to verify some information about {you/SP}.

[How old {are you/is SP}].

AGE REPORTED IN SCREENER: {AGE IN MONTHS YEARS OR AGE RANGE}

INTERVIEWER INSTRUCTION: IF AGE FROM SCREENER IS DK/RF, ASK FOR AGE. IF AGE IS ALREADY PROVIDED, VERIFY AGE. COLLECT AGE IN MONTHS IF AGE IS LESS THAN 12 MONTHS. IF INFANT IS LESS THAN ONE MONTH OLD, ENTER '0.'

|___|___|___|
ENTER NUMBER OF YEARS OR MONTHS

DK .................................................................. 999 (DMQ.011R)
RF .................................................................. 777 (DMQ.011R)

|___|
ENTER UNIT

MONTHS .......................................................  1 (DMQ.040)
YEARS ..........................................................     2   (DMQ.040)

CAPI INSTRUCTION:
HARD EDIT: IF AGE IN YEARS NOT 1-120 DISPLAY, "AGE IN YEARS MUST BE BETWEEN 1-120.”
HARD EDIT: IF AGE IN MONTHS NOT 0-11 DISPLAY, "AGE IN MONTHS MUST BE BETWEEN 0-11.”
ALLOW AGE AND UNIT FIELDS TO BE UPDATED.

FOR HEADER:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
    IF AGE IN SCREENER IS 18+ DISPLAY “ADULT SP”
    IF AGE IN SCREENER IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
    IF AGE IN SCREENER IS <16 DISPLAY “EMANCIPATED MINOR SP”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
    IF AGE IN SCREENER IS 18+ DISPLAY “PROXY FOR ADULT SP”
    IF AGE IN SCREENER IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
    IF AGE IN SCREENER IS <16 DISPLAY “PARENT/GUARDIAN OF 0-15 YEAR OLD SP”

FOR QUESTION TEXT:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE IN SCREENER IS 16 OR 17 DISPLAY “SP”
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE IN SCREENER >17 OR <16 DISPLAY “you”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006 DISPLAY “SP”
FOR AGE REPORTED IN SCREENER, DISPLAY AGE IN MONTHS OR YEARS IF VALUE PROVIDED IN SCREENER. OTHERWISE, DISPLAY AGE RANGE.
DMQ.011R ADMINISTER AGE VERIFICATION SCREEN TO {ADULT SP/PROXY FOR ADULT SP/PARENT/GUARDIAN OF 16-17 YEAR OLD SP/PARENT/GUARDIAN OF 0-15 YEAR OLD SP/EMANCIPATED MINOR SP}.
THIS IS FOR THE HEALTH INTERVIEW FOR {SP}.

[About how old {are you/is SP}?]

AGE REPORTED IN SCREENER: {AGE IN MONTHS YEARS OR AGE RANGE}
INTERVIEWER INSTRUCTION: VERIFY AGE RANGE IF NO ACTUAL AGE PROVIDED.

LESS THAN 6 YEARS...........................................  1
6-11 YEARS..................................................  2
12-19 YEARS...............................................  3
20-39 YEARS...............................................  4
40-59 YEARS...............................................  5
60-79 YEARS, OR..........................................  6
80 YEARS OR OLDER?.................................  7

CAPI INSTRUCTION:
DISPLAY DMQ.011R ON SAME SCREEN AS DMQ.011Q/U. FIELD SHOULD BE DISABLED UNLESS DMQ.011Q/U = DK/RF.
FOR AGE REPORTED IN SCREENER, DISPLAY AGE IN MONTHS OR YEARS IF VALUE PROVIDED IN SCREENER. OTHERWISE, DISPLAY AGE RANGE.

FOR HEADER:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
    IF AGE IN SCREENER IS 18+ DISPLAY "ADULT SP"
    IF AGE IN SCREENER IS 16 OR 17 DISPLAY "PARENT/GUARDIAN OF 16-17 YEAR OLD SP"
    IF AGE IN SCREENER IS <16 DISPLAY "EMANCIPATED MINOR SP"
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
    IF AGE IN SCREENER IS 18+ DISPLAY "PROXY FOR ADULT SP"
    IF AGE IN SCREENER IS 16 OR 17 DISPLAY "PARENT/GUARDIAN OF 16-17 YEAR OLD SP"
    IF AGE IN SCREENER IS <16 DISPLAY "PARENT/GUARDIAN OF 0-15 YEAR OLD SP"
What is {your/SP's} full name, including middle name?
VERIFY SPELLING.
What is {your/SP's} first name?

FIRST NAME: __________________________

CAPI INSTRUCTION:
FOR HEADER:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “EMANCIPATED MINOR SP”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “PROXY FOR ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “PARENT/GUARDIAN OF 0-15 YEAR OLD SP”

FOR QUESTION TEXT:
PREFILL FIRST NAME FROM SCREENER AND ALLOW UPDATES.

IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE IN DMQ.010 IS 16 OR 17 DISPLAY “SP’s”
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE IN DMQ.010 >17 OR <16 DISPLAY “your”
IF PROXY RESPONDENT DISPLAY “SP’s”
ADMINISTER NAME SCREEN TO (ADULT SP/PROXY FOR ADULT SP/PARENT/GUARDIAN OF 16-17 YEAR OLD SP/PARENT/GUARDIAN OF 0-15 YEAR OLD SP/EMANCIPATED MINOR SP).
THIS IS FOR THE HEALTH INTERVIEW FOR {SP}.

[What is {your/SP’s} full name, including middle name?] VERIFY SPELLING.
What is {your/SP’s} middle name?

INTERVIEWER INSTRUCTIONS: PROBE FOR MIDDLE NAME IF NOT PROVIDED.
Enter ‘NMN’ if no middle name.

MIDDLE NAME #1: __________________________
MIDDLE NAME #2: __________________________

REFUSED ..................................................... 7
DON’T KNOW ............................................... 9

CAPI INSTRUCTION:
FOR HEADER:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “EMANCIPATED MINOR SP”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “PROXY FOR ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “PARENT/GUARDIAN OF 0-15 YEAR OLD SP”

FOR QUESTION TEXT:
PREFILL WITH MIDDLE NAME FROM SCREENER AND ALLOW UPDATES.
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE IN DMQ.010 IS 16 OR 17 DISPLAY “SP’s”
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE IN DMQ.010 >17 OR <16 DISPLAY “your”
IF PROXY RESPONDENT DISPLAY “SP’s”
ADMINISTER NAME SCREEN TO (ADULT SP/PROXY FOR ADULT SP/PARENT/GUARDIAN OF 16-17 YEAR OLD SP/PARENT/GUARDIAN OF 0-15 YEAR OLD SP/EMANCIPATED MINOR SP). THIS IS FOR THE HEALTH INTERVIEW FOR (SP).

[What is {your/SP’s} full name, including middle name?] VERIFY SPELLING.

What is {your/SP’s} last name?

LAST NAME #1: __________________________

LAST NAME #2: __________________________

CAPI INSTRUCTION:
FOR HEADER:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
   IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “ADULT SP”
   IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
   IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “EMANCIPATED MINOR SP”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
   IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “PROXY FOR ADULT SP”
   IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
   IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “PARENT/GUARDIAN OF 0-15 YEAR OLD SP”

FOR QUESTION TEXT:
PREFILL WITH LAST NAME FROM SCREENER AND ALLOW UPDATES.
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE IN DMQ.010 IS 16 OR 17 DISPLAY “SP’s”
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE IN DMQ.010 >17 OR <16 DISPLAY “your”
IF PROXY RESPONDENT DISPLAY “SP’s”
ADMINISTER NAME SCREEN TO (ADULT SP/PROXY FOR ADULT SP/PARENT/GUARDIAN OF 16-17 YEAR OLD SP/PARENT/GUARDIAN OF 0-15 YEAR OLD SP/EMANCIPATED MINOR SP). THIS IS FOR THE HEALTH INTERVIEW FOR (SP).

[What is (your/SP’s) full name, including middle name?] VERIFY SPELLING.

{Do you/Does SP} have a suffix? [What is it?]

SUFFIX: __________

CAPI INSTRUCTION:
ALLOW SUFFIX FIELD TO BE LEFT BLANK/NULL.

FOR QUESTION TEXT:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE IN DMQ.010 IS 16 OR 17 DISPLAY “SP’s”/“Does SP”
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE IN DMQ.010 >17 OR <16 DISPLAY “your”/“Do you”
IF PROXY RESPONDENT DISPLAY “SP’s”/“Does SP”

FOR HEADER:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “EMANCIPATED MINOR SP”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “PROXY FOR ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “PARENT/GUARDIAN OF 0-15 YEAR OLD SP”

BOX 0

CHECK ITEM RIQ.008:
IF PROXY RESPONDENT FOR SP AGE 15 OR YOUNGER, GO TO RIQ.012.
IF PROXY RESPONDENT FOR SP AGE 16 OR OLDER, GO TO RIQ.014.
OTHERWISE GO TO BOX 1.

RIQ.012 INTERVIEWER INSTRUCTION: ASK OR MARK IF KNOWN.
(What is your relationship to (SP)?)

MOTHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER) ......................... 1 (BOX 1)
FATHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER) ......................... 2 (BOX 1)
GRANDPARENT (GRANDMOTHER/GRANDFATHER) ......................... 3 (BOX 1)
AUNT/UNCLE ........................................................................... 4 (BOX 1)
BROTHER/SISTER ...................................................................... 5 (BOX 1)
OTHER RELATIVE ..................................................................... 6 (BOX 1)
NON-RELATIVE ........................................................................ 7 (BOX 1)
REFUSED .................................................................................. 77 (BOX 1)
DON’T KNOW ........................................................................... 99 (BOX 1)
RIQ.014 INTERVIEWER INSTRUCTION: ASK OR MARK IF KNOWN.
(What is your relationship to {SP}?)

SPOUSE (WIFE/HUSBAND) OR
    PARTNER ..................................................  1
DAUGHTER OR SON (BIOLOGICAL/ADOPTIVE/IN-LAW/STEP/FOSTER)........  2
PARENT (BIOLOGICAL/ADOPTIVE/STEP/FOSTER)........................................  3
GRANDPARENT (GRANDMOTHER/GRANDFATHER)........................................  4
BROTHER/SISTER ........................................  5
OTHER RELATIVE ........................................  6
NON-RELATIVE ............................................  7
REFUSED .....................................................  77
DON'T KNOW ..............................................  99

BOX 1

CHECK ITEM *11RIQ.015:
- IF SP IS SELECTED AS RESPONDENT AND SP AGE IS <= 15, GO TO
  *11RIQ.020.
- IF SP IS SELECTED AS RESPONDENT AND SP AGE IS >= 16, GO TO
  BOX 3AA.
- IF SP IS NOT SELECTED AS RESPONDENT AND SP AGE IS <= 15, GO
  TO BOX 2.
- IF SP IS NOT SELECTED AS RESPONDENT AND SP AGE IS >= 16, GO
  TO RIQ.039.
*11RIQ.020  INTERVIEW SHOULD BE CONDUCTED WITH A PROXY BECAUSE SP IS UNDER 16 YEARS OLD.
YOU SHOULD HAVE APPROVAL FROM YOUR SUPERVISOR BEFORE CONDUCTING THE INTERVIEW WITH AN EMANCIPATED MINOR.

ENTER ONE OPTION.

SP IS AN EMANCIPATED MINOR..............  1 (BOX 3AA)
PERSON SELECTED AS
RESPONDENT IN ERROR ....................  2
SP AGE ENTERED IN ERROR -- SP IS
AGE 16+.............................................  3

CAPI INSTRUCTIONS:
HARD EDIT:
IF *11RIQ.020 = 1 AND RESPONDENT IS SP AND AGE <12, DISPLAY, “EMANCIPATED MINOR MUST BE AT LEAST 12 YEARS OLD. BACK UP TO SELECT ANOTHER RESPONDENT.” GO TO RIQ.006.
IF *11RIQ.020 = 2, DISPLAY, “BACK UP TO SELECT ANOTHER RESPONDENT.” GO TO RIQ.006.
IF *11RIQ.020= 3, DISPLAY, “BACK UP TO CORRECT SP’S AGE.” GO TO DMQ.010.
SOFT EDIT:
IF *11RIQ.020 = 1 AND RESPONDENT IS SP AND AGE = 12 OR OLDER, DISPLAY, “YOU SHOULD HAVE APPROVAL FROM YOUR SUPERVISOR BEFORE CONDUCTING THE INTERVIEW WITH AN EMANCIPATED MINOR.”

RIQ.039  OS  WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

SP HAS COGNITIVE PROBLEMS ............  1
SP HAS PHYSICAL PROBLEMS
(SPECIFY) ________________________  2

*11RIQ.035  DO YOU HAVE SUPERVISOR PERMISSION TO CONDUCT INTERVIEW WITH A PROXY?

YES ..................................................  1
NO ....................................................  2 (RIQ.006)

BOX 2

CHECK ITEM RIQ.031:
IF ’SOMEONE NOT LIVING IN HH’ SELECTED AS RESPONDENT IN RIQ.006, CONTINUE.
OTHERWISE, GO TO BOX 3AA.

RIQ.040  WHY IS INTERVIEW BEING CONDUCTED WITH SOMEONE OUTSIDE THE HOUSEHOLD?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
RIQ.050a/b ENTER RESPONDENT NAME.

___________________________   ____________________________
FIRST NAME                    LAST NAME

RIQ.060 ENTER RESPONDENT’S PHONE NUMBER.

ENTER ‘00’ IN AREA CODE IF NO PHONE.

|___|___|___|  |___|___|___| - |___|___|___|___|
AREA CODE   ENTER PHONE NUMBER

HARD EDIT: “ONLY ALLOW "00” or 10 DIGIT PHONE NUMBER. DISPLAY HARD RANGE CHECK MESSAGE IF NOT "00" or 10 DIGITS”.

BOX 3AA

CHECK ITEM RIQ.245:
IF SP SELECTED AS RESPONDENT IS 16 OR 17 YEARS OLD, CONTINUE. OTHERWISE, GO TO BOX 3C.

RIQ.248 IS SP AN EMANCIPATED MINOR? YOU SHOULD HAVE APPROVAL FROM YOUR SUPERVISOR BEFORE CONDUCTING THE INTERVIEW WITH AN EMANCIPATED MINOR.

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

BOX 3C

CHECK ITEM RIQ.260:
IF RESPONDENT IS 16-17 YEARS OLD AND NOT EMANCIPATED (RIQ.248 = 2/NO OR *11RIQ.020 NOT EQUAL TO 1), CONTINUE. OTHERWISE, SKIP TO RIQ.281.

RIQ.274 WHO IS PARENT/GUARDIAN CONSENTING FOR (SP)?

CAPI INSTRUCTION:
LIST HH ROSTER MEMBERS WHO ARE 18+ AND ‘SOMEONE NOT LIVING IN HH’ AS RESPONSE OPTIONS.
IF ‘NOT ON LIST’ SELECTED GO TO RIQ.276. IF HH MEMBER SELECTED, GO TO RIQ.281.
RIQ.276a/b  WHAT IS PARENT/GUARDIAN'S NAME?

INTERVIEWER INSTRUCTION: ENTER NAME. VERIFY SPELLING.

___________________________   ____________________________
FIRST NAME   LAST NAME

RIQ.281a/b  ADMINISTER INTERVIEW CONSENT SCREEN TO {ADULT SP/PROXY FOR ADULT SP/16-17 YEAR OLD SP/PARENT/GUARDIAN OF 16-17 YEAR OLD SP/PARENT/GUARDIAN OF 0-15 YEAR OLD SP/EMANCIPATED MINOR SP}.

THIS IS FOR THE HEALTH INTERVIEW FOR {SP}.

There are a few additional things I need to cover before we continue with the interview. Taking part in this interview is voluntary. {You/SP} may choose to skip any question {you don't/SP doesn't} wish to answer or end the interview at any time without penalty. We are required by Federal law to develop and follow strict procedures to protect the confidentiality of {your/SP's} information and use {your/SP's} answers only for statistical purposes. I can describe these laws if you wish. On average, the interview will take less than {INTERVIEW DURATION} minutes. {At the completion of the interview, you {or SP} will be given a ${{INCENTIVE} debit card as a thank you for answering these questions.} Do you have any questions before we continue?

a. Do you agree to {allow SP to} proceed with the interview {for SP}?

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

b. We can do additional health studies by linking the interview and exam data to vital statistics, health, nutrition, and other related records. May we try to link {your/SP’s} survey records with other records?

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

**IF RESPONDENT NEEDS MORE INFORMATION ABOUT LINKING, READ:**
[I understand your concern.] By matching NHANES data with other health-related records, researchers can study health conditions like heart attacks and diabetes in depth. They can also better understand health care use and health care costs for all Americans. These findings will help doctors assist patients in making smart choices. These types of studies will not be possible if we don’t have your permission for the linkage. I can share some examples with you if you like. May we try to link your/the SP’s survey records with other records?

**IF ASKED FOR EXAMPLES, READ:**
• By linking the data from our study to data from the U.S. Department of Housing and Urban Development, we learned the association between housing environment and the high level of lead in children’s blood.
• By linking the Vitamin D levels measured from our participants’ blood to Medicare data, we learned that higher vitamin D in the blood lowers the risk of broken bones.
• By linking the behaviors reported by our participants to the National Death Index database, we learned that adults who exercise, eat healthy diets, and do not smoke have a lower chance of dying at a young age.

**IF ASKED FOR ADDITIONAL EXPLANATION OF DATA LINKAGE:**
Data linkage, also known as record linkage, combines your information from at least two different sources (e.g., NHANES data and Medicare data). This is done only for statistical purposes.
If you agree to data linkage, we will combine the information we collected from you during this survey with records from other organizations (e.g. the Centers for Medicare and Medicaid Services). Once the linkage is completed, personal information that identifies you such as your name, street address, and phone number, will be removed from the linked file before the file is made available for analysis. The linked file will only be used for statistical purposes.

HELP SCREEN:
Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (CIPSEA Public Law No. 115-435, 132 Stat. 5529 Sec. 302). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

Public reporting burden for this collection of information is estimated to average 45 minutes 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-74, Atlanta, GA 30333, ATTN: PRA (0920-0950).

CAPI INSTRUCTION:
1. RIQ.281a AND RIQ.281b SHOULD DISPLAY ON SEPARATE SCREENS. INCLUDE STEM AND QUESTION TEXT FOR EACH ITEM. DISPLAY "IF RESPONDENT NEEDS MORE INFORMATION..." AND ALL SUBSEQUENT TEXT ONLY FOR RIQ.281b. STEM SHOULD BE IN BRACKETS FOR RIQ.281b AS OPTIONAL READING.
2. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.
3. DISPLAY YES/NO OPTIONS AS RADIO BUTTON, ALLOWING ONLY ONE CHOICE.
4. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.
5. DISABLE LINKAGE QUESTION IF RIQ.281 = NO (2).
6. IF RIQ.281a = 2, GO TO RIQ.281CK: “EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST GIVE CONSENT BEFORE THE INTERVIEW CAN BE ADMINISTERED.” WHEN NEXT BUTTON IS PRESSED, CASE CLOSES AS PARTIALLY WORKED.
7. FILL INSTRUCTIONS.
   a. FOR HEADER:
      i. IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
         1. IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY "ADULT SP"
         2. IF AGE IN DMQ.011Q/U/R IS 16 OR 17 AND SP IS NON-EMANCIPATED (RIQ.248 = 2) DISPLAY "PARENT/GUARDIAN OF 16-17 YEAR OLD SP"
         3. IF AGE IN DMQ.011Q/U/R IS 16 OR 17 AND SP IS EMANCIPATED (RIQ.248 = 1) DISPLAY "EMANCIPATED MINOR SP"
         4. IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY "EMANCIPATED MINOR SP"
      ii. IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
          1. IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY "PROXY FOR ADULT SP"
2. IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
3. IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “PARENT/GUARDIAN OF 0-15 YEAR OLD SP”

b. FOR STEM
   i. IF RESPONDENT IS ADULT SP, PROXY FOR ADULT SP 18+, PARENT/GUARDIAN OF MINOR SP AGED 0-15, OR EMANCIPATED MINOR SP DISPLAY “You”, “you don’t”, “your”, “your”
   ii. IF RESPONDENT IS 16-17 YEAR OLD SP AND NOT EMANCIPATED, DISPLAY “(SP)”, “SP doesn’t”, “SP’S” and “or (SP)”
   iii. IF INCENTIVE ACTIVE IN STAND DISPLAY “At the completion of this interview…”.
   iv. For (DURATION OF MINUTES) FILL ‘15’ FOR SPs 0-15 YEARS OLD, ‘30’ FOR SPs 16-59 YEARS OLD, AND ‘40’ FOR SPs 60+ YEARS OLD.

c. FOR RIQ.281a:
   i. IF RESPONDENT IS A 16-17 YEAR OLD SP AND NON-EMANCIPATED DISPLAY “allow (SP) to”
   ii. IF RESPONDENT IS PROXY FOR ADULT 18+ OR PARENT/GUARDIAN OF MINOR SP AGED 0-15, DISPLAY ‘(for SP)’

d. FOR RIQ.281b:
   i. IF RESPONDENT IS ADULT SP OR 16-17 YEAR OLD SP WHO IS EMANCIPATED DISPLAY ‘your’
   ii. IF RESPONDENT IS PROXY FOR ADULT 18+, PARENT/GUARDIAN OF MINOR SP AGED 0-15, OR 16-17 YEAR OLD SP AND NON-EMANCIPATED DISPLAY ‘(SP)’s

BOX 3E

CHECK ITEM RIQ.815:

IF RESPONDENT SP 16-17 YEARS OLD AND MINOR (NOT EMANCIPATED (RIQ.248 = 2/NO OR *11RIQ.020 NOT EQUAL TO 1) AND IF RIQ.800 = 1 (YES), CONTINUE.

IF RESPONDENT SP 16-17 YEARS OLD AND MINOR (NOT EMANCIPATED (RIQ.248 = 2/NO OR *11RIQ.020 NOT EQUAL TO 1) AND IF RIQ.800 = 2 (NO), GO TO RIQ.830.

OTHERWISE, GO TO DMQ.500.
RIQ.311 ADMINISTER AUDIO CONSENT SCREEN TO (ADULT SP/PROXY FOR ADULT SP/PARENT/GUARDIAN OF 16-17 YEAR OLD SP/PARENT/GUARDIAN OF 0-15 YEAR OLD SP/EMANCIPATED MINOR SP).
THIS IS FOR THE HEALTH INTERVIEW FOR (SP).

We would like to record (SP)'s interview for training and data quality. Do I have your permission to record the interview?

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

CAPI INSTRUCTION:
IF RIQ.311 = 2, STOP AUDIO RECORDING.

FOR HEADER:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 AND SP IS NON-EMANCIPATED (RIQ.248 = 2) DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 AND SP IS EMANCIPATED (RIQ.248 = 1) DISPLAY “EMANCIPATED MINOR SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “EMANCIPATED MINOR SP”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE DMQ.011Q/U/R IS 18+ DISPLAY “PROXY FOR ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “PARENT/GUARDIAN OF 0-15 YEAR OLD SP”

RIQ.830 Is (SP) available now to complete the interview?

INTERVIEWER INSTRUCTIONS: YOU MUST COMPLETE THE REST OF THE INTERVIEW WITH THE 16-17 YEAR OLD.

YES............................................................... 1
NO. RECONTACT LATER TO COMPLETE INTERVIEW.......................... 2

BOX 3F

CHECK ITEM RIQ.835:
IF RIQ.830 = 2, EXIT MODULE AS PARTIALLY WORKED.
OTHERWISE CONTINUE.

RIQ.840 ADMINISTER WELCOME SCREEN TO 16-17 YEAR OLD SP.
THIS IS FOR THE HEALTH INTERVIEW FOR: (SP).

Welcome to the National Health and Nutrition Examination Survey, also known as NHANES. You have been selected to be part of this study which includes an interview and a health exam. This study is sponsored by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention. The information I collect in this interview will be extremely valuable in understanding the health and nutrition of people in the United States.
**BOX 3FF**

**CHECK ITEM RIQ.843:**
If RIQ.800 OR RIQ.311 = 2, GO TO RIQ.337a. OTHERWISE, CONTINUE.

RIQ.845 ADMINISTER AUDIO CONSENT SCREEN TO 16-17 YEAR OLD SP.
THIS IS FOR THE HEALTH INTERVIEW FOR {SP}.

We would like to record the interview for training and data quality. Your parent/guardian has already given permission to record the interview. Do I have your permission to record this interview?

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

CAPI INSTRUCTION: IF RIQ.845= 2/NO, STOP AUDIO RECORDING.

RIQ.337a/b ADMINISTER INTERVIEW CONSENT SCREEN TO 16-17 YEAR OLD SP.
THIS IS FOR THE HEALTH INTERVIEW FOR {SP}.

Taking part in this interview is voluntary. You may choose to skip any question you don’t wish to answer or end the interview at any time without penalty. We are required by Federal law to develop and follow strict procedures to protect the confidentiality of your information and use your answers only for statistical purposes. I can describe these laws if you wish. On average, the interview will take less than 30 minutes. {At the completion of the interview, you or your parent or guardian will be given a $\{(INCENTIVE)\} debit card as a thank you for answering these questions.}

a. Your parent/guardian has already given permission for you to participate. Do you agree to proceed with the interview?

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

b. We can do additional health studies by linking the interview and exam data to vital statistics, health, nutrition, and other related records. May we try to link your survey records with other records?

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

**IF RESPONDENT NEEDS MORE INFORMATION, READ:**
[I understand your concern.] By matching NHANES data with other health-related records, researchers can study health conditions like heart attacks and diabetes in depth. They can also better understand health care use and health care costs for all Americans. These findings will help doctors assist patients in making smart choices. These types of studies will not be possible, if we don’t have your permission for the linkage. I can share some examples with you if you like. May we try to link your/the SP’s survey records with other records?

**IF ASKED FOR EXAMPLES, READ:**
- By linking the data from our study to data from the U.S. Department of Housing and Urban
Development, we learned the association between housing environment and the high level of lead in children’s blood.

- By linking the Vitamin D levels measured from our participants’ blood to Medicare data, we learned that higher vitamin D in the blood lowers the risk of broken bones.
- By linking the behaviors reported by our participants to the National Death Index database, we learned that adults who exercise, eat healthy diets, and do not smoke have a lower chance of dying at a young age.

**IF ASKED FOR ADDITIONAL EXPLANATION OF DATA LINKAGE:**

**Data linkage**, also known as record linkage, combines your information from at least two different sources (e.g., NHANES data and Medicare data). This is done only for statistical purposes.

If you agree to data linkage, we will combine the information we collected from you during this survey with records from other organizations (e.g. the Centers for Medicare and Medicaid Services). Once the linkage is completed, personal information that identifies you such as your name, street address, and phone number, will be removed from the linked file before the file is made available for analysis. The linked file will only be used for statistical purposes.

**HELP SCREEN:**

**Assurance of Confidentiality** – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (CIPSEA Public Law No. 115-435, 132 Stat. 5529 Sec. 302)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

**Public reporting burden** for this collection of information is estimated to average 45 minutes 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-74, Atlanta, GA 30333, ATTN: PRA (0920-0950).

**CAPI INSTRUCTION:**

1. RIQ.337a AND RIQ.337b SHOULD DISPLAY ON SEPARATE SCREENS. INCLUDE STEM AND QUESTION TEXT FOR EACH ITEM. DISPLAY “IF RESPONDENT NEEDS MORE INFORMATION…” AND ALL SUBSEQUENT TEXT ONLY FOR RIQ.337b. STEM SHOULD BE IN BRACKETS FOR RIQ.337b AS OPTIONAL READING.
2. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.
3. DISPLAY YES/NO OPTIONS AS RADIO BUTTON, ALLOWING ONLY ONE CHOICE.
4. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.
5. IF RIQ.337a = 2, DISPLAY THE FOLLOWING MESSAGE: “EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST GIVE CONSENT BEFORE THE INTERVIEW CAN BE ADMINISTERED.” WHEN NEXT BUTTON IS PRESSED, CASE CLOSES AS PARTIALLY WORKED.
6. DISPLAY LINKAGE QUESTION (RIQ.337b) WHEN RIQ.337a = 1 AND RIQ.281a= 1.
7. FILL “At the completion of this interview…” ONLY IF INCENTIVE ACTIVE IN STAND.
DMQ.500 ADMINISTER DOB SCREEN TO {ADULT SP/PROXY FOR ADULT SP/16-17 YEAR OLD SP/PARENT/GUARDIAN OF 16-17 YEAR OLD SP/PARENT/GUARDIAN OF 0-15 YEAR OLD SP/EMANCIPATED MINOR SP}. THIS IS FOR THE HEALTH INTERVIEW FOR {SP}.

What is {your/SP's} birthdate?

REPORTED AGE: {AGE IN MONTHS OR YEARS OR AGE RANGE}

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
</table>
|   | ENTER DAY OF BIRTH
| 77 |
| 99 |

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
|   | ENTER MONTH OF BIRTH
| 77 |
| 99 |

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
|   | ENTER YEAR OF BIRTH
| 7777 |
| 9999 |

CAPI INSTRUCTIONS:
FOR HEADER:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 AND SP IS NOT EMANCIPATED (RIQ.248 = 2) DISPLAY “16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 AND SP IS EMANCIPATED (RIQ.248 = 1) DISPLAY “EMANCIPATED MINOR SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “EMANCIPATED MINOR SP”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “PROXY FOR ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “PARENT/GUARDIAN OF 0-15 YEAR OLD SP”

FOR QUESTION TEXT:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE >15 YEARS, OR IS AN EMANCIPATED MINOR, DISPLAY “your”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006 DISPLAY “SP”

SEPARATE FIELDS FOR MONTH, DAY, AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.
FOR REPORTED AGE, DISPLAY AGE IN MONTHS OR YEARS IF VALUE PROVIDED IN DMQ.011. OTHERWISE, DISPLAY AGE RANGE.
SOFT EDIT:
IF CALCULATED AGE BASED ON REPORTED DATE OF BIRTH IS DIFFERENT FROM AGE REPORTED IN DMQ.011, AND AGE WAS NOT REPORTED AS AN AGE RANGE, DISPLAY, "DOB DOES NOT MATCH AGE REPORTED EARLIER IN THE INTERVIEW. PLEASE VERIFY DOB. IF DOB IS CORRECT, SELECT SUPPRESS TO CHANGE AGE TO "X." TO UPDATE YEAR, GO TO YEAR AND SELECT 'GOTO.'

IF DK/RF ENTERED FOR DMQ.500Y, AND AGE WAS NOT REPORTED AS AN AGE RANGE, DISPLAY, "BASED ON AGE REPORTED EARLIER IN THE INTERVIEW, SP WAS BORN IN 'XXXX.' PLEASE VERIFY DOB YEAR. TO ACCEPT DOB YEAR AND CONTINUE, SELECT 'SUPPRESS.' TO UPDATE YEAR, GO TO YEAR AND SELECT 'GOTO.'

HARD EDIT VALUE FOR MONTH: 01-12
HARD EDIT VALUE FOR DAY: 01-31

ROUTING AGE FOR QUESTIONNAIRE IS AGE AT TIME OF SCREENER CALCULATED AS THE SCREENER INTERVIEW DATE – BIRTH DATE. IF NO DOB PROVIDED IN SP QUESTIONNAIRE, ROUTING AGE IS AGE PROVIDED IN DMQ.011Q/U. IF ONLY AN AGE RANGE PROVIDED IN SP QUESTIONNAIRE, ROUTING AGE IS THE LOWEST VALUE IN THE AGE RANGE SELECTED FOR DMQ.011R.
DMQ.021 ADMINISTER GENDER SCREEN TO (ADULT SP/PROXY FOR ADULT SP/16-17 YEAR OLD SP/PARENT/GUARDIAN OF 16-17 YEAR OLD SP (OR EMANCIPATED 16-17 YEAR OLD SP)/PARENT/GUARDIAN OF 0-15 YEAR OLD SP/EMANCIPATED MINOR SP). THIS IS FOR THE HEALTH INTERVIEW FOR (SP).

VERIFY GENDER.

INTERVIEWER INSTRUCTION: IF RESPONDENT CANNOT DECIDE BETWEEN MALE OR FEMALE, OR DOES NOT IDENTIFY WITH EITHER, PROBE: “What would you/SP tell your/his/her doctor?” IF RESPONDENT STILL CANNOT DECIDE OR REFUSES TO SELECT A RESPONSE, SELECT ‘DOES NOT IDENTIFY AS EITHER.’

MALE ............................................................. 1 INT.001)
FEMALE ........................................................ 2 (INT.001)
DOES NOT IDENTIFY AS EITHER .................... 3

CAPI INSTRUCTION:
FOR HEADER:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 AND SP IS NOT EMANCIPATED (RIQ.248 = 2) DISPLAY “16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 AND SP IS EMANCIPATED (RIQ.248 = 1) DISPLAY “EMANCIPATED MINOR SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “EMANCIPATED MINOR SP”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “PROXY FOR ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “PARENT/GUARDIAN OF 0-15 YEAR OLD SP”

FOR QUESTION TEXT:
PREFILL WITH GENDER FROM SCREENER AND ALLOW UPDATE. IF SCREENER GENDER IS DK/RF, PREFILL WITH “DOES NOT IDENTIFY AS EITHER.” IF DMQ.021 DOES NOT EQUAL 3, USE THIS RESPONSE FOR GENDER FILLS AND ELIGIBLITY SETTINGS IN SUBSEQUENT SYSTEMS IN THE SURVEY. IF DMQ.021 = 3, USE THE RESPONSE GIVEN IN DMQ.510.
DMQ.510  ADMINISTER GENDER SCREEN TO (ADULT SP/PROXY FOR ADULT SP/16-17 YEAR OLD
SP/PARENT/GUARDIAN OF 16-17 YEAR OLD SP (OR EMANCIPATED 16-17 YEAR OLD
SP)/PARENT/GUARDIAN OF 0-15 YEAR OLD SP/EMANCIPATED MINOR SP).
THIS IS FOR THE HEALTH INTERVIEW FOR (SP).

What sex {were you/was SP} assigned at birth?

INTERVIEWER INSTRUCTION: IF ASKED, ‘ASSIGNED AT BIRTH’ MEANS THE SEX NOTED ON AN
ORIGINAL BIRTH CERTIFICATE.

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<thead>
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<th>Option</th>
<th>Code</th>
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<tr>
<td>MALE</td>
<td>1</td>
</tr>
<tr>
<td>FEMALE</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

CAPI INSTRUCTION:

FOR HEADER:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 AND SP IS NOT EMANCIPATED (RIQ.248 = 2) DISPLAY
  “16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 AND SP IS EMANCIPATED (RIQ.248 = 1) DISPLAY
  “EMANCIPATED MINOR SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “EMANCIPATED MINOR SP”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006, THEN
  IF AGE IN DMQ.011Q/U/R IS 18+ DISPLAY “PROXY FOR ADULT SP”
  IF AGE IN DMQ.011Q/U/R IS 16 OR 17 DISPLAY “PARENT/GUARDIAN OF 16-17 YEAR OLD SP”
  IF AGE IN DMQ.011Q/U/R IS <16 DISPLAY “PARENT/GUARDIAN OF 0-15 YEAR OLD SP”

FOR QUESTION TEXT:
IF SP IS SELECTED AS RESPONDENT IN RIQ.006 AND AGE >15 OR IS AN EMANCIPATED MINOR
DISPLAY “were you”
IF SP IS NOT SELECTED AS RESPONDENT IN RIQ.006 DISPLAY “was SP”

**BOX 3G**

**CHECK ITEM DMQ.515:**
IF DMQ.510 = (7 OR 9) AND RESPONDENT IS A PROXY, FOR ALL
PRONOUN FILLS THEREAFTER DISPLAY THE SP NAME.

INT.001  IS AN INTERPRETER BEING USED FOR INTERVIEW?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>
INT.003 LANGUAGE USED FOR INTERVIEW

AMERICAN SIGN LANGUAGE ..................... 1 (INT.013)
CHINESE (CANTONESE) ............................. 2 (INT.013)
CHINESE (MANDARIN) ................................ 3 (INT.013)
FRENCH ........................................................ 4 (INT.013)
GERMAN ....................................................... 5 (INT.013)
ITALIAN ......................................................... 6 (INT.013)
JAPANESE .................................................... 7 (INT.013)
KOREAN ....................................................... 8 (INT.013)
RUSSIAN ....................................................... 9 (INT.013)
SPANISH (READER) ..................................... 10 (INT.013)
VIETNAMESE ............................................... 11 (INT.013)
OTHER SPECIFY .......................................... 99

INT.004 ENTER LANGUAGE USED FOR INTERVIEW

INT.013 INTERPRETERS USED IN OTHER INTERVIEWS:
{DISPLAY INTERPRETER NAMES FROM ALL PREVIOUS INTERVIEWS: SCREENER, RELATIONSHIP, SP, FAMILY QUESTIONNAIRE}

SELECT SOURCE

SAME INTERPRETER USED IN OTHER INTERVIEW FOR HOUSEHOLD........... 1
NEW INTERPRETER ....................... 2 (INT.005)

INT.014 SELECT INTERPRETER NAME OR SELECT "OTHER" AND ENTER INTERPRETER NAME
{DISPLAY LIST OF INTERPRETER NAMES FROM SCREENER, RELATIONSHIP, SP AND/OR FAMILY QUESTIONNAIRES)
{INCLUDE "OTHER" AS A SELECTION}

BOX 4

CHECK ITEM INT.014a:
IF 'OTHER' SELECTED IN INT.014, GO TO INT.005.
OTHERWISE, CODE INTERPRETER INFO FROM PREVIOUS INTERVIEW AND GO TO RIQ.865.

INT.005 HOW WAS INTERPRETER OBTAINED

ARRANGED BY THE OFFICE ................. 1
RECRUITED DURING VISIT OR APPOINTMENT .................. 2 (INT.007)
INT.006 SELECT INTERPRETER NAME OR SELECT “OTHER” AND ENTER INTERPRETER NAME

{ LIST SHOULD HAVE ALL NAMES FROM EVM AND AN “OTHER SPECIFY” TO ALLOW FOR THOSE NAMES THAT HAVE NOT BEEN TRANSFERRED TO INTERVIEWER PENTOP }

BOX 6
CHECK ITEM INT.006A:
IF OTHER (SELECTED IN INT.006), GO TO INT.009.
OTHERWISE, GO TO RIQ.865

INT.007 SELECT INTERPRETER SOURCE

RELATIVE LIVING IN HOUSEHOLD...............................  1
NON-RELATIVE LIVING IN HOUSEHOLD .....................  2
NEIGHBOR, RELATIVE OR FRIEND –
NOT IN HOUSEHOLD ..................................................  3 (GO TO INT.009)

INT.008 SELECT NAME OF INTERPRETER FROM HOUSEHOLD ROSTER.

{DISPLAY LIST FROM HH ROSTER}

BOX 7
CHECK ITEM INT.008A:
RIQ.865.

INT.009 ENTER NAME OF INTERPRETER

____________________________

INT.010 ENTER PHONE # OF INTERPRETER

ENTER ‘00’ IN AREA CODE IF NO PHONE.

___  -___ ____,

HARD EDIT: “ONLY ALLOW "00" or 10 DIGIT PHONE NUMBER.” DISPLAY HARD RANGE CHECK MESSAGE IF NOT "00" or 10 DIGITS.

RIQ.865 INTERVIEWER INSTRUCTION: ASK THE SP/PROXY TO GATHER HIS/HER/SP’S NHANES HOUSEHOLD INTERVIEW BOOKLET, VISA DEBIT CARD, SOCIAL SECURITY CARD (IF NECESSARY), AND MEDICARE CARD (IF APPROPRIATE) PRIOR TO PROCEEDING WITH THE INTERVIEW.

PRESS “1” AND ENTER TO CONTINUE.