National Health and Nutrition Examination Survey (NHANES)

Interviewer Procedures Manual

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1. INTRODUCTION TO THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

This chapter provides a brief history of the initial health examination surveys conducted by NCHS and the more recent ongoing National Health and Nutrition Examination Survey (NHANES) conducted from 1971 through to the present. It also provides an overview of the tasks the interviewers are expected to perform.

1.1 History of the National Health and Nutrition Examination Programs

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

To comply with the National Health Survey Act, the National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention (CDC), created a national health examination survey. The NHANES surveys were created to fulfill this information need. They are unique in that interview and physical examination data are obtained from national samples of the U.S. population. The examination component is conducted in mobile examination centers (MECs) that travel to fifteen survey locations per year. NHANES data have been the cornerstone for numerous national health and nutrition policy and surveillance activities.

To comply with the 1956 act, between 1960 and 1994, the National Center for Health Statistics (NCHS), a branch of the Centers for Disease Control and Prevention (CDC), in the U.S. Department of Health and Human Services, conducted seven separate examination surveys to collect interview and physical examination data. In 1999, NHANES became a continuous survey with year round data collection.

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

1. 1960-62—National Health Examination Survey I (NHES I);
2. 1963-65—National Health Examination Survey II (NHES II); and
3. 1966-70—National Health Examination Survey III (NHES III);

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

Beginning in 1970 a new emphasis was introduced. The study of nutrition and its relationship to health status had become increasingly important as researchers began to discover links between dietary habits and disease. In response to this concern, under a directive from the Secretary of the Department of Health, Education and Welfare, the National Nutrition Surveillance System was instituted by NCHS. The purpose of this system was to measure the nutritional status of the U.S. population and changes over time. A special task force recommended that a continuing surveillance system include clinical observation and professional assessment as well as the recording of dietary intake patterns. Therefore, the National Nutrition Surveillance System was combined with the National Health Examination Survey to form the National Health and Nutrition Examination Survey (NHANES). Five surveys of this type have been conducted since 1970:

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

NHANES I, the first cycle of the NHANES studies, was conducted between 1971 and 1975. This survey was based on a national sample of about 32,000 persons between the ages of 1-74. Extensive data on health and nutrition were collected by interview and physical examination. NHANES II began in 1976 with the goal of interviewing and examining 28,000 persons between the ages of 6 months to 74 years. This survey was completed in 1980. To establish a baseline for assessing changes over time, data collection for NHANES II was made comparable to NHANES I. This means that in both surveys many of the same measurements were taken, the same way, on the same age segment of the U.S. population.

While the NHANES I and NHANES II studies provided extensive information about the health and nutritional status of the general U.S. population, comparable data were not available for many of the ethnic groups within the United States. HHANES, fielded from 1982 to 1984, aimed at producing estimates of health and nutritional status for the three largest Hispanic subgroups in the United States—Mexican Americans, Cuban Americans and Puerto Ricans—that were comparable to the estimates available

for the general population. HHANES was similar in design to the previous HANES studies, interviewing and examining about 16,000 people in various regions across the country where there are large Hispanic populations.

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

In 1999, NHANES resumed data collection and became a continuous survey . Every two years, and any combination of consecutive years of data collection, comprises a nationally representative sample of the U.S. population. This design allows for statistical estimates for specific race/ethnicity groups as well as flexibility in the content of the questionnaires and exam components. New technologic innovations in computer-assisted interviewing and data processing resulted in rapid and accurate data collection, data processing, and publication of results.

The number of people examined in a 12-month period is about the same as in previous NHANES—about 5,000 a year from 15 different locations across the Nation. The data from NHANES have been used by government agencies, state and community organizations, private researchers, consumer groups, companies, and health care providers.

In addition to the abovementioned NHANES programs, a multi-phase project, the NHANES I Epidemiologic Follow-up Study (NHEFS), was conducted to follow-up the NHANES I survey population in order to provide a longitudinal picture of the health of the U.S. population. The first wave of the NHEFS data collection was conducted from 1982 through 1984. It included tracing the cohort; conducting personal interviews with participants or their proxies; measuring pulse rate, weight, and blood pressure of surviving participants; collecting hospital and nursing home records of overnight stays; and collecting death

certificates of decedents. Three additional follow-up of the NHEFS population has been conducted in 1986, 1987, and 1992.

1.2 Overview of NHANES

NHANES is designed to collect information about the health and diet of people in the United States. These data are used to fulfill specific goals. The overall goals of NHANES are to:

- Estimate the number and percentage of persons in the U.S. population and designated subgroups with selected diseases and risk factors;
- Monitor trends in the prevalence, awareness, treatment, and control of selected diseases;
- Monitor trends in risk behaviors and environmental exposures;
- Analyze risk factors for selected diseases;
- Study the relationship between diet, nutrition, and health;
- Explore emerging public health issues and new technologies; and
- Establish a national probability sample of genetic material for future genetic testing.

Each year, a nationally representative sample of the civilian, non-institutionalized U.S. population, all ages, is interviewed and examined. NHANES data are released in two-year cycles. One-year estimates may be produced if there is a compelling public health need and if one year of data can provide a reliable estimate. Data from completed two-year cycles of NHANES are posted on the NHANES website. The URL is http://www.cdc.gov/nchs/nhanes.htm. A major advantage of continuous NHANES data collection is the ability to address emerging public health issues and provide objective data on more health conditions and issues.

Westat has been contracted to conduct the study through 2022. Each year nearly 7,000 individuals of all ages in households across the United States are randomly selected to participate. The study respondents include whites/others as well as an oversample of blacks, Hispanics, and starting in 2011, Asians. The study design also includes a representative sample of these groups by age, sex, and income level. Older persons are also oversampled.

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

- Cardiovascular disease;
- Diabetes mellitus;
- Oral health;
- Infectious diseases and immunization status;
- Obesity, growth and development;
- Dietary intake and behavior;
- Nutritional status;
- Audiometry;
- Osteoporosis;
- Physical activity;
- Mental health;
- Environmental exposures; and
- Other health-related topics.

1.3 Field Organization for NHANES

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

- **Home Office Staff from Westat**—Project staff from Westat are responsible for overseeing the field work.

- **Field Staff—**The field staff consists of three groups of employees: The field office staff, the interviewers, and the MEC staff.

  - *Field Office Staff*—There are three office staff teams. Each team will work at an office opened at a specific site (i.e., stand). Each stand office will be headed by a study manager (SM) and will include a field coordinator (FC), an office coordinator (OC), a quality control specialist (QCS), and a facility equipment specialist (FES).

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

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

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

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

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

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

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

- *MEC Staff*—This staff of health professionals conducts the physical examinations. The main study includes two exam teams traveling from stand to stand. There are 16 individuals on each traveling team: 1 MEC manager, 1 MEC coordinator, 1 licensed physician, 1 dentist, 3 medical technologists, 4 health technologists, 2 MEC interviewers, 2 dietary interviewers, and 1 phlebotomist. In addition, local assistants and interpreters are recruited, trained, and employed at each stand to assist the exam staff.

1.4 Overview of Interviewer Tasks

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

Steps completed prior to interviewing:

1. Statisticians **scientifically select certain segments** throughout the sampling area. A segment is an area with definite boundaries, such as a city block or group of blocks containing a cluster of households;

2. Twelve weeks before data collection begins, NHANES staff **lists the segments**. Listing is the systematic recording of the address of every dwelling unit located within the segment. Commercial buildings and other structures not intended as living quarters will not be listed;

3. A **sample of dwelling units is selected** from the listing forms. This sample is the group of addresses that interviewers visit in order to conduct interviews;

4. **Advance arrangements**: These are the activities performed to prepare for a primary sampling unit (PSU). The advance arrangement team performs the following activities: identify health department liaison; notify community leaders of the arrival of the survey; select a site to locate the MEC; select staff housing and field office sites; set-up the MEC; assist with community outreach; and

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

The tasks interviewers perform at a stand include:

1. Interviewers will be given an **assignment** of sampled dwelling units (addresses) to contact. Each assignment will consist of pre-labeled Household Folders, pre-labeled Neighbor Information Forms, and the appropriate Segment Folder. The corresponding cases are loaded onto your tablet;

2. Using addresses on the Household Folders and listing/mapping materials in the Segment Folder, interviewers will **locate these dwelling units**;

3. **If a selected address is not a dwelling unit or is not occupied**, interviewers will complete the "Vacant/Not a DU Section" on the Screener Non-Interview Form;

4. **In an occupied residential dwelling** unit, interviewers will contact an adult who lives in the selected household and administer the **Screener** on a tablet computer.

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

   For eligible households, the second part of the screener also establishes household relationships, divides residents into families, and collects other family related information.

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

5. If all persons in a household are **ineligible**, no further work will be done with the case. When **eligible** household members are identified, interviewers will continue to conduct all the necessary tasks associated with the case;

6. In eligible households a **signed interview consent form** for each respondent to the Sample Person Questionnaire and/or the Family questionnaire will be obtained electronically (or hardcopy);

7. Next, the appropriate **Sample Person Questionnaire will be administered** to eligible respondents or SPs. The questions asked will depend on the age of the SP. ;

8. A **Family questionnaire** will also be administered to one adult family member from each eligible family in the household;

9. Next, interviewers will set up an **examination appointment**. This process will be repeated for each SP, attempting to coordinate appointments that conform to the examination center schedule and are convenient for an individual SP and all other SPs within a family unit;

10. Interviewers will then obtain **signed consent electronically (or hardcopy) for each SP for the examination**, call the field office to confirm the examination appointment(s), and give each SP an appointment slip;

11. If there is **more than one eligible family with SPs** selected, **this process will be repeated with each of the additional families**. Most often there is only one family in a household;

12. Interviewers will **record the result of each contact or attempted contact** with the household on the Call Record located on the Household Folder and in the Tablet Record of Calls (TROC) in the computer;

13. Interviewers will also support the survey by conducting some **field reminders** prior to MEC appointments and assist with **rescheduling of broken** (cancelled or no-show) **appointments** for the examinations;

14. If an interviewer is unable to complete any of the questionnaires or procedures (for any SP), a **Nonresponse Card** will be completed. This card documents the problems encountered in completing one or more tasks. The interviewer will transfer Information recorded on the Nonresponse Card to the TROC;

15. Interviewers will **check for missed DUs and/or structures** when instructed to do so. If any are found, the Missed DU or Missed Structure Procedures will be implemented and appropriate forms will be completed;

16. When an interview has been completed, interviewers will **edit** their work, carefully reviewing all forms and electronic documentation for completeness and legibility;

17. Interviewers will data transmit remotely on a daily basis to copy their contact attempt information and completed work to the field office system;

18. Interviewers will **report in person to the SM** at the stand office for regularly scheduled conferences, several times per week. During these conferences, interviewers will return and discuss completed cases, discuss problems with incomplete cases, receive new case assignments, and report on time, expenses, and production;

19. To insure the accuracy and completeness of the survey, **interviewer work will be edited by the field office staff, and then validated** by recontacting respondents. A random review of audio-recorded interviews will also be conducted by Westat supervisors and NCHS staff. After this review, supervisors will provide interviewers with feedback concerning the quality of the work; and

20. At the end of each stand field period, interviewers will **return all interviewing materials** to the supervisor.

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2. PREFIELD PROCEDURES

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

2.1 Overview of Interviewer Materials

Materials needed for interviewers to complete their work are available in the stand office. It is your responsibility to obtain the essential supplies from the stand office as you start your assignment. Check your supplies regularly so that you can pick up additional materials before you run out.

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

1. Materials to encourage respondent cooperation;
2. Materials to be used in the field;
3. Materials for organization and recordkeeping; and
4. Materials to help you prepare for your job.

2.1.1 Materials to Encourage Respondent Cooperation

These materials are designed to introduce the survey to respondents and to encourage them to participate in the interview. The language(s) in which these materials are available is noted below.

- **Advance Letter (English, Arabic, Chinese-Simplified, Chinese-Traditional, French, Haitian-Creole, Korean, Russian, Spanish, Tagalog, and Vietnamese)—** This letter introduces the survey and requests the respondent's participation. In most situations, the home office will send a letter to each address just before you are assigned the case. In some areas, however, the addresses will not be adequate to mail the letter. In those cases, you will present the letter during the first contact with a household member. Make sure that each household has received an advance letter either in the mail or directly from you during your introduction.

- **Identification Badge—**The study photo ID verifies that you are a health representative working on the study.

- **Screener Brochure (English and Spanish)—**This brochure contains a brief description of the study and provides answers to questions respondents may have about the study. It emphasizes that eligible respondents may be asked further questions related to health and nutrition. It includes brief information about the NHANES sampling procedures, how the data are kept confidential, and how the respondent's household was selected. You should have this brochure available to hand out to an eligible Screener respondent.

- **Confidentiality Brochure (English, Chinese-Simplified, Chinese-Traditional, Korean, Spanish, and Vietnamese)—**This brochure contains a brief description of the procedures used to ensure the confidentiality of all survey participants, their responses, and their examination results.

- **NHANES Let's Improve Our Health Brochure (English, Chinese-Simplified, Chinese-Traditional, Korean, Spanish, and Vietnamese)—**This brochure provides an overview of the NHANES survey. It describes the survey and gives a brief summary of the benefits of the survey, what participation involves and provides reasons why eligible persons should participate.

- **Data Accomplishments Brochure (English and Spanish)—**This brochure provides numerous examples of how NHANES has improved the health of all Americans.

- **NHANES Data Uses Sheet (English and Spanish)—**This fact sheet provides you with more examples of information collected on previous NHANES surveys and how the information has been used to benefit the U.S. population.

- **NHANES Overview (English)—**This brochure highlights the survey purpose, methodology, and data uses more thoroughly than other brochures available.

- **Outreach Folders—**These are two-pocket folders designed for NHANES and they can be left with eligible households to hold informational materials, consent form copies, etc. at the conclusion of interviews.

- **NHANES at a Glance—**This manual provides visual aids to be used, as necessary, to obtain respondent cooperation. It contains articles from newspapers, magazines, and letters of endorsement, etc. It is the only manual shown to respondents.

- **Language Identification Card—**This trifold card enables the respondent to identify the household language by placing a check mark next to their spoken language.

- **A NHANES magnet** that can be affixed to a refrigerator. This magnet is mailed along with the initial advance letter and is often used by interviewers at the doorstep to remind the respondent of the mailing.

- **National Endorsement Letters—**National organizations supply letters in support of the survey and to encourage study participation. The following organizations have provided letters:

  - American Academy of Pediatrics
  - American Nurses Association (English/Spanish)
  - American Association for Retired Persons (AARP)
  - American College of Sports Medicine
  - National Association for the Advancement of Colored People (NAACP)
  - The Social Security Administration (English/Spanish)
  - U.S. Department of Justice Immigration and Naturalization Service (English/ Spanish)
  - National Council of La Raza (English/Spanish)
  - Center for Medicare and Medicaid Services (English/Spanish)
  - Asian and Pacific Islander American Health Forum
  - National Arab American Medical Association
  - South Asian Public Health Association (SAPHA)
  - Disabled American Veterans (DAV)

- **Pregnancy Brochure (English and Spanish)**—A brochure addressing the concerns a pregnant survey participant may express in receiving the exam.

- **Older American Brochure (English and Spanish)**—This brochure provides seniors with information about health issues, addressed by NHANES, which benefit them; lists participation facts and benefits; and includes several endorsements.

- **African-American Flyer** —This flyer provides African Americans with information about benefits of their participation in NHANES.

- **Asian American Flyer (English, Chinese-Simplified, Chinese-Traditional, Korean, Vietnamese)**—This flyer provides Asian Americans with information about benefits of their participation in NHANES.

- **Growth Charts**—Using data collected through NHANES, the charts illustrate length-to-age and weight-to-age percentiles for males and females birth to 20 years of age.

- **Community Service Letter**—An example of a letter that a participant can request documenting his/her participation for 5 volunteer service hours.

- **Laboratory Blood Tests Flyer (English, Chinese-Simplified, Chinese-Traditional, Korean, Spanish and Vietnamese)**—A double-sided flyer briefly describing over four dozen laboratory exams run on the blood samples obtained during the exam.

- **Thank You Notes**—The cards are used to express appreciation for participation in the interview and/or exam. The cards may be mailed to the home or delivered in person by the interviewer.

- **Tuskegee Brochure**—A brochure describing the infamous syphilis study and the changes that Congress has passed to ensure government sponsored studies are conducted in a safe and ethical manner.

- **Coloring Books and Crayons**—Several coloring books on health and exercise and a set of crayons are available for young SPs. They can keep children entertained while their parent answers interview questions and can be used by the children in "show and tell" sessions at school.

2.1.2 Materials to Help You Prepare for Your Job

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

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

   Part I

   - **Field Procedures—**This section provides the specific procedures which must be followed for this survey.

   - **Specifications for Household Interviews—**This section contains instructions and explanations for administering the Sample Person (SP) and Family questionnaires.

   - **Glossary—**This section contains a list of words and terms used in the Screener, Relationship, Sample Person and Family questionnaires. Many of the terms listed in the glossary are also included in the CAPI instrument in on-line help screens. The glossary is translated into Spanish, Traditional Chinese, Simplified Chinese, Korean, and Vietnamese for interpreters.

   Part II

   - **Obtaining Respondent Cooperation Manual—**This manual contains documentation on all materials and techniques used to obtain respondent cooperation.

2.1.3 Materials to be Used in the Field

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

- **Segment Folder—**Each segment with sampled units has a separate folder. This folder contains the following items:

  1. **Segment Map—**This is a large map of the area that provides you with the segment boundaries. This map is a copy of a portion of the official Census Bureau Map for the area.

  2. **Annotation Maps—**These are detailed maps that were used by the listers. You will use it to help locate the segment in which you will be interviewing.

  3. **Lister's Map—**This is a detailed map that may be either a Google map with lister notes or a hand drawn map created by the lister if a situation in the segment needs further description.

  4. **Listing Sheets—**This is a printout from the electronic listing system that shows addresses of all dwelling units in the segment. It will help locate the sampled dwelling unit.

  5. **Segment Profile Form—**This form displays what the listers observed while listing the segment. It includes observed demographic breakdowns of the segment as well as other information the listers think would be helpful for interviewers to know. There is a space for home office to add comments as well.

- **Household Folder—**This folder contains the following:

  1. Address information to use in locating the unit;

  2. Household phone number information;

  3. A Contacts box in which to record contact attempt time windows;

  4. An Appointment Summary box in which to record MEC appointment status;

  5. Summary of forms to complete the consent process;

  6. Missed Structure/Missed DU Forms to be completed when appropriate;

  7. Incentive information to record the amount each SP will receive for his/her participation;

  8. Household language use information to document languages spoken in the household and interpreter information to track interpreter needs/arrangements;

9. A list of the Call Record Result Codes used to record the dispositions of the survey modules; and

10. The Household Record of Calls, which is used to record all contacts and results of contacts with the household.

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

- **Neighbor Information Form/Screener Non-Interview Form—**On the front page of this document are the screening questions you will ask when conducting the Screener with a neighbor. Only interviewers who have received approval from the Home Office can screen with neighbors. The front page also contains a box that provides the written household sampling instructions needed to select SPs. The back page of this document is used for documenting those instances in which the household is determined to be either vacant or not a dwelling unit.

- **DU Description Card—**On this card, record answers by observation to DU level questions and record any DU level comments.

- **Tablet computer and carrying case—**As mentioned previously, all of the screening and household interviewing will be conducted using a tablet computer. The tablet is also used to enter record of calls. The case helps you carry your equipment and materials safely.

- **NHANES phone—**This Westat issued smartphone gives you the capability to transmit data over a Wi-Fi hotspot. You can also use it to make business calls, access your NHANES email, and map to sampled addresses.

- **Hand Cards (English, Chinese-Simplified, Chinese-Traditional, Korean, Spanish, and Vietnamese)—**There are two sets of hand cards: one contains information for your use during the screening interview, and the other contains information you will use during the Sample Person (SP) and Family interview. In addition, the second set of hand cards helps you with the MEC appointment making process, interpreter protocol, and collecting key data items.

- **Language Identification Card—**This card is displayed to the respondent when a language other than English is used in the household. The respondent self identifies the household language by placing a check mark next to their spoken language.

- **Appointment for Examination Slip (English, Chinese-Simplified, Chinese-Traditional, Korean, Spanish, and Vietnamese)—**The appointment slip is a reminder to be left with SPs for whom an appointment for an examination at the MEC has been scheduled. There are four versions of this form that vary by fasting guidelines, age, and appointment time.

- **Consent Forms (English, Chinese-Simplified, Chinese-Traditional, Korean, Spanish, and Vietnamese):**

  - **Home Interview Consent Form—**This form provides respondents with information about the interview process and documents that informed consent has been obtained for each interview administered in the household. One interview consent form must be signed, whether electronically or hard copy, by each eligible respondent to the SP and the Family questionnaire. Note that a hard copy form must always be left with the respondent.

  - **Parental/Guardian Permission to Audio Record the Home Interview—**This form explains the purpose and voluntary nature of audio recording. Parents of 16-17 year old SPs sign this form, either electronically or on hard copy, in conjunction with the minor SP's verbal assent on the audio recording. One form must be signed for each 16-17 year old SP before asking the minor SP's verbal permission. Note that a hard copy form must always be left with the respondent.

  - **Sample Person MEC Consent/Assent Brochures—**These brochures contain more detailed information about the purpose of the study, particularly the examination module. There is a brochure for SPs 12 and older and parents of SPs under 18, and an assent brochure for children 7-11. The last page of the brochure contains the MEC examination consent or assent forms. This brochure must be presented to the SP, and/or the parent of the SP, as part of the examination informed consent process. S/he (and/or his/her parent or guardian) must read the brochure and sign the consent/assent form(s) prior to being examined.

  - **Health Measurements List—**This lists the MEC examination components conducted at the stand along with the eligible ages for each component and whether or not the SP will receive a report of the findings for that component. This list must be presented to the SP with the Sample Person MEC Consent/Assent Brochure as part of the informed consent process.

  - **Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies—**This form provides SPs with information about the storing of specific exam specimens for future research. It further documents whether informed consent from the SP and/or legal guardian has been obtained or not. There is one consent/assent form. This form should be signed for each SP receiving an exam.

- **Authorization for Transportation Arrangements for Persons Under 18 Years of Age (English, Chinese-Simplified, Chinese-Traditional, Korean, Spanish, and Vietnamese)—**This form must be completed, at the time of interview, by a parent or guardian of any SP under 18 who will **attend** the MEC exam.

- **Nonresponse Card—**This card must be thoroughly completed for any nonresponse situation associated with the extended interviews and MEC appointments. All information from the Nonresponse Card must also be entered in the TROC.

- **CDC Car Sign—**This laminated color card is placed on the dashboard of the interviewer's car and is used to identify him/her as a representative of the CDC.

- **School Excuse Form—**This form, upon request, will be prepared in the field office and can be presented to the school, explaining the nature of the survey and the need to examine the SP.

- **Certificate of Appreciation (English and Spanish)—**This certificate will be sent by the FO to each SP in the household after s/he has scheduled an examination appointment. It is signed by the Assistant Secretary of Health, Surgeon General, U.S. Public Health Service and the Director, National Center for Health Statistics.

2.1.4 Materials for Organization and Recordkeeping

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

- **Interviewer Time and Expense Report—**This electronic report is your means of reporting hours worked in order to receive the correct pay. You will record hours worked and save on a daily basis and submit it to your supervisor on a weekly basis.

- **Trip Expense Report—**This report is your means of reporting your eligible travel expenses and your living allowance. You will submit it to your supervisor on a weekly basis.

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

2.2 Preparing for the Field

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

The following is a list of the items you should **always** take with you in the field. (Other materials are optional.) Keep in mind that if you are a bilingual interviewer and expect to encounter Spanish speaking respondents in your current assignment, you should also take the Spanish versions of the appropriate forms listed below.

- Appropriate Segment Folder(s) for cases you plan to work on that day;
- Prelabeled Household Folders, Neighbor Information Forms, and DU Description Cards for all cases you plan to work on that day;
- ID badge;
- Hand Cards (2 sets: Screener and SP/Family);
- Tablet computer and carrying case;
- Advance letters;
- Screener Brochures;
- Target group materials (e.g., Older American Brochure, Asian American flyer, African American flyers)
- Newspaper articles/flyers;
- Confidentiality Brochures;
- NHANES Data Uses Sheets/Brochures;
- Home Interview Consent Forms, Parental Permission to Audio Record the Home Interview Forms;
- MEC Exam Brochures including MEC Consent/Assent Forms, MEC diagram, and Health Measurements Lists;
- Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies;
- Blank Household Folders;
- A copy of the Field Office Appointment Calendar;
- Appointment for Examination Slips (four versions);
- Authorization for Transportation Arrangements Forms for Persons Under 18 Years of Age;
- Nonresponse Cards;

- Sharpened No. 2 lead pencils;
- Black ink pen;
- NHANES at a Glance;
- Interviewer Procedures Manual (available electronically on tablet for reference); and
- NHANES phone and charger.

Whenever you are in the field and leave your car, make sure it is locked. Keep all materials (case folders, phone and your tablet when not in use) out of sight (i.e., locked in the trunk of your car). When you return to your hotel room at night, bring all materials with respondent data to your room (including your phone and tablet) and place them in a secure place.

2.3 Receiving and Reviewing Your Assignments

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

1. A **Household Folder** containing a computer-generated Household Assignment Label. This label will be attached to the front of each Household Folder and will identify the location of the dwelling unit to be contacted.

2. A **Neighbor Information Form/Screener Non Interview Form**. The front page of this form contains a box that provides the written household sampling instructions needed to select SPs.

3. A **DU Description** Card. This card provides a place for documentation of DU characteristics, such as DU type and any access issues.

4. A **Segment Folder** containing a segment map, annotation and lister maps, sketch maps, and listing sheets. These maps and forms provide further information to help in locating assigned dwelling units.

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

When you receive an assignment:

- Check the address on the Household Folder Assignment Label of each sampled dwelling unit with the address recorded on the Listing Sheet. The procedure for this is explained in Chapter 3; and
- Check the Household ID and address on the Household Case Identification Label with those listed on your tablet List of Cases or your Interviewer Conference Report to ensure you have the correct number of cases and that all identifying information for each case matches. The procedure for producing the Interview Conference Report is explained in Chapter 12.

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

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

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

2.4 Planning and Scheduling

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

To keep your travel time to a minimum, your supervisor will try to assign you cases that are clustered in one part of the stand. After completing part of your assignments, however, you may find that your remaining households are more scattered. To make efficient use of your time, it will then become particularly important for you to carefully plan your schedule before you go into the field. As you plan your

route keep in mind any family or SP interview appointments you have made and organize your time so that you can contact as many households as possible between appointments.

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

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

3. LOCATING THE DWELLING UNIT AND MAKING CONTACT

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

3.1 Definition of a DU

Your assignment consists of an address at which you first administer a short screening interview to determine if any member of the household is eligible to participate in the study. Screeners should be conducted only at addresses that qualify as Dwelling Units (DUs). Therefore, it is your responsibility to make sure that the assigned address is: (1) a DU, and (2) only one DU. In most cases, a DU will be easy for you to define, that is, a DU will be an apartment, a detached house, one house in a row of houses, half a duplex, etc. Sometimes, however, you will encounter structures where it is difficult to determine what constitutes a DU. Examples of these types of structures might be rooming houses, resident hotels, or houses that have been divided up into multifamily residences. The following definition explains in detail how to determine whether a residence is a DU.

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

AND

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

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

Examples of Types of DU

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

- **A single house** that is intended for occupancy by only one family.

- **A multiple-family house** containing more than one DU. (You often need to refer to the definition of a DU to determine the correct number of DUs in such places.)

- **A flat or apartment** in a structure that includes other flats or apartments.

- **A basement or attic apartment**. These may occur in any of the types of structures described earlier.

- **Vacant houses or apartments** that could be occupied.

- **A room in a nonresidential structure** where there are no other rooms occupied or intended for residential occupancy. Thus, if there is one room in a warehouse that the caretaker uses for his living quarters, such a room qualifies as a DU.

- **A mobile home or trailer** that is used as the permanent residence of the occupants and not just as their vacation residence.

- **A mobile home or trailer location** in a trailer lot or mobile home park in which numbered or otherwise specified spaces are rented. In such a mobile home park, each separate space allocated for one mobile home is listed as a DU, even if no mobile home currently occupies the space—that is, an empty space in a regular mobile home park is treated like a vacant apartment or house.

- **Hotel or motel rooms** that are:

  - Occupied by permanent guests; or

  - Occupied by employees who have no permanent residence elsewhere.

- **Work camps** occupied by seasonal workers. If a worker occupies a unit for 6 months or more of the year, that unit is considered a permanent DU, as long as the unit satisfies the other requirements of a DU.

- **Seasonal dwellings**, such as summer homes, resort cottages, or other part-time homes that **currently serve as permanent residences, are** considered DUs. An example of a residence that could be permanent is one that is heated where heat would be required. However, if someone lives permanently in an unheated DU, it should be included.

Since it is difficult to determine without inquiry whether a seasonal unit currently serves as a permanent residence, seasonal dwellings are listed, unless:

- They are used for overflow sleeping quarters for the main house, in which case they are considered part of the main house; or

- They fit the definition of vacation cabin given under examples of structures that are not DUs.

- **Rooms within institutions** (hospitals, penal institutions) that **serve as the permanent residence of a staff member,** and that satisfy the requirements of the DU definition. For example, an apartment that serves as a permanent residence for a houseparent in a college dormitory would be listed as a DU.

- **DUs located on Indian reservations**.

- **Housing on military bases** qualify as DUs unless the project specifies otherwise. NOTE: Military barracks and bachelor officers' quarters (BOQs) do not meet the definition of a DU.

- **Time-share apartment units** meet the definition of a DU and should be listed.

- **Model homes** if construction has been completed. Although they are not occupied, they meet the definition of a DU.

- **Noninstitutional group quarters** are those housing units where 10 or more persons unrelated to the person in charge live and eat together. Examples of noninstitutional group quarters are college dormitories and fraternity/sorority housing, rooms occupied in rooming and boarding houses, missions, communes, and workers' dormitories, monasteries, convents, group homes, halfway houses for drug/alcohol abuse, and maternity homes.

  - Housing for the Older Population—Housing specifically for the older population has become more prevalent and is being identified by many different names. Living quarters in these facilities, unless they meet the definition of skilled nursing facilities, are housing units, with each resident's living quarters considered a separate housing unit if it meets the housing unit definition of direct access. These residential facilities may be referred to as senior apartments, active adult communities, congregate care, continuing care retirement community, independent living, board and care, or assisted living. People may have to meet certain criteria to be able to live in these facilities, but once accepted as residents, they have unrestricted access to and from their units to the outside.

Examples of Structures That Are Not DUs (Special Places)

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

Some examples of institutions that are not DUs include the following:

- **Unoccupied buildings** that have been condemned or that are being demolished.
- **Transient hotels or motel rooms** that are rented on a daily or short-term basis and are not intended for permanent occupancy.
- **Places of business** (stores, factories) but be sure to look for hard-to-find living quarters behind or above or inside business places.
- **Vacation cabins** include a group of five or more cabins owned and operated under a single management. These cabins must be clustered together and rented or intended for rent and identified by a sign on the property where they are located. If they do not meet these requirements, they are DUs. However, if you discover a permanent residence within the cluster of cabins, for example, the permanent residence of a resident manager or owner, this is a DU.
- All institutional group quarters. Examples:
  - Military barracks and bachelor officers' quarters (BOQ);
  - Correctional institutions;
  - Hospitals;
  - Homes for aged;
  - Juvenile institutions; and
  - Nursing facilities/skilled nursing facilities – include facilities licensed to provide medical care with 7-day, 24-hour coverage for people requiring long-term non-acute care. People in these facilities require nursing care, regardless of age. These types of facilities may be referred to as nursing homes.

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

If you find that the assigned address includes **more than one DU**, you may need to follow special procedures. These are the Missed DU Procedures discussed in Chapter 12.

3.2 Locating the Dwelling Unit (DU)

Your assignment will usually consist of one or more segments. A segment is a geographical area with definite boundaries within a county or PSU. The size of a segment may vary from one block in an urban area to several square miles in a rural area. After receiving your assignment, you will need to locate the addresses of selected DUs within the segment. There are three basic steps to follow in doing this:

Step 1: **Locate the Segment**: Using maps of the area, you should identify the exact location of the segment.

Step 2: **Locate the Selected Address**: The address of the selected DU appears on the front page of the Household Folder. The addresses for all selected DUs within your assigned segment will also appear on the list of assigned cases on your tablet computer.

Step 3: **Determine Whether Selected Address is a DU**: Generally a selected address is clearly a DU (for example, a single-family house or an apartment in a multi-unit structure). Whenever you think a selected address may not qualify as a DU, you must refer to the DU definition to see if the selected address fits the description.

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

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

The lister uses computer-generated Overview maps and Segment maps to locate the area in which he or she is to work and records addresses within the specified area in the computer and Annotation maps. All the work the lister completes is placed in a Segment Folder.

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

These will be copies of the original maps used by the listers when they recorded the addresses of all DUs in the segment. The Listing Sheets will designate the sampled addresses you are to contact, as well as help you locate them. The following sections further explain how to locate DUs using the Listing Sheets and other materials in the Segment Folder.

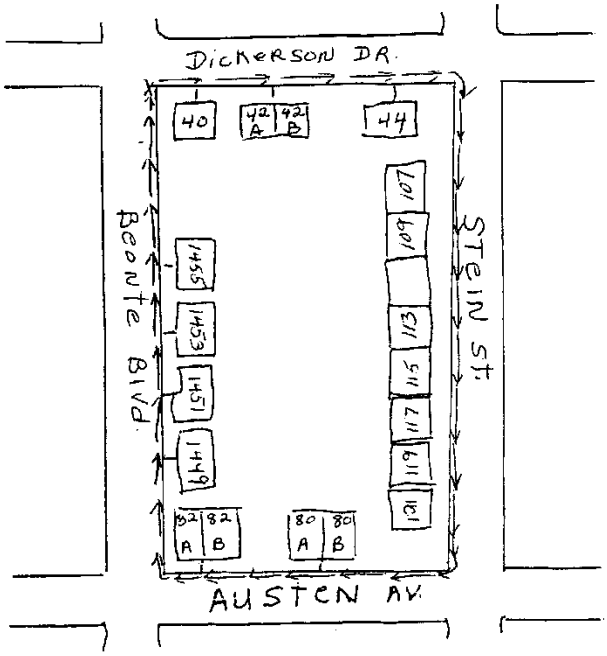
3.2.1 How Listing Sheets are Created

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

- Listers began at the northwest corner of the segment and recorded **all** of the residential addresses they encountered while traveling in a clockwise direction around the segment. They proceed around a segment, always turning right when the opportunity presents itself, thus listing each block in the segment.
- The lister lists only those DUs on the right, listing in sequence, and travels down every block in the segment, being sure to remain within the segment boundaries.

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

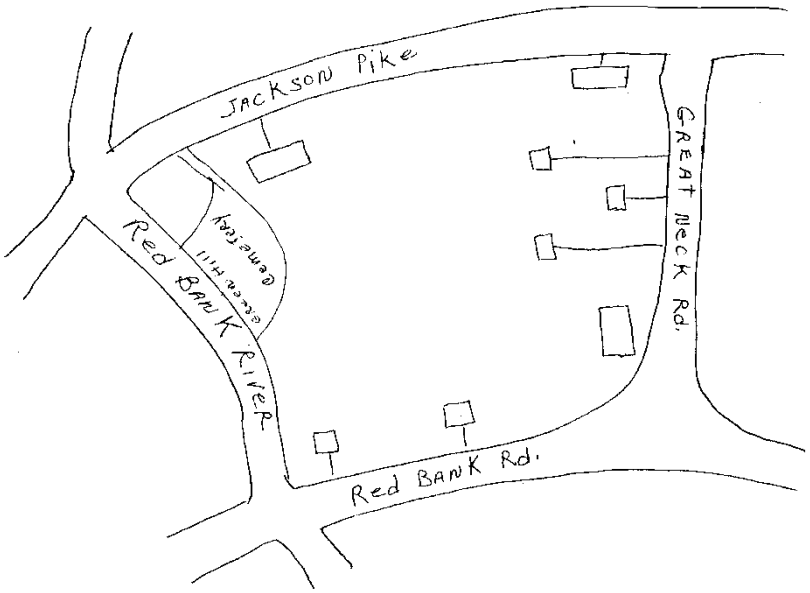
Exhibit 3-1. Typical Urban Segment



NHANES Listing Sheet #195
Stand 603 – Temple, TX
Segment 2

Office Use Only	Line #	House #	Pre Dir	Street Name	Street Type	Post Dir	Unit Type	Unit #	Address Details	Comments
	1	40		Dickerson	DR					
	2	42		Dickerson	DR		APT	A		
	3	42		Dickerson	DR		APT	B		
	4	44		Dickerson	DR					
	5	107		Stein	ST					
	6	109		Stein	ST					
	7	DK0001		Stein	ST					Between 109 and 113
	8	113		Stein	ST					
	9	115		Stein	ST					
	10	117		Stein	ST					
	11	119		Stein	ST					
	12	121		Stein	ST					
	13	80		Austen	AVE		APT	B		
	14	80		Austen	AVE		APT	A		
	15	82		Austen	AVE		APT	B		
	16	82		Austen	AVE		APT	A		
	17	1449		Beonte	BLVD					
	18	1451		Beonte	BLVD					
	19	1453		Beonte	BLVD					
	20	1455		Beonte	BLVD					

Exhibit 3-2. Typical Rural Segment



NHANES Listing Sheet #195
Stand 603 – Temple, TX
Segment 2

Office Use Only	Line #	House #	Pre Dir	Street Name	Street Type	Post Dir	Unit Type	Unit #	Address Details	Comments
	21	DK0001		Jackson	PIKE				Exterior: Brick/Block; Levels: 2; DU Type: Single Family; Features: Porch	Porch has 7 posts
	22	DK0002		Jackson	PIKE		APT		Exterior: Siding; Levels: 1; DU Type: Single Family; Features: Gate	2 skylights
	23	DK0001		Great Neck	RD		APT		Exterior: Wood; Levels: 1; DU Type: Single Family; Features: Garage	
	24	DK0002		Great Neck	RD				Exterior: Siding; Levels: 2; DU Type: Single Family; Features: Chimney	
	25	DK0003		Great Neck	RD				Exterior: Brick/Block; Levels: 2; DU Type: Single Family; Features: Porch	
	26	DK0001		Red Bank	RD				Exterior: Wood; Levels: 1; DU Type: Single Family; Features: Garage	
	27	DK0002		Red Bank	RD				Exterior: Brick/Block; Levels: 2; DU Type: Single Family; Features: Fence	Chain link fence

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

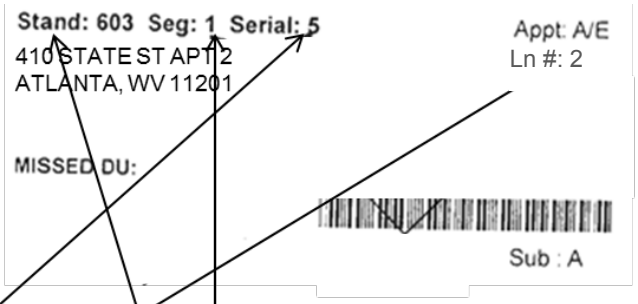
When all listings were completed, Westat's Sampling Department reviewed the listings and selected the sample DUs you will be contacting. During this process, sample DUs were assigned Household ID numbers. The Household ID appears in the Household Assignment Label on the front of the Household Folder.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

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

Exhibit 3-3 shows how the Household ID and address printed on the Address Label enable you to locate the sampled DU on the Listing Sheet. The "Stand Number" is found at the top of the Listing Sheet. The "Segment Number" is below the "Stand Number" on the listing sheet. The serial number uniquely identifying the sampled household is in the Office Use Only of the listing sheet next to the sample household address. Note only sampled households are identified with serial numbers on the listing sheet. Also the Listing "Line Number" is in the second column of the listing sheet and is on the top right corner of the label.

The address of the sample DU that appears on the Listing Sheet also appears on the address label on the front of the Household Folder. (Where no address is indicated, refer to the Listing Sheet and the segment maps to locate the DU.) Be sure the address and serial number on the Listing Sheet and the address and Serial Number on the front of the Household Folder agree. If there is any discrepancy, notify your supervisor before working on the case.

Exhibit 3-3. Example of Address Label



NHANES Listing Sheet #195
Stand 603 – Atlanta, WV
Segment 1

Office Use Only	Line #	House #	Pre Dir	Street Name	Street Type	Post Dir	Unit Type	Unit #	Address Details	Comments
	1	410		State	ST		APT	1		
0005	2	410		State	ST		APT	2		
	3	410		State	ST		APT	3		
	4	410		State	ST		APT	4		
0006	5	412		State	ST		APT	1		
	6	412		State	ST		APT	2		
	7	412		State	ST		APT	3		
0007	8	412		State	ST		APT	4		
	9	110		Main	ST					
	10	112		Main	ST					
0008	11	114		Main	ST					
	12	115		Main	ST					
0009	13	116		Main	ST					
	14	117		Main	ST					
	15	118		Main	ST					
0010	16	119		Main	ST					
	17	120		Main	ST					
	18	121		Main	ST					
0011	19	122		Main	ST					
	20	123		Main	ST					

3.2.3 Using the Lister's Material to Locate a DU

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

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

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

3.2.4 Maps Included in the Segment Folder

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

- Segment Maps, detailing the boundaries of the segment;
- Annotation Maps, showing only the area to be listed; and
- Printed Google or Hand Drawn Lister's Maps (if any), detailing more complex blocks within the segment.

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

Exhibit 3-4. Annotation Map with Directional Arrows

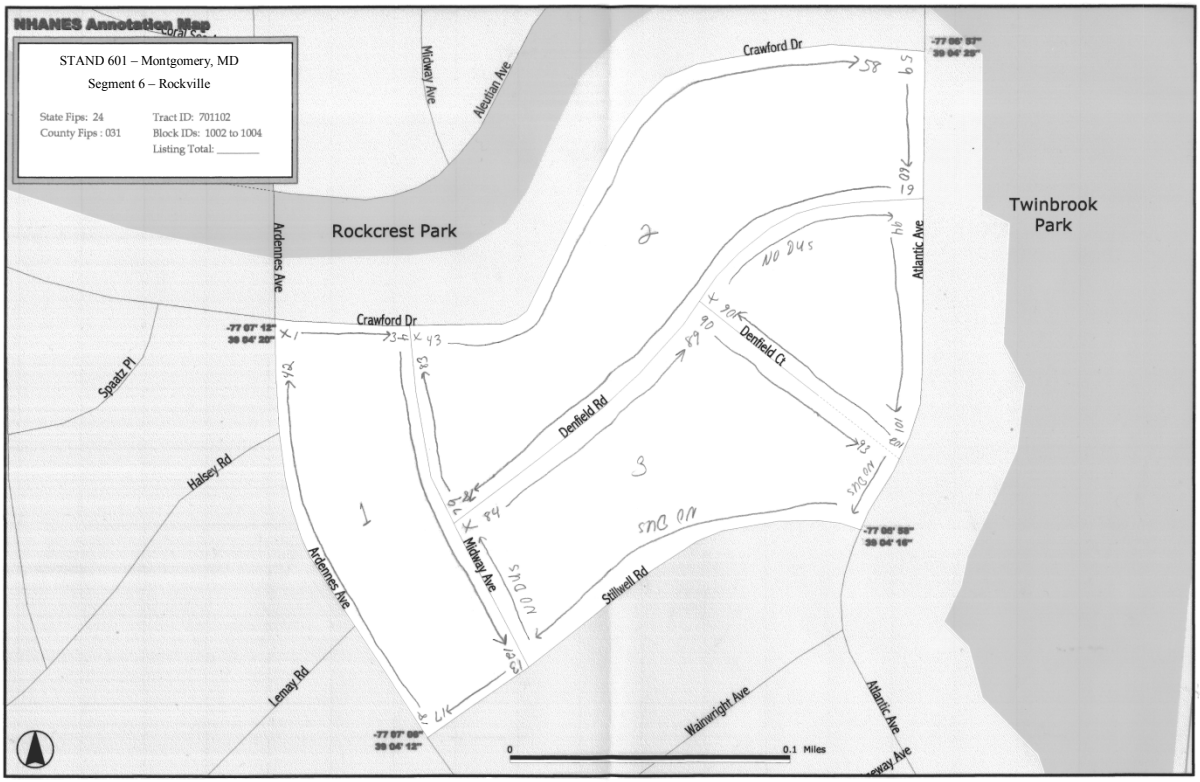


Exhibit 3-5. Segment Map

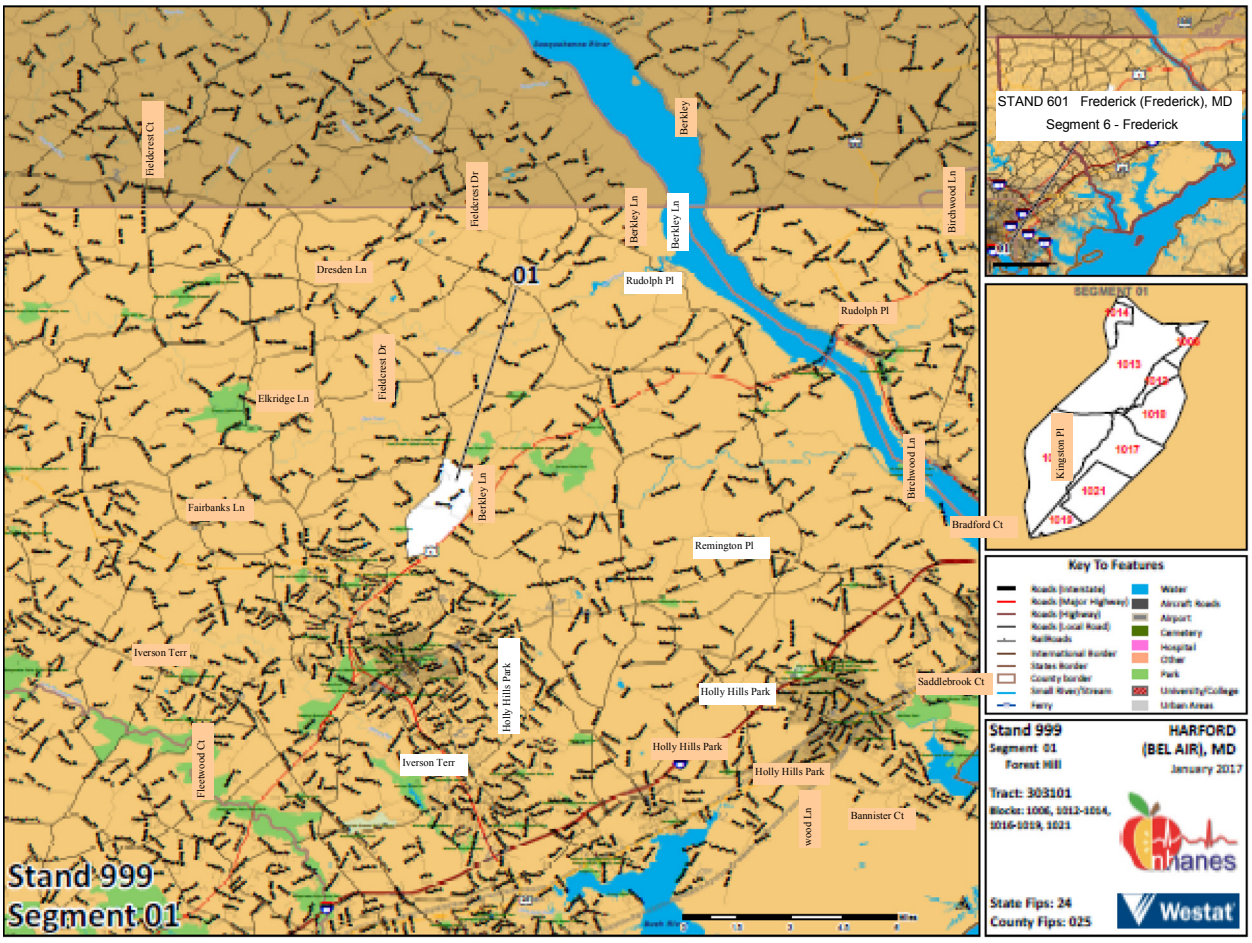


Exhibit 3-6. Lister's Maps

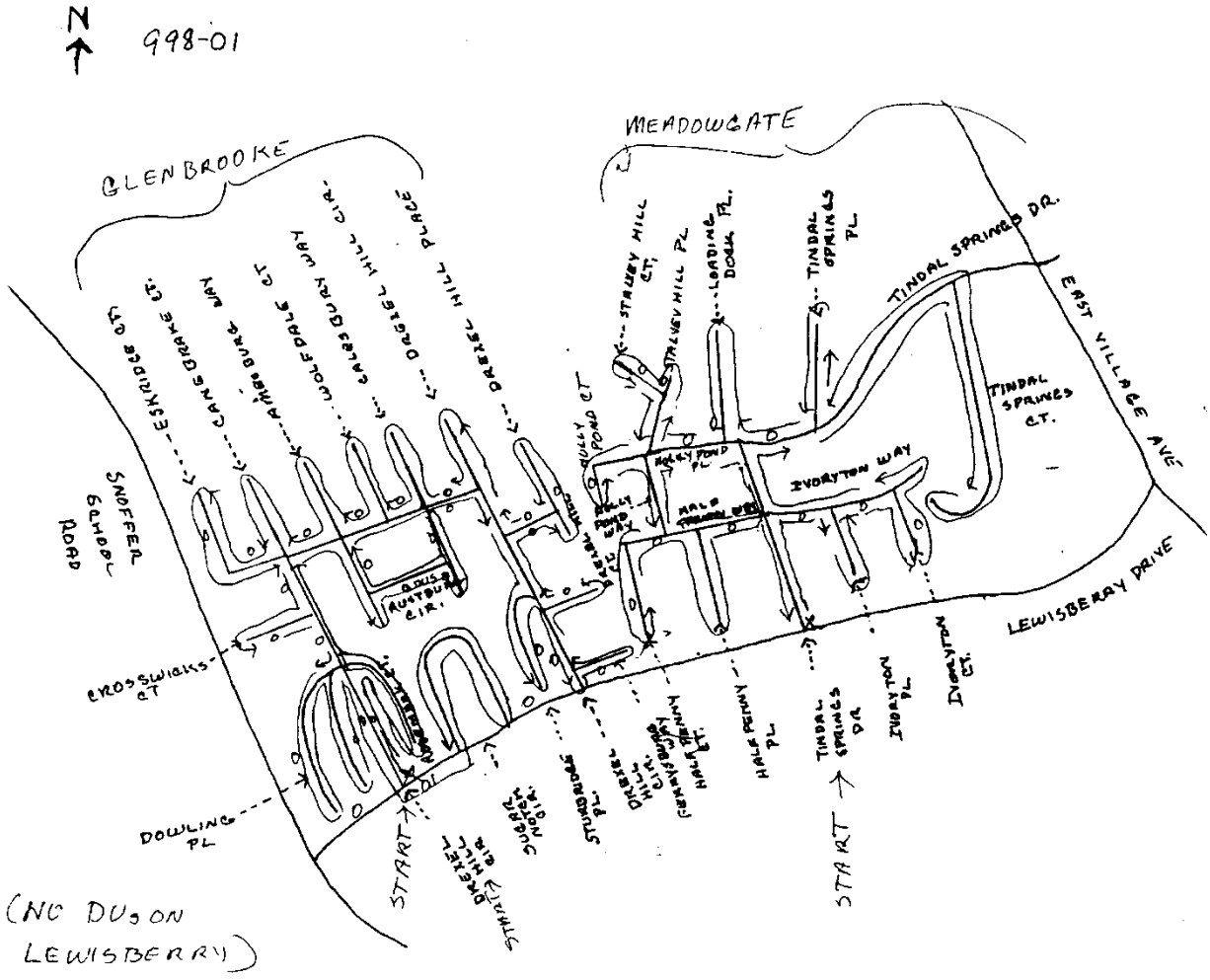


Exhibit 3-7. Segment Profile Form

National Health and Nutrition Examination Survey (NHANES)
Report: Segment Profile Form #197
Stand: 603 – Atlanta, WV
Segment: 1

1. Racial Mix

White	100%
Black	%
Asian	%
Other	%

2. Language Spoken

English	100%
Spanish	%
Asian	%
Other	%

3. Income Level

High	%
Medium	100%
Low	%

4. Ethnicity Mix

Hispanic	%
Non-Hispanic	100%

5. Age Mix

Elderly	20%
Families with Young Children	80%

Lister Segment Comments
Few single family homes, rest apartments (including coops). Most buildings are 1 unit per floor. Locked doors with buzzers, mostly marked well. A couple of units we searched real estate sites and tax records to get number of units. People out walking. Tight parking, may have to search for a spot. A couple of small stores in segment and church nearby. No problems. Pleasant, neat area. Pricey apartments. Difficult to determine ethnic mix of residents but we saw only white while in the segment.

Home Office Segment Comments

6/3/2014 11:04 AM

3.2.5 Problems Locating the DU

It is a good idea for you to obtain a local map of the area in which you will be interviewing. These can usually be obtained at gas stations, drug stores, or the local Chamber of Commerce. If you ever have trouble locating a sampled DU or a group of sampled DUs, ask for directions. Postal carriers or gas station attendants will usually be able to help you. If this fails, call your supervisor. S/he may be able to help you immediately by referring to hard copy maps and online programs available in the office. You can also use the map software on your NHANES phone to find a DU, but be careful as GPS systems can sometimes be inaccurate.

3.3 Introduction at the Door

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

A brief introduction is printed on the first screen of the computer-assisted personal interview (CAPI) Screener. You must use this introduction whenever you make contact with a household. It has been designed to let the respondent know immediately

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

Hello, I'm _____ and we are conducting a survey for the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). (SHOW ID CARD.) A letter was sent to you recently explaining a survey which is called the National Health and Nutrition Examination Survey and is about your family's health. [IF RESIDENT DOES NOT REMEMBER LETTER, HAND NEW COPY.] All the information that you give us is voluntary and will be kept confidential. Your name will not be attached to any of your answers without your specific permission.

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

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 2002 (CIPSEA, Title 5 of Public Law 107-347). 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, NCHS complies with the Federal Cybersecurity Act of 2015 (6 U.S.C. §§ 151 & 151 note). This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. If information sent through government networks triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf of, the government. Public reporting burden for this collection of information is estimated to average 6.7 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-74, Atlanta, GA 30333, ATTN: PRA (0920-0950).

When reading the introduction, you should always show your ID badge and have a copy of the advance letter (see Exhibit 3-8) and the Screener Brochure (see Exhibit 3-9) ready to give to the respondent. These will help offset possible suspicions about your identity or purpose and overcome reservations the respondent may have about being interviewed.

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

3.4 Answering the Respondent's Questions

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

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

Exhibit 3-8. Advance Letter

NATIONAL CENTER FOR HEALTH STATISTICS
National Health and Nutrition Examination Survey

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

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

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

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

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

Thank you in advance for helping.

Sincerely,

Charles J. Rothwell
Director

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

Centers for Disease Control and Prevention
National Center for Health Statistics

Exhibit 3-9. Screener Brochure

National Health and Nutrition Examination Survey

Centers for Disease Control and Prevention
National Center for Health Statistics

NHANES

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

What is the National Health and Nutrition Examination Survey?

The National Health and Nutrition Examination Survey (NHANES) is a study conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics—a federal agency that gathers health data for the United States.

From NHANES, we learn about the health of people in the United States. We learn about fitness and exercise habits, physical and mental health, obesity, eating habits, dental health, and hearing, among other topics.

The current NHANES began in 1999; it is now an ongoing survey and will go to locations throughout the United States.

What is the purpose of the short interview?

For nearly 50 years, we have conducted short interviews around the country in homes like yours. The short interview includes questions about this building; questions about the age, sex, race, and ethnic background of the people who live in your household; and questions about household income. We use these short interviews to choose households to participate in the survey.

The survey includes more detailed interviews and physical examinations for some people in each household. The examinations are conducted in mobile centers that are located in the communities selected for the survey. We take body measurements, such as height and weight, and look for certain diseases and health conditions.

We use the information you give us to solve health problems, create health programs, and improve the quality of health care.

How was I chosen for the interview?

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

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

Your home has been chosen to participate in this short interview that we use to decide which households will participate in this current survey.

How will I recognize the survey interviewer?

The person who comes to your home will have an official identification card from the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. His or her photo will be on the card.

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

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

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 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA every NCHS employee, contractor and agent have 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, NCHS complies with the Cybersecurity Enhancement Act of 2015. This law requires the Federal government to protect its information by using computer security programs to identify cybersecurity risks against federal computer networks.

We assign code numbers to replace names or other facts that could identify you. We combine your answers with those from thousands of other people. We report survey findings in percentages and totals to protect the privacy of those who participated in the survey.

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

For more information about the survey, you may visit our website at **http://www.cdc.gov/nhanes**

CS264194 (04/2016)

It is extremely important that you be thoroughly familiar with the purpose of the survey so that you can answer questions accurately. You should also be familiar with the contents of the advance letter and screener brochure so that, when appropriate, you can point out the written answers as you respond to questions.

If you don't know the answer to a question, admit that you don't know it. Continue with the interview but volunteer to have your supervisor call to talk with the respondent if the respondent wants you to.

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

4. ADMINISTERING THE INTERVIEW

4.1 The Household Screening Interview

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

4.1.1 Content of the Screening Interview

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

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

The Screener also serves several other important purposes:

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

One Screener will be loaded on your tablet for each address in your assignment. You will also receive a hard-copy Household Folder (Chapter 5), a DU Description Card, and a Neighbor Information

Form (Chapter 10) for each address. You must complete a CAPI Screener for each dwelling unit in your assignment regardless of whether anyone in the household is eligible for the main survey.

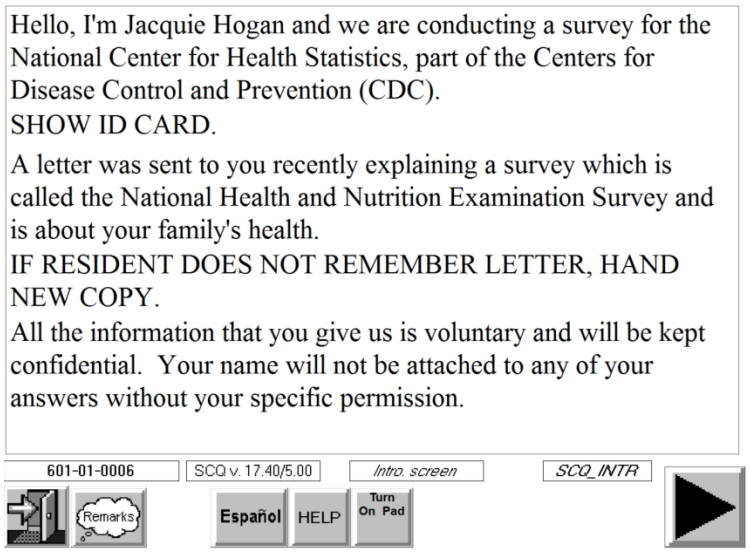
4.1.2 Eligible Screener Respondent

An eligible Screener respondent must be a **knowledgeable adult household member at least 18 years old or an emancipated minor** (emancipated minor information is available at each stand and is state specific). See Section 4.1.3.3 for questions used to verify the respondent's age and residence. The Screener respondent will need to provide accurate information about everyone who lives in the household: their ages and race/ethnicity.

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

4.1.3 Screener Specifications

4.1.3.1 Introduction



Use the paragraph on this screen when you are at the door to introduce yourself. During this initial contact, show your ID badge and have available the advance letter (in case the respondent does not recall or did not receive a letter) and the Screener Brochure, which explains the study.

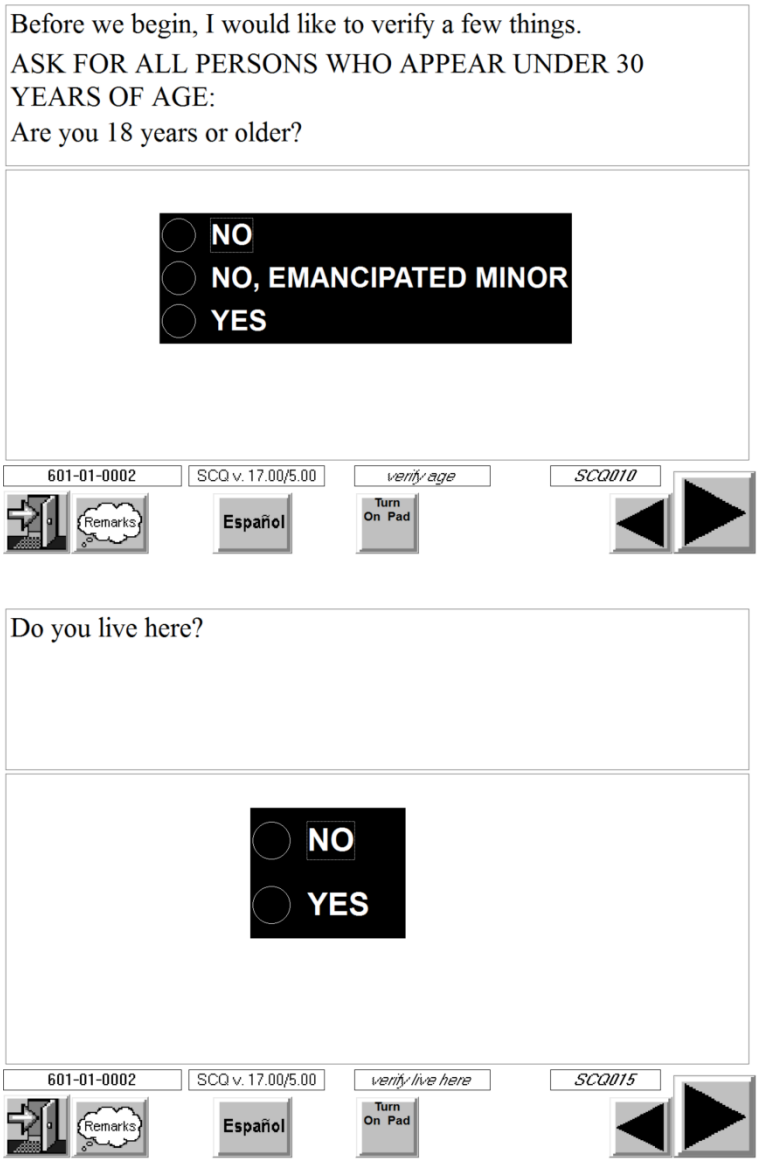
4.1.3.2 Notice of Confidentiality, Burden Statement, and Cybersecurity Act

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 2002 (CIPSEA, Title 5 of Public Law 107-347). 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, NCHS complies with the Federal Cybersecurity Act of 2015 (6 U.S.C. §§ 151 & 151 note). This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. If information sent through government networks triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf of, the government.

Public reporting burden of this collection of information may take up to 6.7 hours per response for total participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0950). **01/17**

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

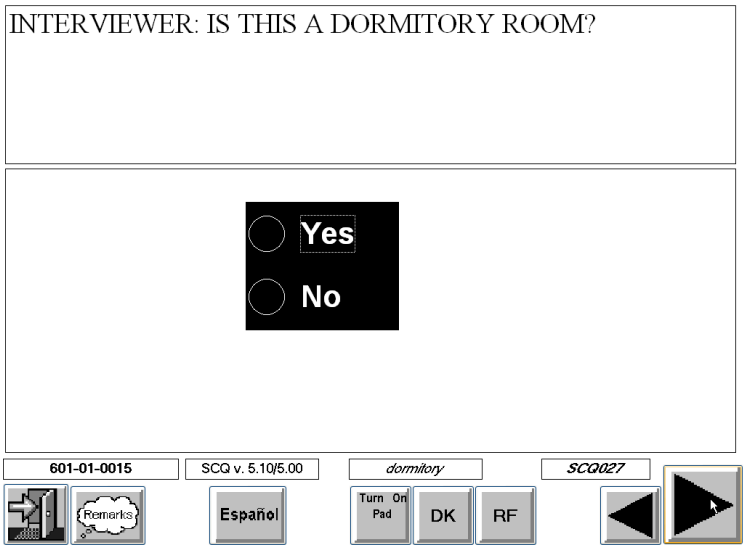
4.1.3.3 Respondent Verification



The first two questions are designed to verify that the Screener respondent is 18 years or older and is a household member. Interviewers are only allowed to conduct Screeners with adults (or emancipated

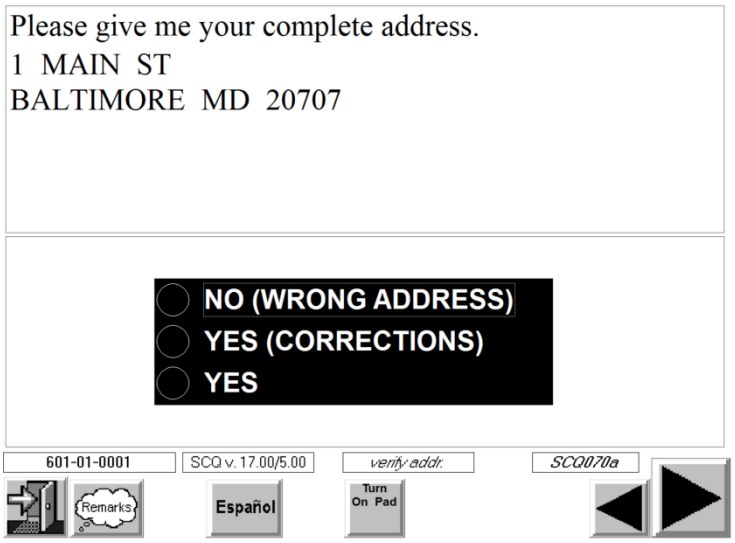
minors) who live in the household. If no is selected for either question, the Screener will end and display a message to identify a household resident who is 18 years or older.

4.1.3.4 Dormitory Room



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

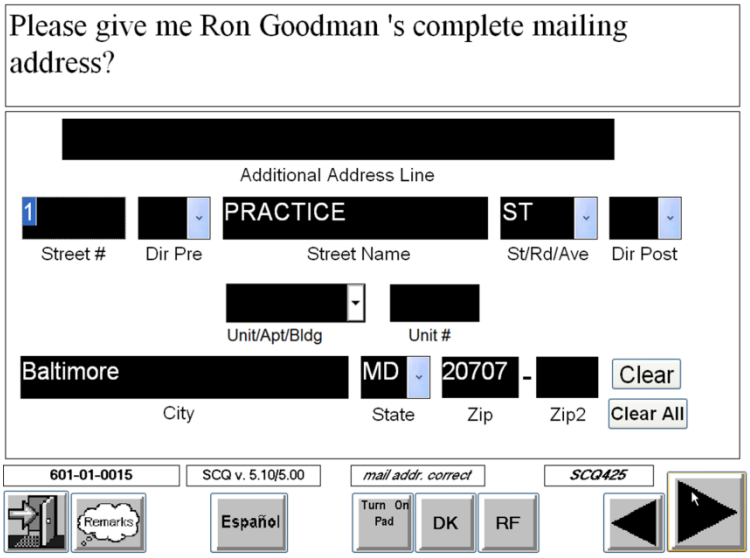
4.1.3.5 Address Verification



This question requires you to ask the respondent to tell you his/her address, and for you to listen to the address given by the respondent and check it against information displayed at the top of the screen. Ask this question to be sure you are interviewing at the correct dwelling unit. If the address given by the respondent is **exactly** the same as the address displayed on the screen, code YES.

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

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



NHANES data can be used for future follow-up studies. In addition, we need an accurate address to mail the final report of findings to the SP. The address information you verify/collect in this question will be critical in tracking respondents. Please allow time for the respondent to gather the information needed. Please also keep in mind the importance of accurate address information and verify and record all data very carefully.

4.1.3.6 Household Composition Questions

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

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

Rules for Determining Household Members

Household—The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person (defined on

page 4-10) and any relatives living in the unit. The household may also include roomers, employees, or other persons not related to the reference person.

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

- Persons, whether present or temporarily absent, whose **usual place of residence** at the time of interview is the dwelling unit.

- Persons staying in the dwelling unit who have no usual place of residence elsewhere. Usual place of residence is ordinarily the place where a person usually lives and sleeps. A usual place of residence must be specific living quarters held by the person to which s/he is free to return at any time. Living quarters that a person rents or lends to someone else cannot be considered his/her usual place of residence during the time these quarters are occupied by someone else. Likewise, vacant living quarters that a person offers for rent or sale during his/her absence should not be considered his/her usual place of residence while s/he is away.

- Special situations regarding household membership. You may encounter certain situations where household membership is unclear. Below are guidelines for handling these situations. You may have to ask enough probe-type questions so that you can determine the actual situation, and therefore, make the proper decision as to household membership.

    1. **Families with two or more homes**—Some families have two or more homes and may spend part of the time in each. For such cases, the usual residence is the place in which the person spends the largest part of the calendar year. Only one unit can be the usual residence. For example, the Browns own a home in the city and live there most of the year. They spend their summer vacation at their beach cottage. Neither house is rented in their absence. By our rule, then, their home in the city is their "usual residence" because they spend the majority of the year there.

    2. **Students and student nurses**—Any student away at school, college, trade, or commercial school in another locality will be interviewed in the locality where they are attending school. That is, even if a student considers his/her parents' home to be their usual residence, consider him/her to be a household member where presently residing. Consider a student to be a household member of his/her parents' home only if s/he is home for the summer vacation and has no usual residence at the school.

    3. **Seamen**—Consider crew members of a vessel to be household members at their home rather than on the vessel, regardless of the length of their trips and regardless of whether they are at home or on the vessel at the time of your visit (assuming they have no usual place of residence elsewhere).

4. **Members of Armed Forces**—Consider members of the Armed Forces (either men or women) as household members if they are stationed in the locality and usually sleep in the dwelling unit, even though no health information will be obtained for them.

5. **Citizens of foreign countries temporarily in the United States**—Determine whether to interview citizens of foreign countries staying at the sample unit according to the following rules:

   - Do not interview citizens of foreign countries and other persons who are living on the premises of an embassy, ministry, legation, chancellery, or consulate.

   - List in the questionnaire and interview citizens of foreign countries and members of their families who are living in the United States and are not on the premises of an embassy, etc. This applies only if they have no usual place of residence elsewhere in the United States. However, do not consider as household members foreign citizens merely visiting or traveling in the United States.

6. **Persons with two concurrent residences**—If a person has two concurrent residences, ask how long the person has maintained them, and consider the residence in which the greater number of nights was spent during that period as the person's usual place of residence.

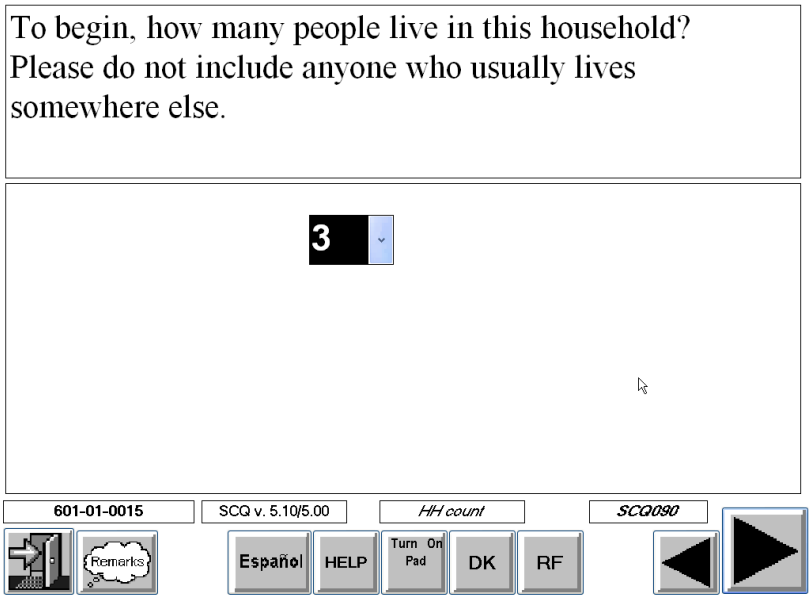
7. **Persons in vacation homes, tourist cabins and trailers**—Interview persons living in vacation homes or tourist cabins and trailers if they usually live there or if they have no usual residence anywhere else. Do not interview them if they usually live elsewhere.

8. **Inmates of specified institutions**—Persons who are inmates of certain types of institutions at the time of interview are not household members of the sample unit. They are usual residents of the institution and are out of scope for this survey.

9. **Families within the household with separate living quarters**—If, in addition to a "typical family group" (i.e., parent(s) and unmarried children or two or more unmarried siblings) there are additional relatives in the household, ask if they all live and eat together as one family. If they do, treat them as a single family. If any of the persons say they live separately from the others, determine if they have either separate cooking equipment and separate direct access to the dwelling. If either of these conditions apply, consider them as living in a separate household. If there is a "Missed DU" message on the front of the Household Folder, you will need to follow the instructions described in Chapter 12.

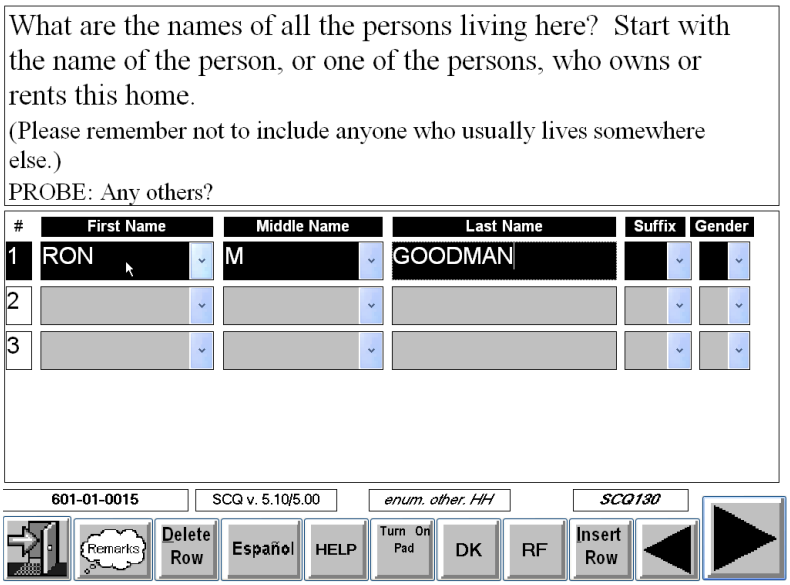
Household Composition Question Specifications

Total Number of Persons in the Household



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

Identifying a Reference Person (Householder)



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

> The first household member 18 years or older mentioned by the Screener respondent who is "the person or one of the persons who owns or rents the dwelling unit." If no household member occupying the dwelling unit owns or rents the unit, the reference person is the first household member mentioned who is 18 years of age or older.

Recording the incorrect person, especially a child, on the first line causes many issues, including asking about relationships to the wrong person in the Relationship Questionnaire (see Section 4.2), asking demographic questions about the wrong person in the Family Questionnaire (see Section 4.4), and subsequently requiring data cleanup and re-contacting the SP for the correct answers.

On rare occasions, you may encounter **dwelling units occupied entirely by persons under 18 years old**. When this occurs, use the following rules to designate the reference person:

- If one of the household members owns or rents the sample unit, designate that person as the reference person.
- If more than one household member owns or rents the sample unit, designate the oldest owner/renter as the reference person.

- If none of the household members owns or rents the sample unit, designate the oldest household member as the reference person.

Recording Names on the Household Composition Roster

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

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

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

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

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

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

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

Hispanic Surnames

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

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

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

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

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

   Both last names should be placed in the "Last Name" field leaving a space between the names (e.g., Sanchez Gomez).

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

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

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

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

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

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

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

You are not expected to become an expert on the use of Hispanic surnames. Just be aware that there are several possible conventions in use. Make an effort to enter all names in the correct boxes. If you are unsure how to enter a name, ask the respondent how it should be recorded.

On rare occasions a respondent may refuse to provide a name. If this happens, it is best to enter some type of description so that a person returning to the household can identify who each person is, e.g., mother, father, child1, child2, man of hh, boarder, etc.

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

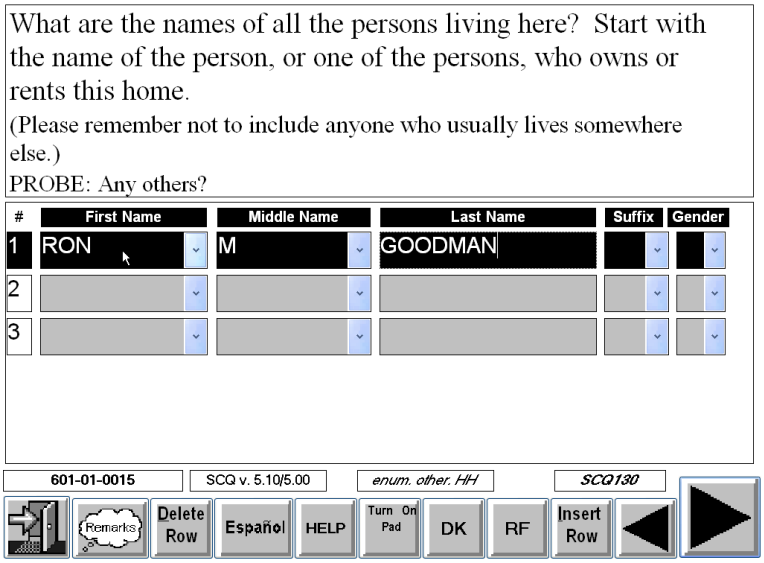
- Tap on the button at the bottom of the screen labeled "TURN ON PAD". A small red light will flash, indicating the key pad is turned on.
- When the keypad appears, the cursor will be in the first name field. Type in the first name by tapping on the appropriate letters and tap on "OK" on the keypad.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

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

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

Identifying All Person in the Household on the Household Membership Roster

All members of the household are entered into the roster at the CAPI screen below.



This question is meant to let the respondent know we want <u>all</u> of the persons that live here, including children and non-family members. Note that some respondents confuse the question's intent and list only those household members who are currently home. Be sure to verify the information on all subsequent screens to verify all members living in the household.

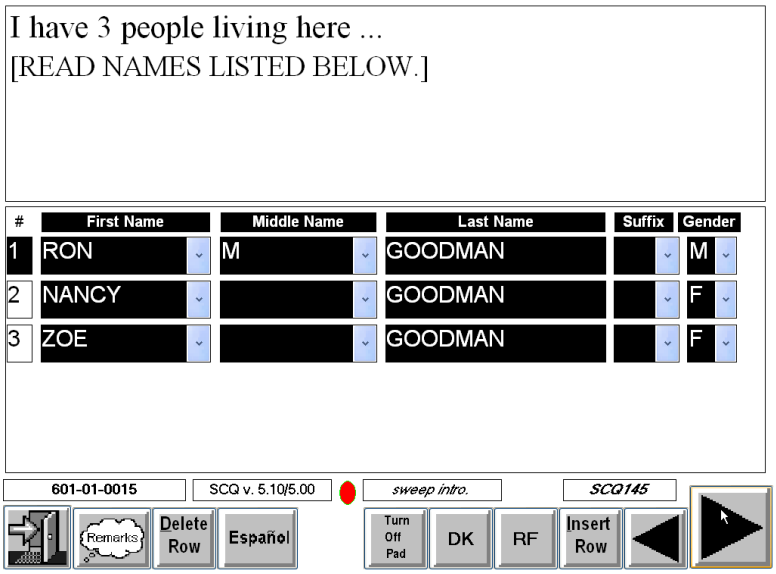
Notice the line "(Please remember not to include anyone who usually lives somewhere else.)" This line appears in an attempt to prevent the enumeration of persons who may have a home elsewhere or students who are living at school. Remember, we will administer the Screener to students at their residence at school.

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

Be sure the respondent includes himself/herself as one of the household members if s/he has not been listed as the reference person.

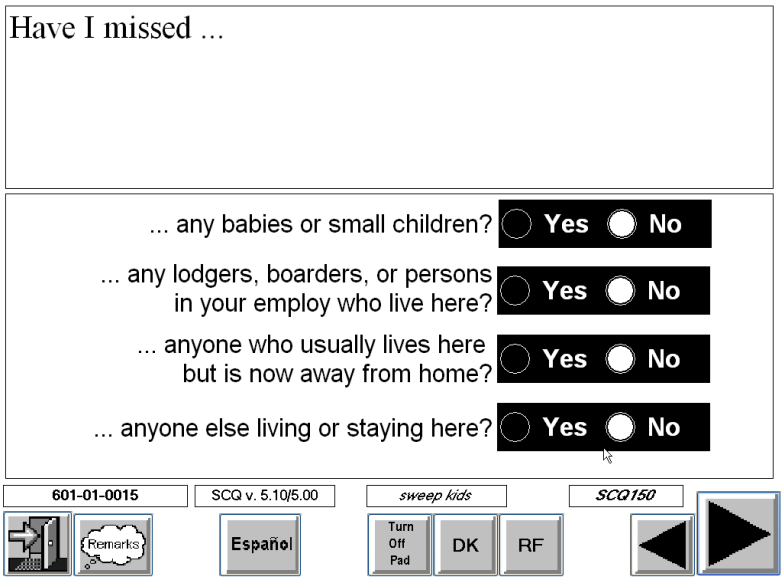
You will ask a series of questions in the Relationship Questionnaire (see Section 4.2) to determine all relationships of persons in the household to the Reference Person and relationships of persons **not** related to the reference person to each other. If there are persons living in the household who are unrelated to the reference person, CAPI will group them into "family units." After you have completed the Screener and Relationship Questionnaire, CAPI will create a separate Family Questionnaire in your assignment for each family in the household containing at least one SP.

First Review of Household Membership Roster



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

Household Membership "Sweep" Questions



You have just read the names you have recorded in the previous question. This series of questions serves as a reminder to the respondent about persons who may have been overlooked. Be sure to ask one question at a time and allow the respondent to answer yes or no before asking the next question. It is very important that all household members are included on the list and that the listing does not include anyone that is not a household member.

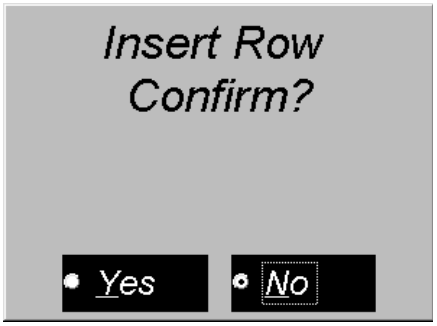
If the respondent answers "YES" to any of these sweep questions that follow, and you determine that the person mentioned usually lives in the household, tap on the YES response and the household membership roster will appear. You will then use the INSERT ROW button to add a line to the roster and record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

[Have I missed any babies or small children?] (What are their names?)
PROBE: Is (he/she) a "Junior", "Senior", "the 3rd" or something like that? (What is that?)
PROBE: Any others?

#	First Name	Middle Name	Last Name	Suffix	Gender
1	RON	M	GOODMAN		M
2	NANCY		GOODMAN		F
3	ZOE		GOODMAN		F

601-01-0015 | SCQ v. 5.10/5.00 | enum. missed kids | SCQ150N

Remarks | Delete Row | Español | Turn Off Pad | DK | RF | Insert Row



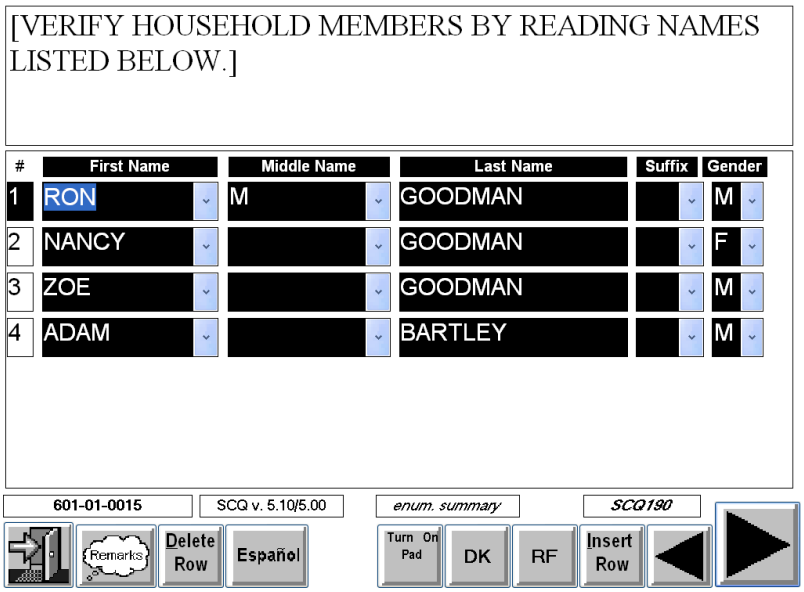
[Have I missed any babies or small children?] (What are their names?)
PROBE: Is (he/she) a "Junior", "Senior", "the 3rd" or something like that? (What is that?)
PROBE: Any others?

#	First Name	Middle Name	Last Name	Suffix	Gender
1	RON	M	GOODMAN		M
2	NANCY		GOODMAN		F
3	ZOE		GOODMAN		F
	ADAM		BARTLEY		

601-01-0015 | SCQ v. 5.10/5.00 | enum. missed kids | SCQ150N

Remarks | Delete Row | Español | Turn On Pad | DK | RF | Insert Row

Reviewing the Household Roster



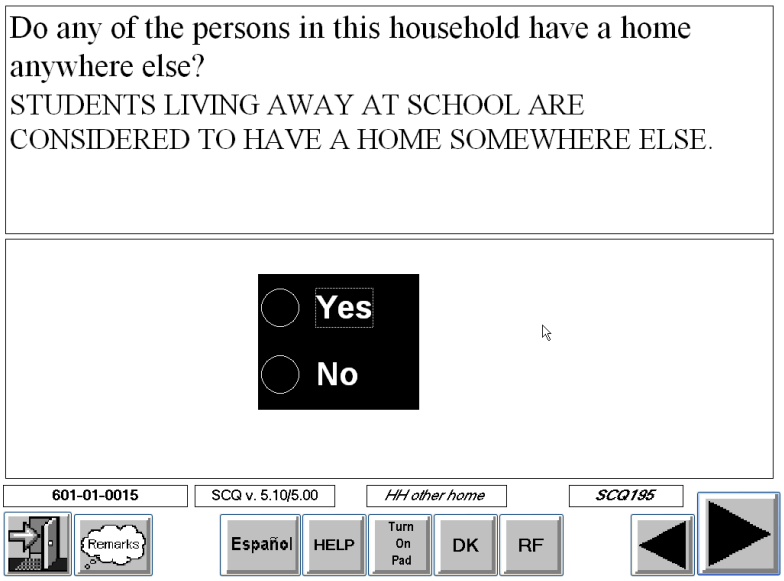
The intent of this interviewer instruction is to ensure the collection of complete listing of all household members during the initial screening. **By summarizing/repeating the listing for the respondent, we hope to avoid Screener errors involving the correct listing of household members.**

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

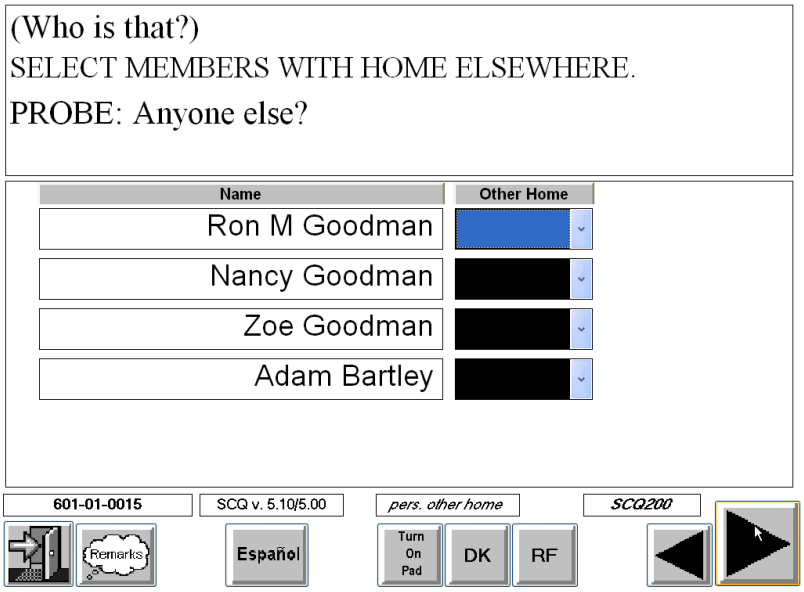
If an error is discovered (e.g., too many/few persons listed, gender incorrect), make the appropriate changes to the roster by using the INSERT ROW and the DELETE ROW buttons. After adding or deleting persons, read the members of the household again to the respondent to make sure you have listed all persons correctly. **This question is extremely important in establishing household membership. Except in cases of clear interviewer error, no corrections can be made to the household composition after the initial screening.**

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

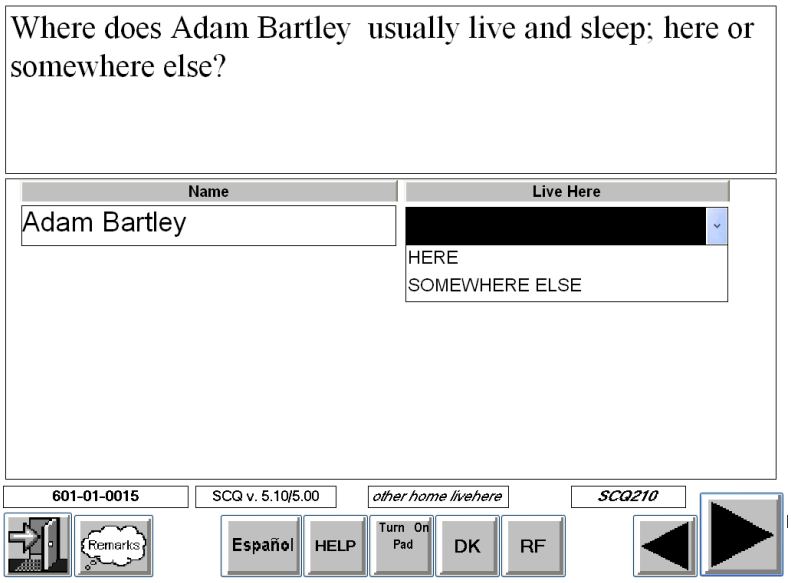
Identifying Persons With Other Homes



This question is designed to verify that all persons recorded as residing in the household are household members as defined in Section 4.1.3.5. The interviewer instruction is designed to clarify how to treat students away at school, if they have been enumerated. If you receive a "YES" response to this question ("have other home"), CAPI will display a list of all person in the household with a column labeled OTHER HOME and prompt you to ask, "Who is that?"



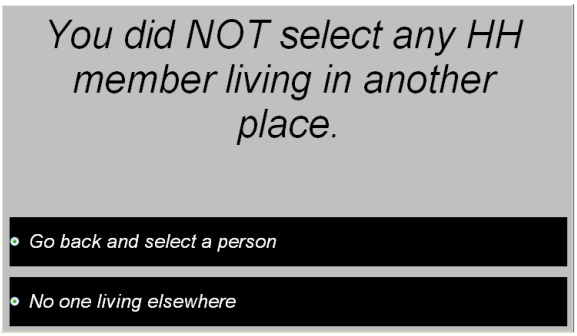
Enter a "YES" in the corresponding field for each person who has been identified as having another home. CAPI will automatically fill the response field for those persons who do not have another home with a response of "NO."



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

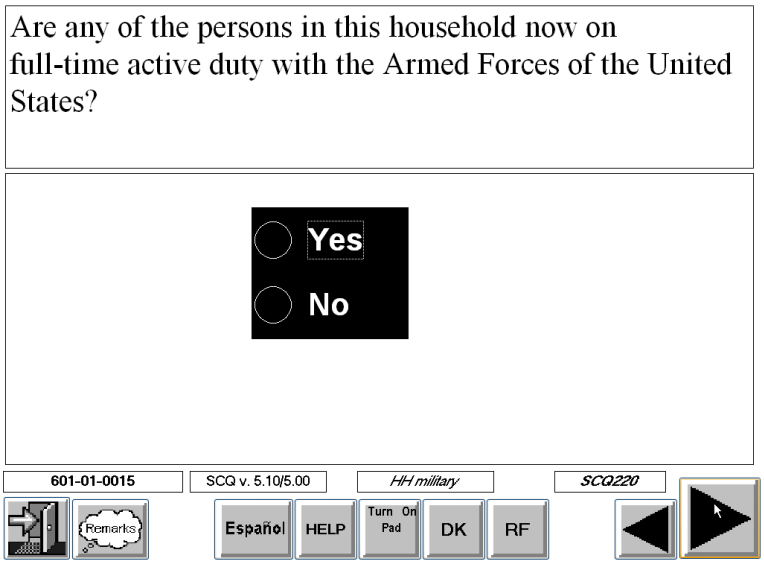
person. You will have two response options: "HERE" and "SOMEWHERE ELSE." **Ask this question and enter responses for each appropriate person.** If you determine that any person you have recorded as having another home usually lives and sleeps somewhere else, enter "SOMEWHERE ELSE" for that person. This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

At SCQ 200, if you do select at least one person who has a home somewhere else and try to move forward, CAPI will produce a message that asks you to resolve the issue (that is, you indicated in SCQ195 that someone in the household had a home elsewhere, but in SCQ200, you did not identify the person).



Selecting the first option returns you to SCQ200 to identify the person who has a home elsewhere. If you select the second option CAPI will present a message, "No one selected with other home, backcoding previous response." CAPI will automatically change the "YES" response to the question that asks if anyone has a home anywhere else (SCQ195) to a "NO" and move forward to the next question.

Military Status

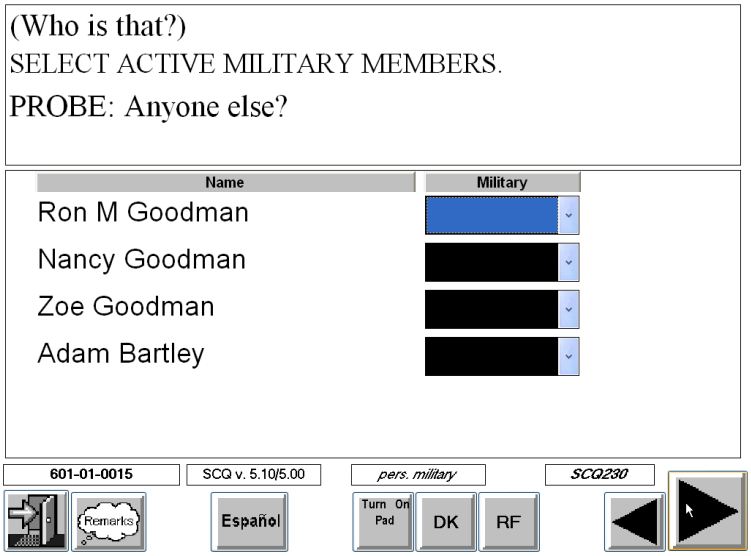


This question is asked in all households, regardless of the household members' age or gender.

"Active duty with the Armed Forces" means full-time active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard, and any National Guard unit presently activated as part of the regular Armed Forces. Included in "active duty" is the 6-month period a person may serve in connection with the provisions of the Reserve Forces Act of 1955.

Do not count the following persons as members of the Armed Forces:

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

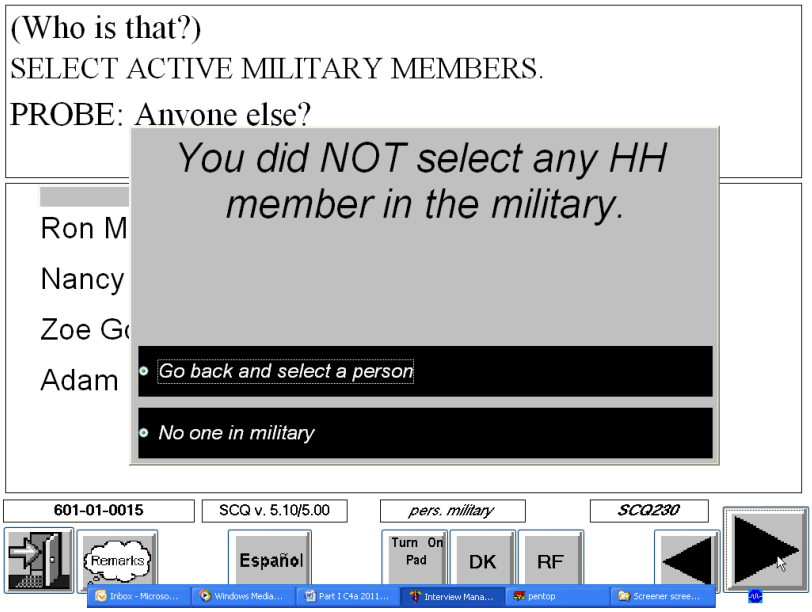


If you receive a "YES" response to the military question, CAPI will display a list of all persons in the household with a column labeled MILITARY, and prompt you to ask, "Who is that?" For each person identified, enter a "YES" response. CAPI will automatically fill a response of NO for those persons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

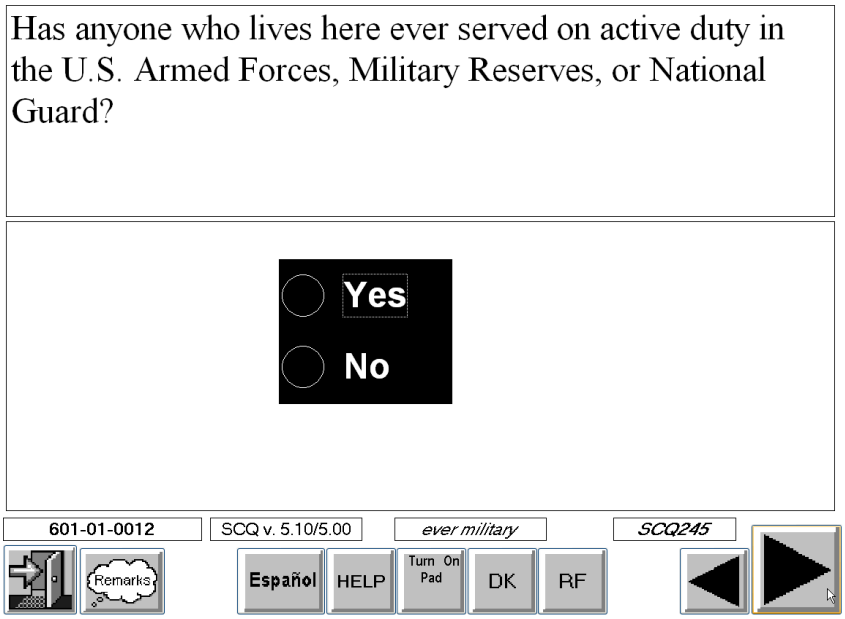
CAPI will then display a question to determine where the person usually lives and sleeps. The responses for the column labeled LIVE HERE will be blank. For each person you are required to enter one of two response options: "HERE" and "SOMEWHERE ELSE." If you determine that any person you have recorded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

Information about military status and where a person in the military usually lives is essential for determining whether the Armed Forces member may be a reference person or family head, which is possible if the person lives at home (even though s/he cannot be an SP). [See item (4) under "Household member"—Section 4.1.3.5.] An active military person who usually lives somewhere else is not considered a member of the household and will automatically be removed from the household membership roster.

At SCQ 230, if you do select at least one person who is on active military duty and try to move forward, CAPI will produce a message that asks you to resolve the issue (that is, you indicated in SCQ220 that someone in the household was on active military duty, but in SCQ230, you did not identify the person).



Selecting the first option returns you to SCQ230 to identify the person who is on active military duty. If you select the second option CAPI will present a message, "No one selected in military, backcoding previous response." CAPI will automatically change the "YES" response to the question that asks if anyone is on active military duty (SCQ220) to a "NO" and move forward to the next question.

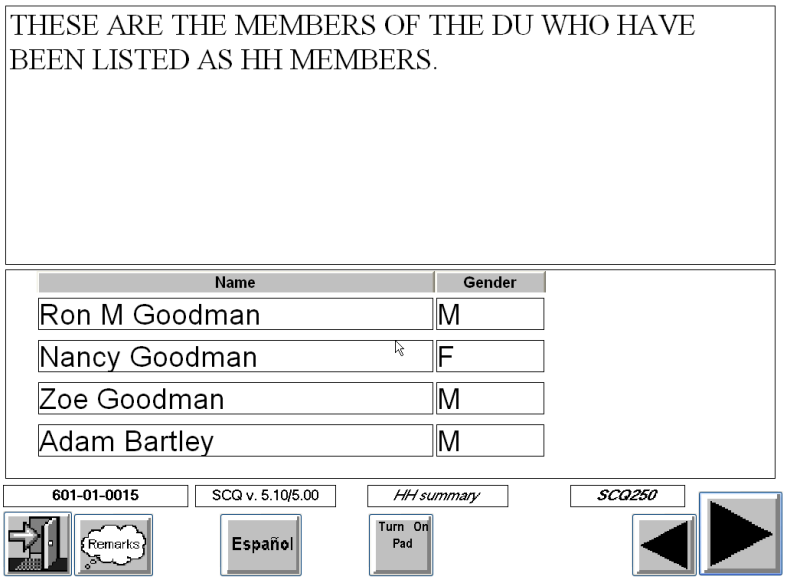


This question was added to the 2011 Screener. It is different than the previous question that asks whether anyone living in the house is **now** on active military duty. SCQ.245 asks if anyone living in the house **ever** served on active duty in the Armed Forces or the Military Reserves or National Guard.

This question is always asked regardless of the person's current military status in the previous question. However, if in the earlier question about being on active military duty, the respondent had indicated that someone living in the house was currently on active military duty, an additional sentence will be displayed on this screen, immediately after the question. That sentence says, "Do not include anyone you just told me about who is currently on active duty."

If you receive a "YES" response to this question, CAPI will display a list of all persons in the household (excluding those that you may have already identified as currently serving in the military) with a column labeled VETERAN and prompt you to ask, "Who is that?" Enter a YES in the column for any veteran in the household. **The answer to this question has no effect on sampling**.

Interviewer Review Household Composition

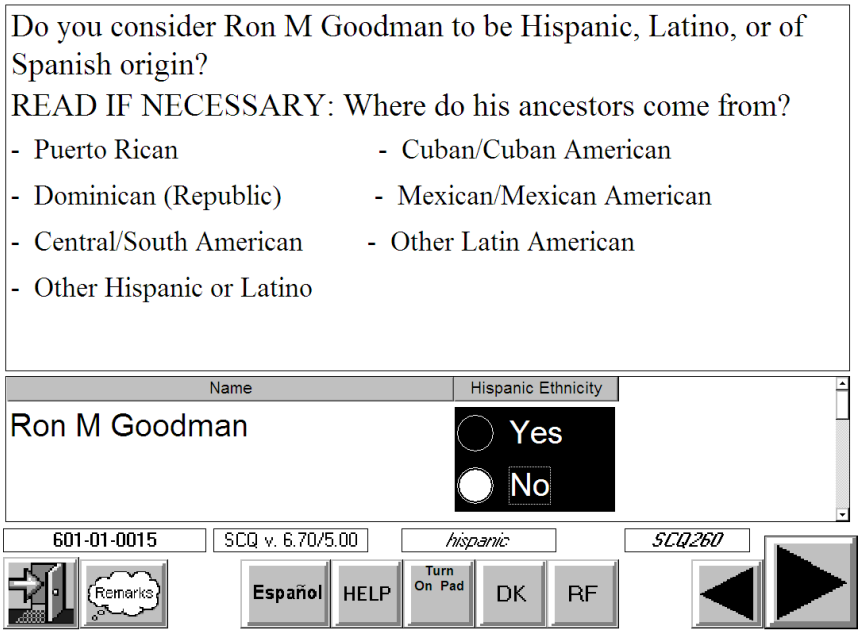


CAPI displays a list of all persons you have entered as household members for your review. This list need not be read to the respondent unless you have any doubt about a person's household membership. Review the entries to be sure that you have the correct listings. If you need to change the recording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

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

If the person on the first line was deleted because he or she is not a household member, s/he is no longer considered the "reference person." For example, if person 1 is in the Armed Forces and does not live at home, CAPI will consider the next household member 18 years of age or older listed on the roster as the reference person.

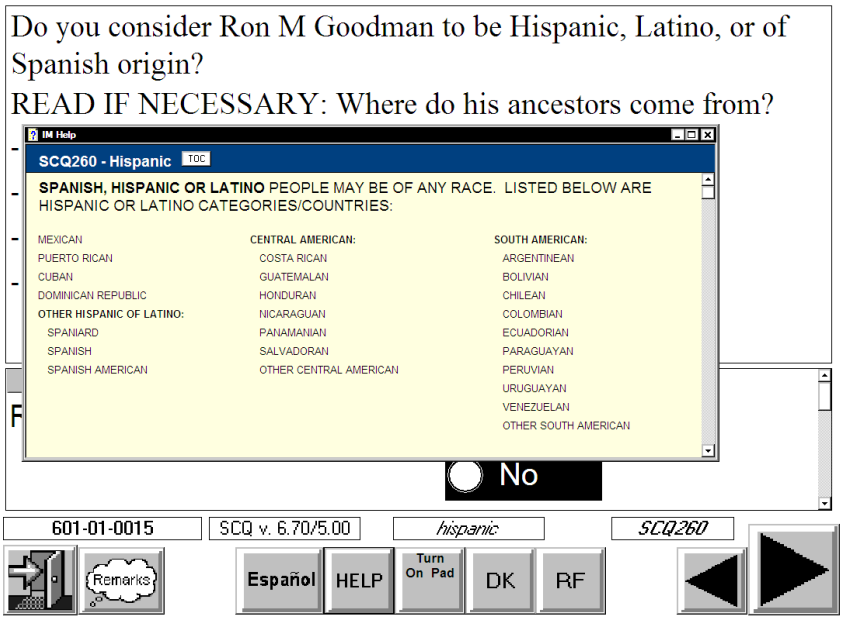
4.1.3.7 Ethnicity and Race Questions



It is very important to accurately obtain for each household member whether s/he is Hispanic Latino or of Spanish origin. Hispanic or Latino refers to anyone who says they were born in or had ancestors from Spain or one of the western hemisphere territories or countries (including Mexico) where Spanish is the primary language (e.g., Puerto Rico, Nicaragua, El Salvador, Dominican Republic, Colombia, Peru, etc.).

You will ask about each household member regarding their Hispanic ethnicity on a separate screen. If you forget and move forward to the next person without asking about Hispanic origin or ancestry for every household member, CAPI will not let you move forward to the next set of questions. It will instead display the Hispanic question for the person you missed.

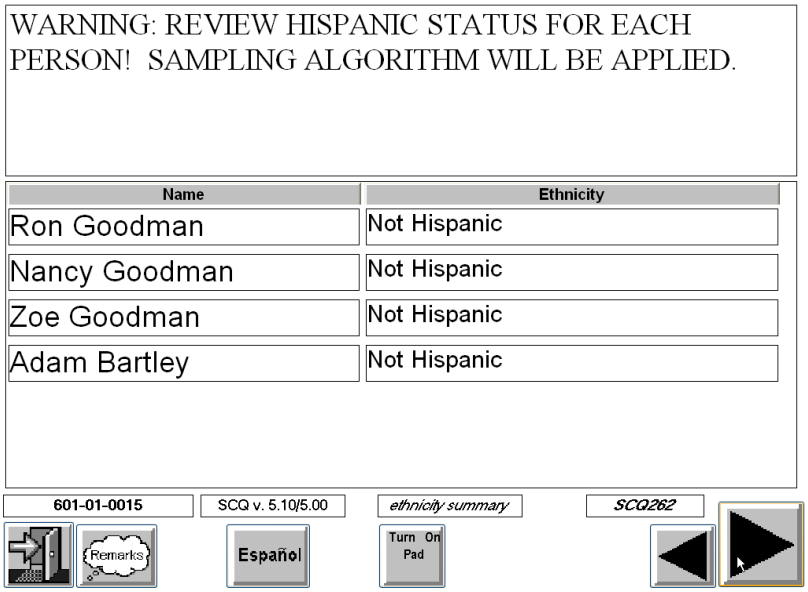
There is an optional statement on the screen to be used if you or the respondent is unsure about the answer to this question. This is exactly the same statement as used in the Sample Person Questionnaire.



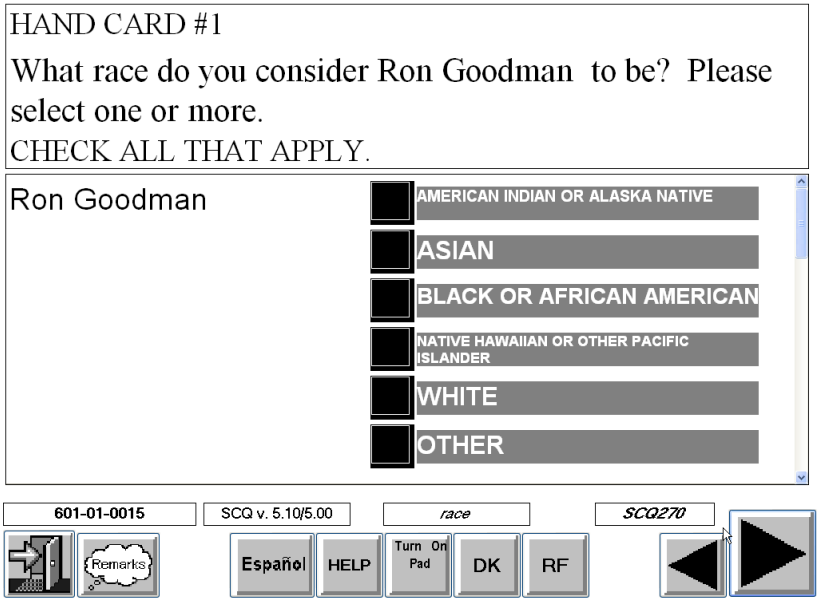
There is a help screen for use at this question; it is very detailed with respect to the countries associated with Hispanic origin or ancestry. However, please remember that it is not necessary to use this help screen unless the respondent has a question about being Hispanic.

Ethnicity Review Screen

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



Race Questions

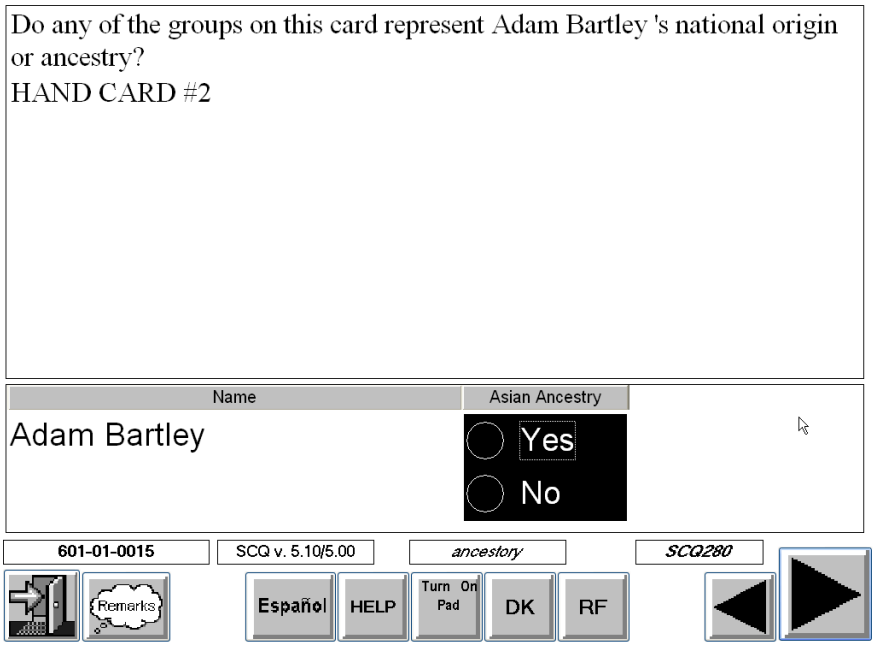


This question is asked of all household members. Race is based on identification **by the respondent**. Hand the respondent Hand Card 1. The revised race Hand Card has Asian subcategories added to the main category of Asian to make sure that SPs who are considered to be Asian for the purposes of sampling identify their race as Asian.

Remember to read the **entire** question, including the phrase "select one or more." Do **not** suggest answers to the respondent and do **not** try to explain or define any of the groups. Check the response that corresponds to the person's race. If multiple races are mentioned, check all reported.

CAPI requires that you ask the race question for each person and tap the "Next" button before moving on to the next person. Do not assume all household members are of the same race or consider themselves to be the same race.

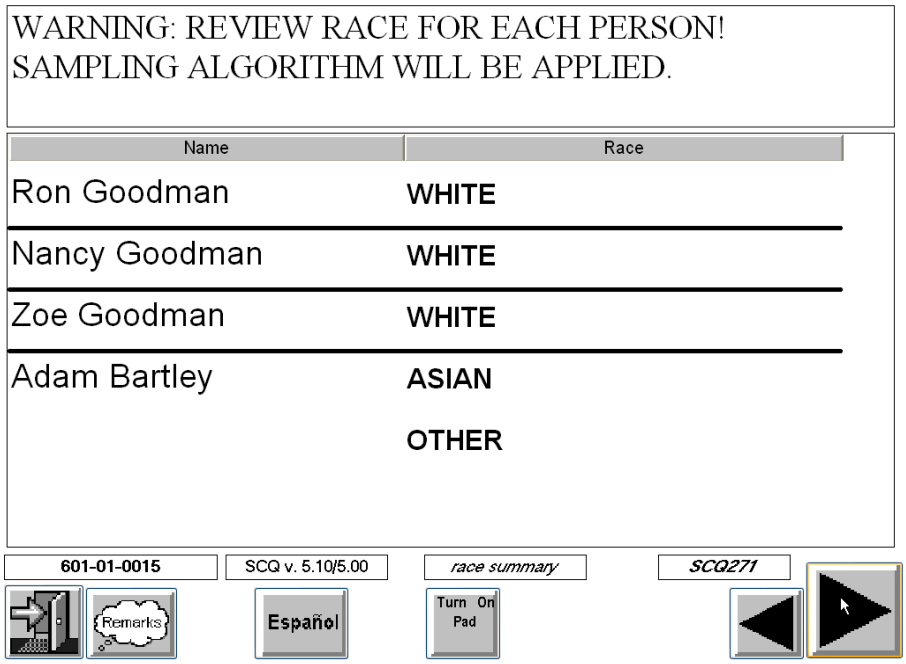
If the respondent answers, "None" to this question, select "Other" as the race. If "Other" is selected and the person has not previously been identified as Hispanic or Asian, there is a follow-up question for race.



Hand Card 2 is presented with the follow-up question and is a comprehensive list of Asian subcategories, sorted alphabetically. If the respondent answers "Yes" to this question, (one or more of the groups listed on the Hand Card represent the person's national origin or ancestry), when you enter the "Yes" response, CAPI will add the race code Asian to the races previously selected. If the answer to this question is "No", CAPI will not make any changes to the race(s) collected previously.

Race Review Screen

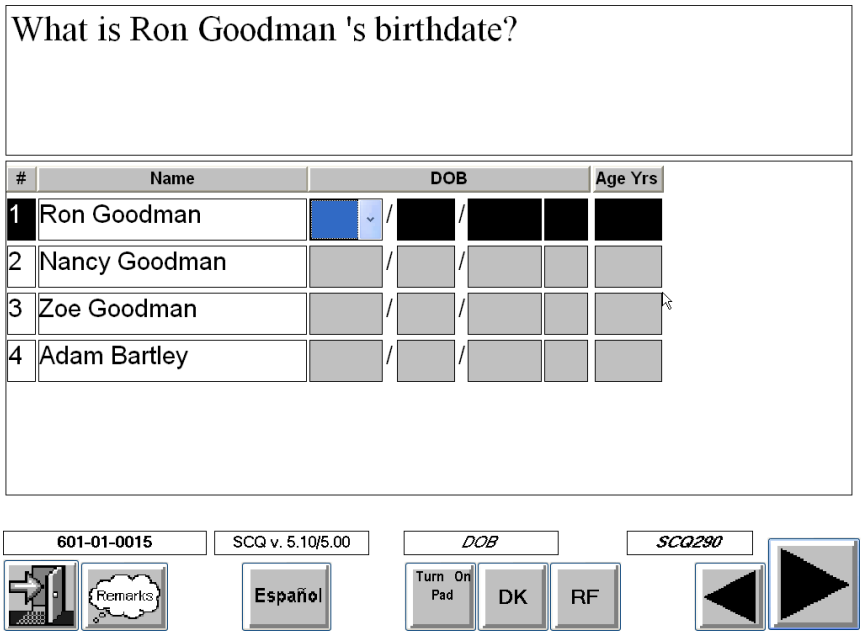
Race information is critical to sampling. It is extremely important that race information, as reported by the respondent, is entered correctly. CAPI will list the race(s) you have entered for each person. This should not be read to the respondent unless you have any doubt about a person's response. Review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

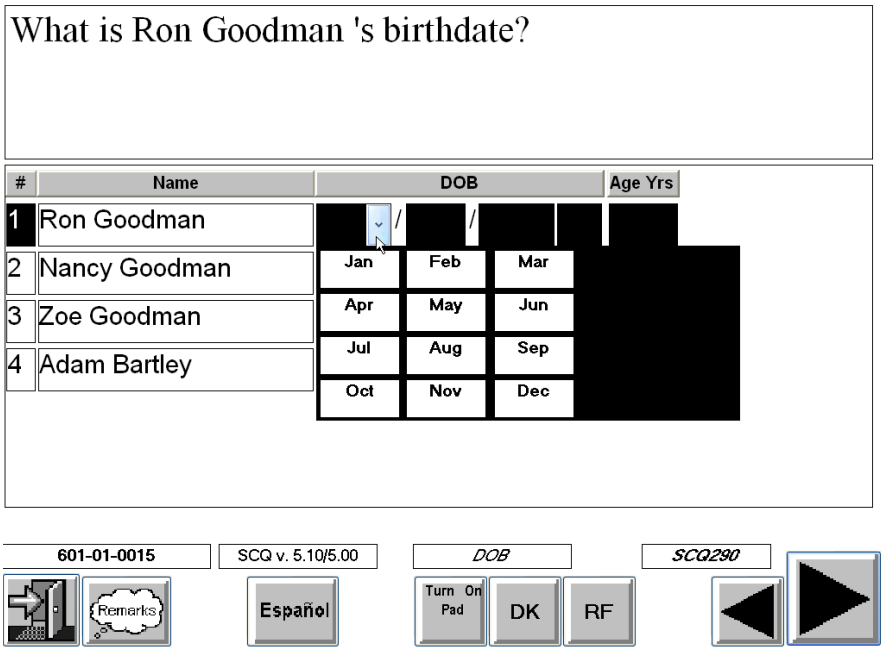


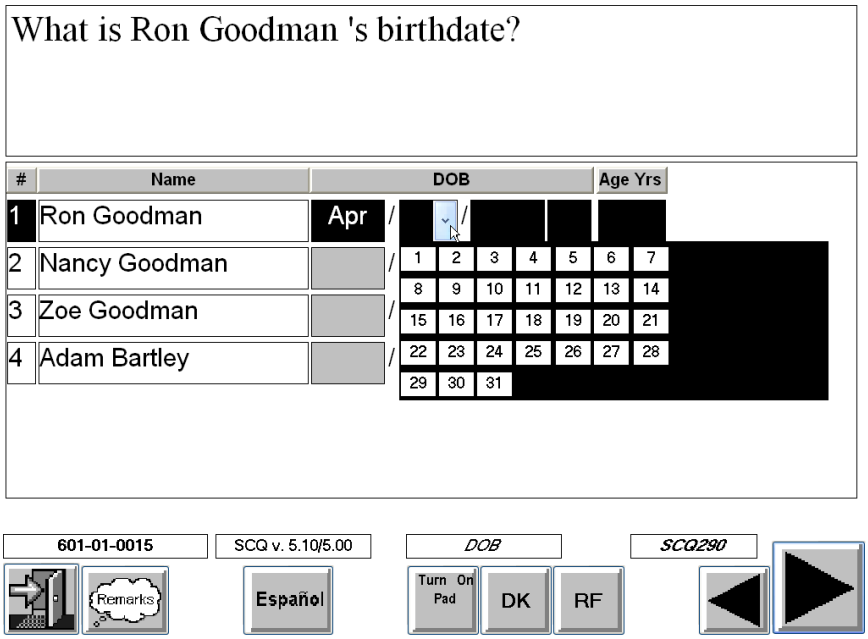
4.1.3.8 Birth Date and Age

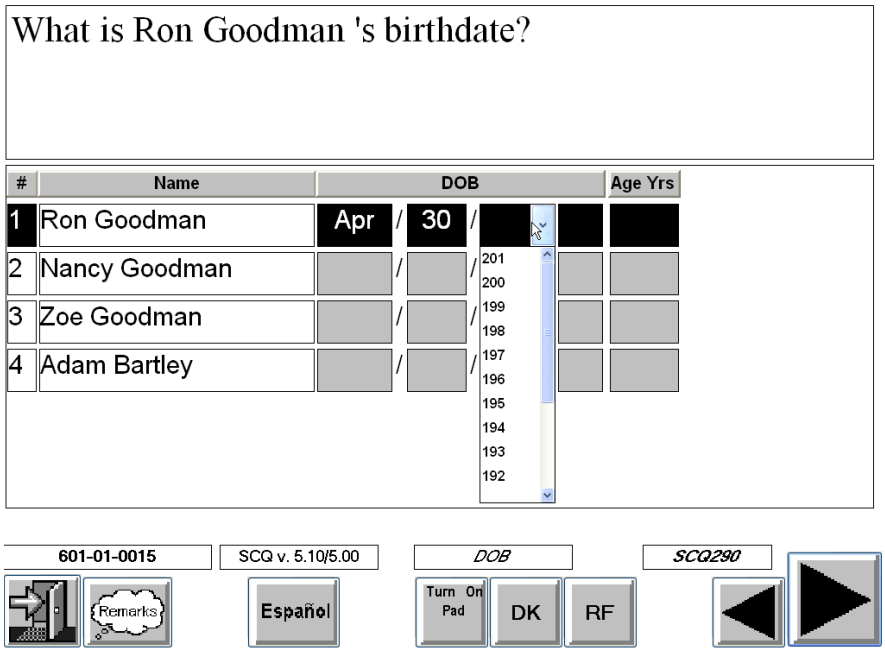
Ask for each household member's birthdate. You should use the appropriate drop down list to enter responses in this screen. (Note: Turn off your key pad first.) Select the month, day, and year from the drop down list. If you cannot get the exact date, enter the approximate date. If only the year is known,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

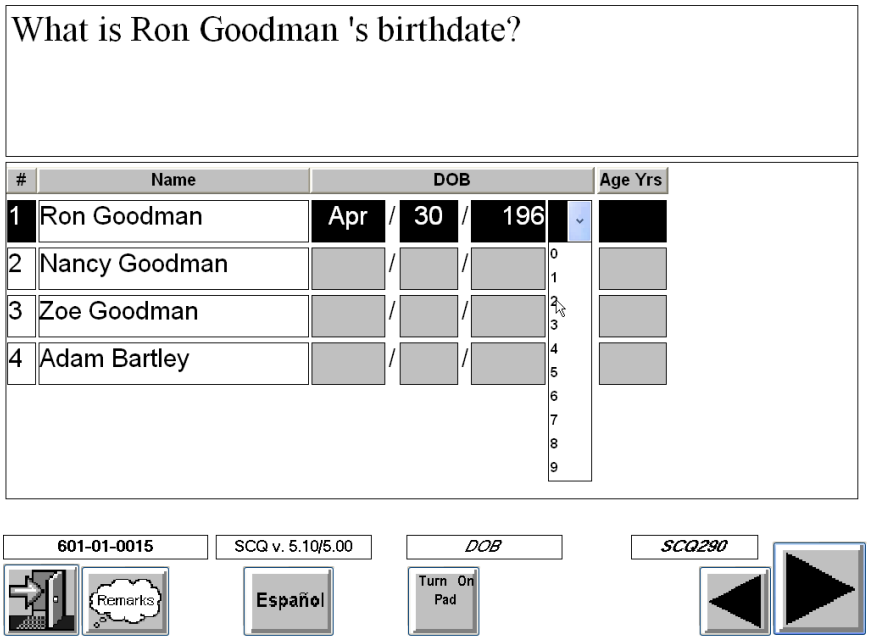
If month, day, and year of birth have been entered, CAPI will calculate and display the person's age based on the birthdate information you have entered. Since age is one of the sampling criteria, CAPI requires you to verify this age with the respondent.

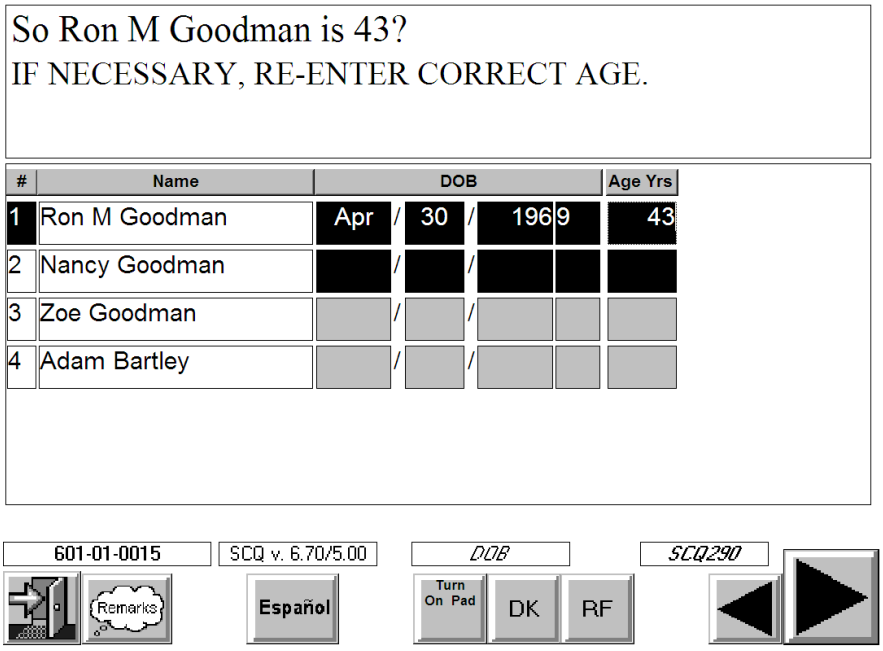

What is Ron Goodman 's birthdate?
Name DOB Age Yrs
1 Ron Goodman / /
2 Nancy Goodman / /
3 Zoe Goodman / /
4 Adam Bartley / /
601-01-0015
SCQ v. 5.10/5.00
DOB
SCQ290
Remarks
Español
Turn On Pad
DK
RF


What is Ron Goodman 's birthdate?
Name DOB Age Yrs
1 Ron Goodman / /
2 Nancy Goodman
3 Zoe Goodman
4 Adam Bartley
Jan Feb Mar
Apr May Jun
Jul Aug Sep
Oct Nov Dec
601-01-0015
SCQ v. 5.10/5.00
DOB
SCQ290
Remarks
Español
Turn On Pad
DK
RF

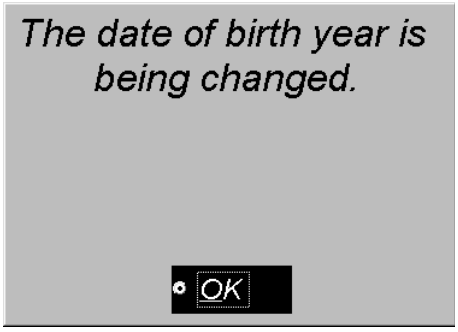

What is Ron Goodman 's birthdate?
Name DOB Age Yrs
1 Ron Goodman Apr
2 Nancy Goodman
3 Zoe Goodman
4 Adam Bartley
1 2 3 4 5 6 7
8 9 10 11 12 13 14
15 16 17 18 19 20 21
22 23 24 25 26 27 28
29 30 31
601-01-0015
SCQ v. 5.10/5.00
DOB
SCQ290
Remarks
Español
Turn On Pad
DK
RF


What is Ron Goodman 's birthdate?
Name DOB Age Yrs
1 Ron Goodman Apr 30
2 Nancy Goodman
3 Zoe Goodman
4 Adam Bartley
201
200
199
198
197
196
195
194
193
192
601-01-0015
SCQ v. 5.10/5.00
DOB
SCQ290
Remarks
Español
Turn On Pad
DK
RF



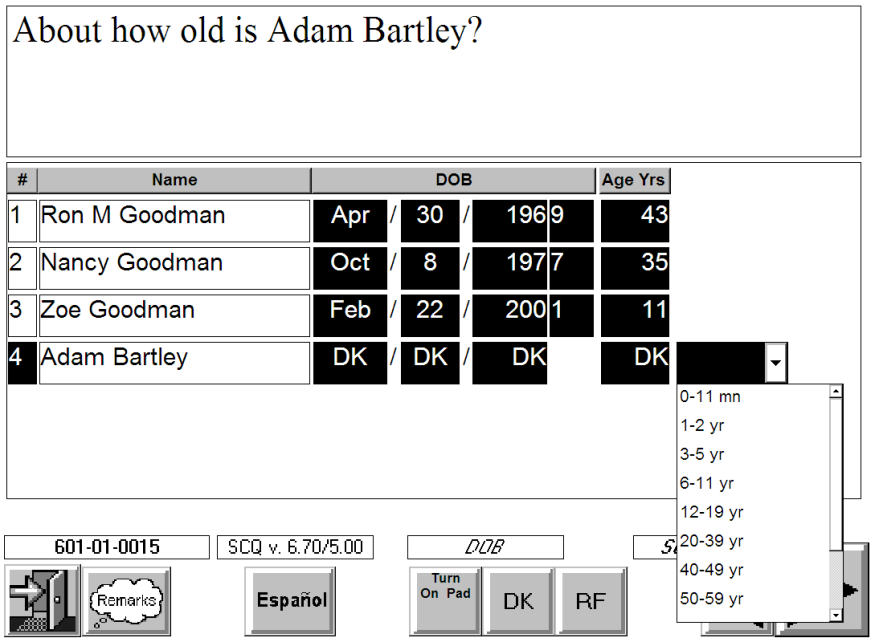


CAPI will allow you to change the age entered in this field. When this happens, CAPI will display a message indicating that the date of birth is being changed and will automatically recalculate the date of birth to correspond to the age change.



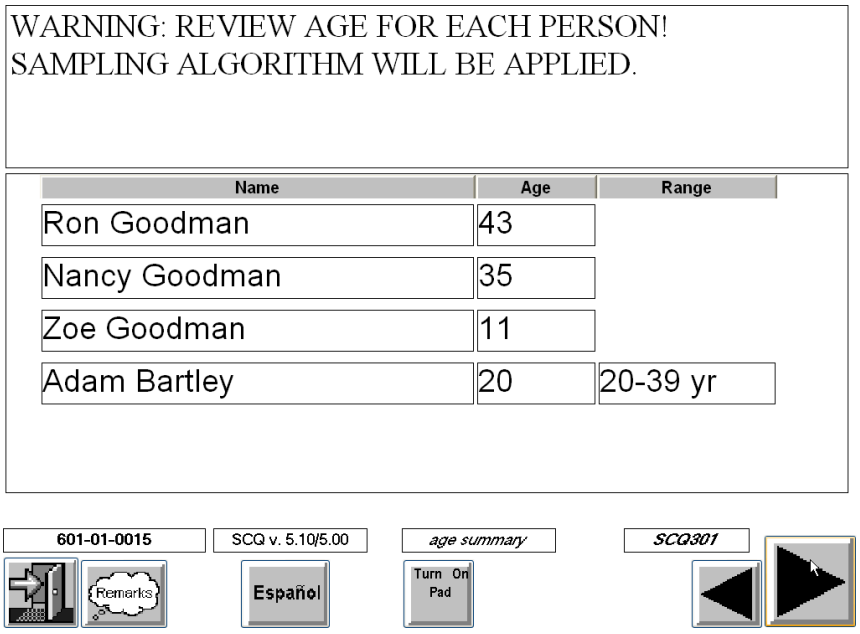
If you have any doubt about birthdate or age information, reconcile your entries with the respondent before you continue. If the respondent does not know the person's birth date, but only his/her age, enter DK for the month day and year. CAPI will then prompt you to enter the person's age. Note if CAPI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

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



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

Age Review Screen



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

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

4.1.3.9 Sampling

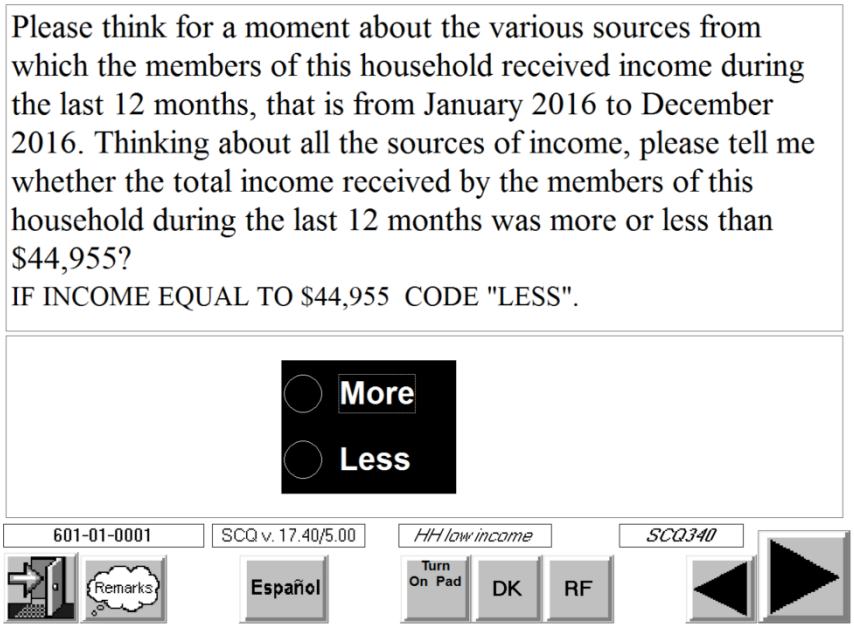
This section describes CAPI procedures for selecting SPs. As noted earlier, there are multiple sampling criteria for this study—gender, ethnicity, race, age, and in some instances, income. At certain points in the Screener, CAPI applies these criteria. Overall, think of sampling during the Screener as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

1. After the household roster is completed (person's name and gender), CAPI applies the sampling criteria to determine if any person in the household has a chance of being

selected as an SP based on **gender**. If at that point no one has a chance of being selected, CAPI will skip to the ending questions in the interview. An example of this is when the sampling criteria requires that only females are selected and the household is made up of all males.

2. CAPI also applies the sampling criteria after the **ethnicity, race, and age** questions are asked. If at that point no one in the household has a chance of being selected (for example, the sampling criteria requires that only blacks be selected and the entire household is white), CAPI will skip to the ending questions in the interview.

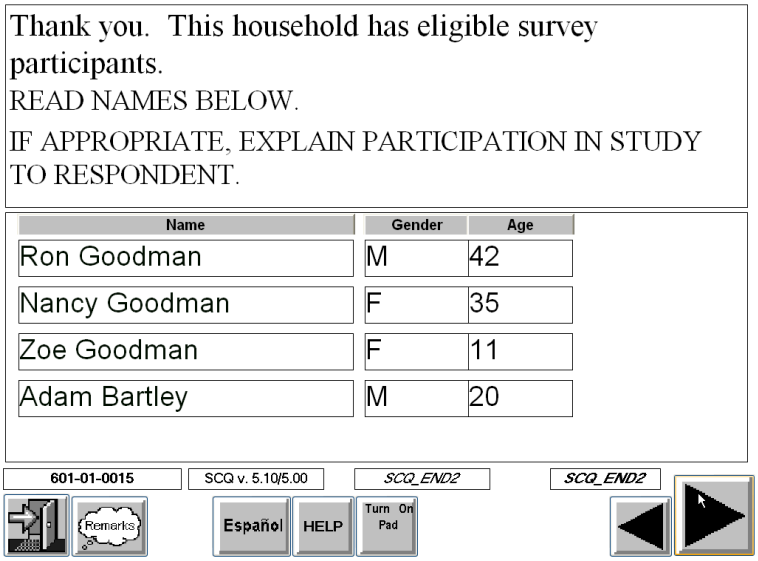
4.1.3.10 Income



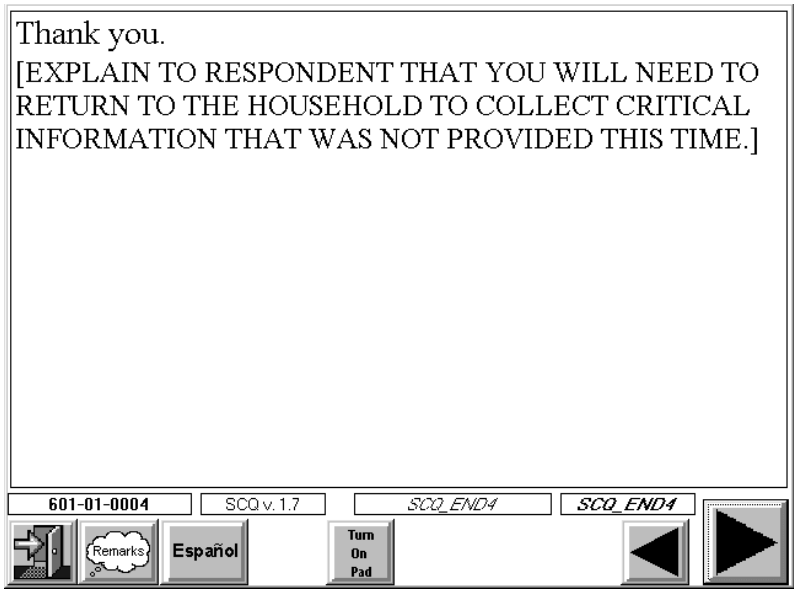
For sampling purposes, this question will be asked in households identified as White/Other. CAPI samples household members based on age, gender and those meeting the income sampling criteria. The income fills in this question are 185% of the Federal Poverty Guidelines, based on the number of persons in the household.

4.1.3.11 Sample Person Selection

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

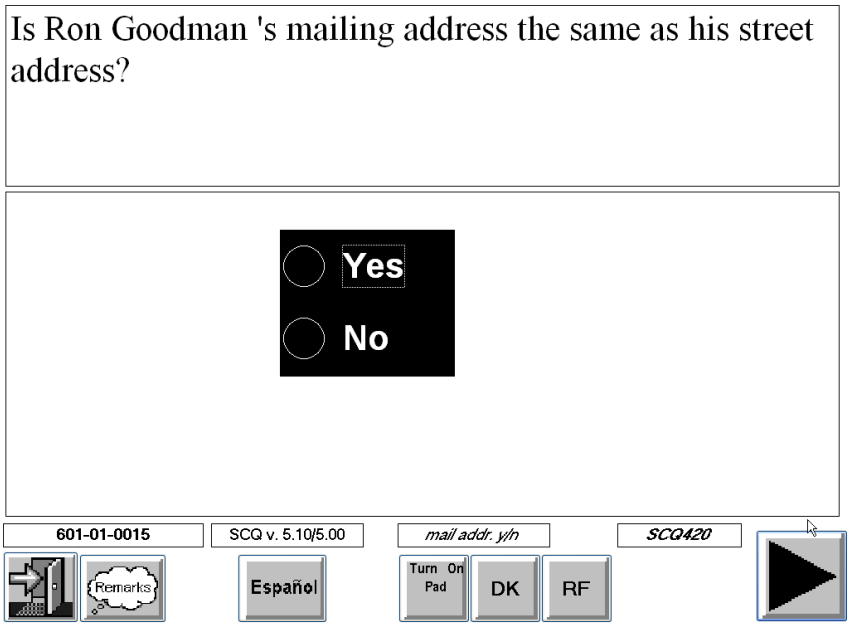


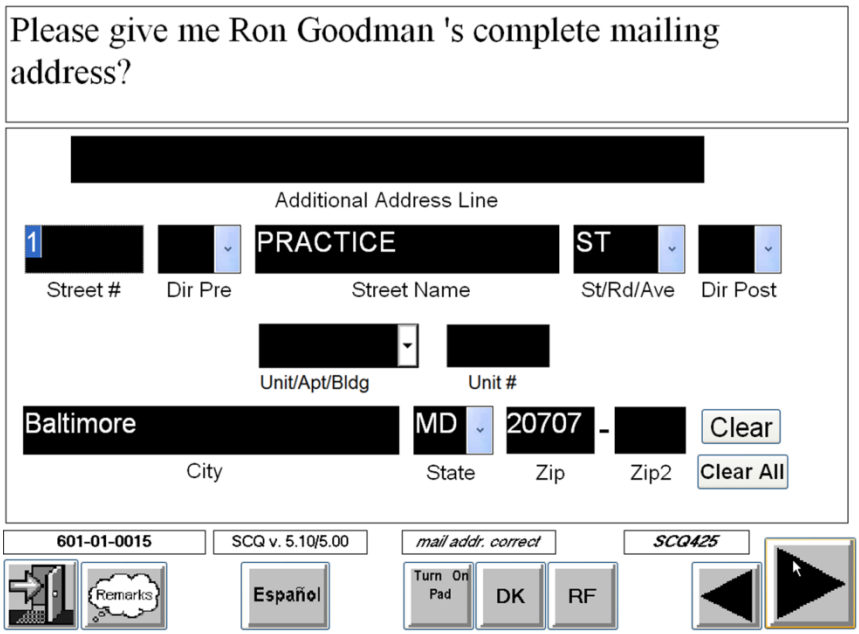
If any key sampling information is missing (either because the respondent does not know or has refused the information), CAPI will display a message indicating to you and the respondent that you will be required to return to the household to obtain this information before CAPI applies the sampling criteria.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



4.1.3.12 Recontact Questions (Mailing Address and Phone Number)

Mailing Address





You will verify that the address recorded for this dwelling unit is also the mailing address. If so, code YES. If it is not, code NO, and CAPI will display an additional screen that allows you to enter a new mailing address. As on the street address screen, the cursor rests on the Street #. This is because you will not use the "Additional Address Line" field very often. Remember, this line is for additional address information such as the name of a dormitory or apartment building.

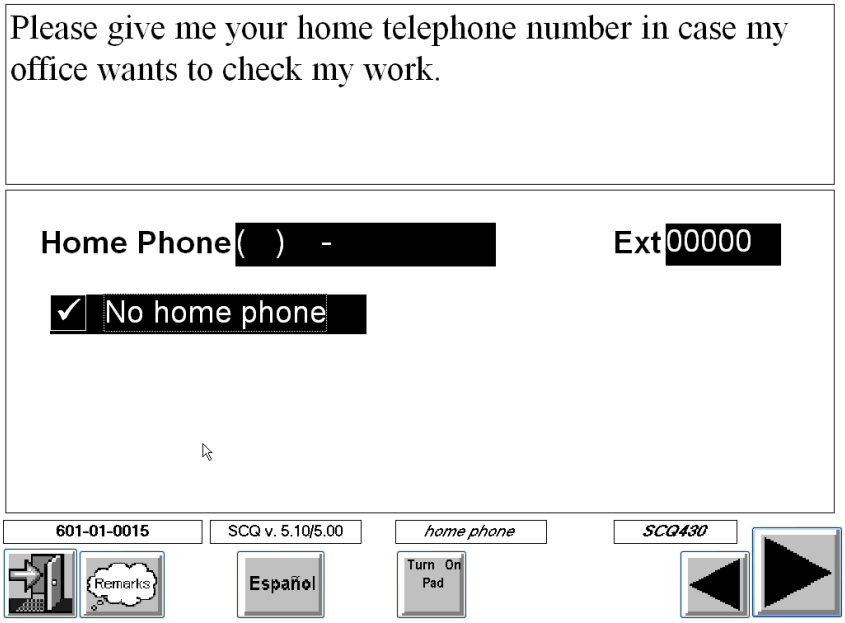
If the Respondent has a PO box, you will need to clear the street # and street name fields. To clear a field, with your keypad turned off, place your cursor in the field you want to clear and tap "clear". Then, select PO Box from the Unit/Apt/Bldg drop down list and enter the PO Box number in the unit # field. Correct any error in the address using the drop down list when appropriate. Always verify that the remaining information, city, state and zip code are the same. Remember, your drop down lists do not work when your keypad is on.

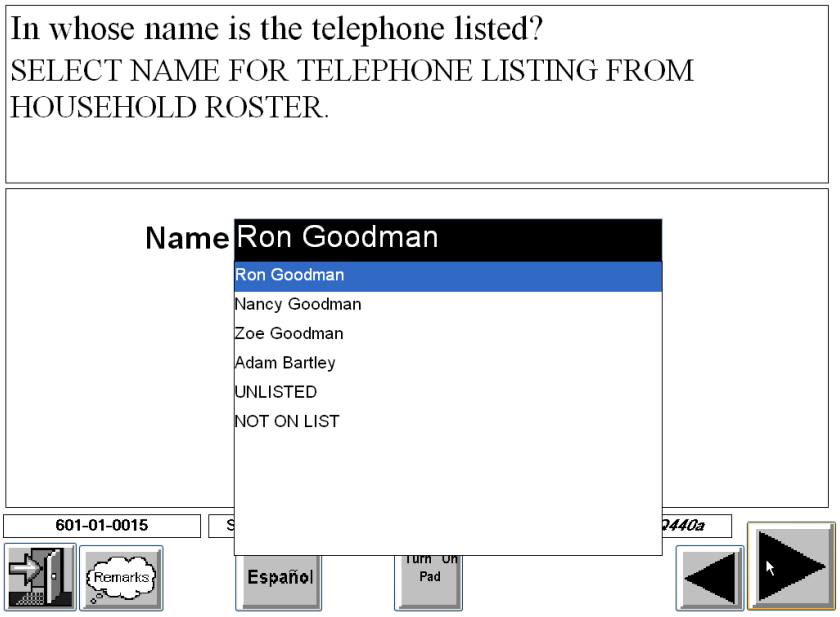
Another option available on this screen is the "CLEAR ALL" which gives you the capability of quickly clearing everything if you want to enter a completely new address. Note: When you use the "CLEAR ALL" button, it deletes all address information including state and zip code.

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

NHANES data can be used for future follow-up studies. The mailing address information you verify/collect in this question will be critical in tracking respondents. Keep in mind the importance of accurate address information and verify and record all data very carefully. In addition, an accurate address is needed for mailing the final report of findings to the SP.

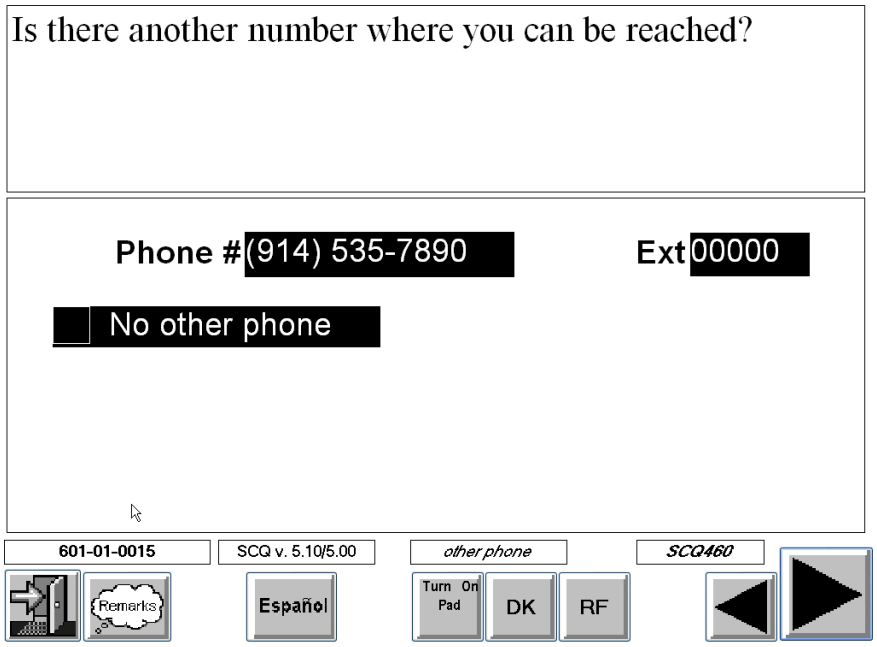
Telephone Number



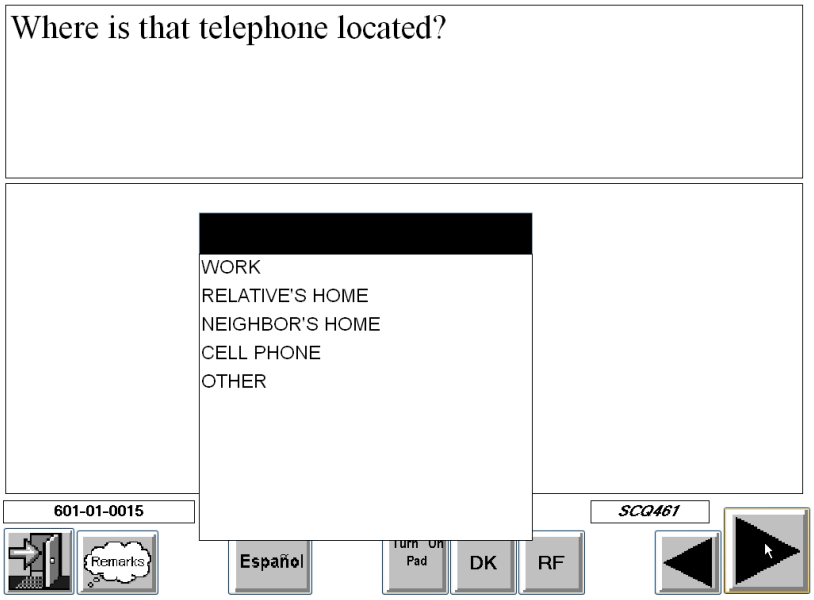


The purpose of the question above is to obtain the home telephone number (land line) and the name of the person it is listed under. Ask this question in all households, regardless of whether SPs are selected from this household. Notice there is a check box for "NO PHONE." If you enter a phone number,

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

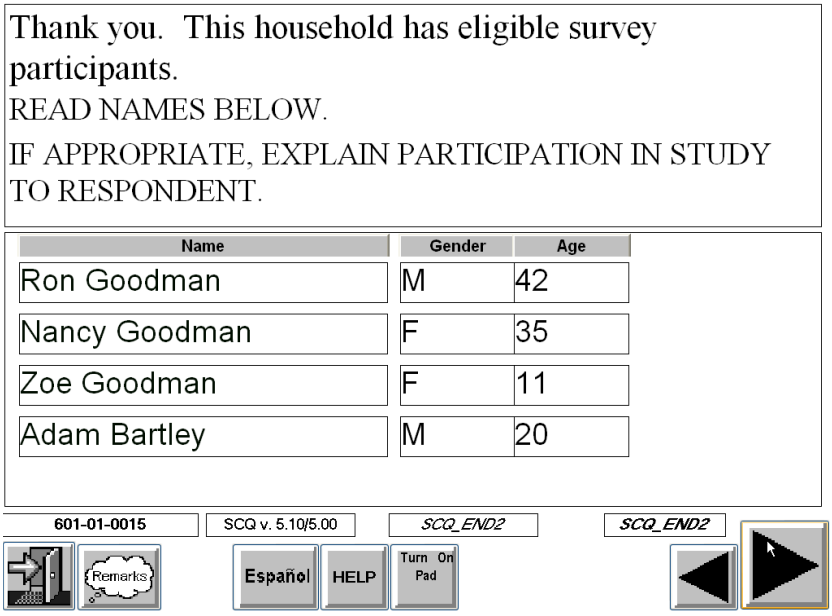


If the family does not have a home phone (land line) or if phone number is refused, another question will appear asking the respondent for another phone where s/he can be reached and the location of that phone. Note: If there is no other phone where the respondent can be reached, CAPI requires that you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



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

4.1.3.13 Thank You Screen



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

4.2 The Relationship Questionnaire

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

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

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

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

Examples of Various Household Compositions

Example #	Reference Person	Other household members	# of separate family units
1	Husband	Wife, two sons	1
2	Mother	Son, daughter, daughter's husband and child	1
3	Grandmother	Granddaughter, niece, and roomer	2
4	Roommate #1	Roommate #2, roommate #3	3

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

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

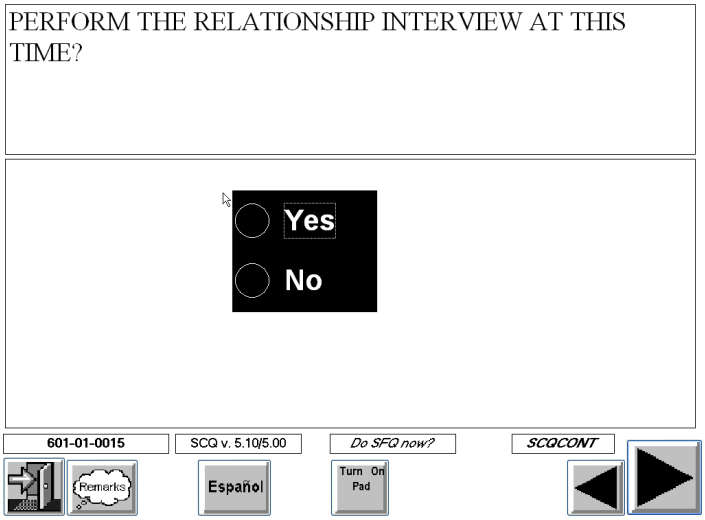
In Example 3, there are two separate family units. Family #1 is the grandmother, her granddaughter, and niece. Family #2 is the roomer. Since the roomer is unrelated to the reference person, s/he is considered a separate family, even though it is only one person.

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

4.2.1 Completion Order for Relationship Questionnaire

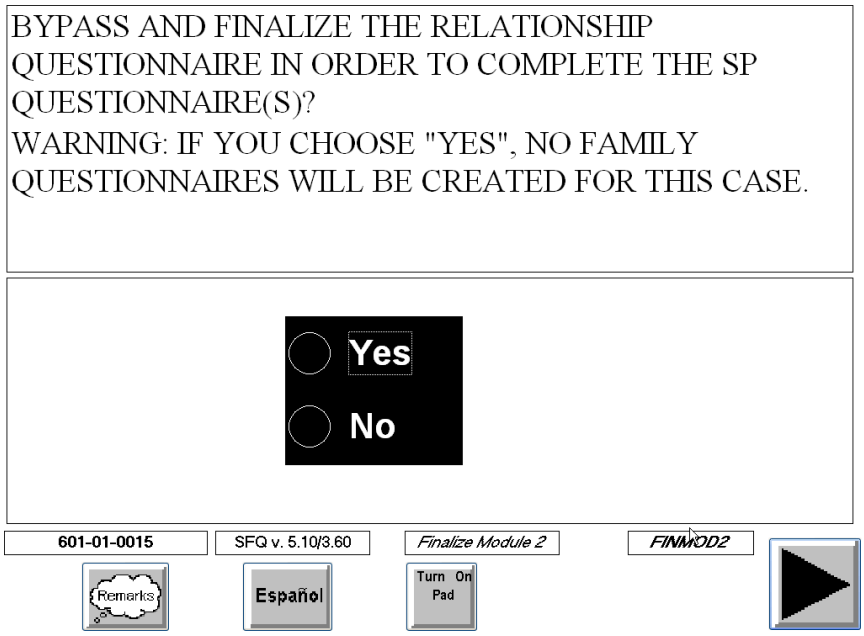
The Relationship Questionnaire screens are similar to those used in the Screener in that it is designed to be easily administered "at the door step." Except in **rare** circumstances, this short questionnaire should be asked **directly** after the Screener. CAPI will facilitate this process by providing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

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



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

No SP will be created in CAPI until the Relationship Questionnaire is accessed and either completed or otherwise finalized. This means the SP Questionnaire will not appear on your case list until you finalize the Relationship Questionnaire. Because of this, always move directly from the screener into the relationship questionnaire. If you do not finish the Relationship Questionnaire, CAPI will display the screen below.



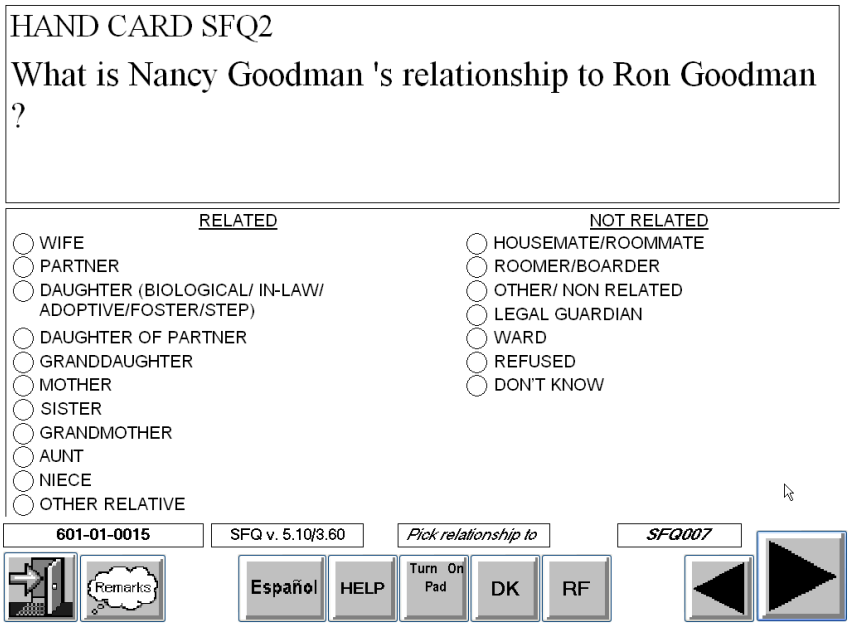
If you choose to the YES option at this screen, you may continue with the SP Questionnaire(s), however, no Family Questionnaire will be created for the household. It is best to select 'no', break off the instrument, and speak to your supervisor about the situation rather than finalizing the relationship questionnaire.

4.2.2 Eligible Respondent for the Relationship Questionnaire

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

4.2.3 Specifications for the Relationship Questionnaire

4.2.3.1 Relationship of All Household Members to the Reference Person



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

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

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

There are 16 relationship categories. All categories are defined on the HELP screen in CAPI and in the Glossary (Chapter 15). When coding relationships, keep in mind the following points:

- All persons listed must be identified by their relationship to the reference person. If the respondent has already given you the relationship of the household members, you may

record the relationship without asking. However, this information **must be verified**. Remember, we are interested in the relationship to the **reference person** and not necessarily to the respondent.

- For unmarried couples living together, ask about relationships and accept the response given, such as husband, wife, or partner. Keep in mind that this study expands the definition of related to accommodate partner relationships.

- The study is not interested in obtaining specific relationships other than the ones listed above. For example, if Johnny is the reference person's cousin, Johnny's relationship to the reference person should be coded as OTHER RELATIVE.

- The definition of "related" extends to everyone related to the reference person (blood, marriage, or adoption) either directly or through another relationship. Consider the example below.

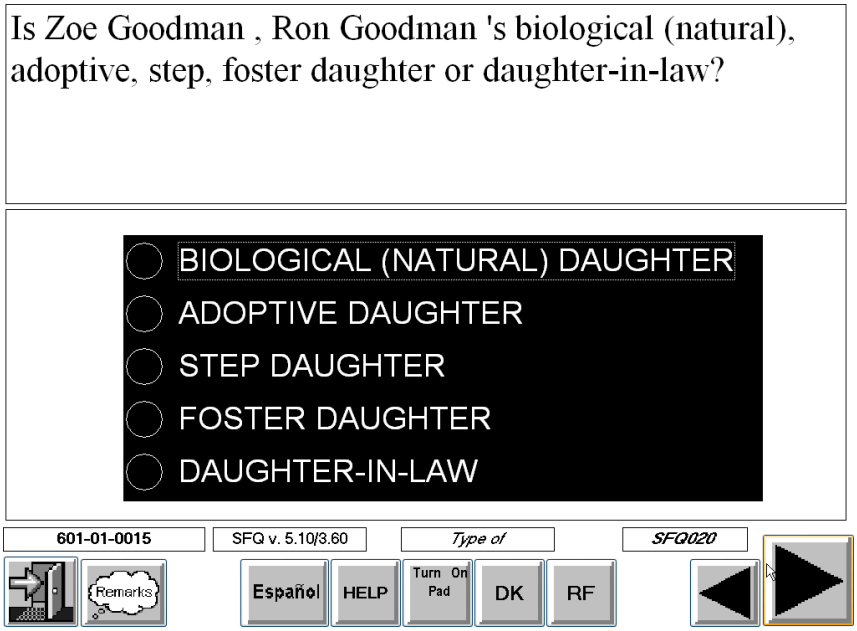
  David (reference person) and Karen are married. Johnny is Karen's brother and Mary is Karen's niece. Pete is Mary's cousin.

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

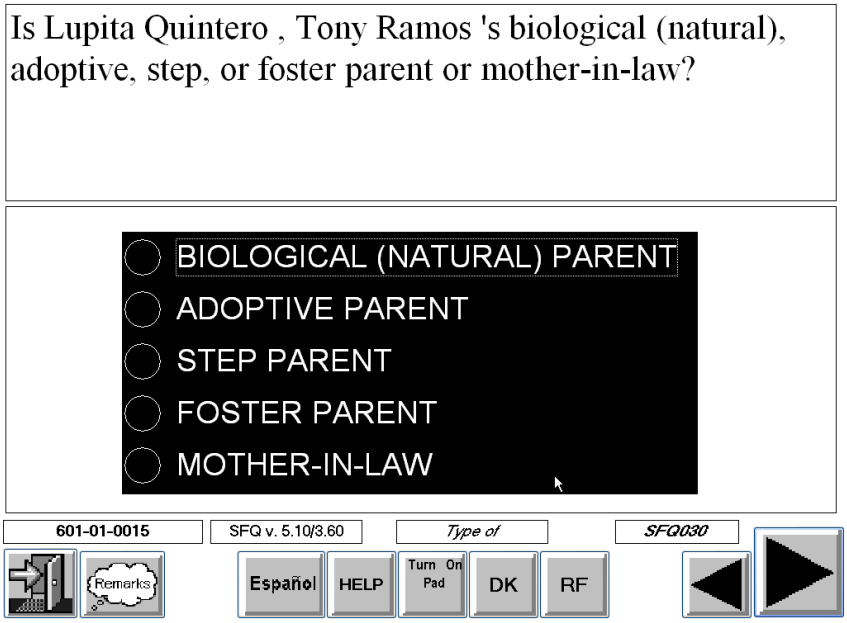
Degree Questions

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

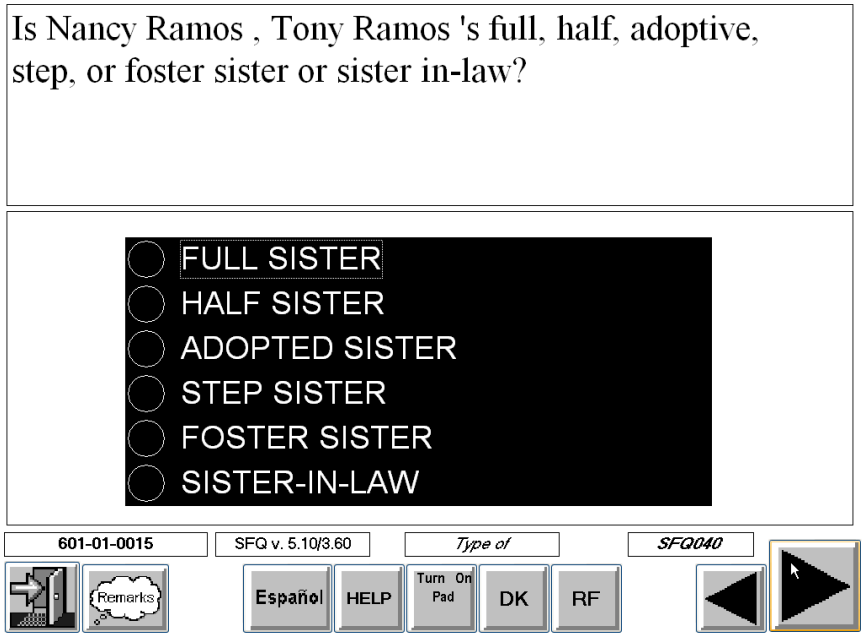
Example: Zoe Goodman is Reference Person's (Ron Goodman) daughter



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



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

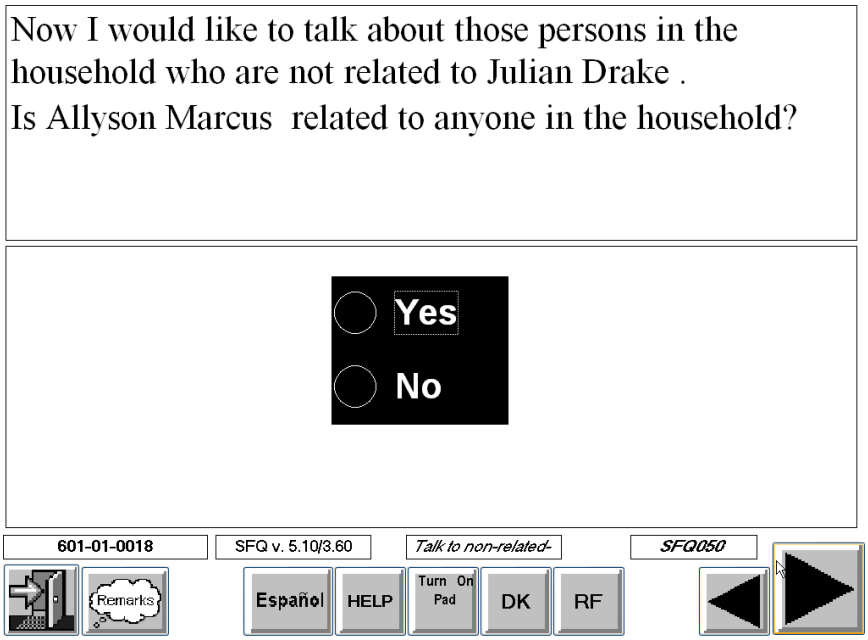


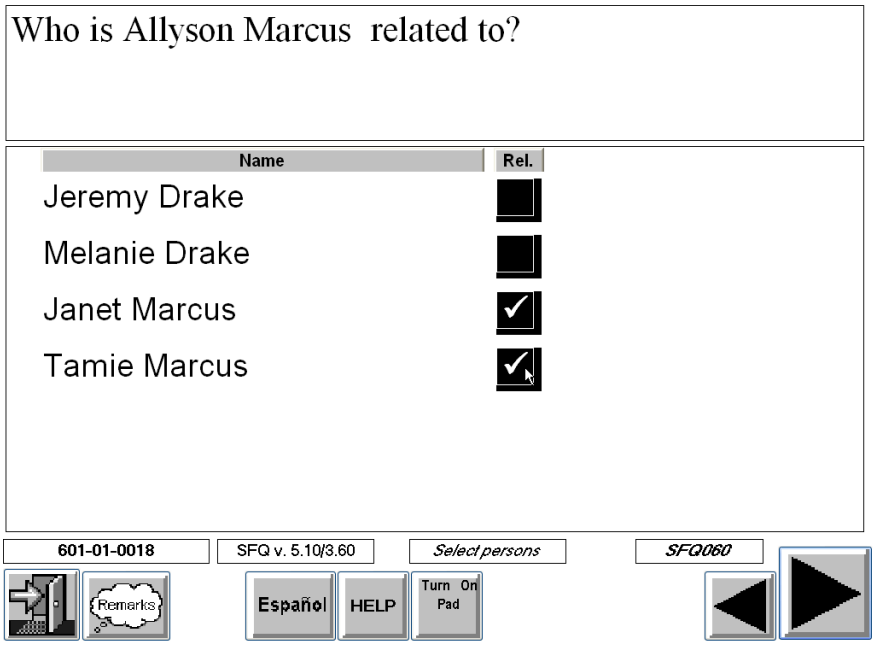
4.2.3.2 Questions for Individuals Who Are Not Related to the Reference Person

Persons living in the household who are **not** related to the reference person are interviewed as separate families. For example, the Jones family has a lodger and his wife who rent a room in their home. If either the lodger or his wife is an SP, they will be treated as a separate family and administered a separate Family Questionnaire. CAPI will automatically divide people who are unrelated to the reference person into separate families using the responses to questions in the Relationship Questionnaire.

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

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



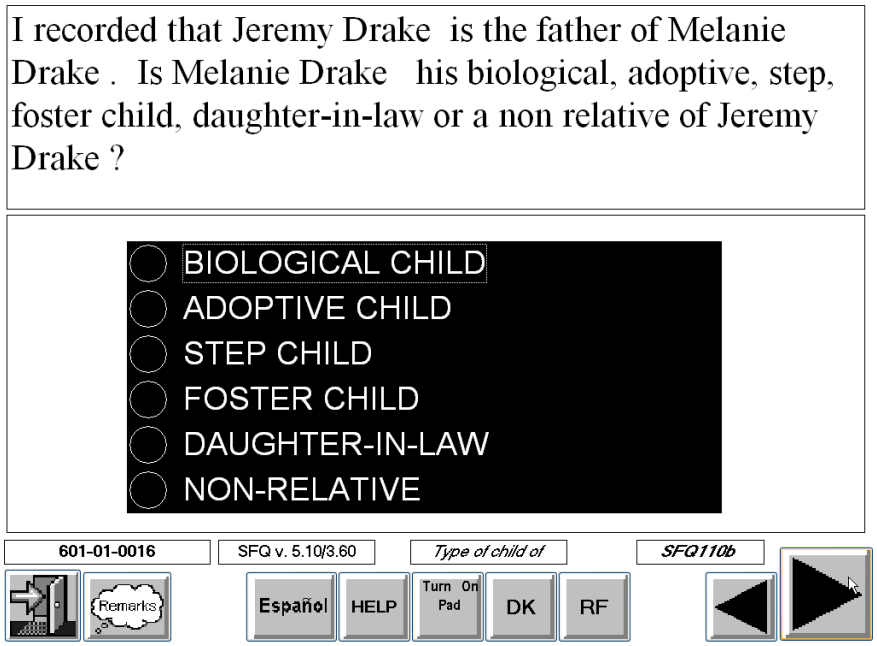


The relationship categories that appear for these persons are defined exactly as in the initial relationship questions (see Section 4.2.3.1). In this example, Allyson, Janet, and Tamie would constitute a separate family because they are not related to Mr. and Mrs. Drake but they **are** related to each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

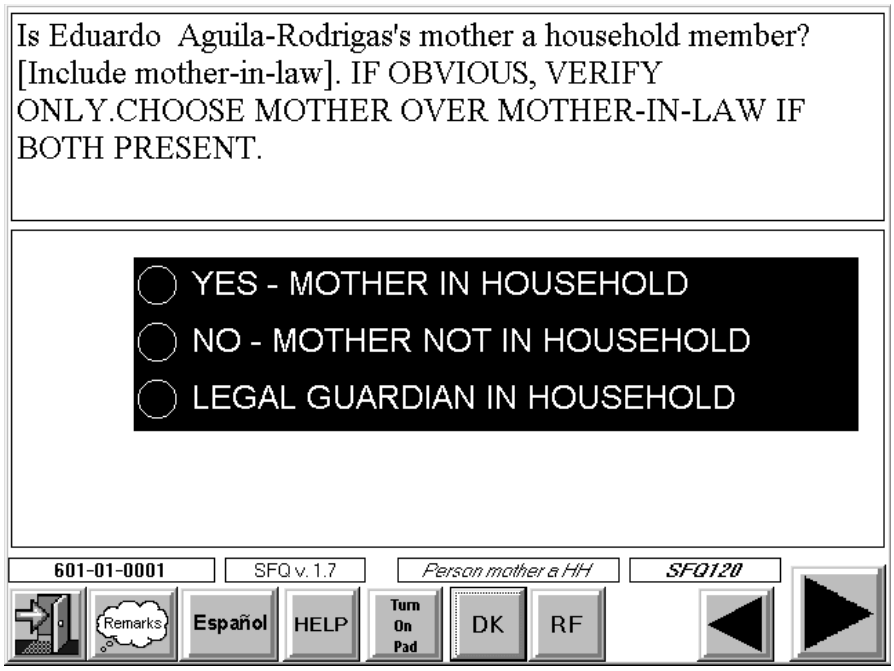
4.2.3.3 Parent-Child Relationships

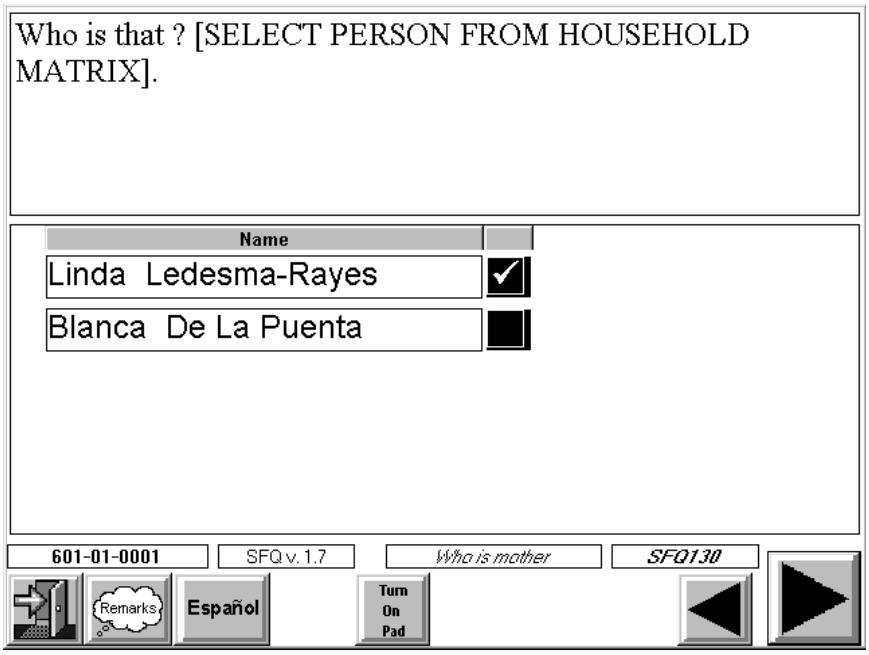
Next you will identify any parent-child relationships that may exist. Of course, some of these relationships may have already been identified. For example, if the Household Reference Person has any children, a parent-child relationship was identified when you entered the relationship of the child. Therefore,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

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

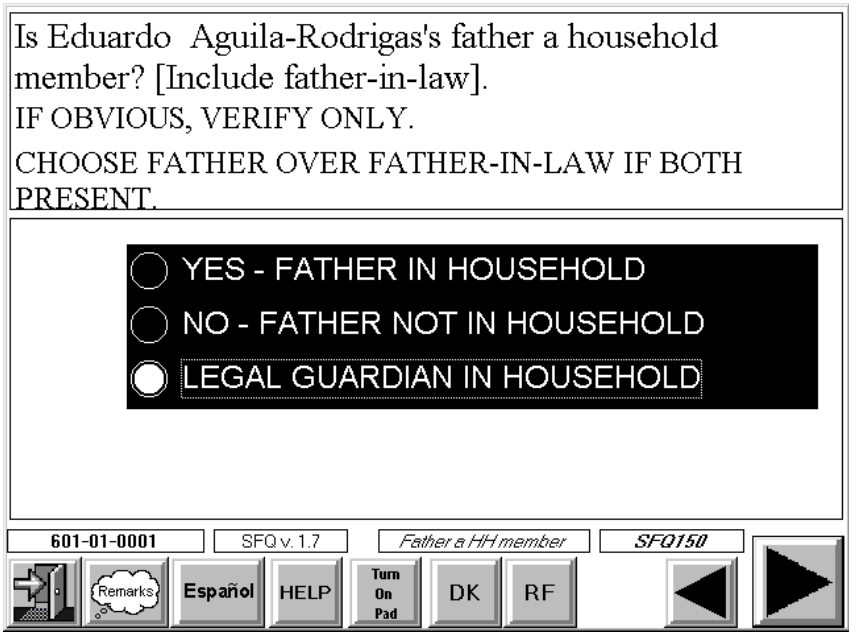


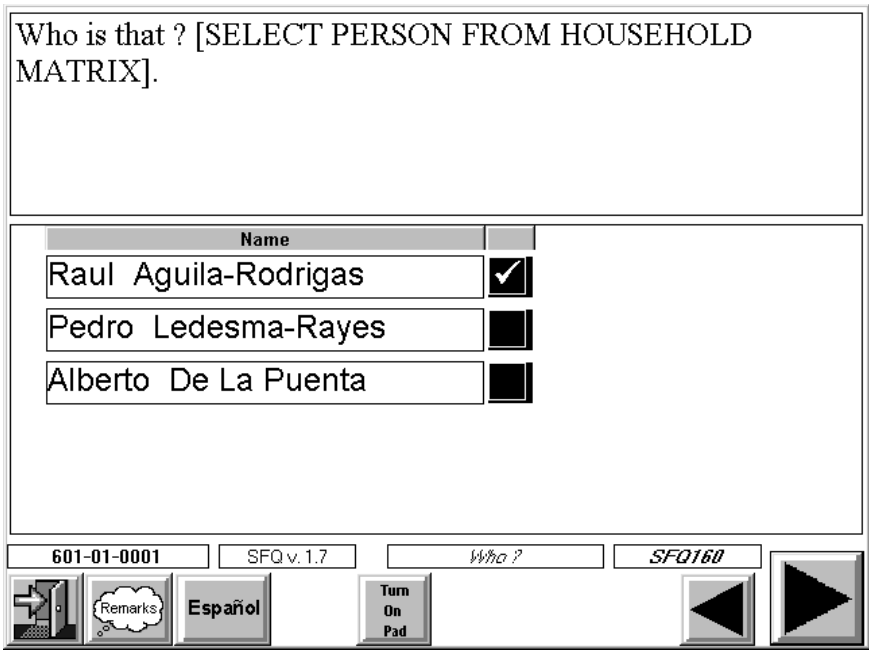
The screens shown below and on the next page are used to identify parent-child relationships that don't include the Reference Person or that cannot be inferred by CAPI based on answers to previous relationship questions.





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

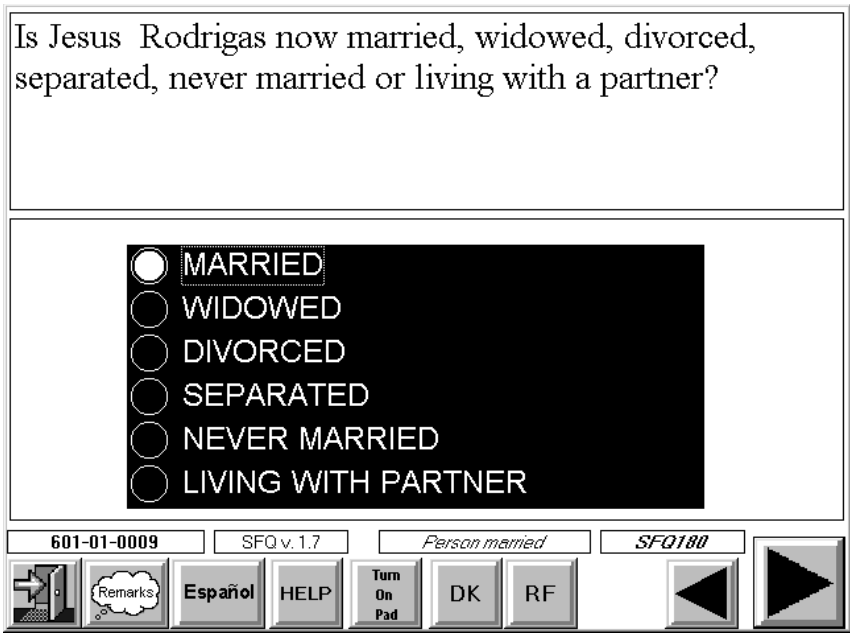




The questions above will be asked only if a person's father or father-in-law has not been identified, and there is at least one male in the family that is at least 12 years old or older. The roster will only contain the males in the household that are at least 12 years old. Enter code 3 (LEGAL GUARDIAN)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

4.2.3.4 Marital Status

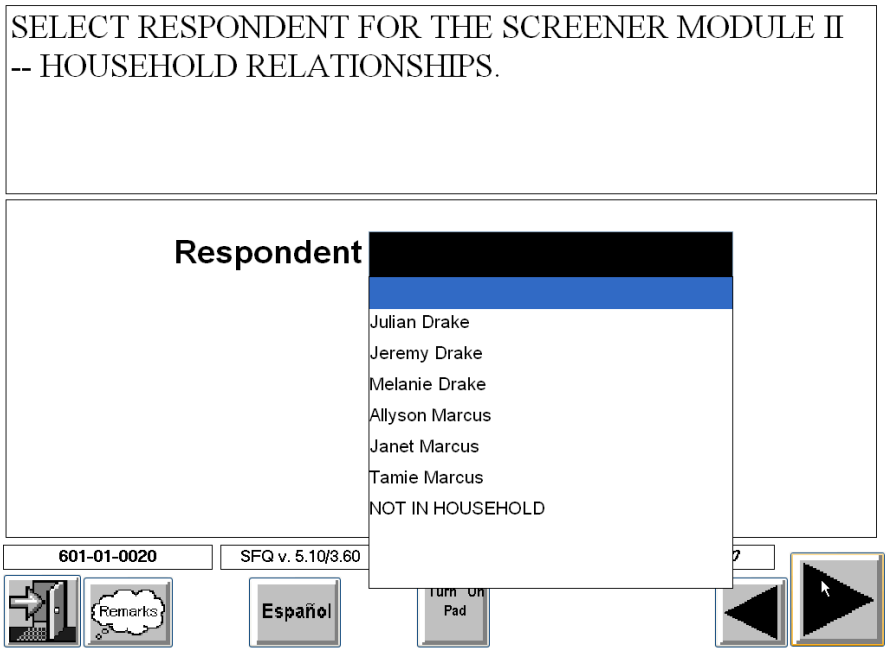
You will determine **current** marital status for each person in the household **14 years of age or older**. You will usually know this by the time you get to this item, so you can simply verify this information with the respondent in most cases. If there is any doubt, however, ask. If a family member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

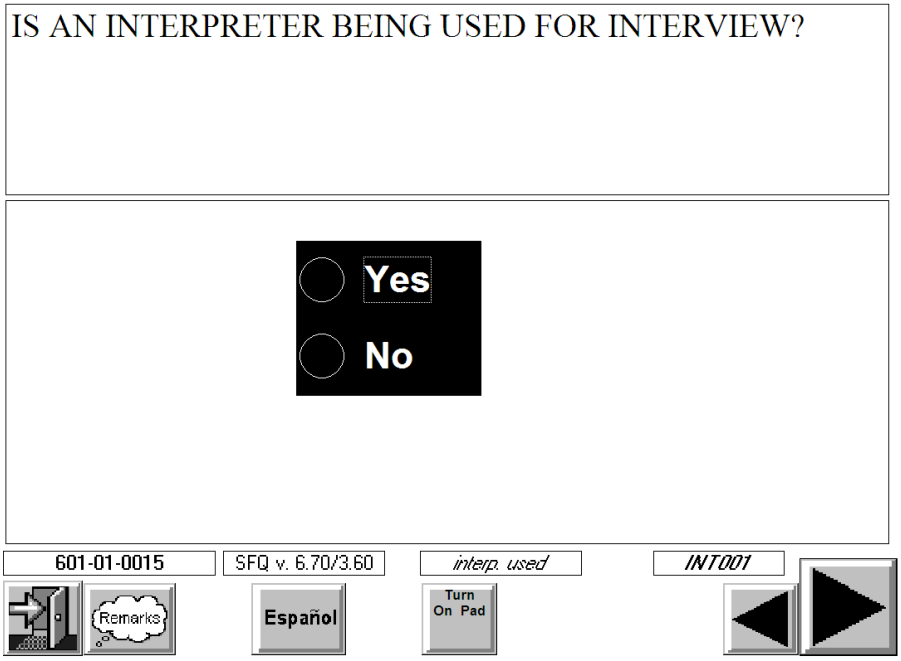


4.2.3.5 Ending the Relationship Questionnaire—Entering Respondent Information

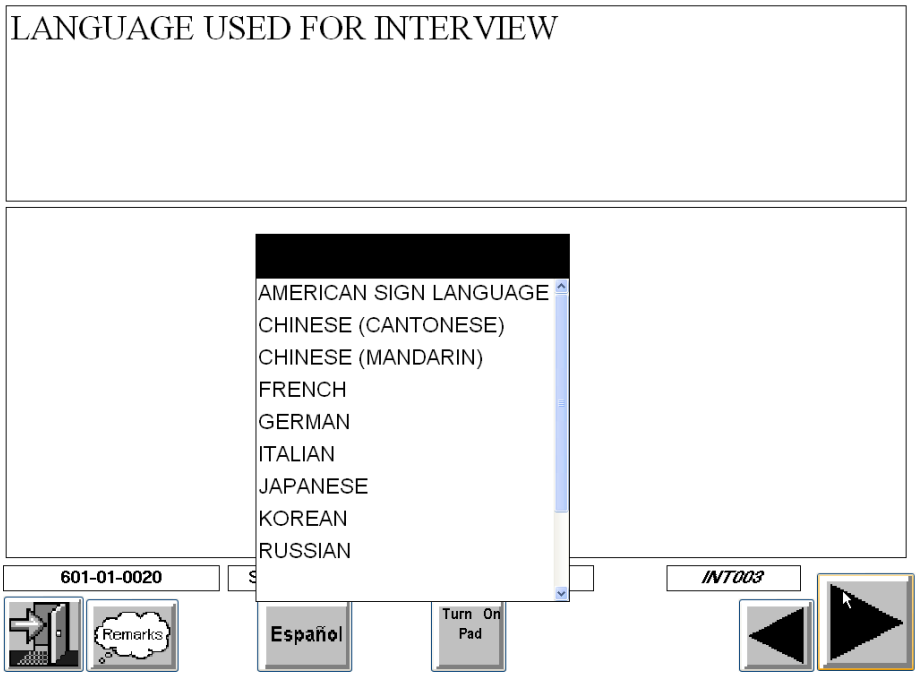
At the end of the Relationship Questionnaire, CAPI prompts you to select the name of the person who responded to the questions from the list of persons in the household and to enter information about an interpreter if one was used. These screens appear on the next page.

Note: These screens may appear twice; once for the Screener and once for the Relationship Questionnaire if they were administered on separate occasions. The respondent selection screens that appear for the Screener (when the Screener and Relationship Questions are administered on separate occasions) are slightly different.

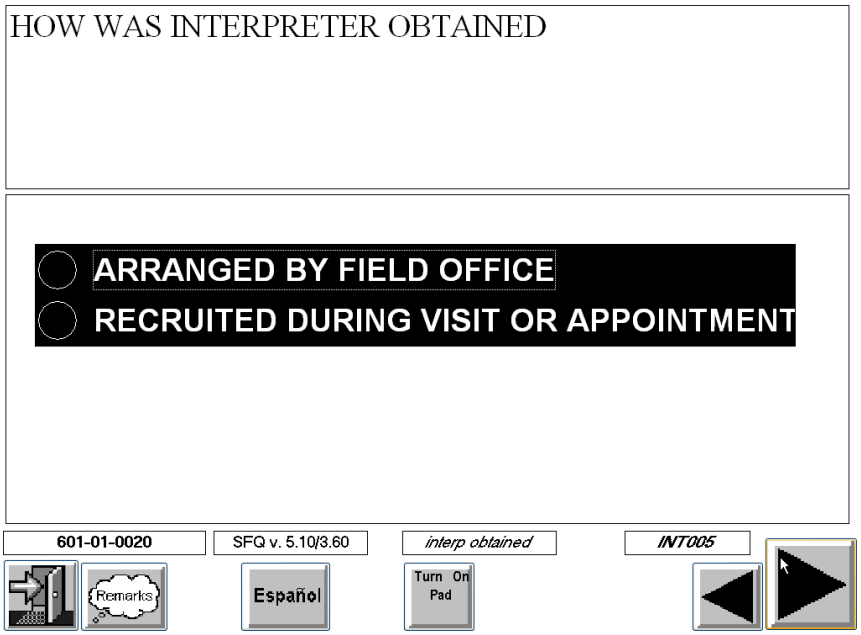




When an interpreter is used, you must select the language in which the screener and relationship questionnaires were conducted.

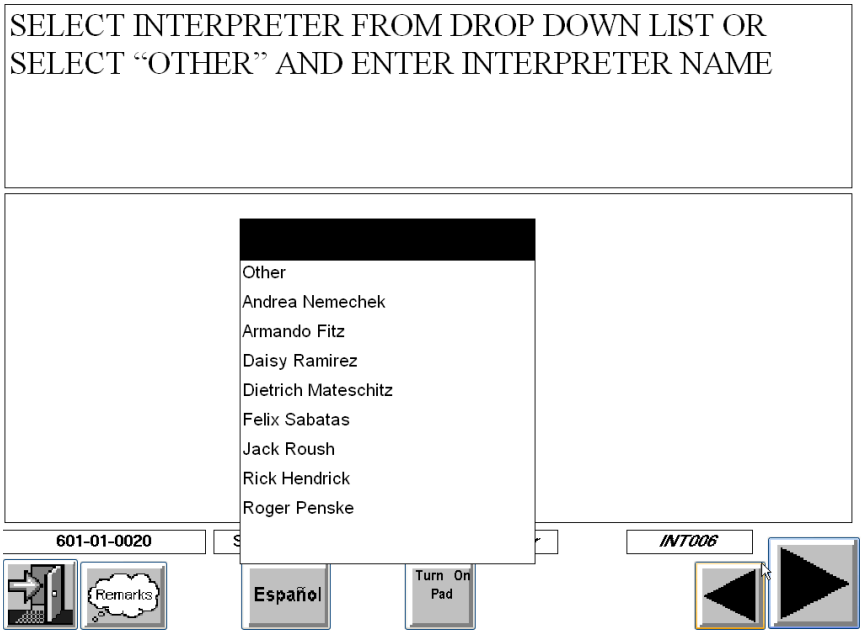


Next, you are to indicate the source of the interpreter, i.e., from where did you obtain the interpreter? The options are "Arranged by Field Office" or "Recruited During Visit or Appointment."

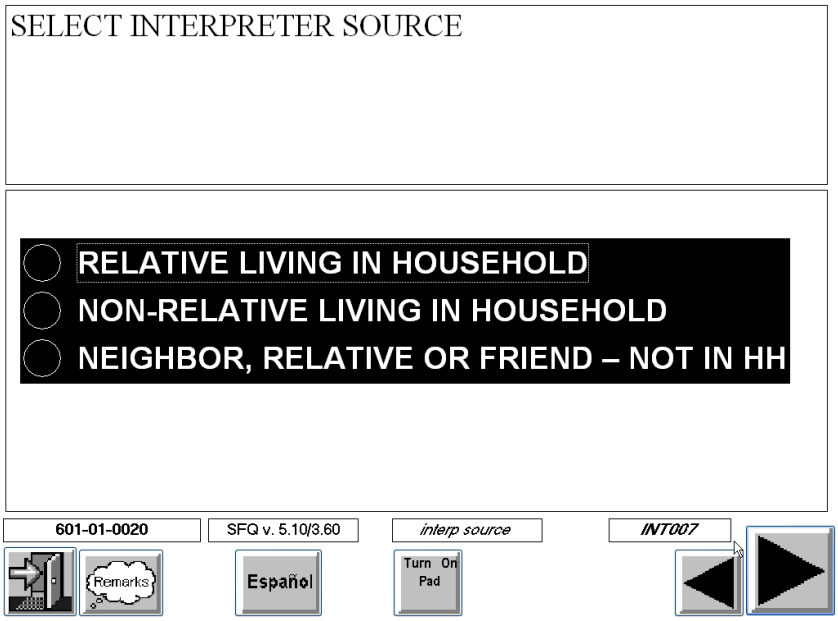


Generally, we expect that you will be able to complete the Screener and Relationship Questionnaire with an English speaking household member 18+. If there is no one in the household who meets these qualifications, try to find someone in the neighborhood who could serve as an interpreter. If no one is available, talk to your supervisor. S/he will find a professional/paid interpreter for you.

If the option "Arranged by Field Office" is selected, you will be presented with a list of interpreters to select the name of the interpreter you used. No other information is collected about the interpreter since the data already exists in ISIS.

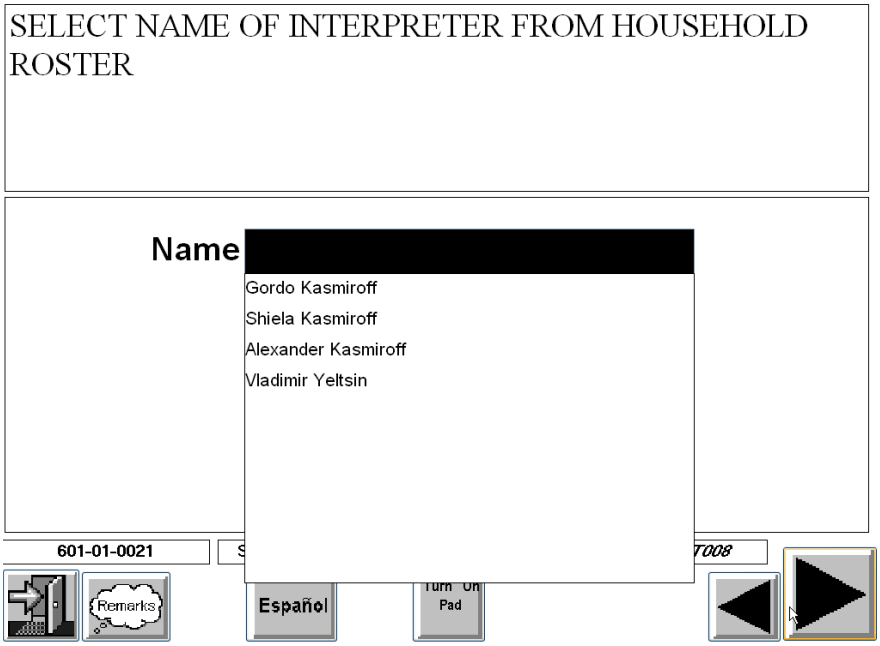


If "Recruited During Visit or Appointment" is selected, you will collect some additional information about the interpreter.

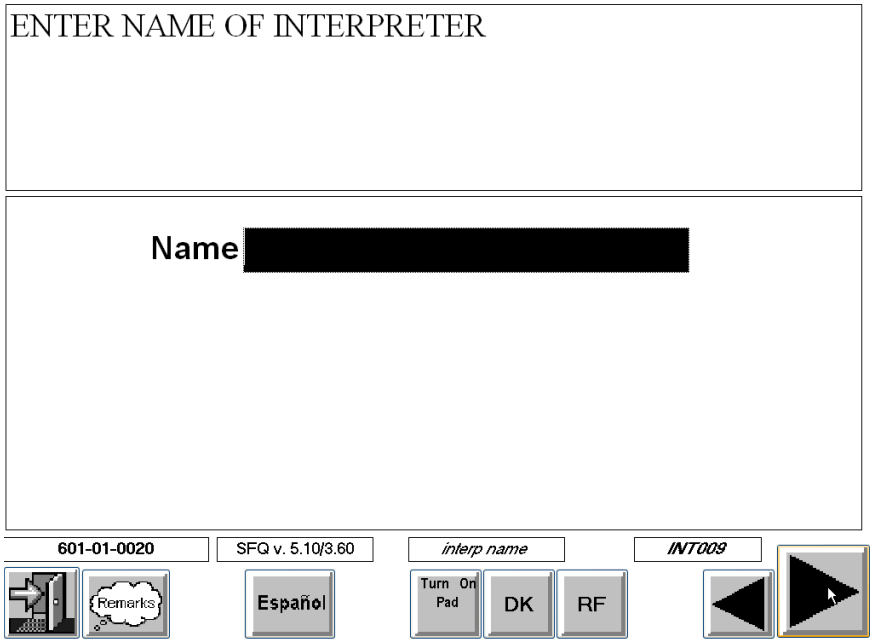


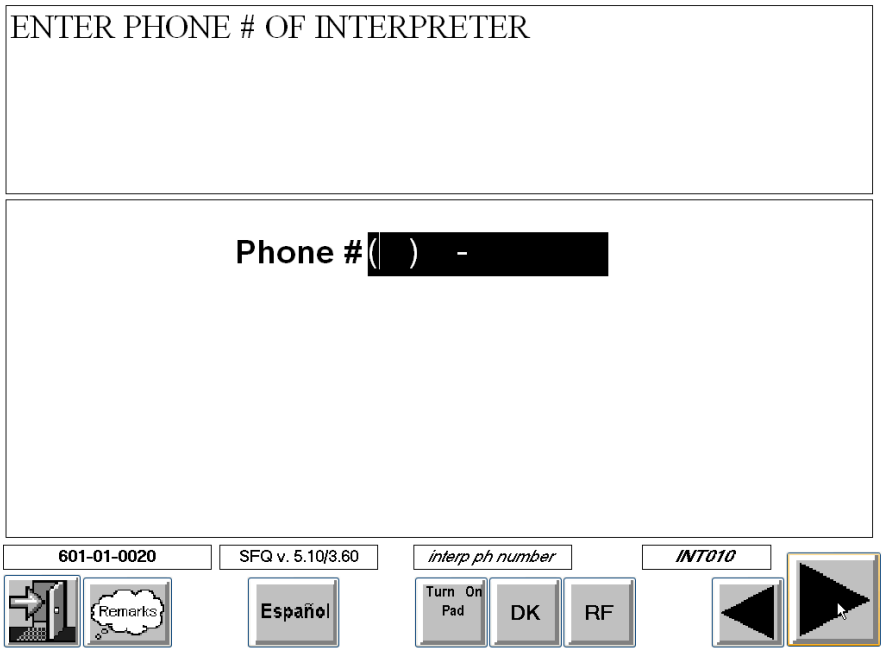
First, you must indicate the source of the interpreter: "Relative Living in Household," "Non-Relative Living in Household" or "Neighbor, Relative or Friend – Not in Household."

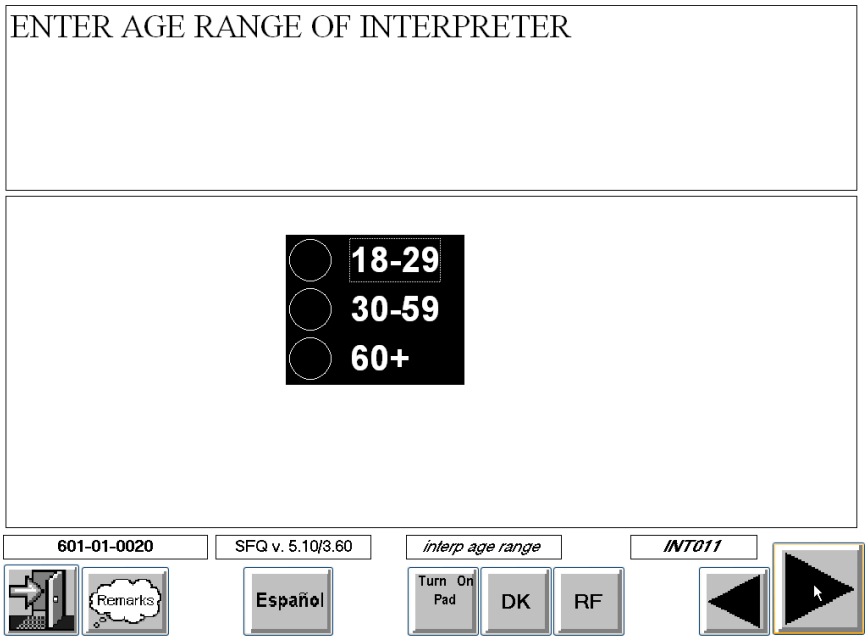
If the person used as an interpreter is someone living in the household, CAPI will present a list of names of household members and you will select the name of the interpreter from the list.

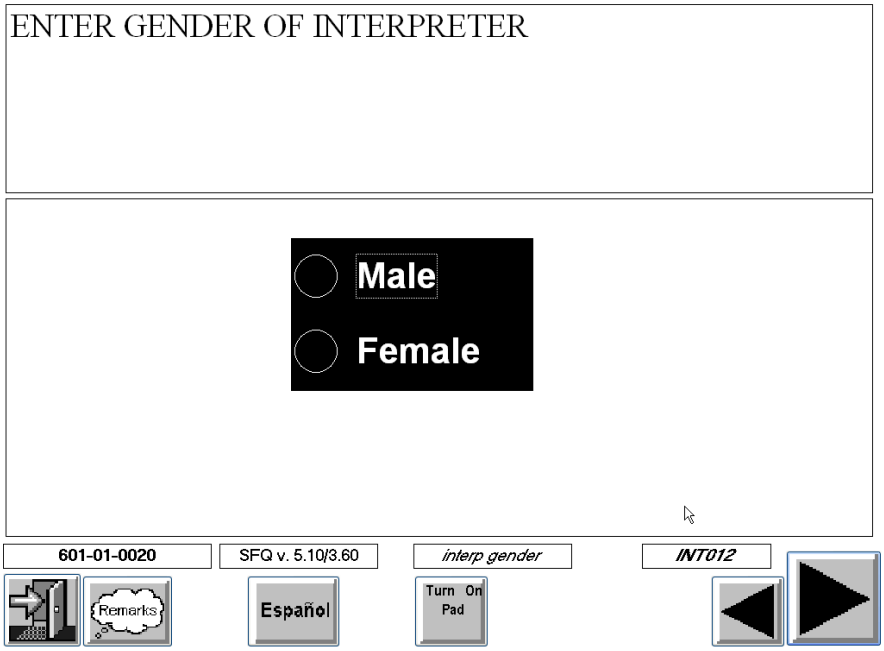


If a non-household member served as an interpreter ("Neighbor, Relative, or Friend – Not in Household" is the selected response option) you are required to enter the person's name, phone number, age range, and gender (see next pages for examples of these screens)






ENTER AGE RANGE OF INTERPRETER
18-29
30-59
60+
601-01-0020
SFQ v. 5.10/3.60
interp age range
INT011
Remarks
Español
Turn On Pad
DK
RF


ENTER GENDER OF INTERPRETER
Male
Female
601-01-0020
SFQ v. 5.10/3.60
interp gender
INT012
Remarks
Español
Turn On Pad

4.3 Administering the Household Sample Person Questionnaires

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

4.3.1 Eligible Respondent for SP Questionnaires

To be eligible for the household SP questionnaire, the person must have been selected through the sample person selection procedures applied by CAPI in the screening interview. **SPs who are 16 years of age and older must respond to the SP questionnaire for themselves, unless they are physically or mentally unable to do so**. In these rare situations, when there is a **serious** physical or mental condition, a proxy respondent may be used to conduct the interview (e.g., SP has hearing problem, is senile, or mentally impaired, etc.). If you have any doubt about whether to use a proxy, call your supervisor prior to administering the interview.

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

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

4.3.2 Sample Person Language Problems

NHANES has an English and Spanish version of the CAPI questionnaire. In addition, the NHANES interviewing team includes bilingual (English/Spanish) household interviewers. If you are not certified to conduct an interview in Spanish and you encounter a situation where a Spanish language

interview is needed for an SP, return the case to your supervisor. If you start an interview with an SP, who you believed to be bilingual, and find they have difficulty with the questions or concepts, stop the interview. Explain to the SP that we have Spanish speaking interviewers and set an appointment to have the interview completed in Spanish, and return the case to your supervisor. If you encounter a situation where the SP only speaks another language (i.e., Chinese, French, Japanese, etc.), or does not speak enough English to conduct the interview, present the respondent with a Language Identification Card so they may identify the spoken household language. Also, try to find a household interpreter or a friend or neighbor to assist in the conduct of the interview. This interpreter should be age 18 or older. Also remember to use the NHANES Interpreter Protocol Handout (Exhibit 4-1) found in the SP + Family Hand Cards to train the interpreter in the conduct of the interview. If you cannot find an appropriate interpreter, discuss the case with your supervisor. A glossary of terms translated into Spanish, Simplified Chinese, Traditional Chinese, Korean, and Vietnamese is available in each Field Office for interpreters.

In rare circumstances you may be asked to work with a Spanish reader. Spanish readers are only used when there are not enough bilingual interviewers at a stand. Spanish readers must be identified and approved by the Study Manager. The help screens in the questionnaire instruments have been translated into Spanish for readers. See Exhibit 4-1a for instructions on working with a Spanish reader, including how to change the questionnaires and help screens into Spanish.

4.3.3 Obtaining Consent for the SP Interview

Each respondent for the Household questionnaires (SP and Family Questionnaires) must consent prior to the start of the interview. In addition, respondents who are 16 and 17 must also have a parent consent to the interview. A respondent must consent at the beginning of each interview. Consent will be collected electronically during the RIQ section of the questionnaire but a blank hard copy Consent Form (Exhibit 4-2) must be provided to the respondent to review before signing consent electronically and left with the respondent.

This consent form addresses several key survey issues. It:

- Explains the general structure and goals of the survey;
- Provides an overview of the interview topics;
- Discusses data uses, linkage and confidentiality; and
- Explains the voluntary nature of participation and the rights of survey participants.

Exhibit 4-1. NHANES Interpreter Protocol Handout

NHANES
INTERPRETER PROTOCOL

This document summarizes the interpreter protocol for NHANES participants who speak languages other than English and Spanish. The role of the interpreter is to provide the link between the data collector and the participant. The interpreter offers a channel through which statements are conveyed from one language into another.

All interpreters are expected to assume the following basic responsibilities and employ the following procedures when working with NHANES participants and data collectors, which include household interviewers and examiners at the Mobile Examination Center (MEC).

1. Basic Responsibilities

- **Professionalism and Confidentiality –** The interpreter must exhibit professionalism at all times and maintain the confidentiality of the data collector-participant dialogue. As well as adherence to the interpreter protocol, important aspects of professionalism include: being courteous but not overfriendly, being honest but tactful, and showing respect to the data collector and the participant.

- **Accuracy and Completeness –** The interpreter should accurately and completely convey statements made by the participant and the data collector. This does not mean that a literal interpretation is necessarily appropriate. Interpreters must accurately relay the full meaning and spirit of what is said, rather than a literal interpretation per se, which conveys all of the words but not always all of the meaning.

  The interpreter must communicate **everything** that is spoken by the participant and data collector. The same applies to hard-copy scripts and computer screens that the data collector asks the interpreter to read to the participant. The interpreter's role is **not** to decide what statements are relevant—no matter how familiar the interpreter becomes with the NHANES materials or questions.

- **Cultural Bridge and Knowing Limits –** Interpreters need the ability to serve as a cultural bridge between the participant and data collector, while keeping within the limits of the interpretation process. Besides repeating what the participant says to the data collector, certain instances may call for the interpreter to explain the cultural context of a specific statement. However, great care should be taken to provide **only** the essential, cultural background information. Guessing or making up terms is not acceptable. If the interpreter does not understand something that was said, he or she should ask for clarification in order to provide a complete and accurate interpretation.

2. Specific Procedures

- **Interpreter Introduction – State your name and role to the participant.** Introduce yourself and tell the participant that you are the interpreter. Introduce the data collector as well. The data collector may also initiate the introductions. Make sure to convey the following points: your name, everything will be interpreted exactly as it is said, information will be kept confidential, and the participant should speak directly to the interviewer, slowly and pausing often.

  - **Example:** Hello, my name is (interpreter name) and I will be the interpreter for this interview with (interviewer name) for the National Health and Nutrition Examination Survey (NHANES). Everything that is said will be fully interpreted and it will be kept confidential. Please speak directly to each other. Please speak slowly and pause after two or three sentences so that I can interpret everything.

- **Interpret in the First Person "I" – Do not use, "He said, she said…" when interpreting what the participant or data collector has said.** For example, instead of saying, "He says he listened to loud music…" the interpreter should state, "I listened to loud music…." The interpreter is the voice, or mouthpiece, of both the participant and the data collector.

- **Positioning and Eye Contact – Use positioning and eye contact to foster the relationship between the data collector and the participant.** The interpretation process should promote eye-to-eye contact between the data collector and the participant. The interpreter may use eye contact, but it is also acceptable to look down and avoid eye contact while interpreting. The interpreter's position in the setting—between the participant and the data collector or beside either one—can also facilitate the data collector-participant dialogue.

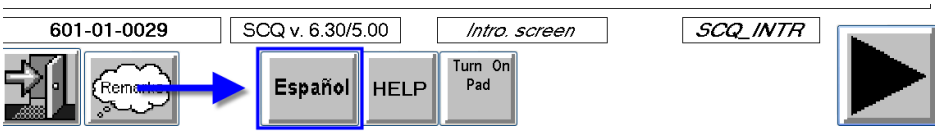
- **No Side Conversations – Avoid unnecessary conversations with the data collector or the participant during the interview setting.** Irrelevant discussions or "side conversations" between the interpreter and the data collector are impolite and unprofessional whether or not the participant fully understands what is spoken. However, the participant will often initiate conversation with the interpreter. To politely dissuade the participant, you can simply offer to talk more after the interview is finished. In such cases, always be sure to inform the data collector so that he or she understands what is going on.

Exhibit 4-1a. Instructions for Working with a Spanish Reader

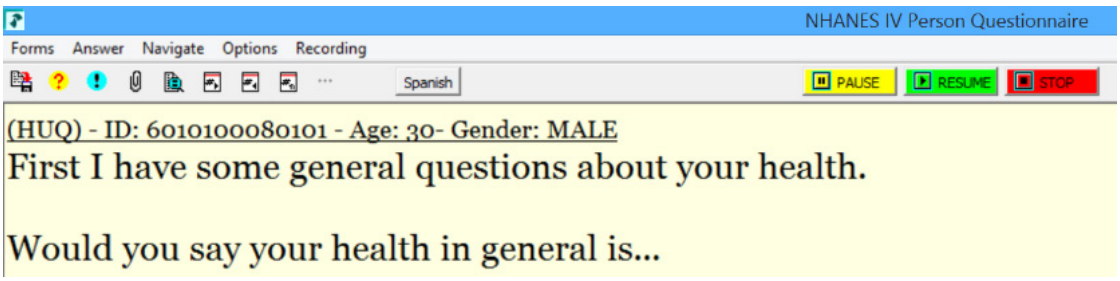
NHANES
Working with a Spanish Reader

- Spanish readers are only used when there are not enough bilingual interviewers at a stand.
- You may only use readers who have been provided by the FO; they will have been officially assessed by the HO and deemed proficient to read and speak Spanish. You may NEVER use family, friends, or neighbors to interpret when conducting interviews in Spanish with non-English speaking SPs.
- You may NEVER conduct an interview in English, for Spanish speaking SPs who speak or understand little English, nor allow family, friends, or neighbors to help an SP during an interview conducted in English. If an SP is unable to understand English questions well enough to answer, you must immediately stop the interview. The interview can be completed at a later time, using an assessed reader, bilingual Interviewer, or bilingual FO supervisor.
    - The MEC is unable to conduct English exams with SPs who cannot speak sufficient English to answer questions. The MEC will immediately report to FO and HO any Hispanic SPs who could not have reasonably completed an English interview or have read and understood consents.
- ISIS requires selection of the name of the interpreter used, who is already in the system; you must also enter that information on the hardcopy Record of Calls and Tablet Record of Calls (TROC).
- All questionnaires and materials are available in Spanish and provide standardized questions in Spanish. All study materials are available in Spanish including:
    - Advance Letter;
    - Screener Brochure;
    - Home Interview Consent;
    - All MEC Consents; and
    - Screener, SP and Family Questionnaires.
- When working with a Spanish reader, provide the SP with Spanish language hardcopy materials.
- ALL interviews for Spanish speaking SPs must use the Spanish version of the questionnaires for the entire interview. Spanish readers only interpret when the conversation is not scripted, e.g. gaining cooperation or answering SP questions.
- Spanish readers read the Spanish screens in the questionnaire instruments, including the question and the response options (if not in ALL CAPS) while you enter the responses.
- DO NOT directly schedule readers to work with you at later times or dates. All reader scheduling is managed by the OM, and in his/her absence, by a FO supervisor.

To change the **Screener** into Spanish, simply press the "Español" button.



To change a **Blaise interview question** (and its corresponding help screen) into Spanish, press the Spanish toggle button at the top of the screen.



Note: If the questionnaire automatically launches in Spanish (e.g., the Screener was completed in Spanish), interviewers will have to toggle to English and then back to Spanish once in order to translate the help screens.

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Exhibit 4-2. Home Interview Consent Form

#1 OMB # 0920-0950

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
HOME INTERVIEW CONSENT

Print name of person questioned _____ _____ _____
First Middle Last

You have been chosen to take part in the National Health and Nutrition Examination Survey (NHANES), conducted by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). This research tells us about the health and nutrition of people in the United States. It combines an interview with a health exam. Our interviewer will ask questions about you and your family. Some questions are about your work and general health. Others are about health problems and other health topics. Health research using NHANES can be enhanced by combining your survey records with other data sources. The data gathered are used to link your answers to vital statistics, health, nutrition, and other related records. The questions today will take about one hour. We may contact you to check the work of your interviewer. We may contact you again for further studies.

Data gathered in this survey are used to study many health issues. We are required by law (read box below) to use your information for statistical research only and to keep it confidential.

You may take part in this survey or not. The choice is yours. You will not lose any benefits if you say no. If you choose to take part, you don't have to answer every question and you can stop the interview at any time.

We can do additional health research by linking the interview and exam data of everyone listed under "SP NAME" in the gray box below to vital statistics, health, nutrition, and other related records. May we try to link these survey records with other records?

| Yes | No | N/A

Do you have more questions about the survey? You can make a toll-free call to the Senior Medical Officer at 1-800-452-6115, Monday-Friday, 7:30 AM-4:30 PM EST. If you have questions about your rights about being in the survey, call the Research Ethics Review Board at the National Center for Health Statistics, toll free, at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol # 2011-17. Your call will be returned as soon as possible.

SIGNATURE OF PERSON ANSWERING QUESTIONS:

I have read the information above. I agree to proceed with the interview.

_____ _____
Date

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

_____ _____
Signature of parent/guardian Date

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

Witness (if required) Date

Name of staff member present when this form was signed: _____

HOUSEHOLD ID FAMILY #

Which questionnaire(s) did person respond to? FAMILY | | SP (IF CHECKED, PRINT BELOW)
SP NAME SP ID SP NAME SP ID

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 2002 (CIPSEA, Title 5 of Public Law 107-347). 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, NCHS complies with the Federal Cybersecurity Act of 2015 (6 U.S.C. §§ 151 & 151 note). This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. If information sent through government networks triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf of, the government.

Public reporting burden of this collection of information may take up to 6.7 hours per response for total participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0950). **02/17**

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If the respondent does not want to sign consent electronically, s/he may request to sign a hard copy instead. If this is the case, there is an area for signatures on the bottom of the hard copy consent form. Use the following guidelines to complete the signature process.

- Enter the Household ID number on the appropriate lines – the Household ID consists of the Stand, Segment, and Serial Number of the case. This number appears on the label on the front cover of your Household Folder.
- Enter the Family Number on the appropriate line. The Family Number will usually be "1". However, if there is more than one family in the household, this number will appear on your CAPI case list.
- Have the respondent check the appropriate box to indicate her/his permission to link her/his survey records with other vital records.
- Have the respondent sign and date the form. Ask the respondent to sign his/her full name.

  If the SP does not consent to linkage and is reluctant to sign the form, he or she should check the "No" box for linkage, you should write "Refused" next to the box, and the SP should sign the form.
- If the respondent is 16 or 17, one of the respondent's parents or guardians must sign and date the form on the line provided. Note: A parent or guardian must sign on the appropriate signature line unless the SP is an emancipated minor (a person who is under 18 who lives alone or only with persons who are under 18 or who is or has been married). If the SP is an emancipated minor, the "emancipated minor" box **must** be checked. This box appears under the general heading "IF PERSON ABOVE IS 16 OR 17, PARENT/GUARDIAN MUST ALSO SIGN BELOW:".
- If the respondent is 16-17 years old and reads a different NHANES language than his/her parents, have the respondent sign the form in the language s/he reads and the parent sign a separate form in the language s/he reads and attach them together. Example: If the 16-17 year old speaks English and the parent speaks Korean, the respondent would sign an English form in the appropriate area and the parent would sign a Korean form in the appropriate area. Then, staple the two forms together.
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the entire form to him/her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and consents to participate in the interview. Also if the respondent is signing an English form and an interpreter was used to explain the form, have the interpreter sign as a witness testifying that the respondent understands the information and consents to participate in the interview. In both cases, **print** the full name of the witness on the appropriate line.
- Sign your name on the line entitled "Signature of staff member."
- Check the boxes and list the SP names that correspond to **all** questionnaires the person will respond to.

- Enter each SP name and six digit SP ID. (You will obtain this number from the field office when you call to make an appointment. Thus, this may need to be entered during your field edit).

For example, if the respondent (Jane Smith) completes her SP Questionnaire, her son Robert's and her daughter Lucy's SP Questionnaire and also completes the Family Questionnaire, her completed Household Interview Consent Form should look like the one displayed as Exhibit 4-3.

NOTE:

- It is not necessary to consent to linkage in order to continue with the interview.
- The Home Interview Consent does not have to be completed at all for non-response to the Household Questionnaires.
- A Home Interview Consent must be completed and signed by each Respondent to the Household Questionnaires.
- The respondent to the Household Questionnaire must check the YES, NO or N/A box in the "linkage area". He or she must sign in the "SIGNATURE OF PERSON ANSWERING QUESTIONS" block indicating that he or she has read the information on the consent form and agrees to participate with the interview.
- If a second page is needed (because of the number of SP/Interviews involved) and the Respondent agrees to complete all relevant questionnaires the check boxes on the second page need not be completed again.
- However if the respondent agrees to some interviews and not to others two Home Interview Consent Forms must be completed—one including the names/interviews for all completed (with appropriate boxes checked) and one for all names/interviews that are refused (with appropriate boxes checked) also. If the respondent consents to linkage for some but not all SPs, these must be separated on two forms.

This form is printed on single pieces of paper only. The respondent needs to complete and sign two copies. One completed copy will be returned to you and the respondent keeps the second copy of the form for his/her records.

Emancipated Minors

Emancipated minors are 16 and 17 year olds who are not under parental/guardian care and can sign their own consent forms. The definition of an emancipated minor varies by state and NHANES must follow state laws on this issue. These laws vary significantly from state to state. At the start of each stand, the SM informs interviewers about the specific state law to be followed in that stand.

Exhibit 4-3. Completed Home Interview Consent Form

#1

OMB # 0920-0950

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

HOME INTERVIEW CONSENT

Print name of person questioned Jane (First) Lee (Middle) Smith (Last)

You have been chosen to take part in the National Health and Nutrition Examination Survey (NHANES), conducted by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). This research tells us about the health and nutrition of people in the United States. It combines an interview with a health exam. Our interviewer will ask questions about you and your family. Some questions are about your work and general health. Others are about health problems and other health topics. Health research using NHANES can be enhanced by combining your survey records with other data sources. The data gathered are used to link your answers to vital statistics, health, nutrition, and other related records. The questions today will take about one hour. We may contact you to check the work of your interviewer. We may contact you again for further studies.

Data gathered in this survey are used to study many health issues. We are required by law (read box below) to use your information for statistical research only and to keep it confidential.

You may take part in this survey or not. The choice is yours. You will not lose any benefits if you say no. If you choose to take part, you don't have to answer every question and you can stop the interview at any time.

We can do additional health research by linking the interview and exam data of everyone listed under "SP NAME" in the gray box below to vital statistics, health, nutrition, and other related records. May we try to link these survey records with other records?

☒ Yes ☐ No ☐ N/A

Do you have more questions about the survey? You can make a toll-free call to the Senior Medical Officer at 1-800-452-6115, Monday-Friday, 7:30 AM-4:30 PM EST. If you have questions about your rights about being in the survey, call the Research Ethics Review Board at the National Center for Health Statistics, toll free, at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol # 2011-17. Your call will be returned as soon as possible.

SIGNATURE OF PERSON ANSWERING QUESTIONS:

I have read the information above. I agree to proceed with the interview.

Jane Smith — 1/18/2017 (Date)

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

Signature of parent/guardian — Date

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

Witness (if required) — Date

Name of staff member present when this form was signed: _____

HOUSEHOLD ID 555 55 5555 FAMILY # 01

Which questionnaire(s) did person respond to? FAMILY ☒ SP ☒ (IF CHECKED, PRINT BELOW)

SP NAME	SP ID	SP NAME	SP ID
Jane Smith	123456	Robert Smith	345678

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 2002 (CIPSEA, Title 5 of Public Law 107-347). 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, NCHS complies with the Federal Cybersecurity Act of 2015 (6 U.S.C. §§ 151 & 151 note). This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. If information sent through government networks triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf of, the government.

Public reporting burden of this collection of information may take up to 6.7 hours per response for total participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0950). **02/17**

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In a typical year we enroll less than a handful of emancipated minors. Almost all 16 and 17 year olds have a parent or guardian who can and must sign their consent form.

4.3.4 Audio Recording Interviews

Audio recording interviews is a critical part of data quality control. The recordings serve many purposes. The first is to evaluate your personal performance and provide you with specific feedback on any issues you are having as well as things you are doing well. The recordings are also used to identify common areas across interviewers that may require additional training. Finally, the recordings are used to see how the questions are working – if all respondents confused by a question, if all interviewers have to probe between specific response options, if help text should be added, etc.

All SP and Family Questionnaires should be recorded using the audio recording capability built into your tablet. There is only one exception: after recording one interview in a different language using an interpreter, you do not need to offer recording for additional SPs in the household who are using the same interpreter. If another SP in the household speaks English or Spanish, that SP should be offered audio recording.

Recording begins as soon as you choose to offer audio recording to a respondent in the Respondent Information (Section 4.3.5). You will then read the below consent script from your screen:

> A standard part of our quality control procedures is to record interviews. The information being recorded is protected and kept confidential, the same as all of your answers to the survey. This recording will be used to improve the quality of our survey and to review the quality of my work. The computer is now recording our conversation. Do I have your permission to record this interview?

SPs age 16 years and older will verbally consent to being audio recorded and that consent will be captured on the recording. Because SPs 16-17 years old are minors, but complete their own interviews, their parent/guardian must give written consent for the interview to be recorded. This will be collected electronically after reviewing the Parental/Guardian Permission to Audio Record the Home Interview form (Exhibit 4-4). If signed electronically, a blank copy of the form must be left with the respondent. As with the Home Interview Consent, if a parent/guardian does not want to sign electronically, he/she can sign hardcopy. In this situation two forms must be completed and signed. One copy must be retained for study records and one left with the parent/guardian. Parents of SPs birth to 15 years old will be read the same script and verbally consent for their children.

Exhibit 4-4. Parental/Guardian Permission to Audio Record the Home Interview

OMB # 0920-0950

National Health and Nutrition Examination Survey (NHANES)

Parental/ Guardian Permission to Audio Record the Home Interview

FOR PARENT OR GUARDIAN OF SURVEY PARTICIPANT 16-17 YEARS:

We would like to audio record your child's interview. This recording will be used to improve the quality of our survey and to review the quality of my work. You may allow us to record the interview or not. That is your choice. As with all of the survey procedures, the information on the recording is protected and kept confidential.

FOR PARENT OR GUARDIAN OF SURVEY PARTICIPANT 16-17 YEARS:

I have read the information above.

☒ I agree to have my child's interview recorded for quality control.

☐ I do not agree to have my child's interview recorded for quality control.

Jane Smith — Signature of parent/guardian

2/12/13 — Date

PRINT NAME OF PARTICIPANT

Lucy (First) Jane (Middle) Smith (Last)

SIGNATURE OF INTERVIEWER

_____ Date

After the Respondent Information Section is complete and the Blaise portion of the SP or Family Questionnaire launches, you will have the opportunity to pause or stop the recording, upon the respondent's request.

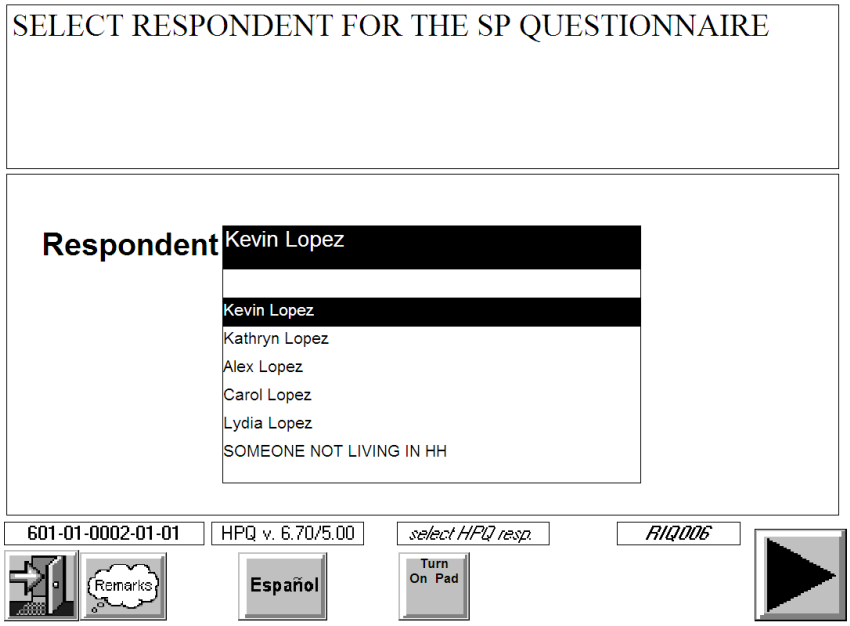
Select the Pause button to stop the recording momentarily and have the option to resume recording. Use the Stop button to stop the recording completely, without the ability to restart recording. These buttons should only be used if the respondent requests you to stop or pause the recording – you should never offer these options.

4.3.5 Beginning the SP Questionnaire —The Respondent Information Questions

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

Respondent for the Interview

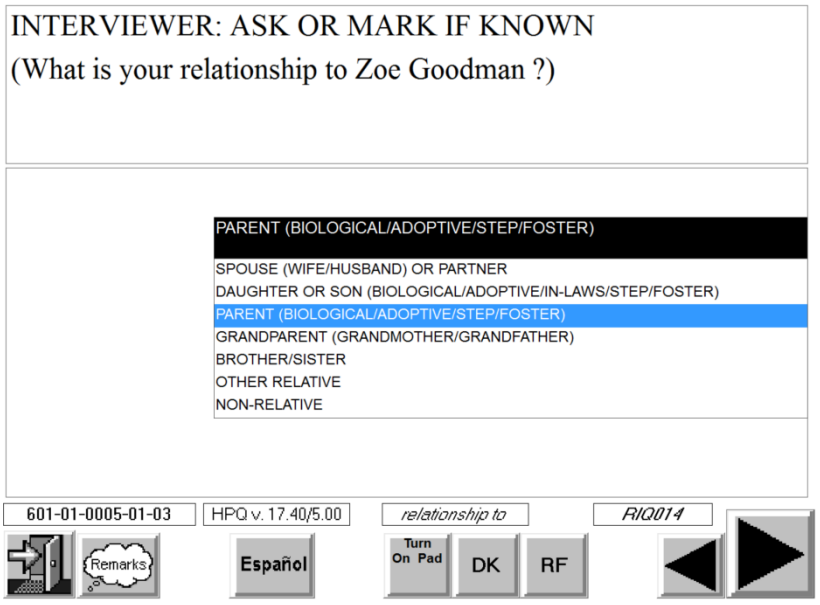
First you must select the respondent for the interview from a list of household members.

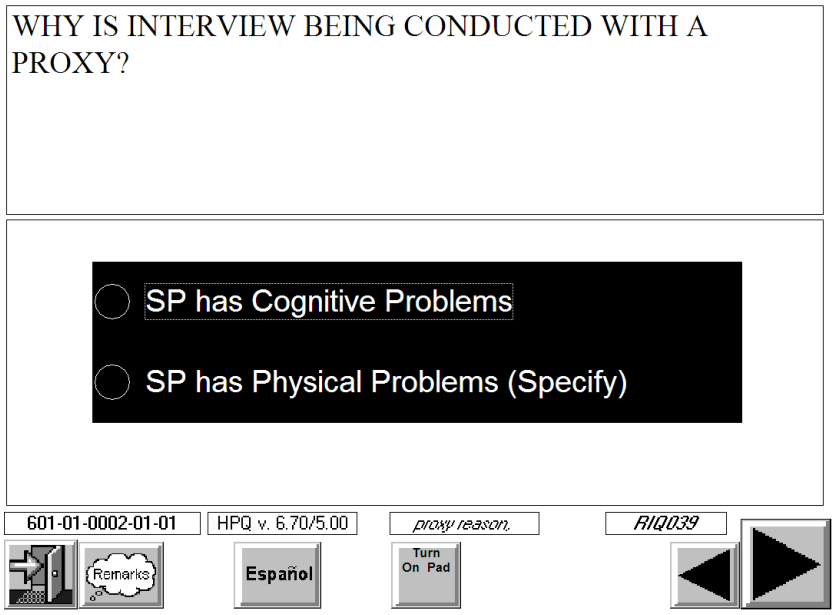


The respondent may be him/herself, a proxy in the household, or a proxy who is not a household member. Respondents 16 years of age or older must perform their own interview unless there is a reason they cannot. There are several scenarios for using proxies outlined below.

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

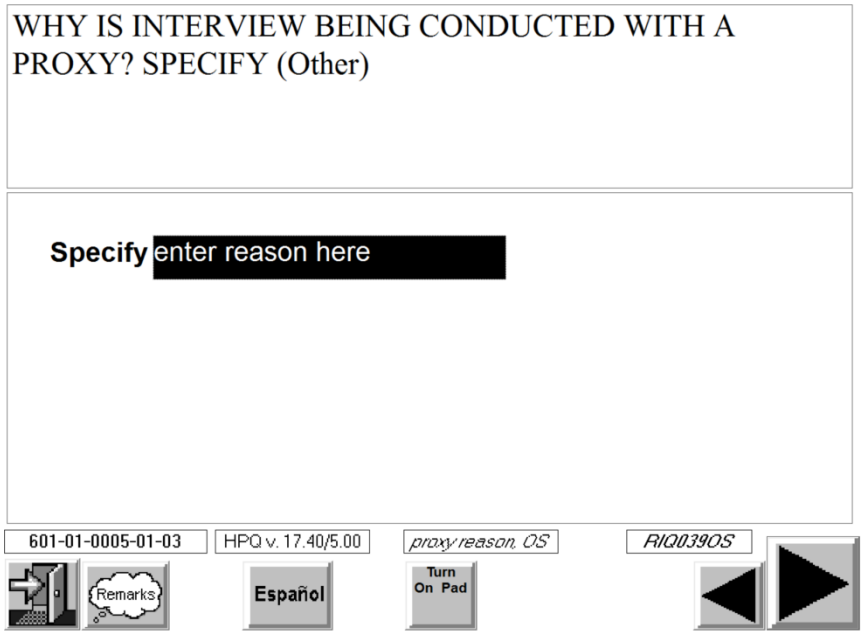
If you select a proxy for a person who should be the respondent, CAPI will display the following screens.

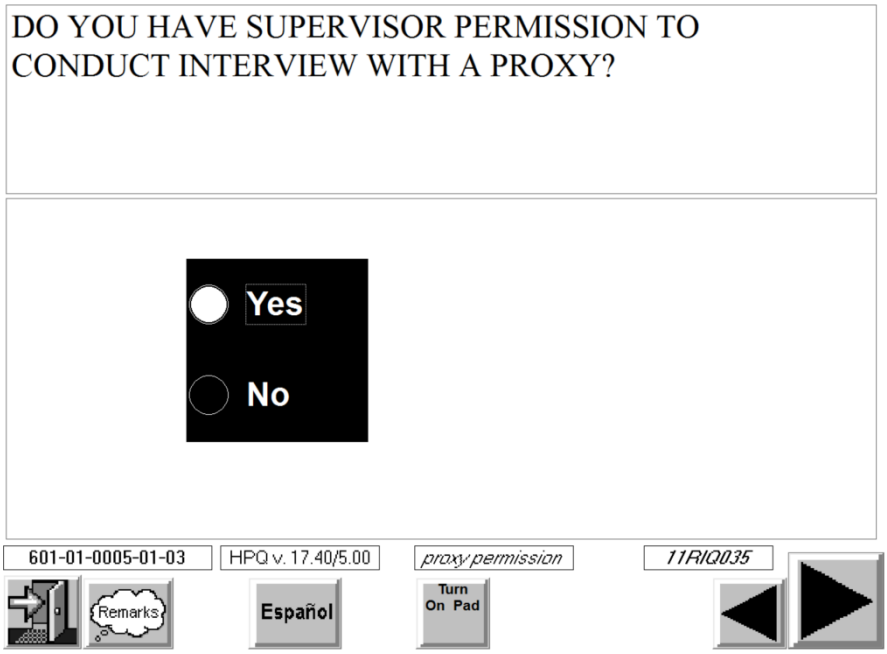




CAPI will require you to enter the relationship of the respondent to the SP and the reason for your selection in order to continue. If "SP has cognitive problems" is selected, CAPI will ask if you have permission to do this. If you answer "yes," the interview will continue. If you answer "no," a screen will appear indicating that the interview cannot be completed without permission and will be terminated.

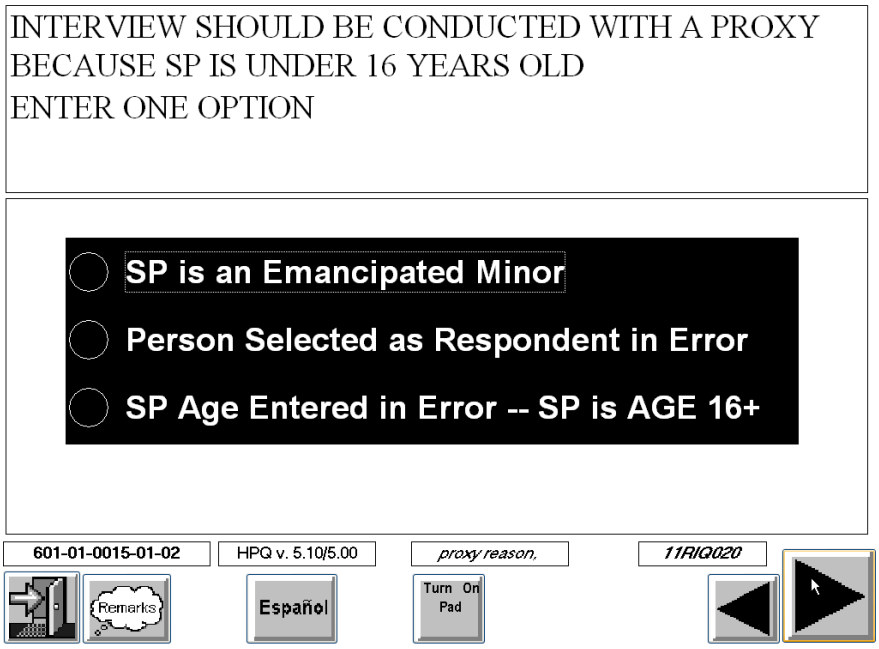
The other possible reason for using a proxy with an adult is the option, "SP has Physical Problems (Specify)." If this option is selected, CAPI will require you to enter why the interview is being conducted with a proxy in the space provided and then, as before, confirm that you have permission to use this proxy.




DO YOU HAVE SUPERVISOR PERMISSION TO CONDUCT INTERVIEW WITH A PROXY?
Yes
No
601-01-0005-01-03
HPQ v. 17.40/5.00
proxy permission
11RIQ035
Remarks
Español
Turn On Pad

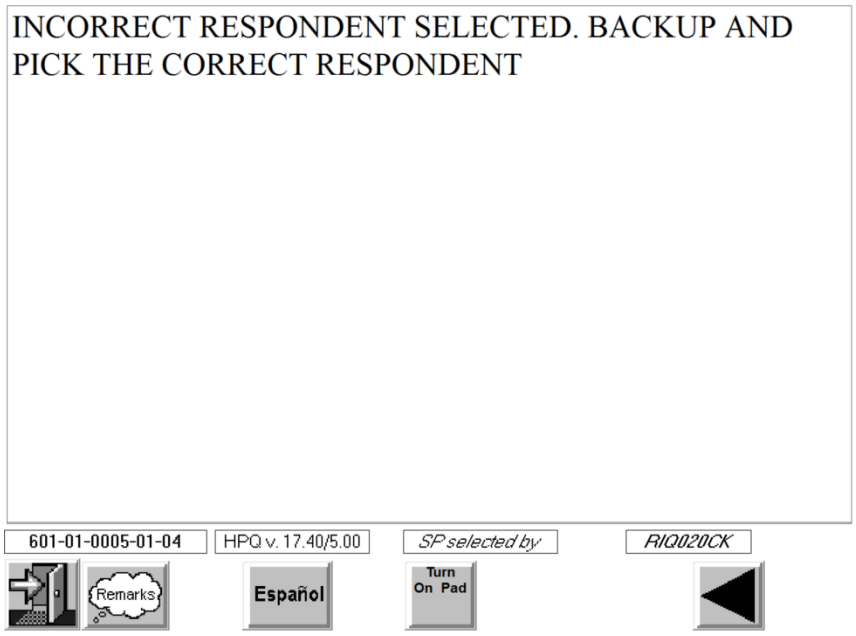
Following General Eligibility Rules – Selecting a Child Under Age 16 as the Respondent

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

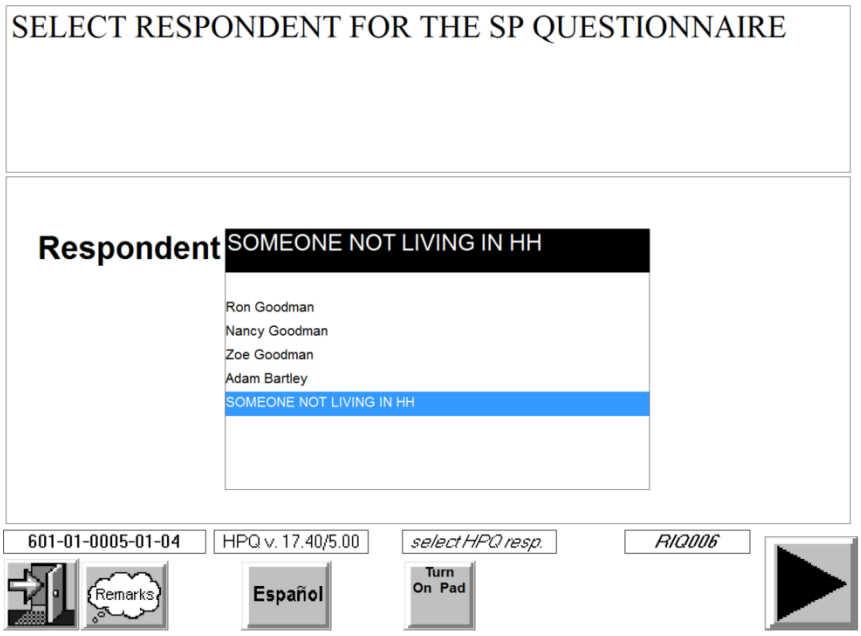


CAPI will require you to enter the reason for your selection in order to continue.

If you select "SP is an Emancipated Minor" or "SP Age Entered in Error—SP is AGE 16+," CAPI will continue to the consent section. If "Person Selected as Respondent in Error" is selected, CAPI displays the following screen instructing you to back up and select the correct respondent.

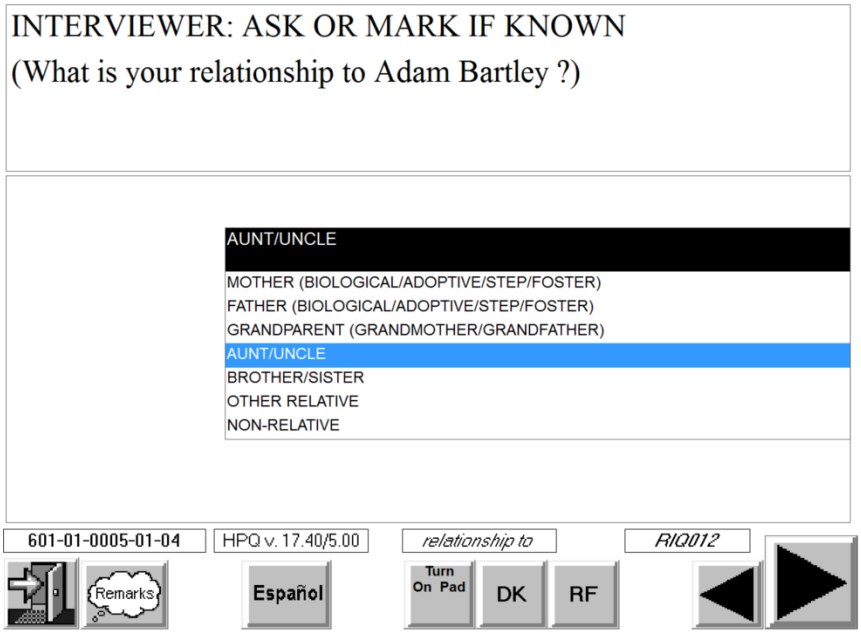


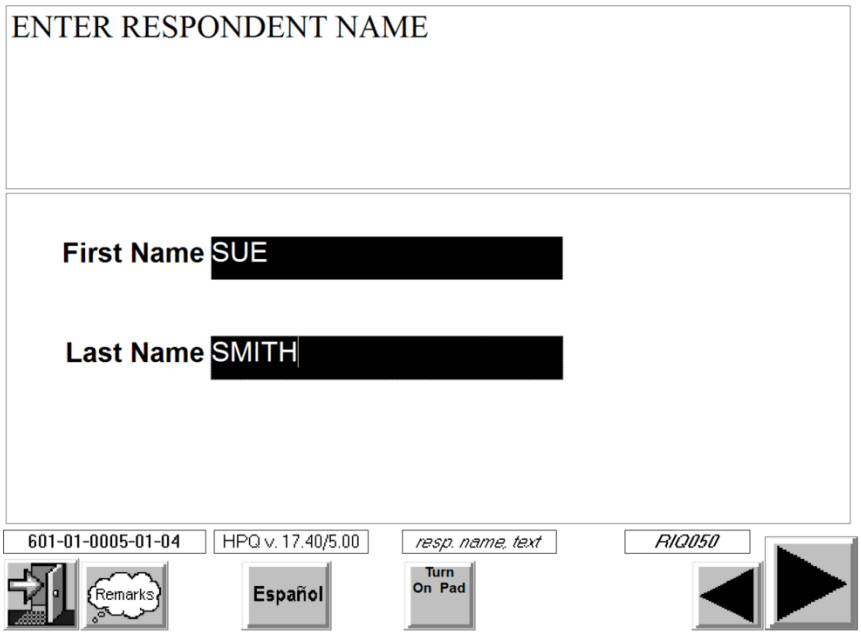
Following General Eligibility Rules – Selecting a Proxy for an SP Who is Age 16+ and Does Not Live In the Household

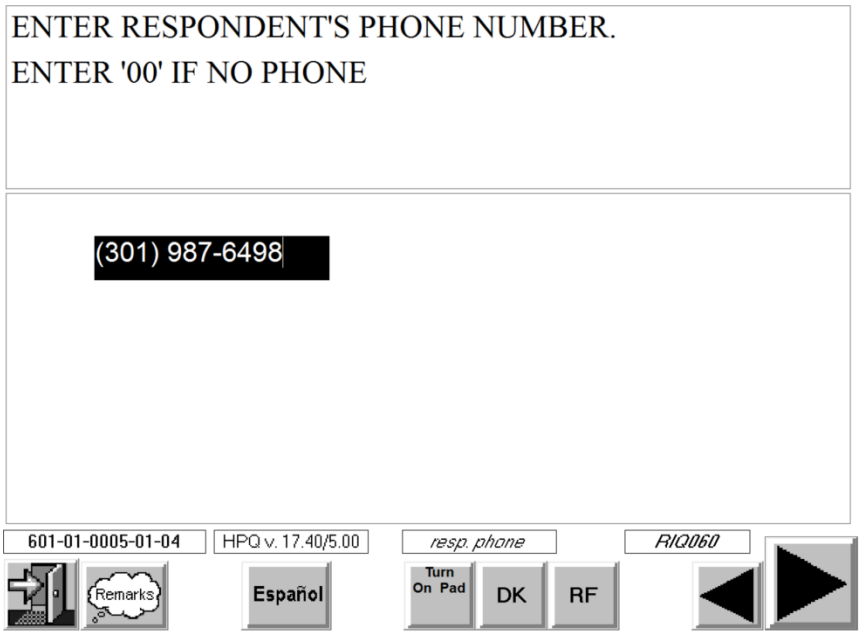


If you select a proxy that does not live in the household for a person who should be the respondent, CAPI will prompt you to identify why he/she is being chosen as a proxy, ask if you have

permission, ask why someone living outside of the home is being selected to complete the interview, and finally the request the name and phone number of the proxy.

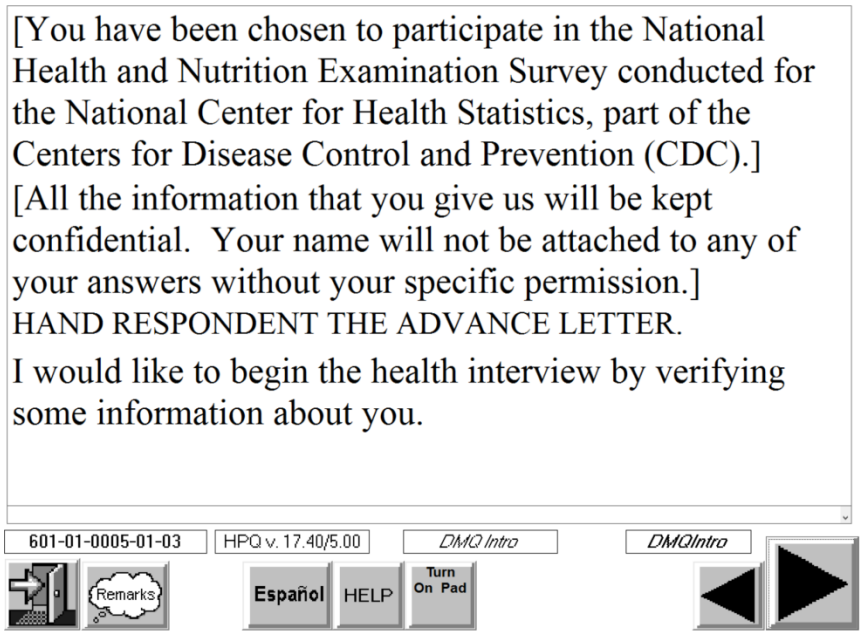


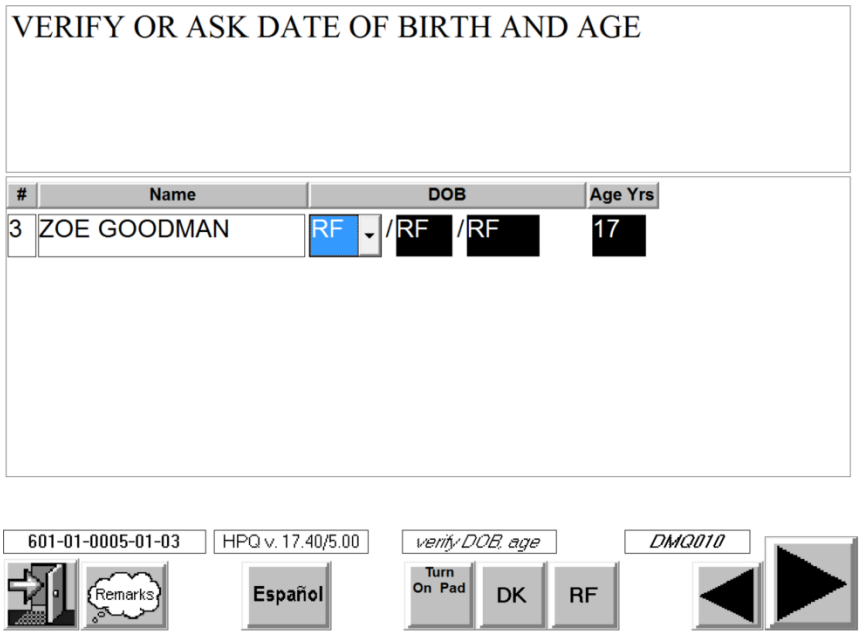

ENTER RESPONDENT NAME
First Name SUE
Last Name SMITH
601-01-0005-01-04
HPQ v. 17.40/5.00
resp. name, text
RIQ050
Remarks
Español
Turn On Pad


ENTER RESPONDENT'S PHONE NUMBER.
ENTER '00' IF NO PHONE
(301) 987-6498
601-01-0005-01-04
HPQ v. 17.40/5.00
resp. phone
RIQ060
Remarks
Español
Turn On Pad
DK
RF

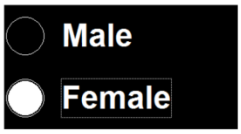
Confirmation of Demographic Information

Next, CAPI will verify the respondent's demographic information.

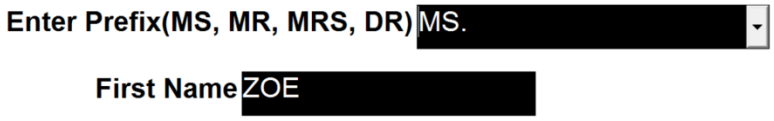


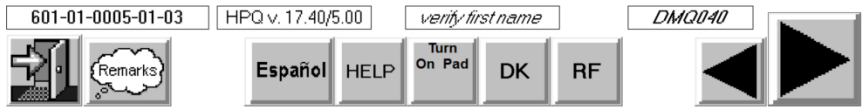


VERIFY GENDER.

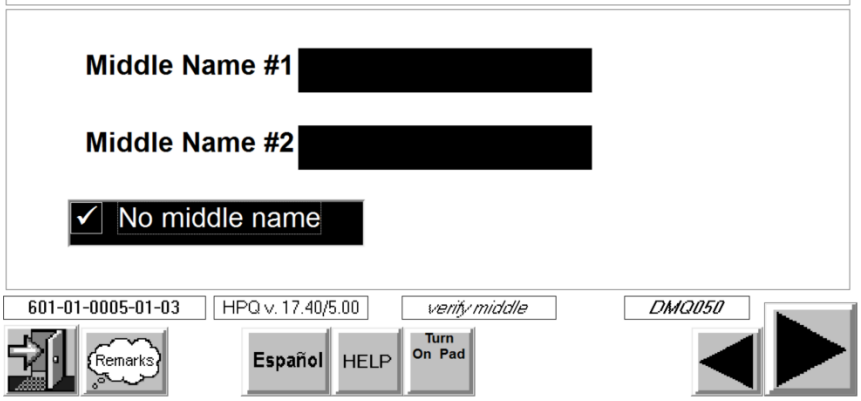


What is your full name, including middle name?
VERIFY SPELLING.
What is your first name?

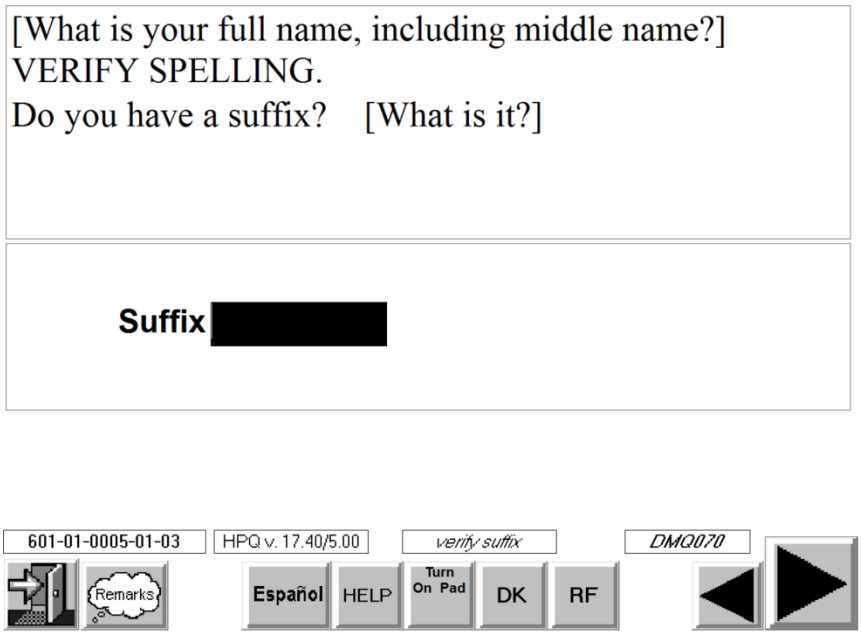




[What is your full name, including middle name?]
VERIFY SPELLING.
What is your middle name?



[What is your full name, including middle name?]
VERIFY SPELLING.
What is your last name?



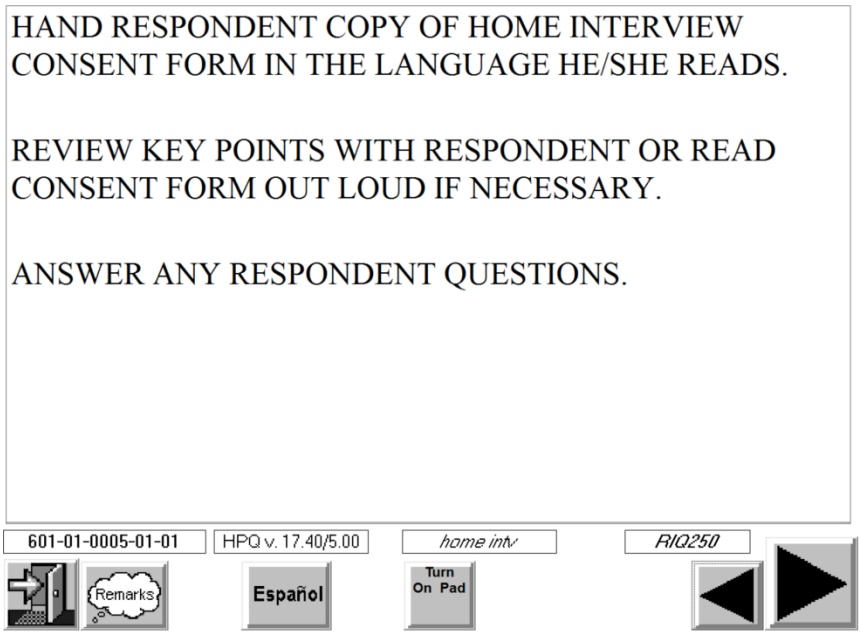
Confirming this information with the SP, as it came from the screener respondent, is critical as it confirms eligibility as well as determines the flow of the consent process, SP questionnaire, and subsequent MEC exam components. In addition, this section collects the complete name of the SP, including prefix, the first, middle and last name and a suffix, if relevant. It is important to collect as complete a name as possible as it is used on all documents mailed to the SP, including the Report of Findings.

Home Interview and Audio Consent Information

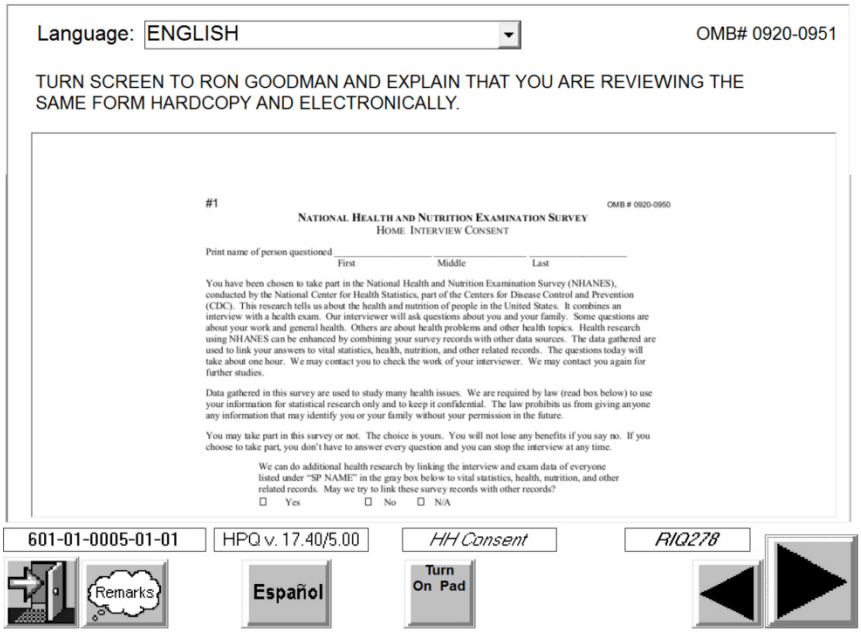
Once the respondent has been selected, you must obtain consent for the Household Interview. This process differs depending on the age of the SP. The three main possible pathways for gaining consent are for the age groups 18+ years old, 16-17 years old, and less than 16 years old.

Home Interview and Audio Consent—Adult SP (18+ years old)/Emancipated Minor

CAPI will display a screen instructing you to hand the respondent a copy of the Home Interview Consent Form.

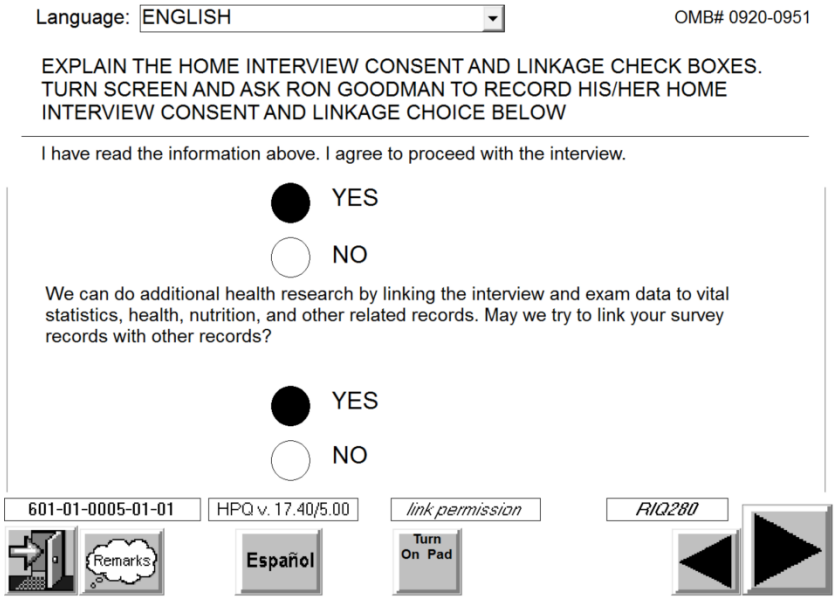


Hand the respondent the hardcopy consent form and review key points and address any questions the respondent might have. Unless the respondent cannot read the form him or herself, you do not need to read the form in its entirety.

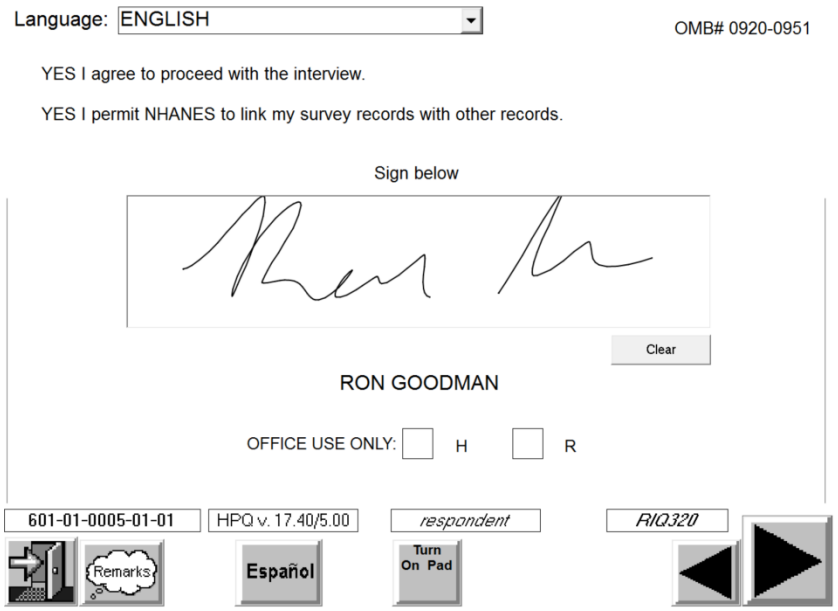


Once this step is completed, the next screen will instruct you to turn the screen to the respondent and explain that you are reviewing electronically the same hardcopy form that you just handed

them. There is a language option at the top of the screen that can be changed to the language the respondent is most comfortable with. All six languages for which we have consent are offered.

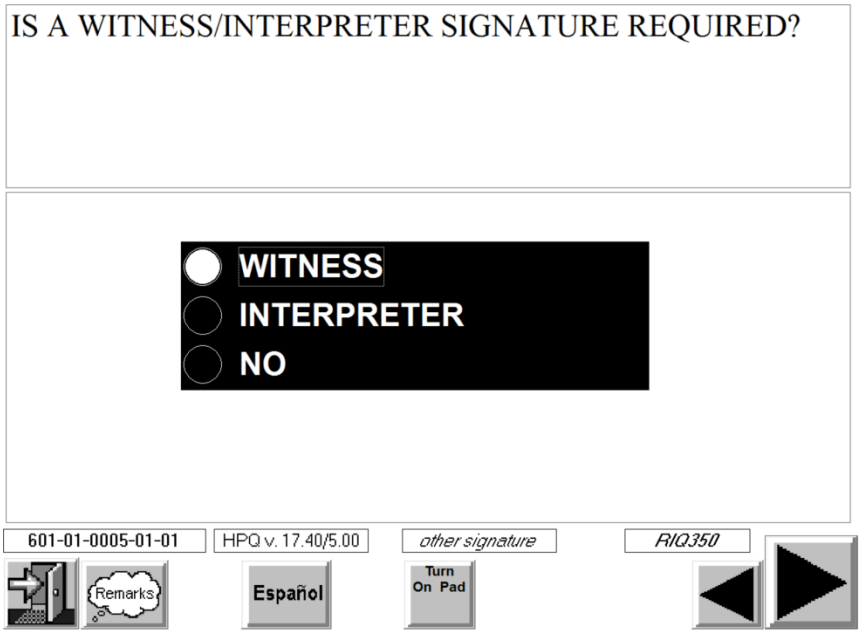


The next set of screens will ask the respondent to select "yes" or "no" to consent to the interview and then consent to linking survey records with other records. The respondent must select the answers him or herself.

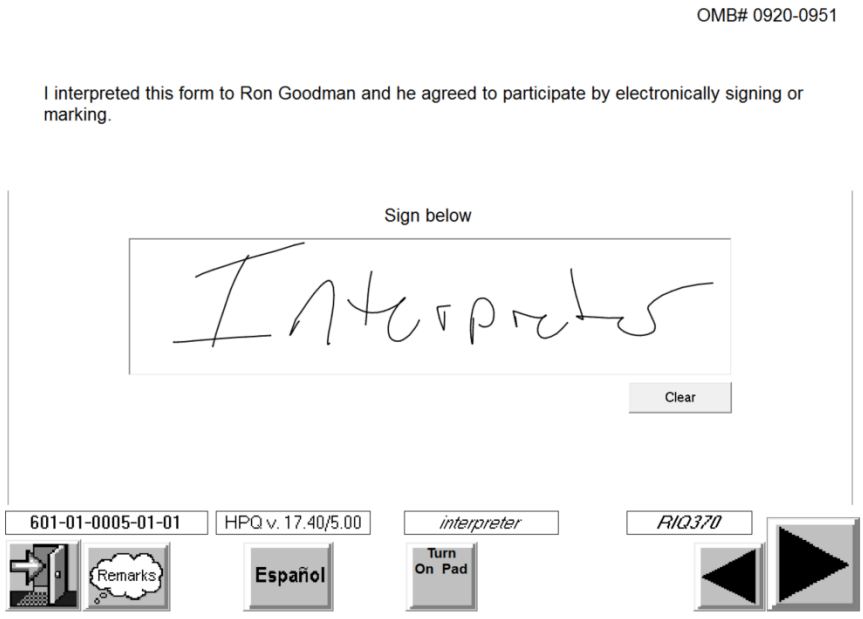


CAPI will next display a signature screen. At the top of the screen the computer displays the answers to the questions from the previous screen. Using a stylus or finger, the respondent must sign inside of the large box consenting to the interview. There is a clear button if the respondent wants to erase and resign. Below the box is the name of the respondent. Below this are two boxes for office use only. The box labeled "H" should be checked by you if the respondent does not want to sign electronically but instead requests to sign hardcopy. Follow the instructions outlined in section 4.3.3 to properly obtain signatures if this occurs. The box labeled "R" is used to identify a refusal to the interview at this point in the process and CAPI will end the interview at this time.

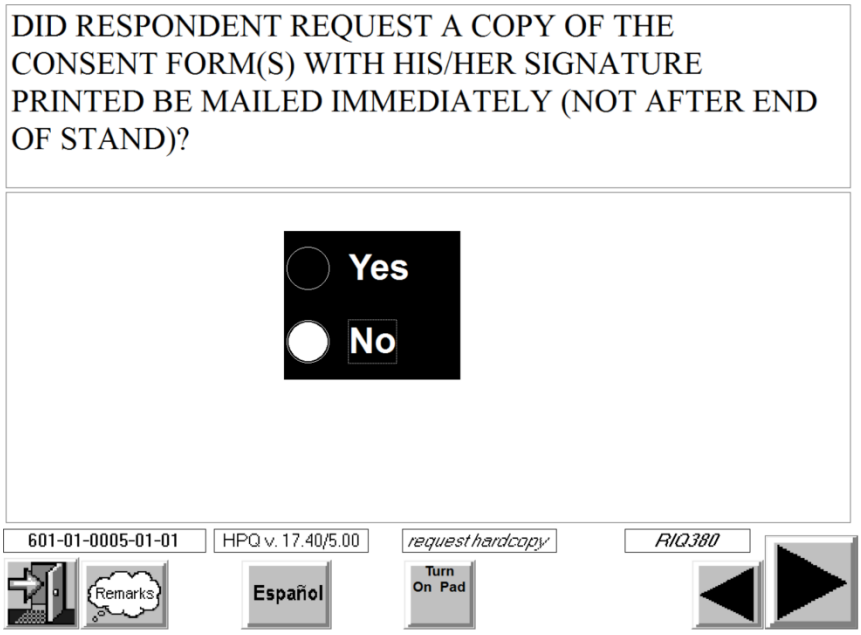
After obtaining the signature, be sure to explain to the respondent that he or she should still keep the blank hardcopy form for his or her own records. After the close of the stand, the Home Office will prepare and send all of the respondents a copy of their signed consent form with the check boxes marked.



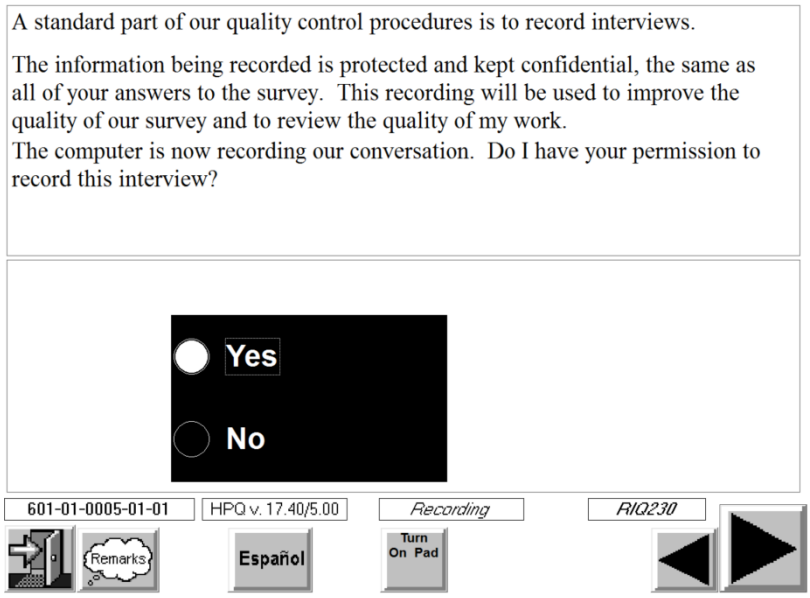
The next screen CAPI displays asks if a witness or interpreter signature is also required. If so, click the appropriate button and obtain the signature from that person.



The final question relating to interview electronic consent is displayed next. While all respondents will be mailed a hard copy version of the signed consent form at the end of the stand, some respondents might request a copy to be delivered sooner than that. The Field Office and NCHS will be able to print and mail consent forms to accommodate these requests.



After obtaining consent for the interview, CAPI will then guide you through the process of obtaining audio recording consent. Audio recording must be offered to all respondents.



These two screens require you to first enter if you want to offer audio recording and then if the respondent answers "yes" or "no." If you chose not to offer audio recording, you must explain why. The response options are to be used in the following situations:

- SM approved refusal – the interviewer has received permission from the Study Manager to not offer audio recording because the refusal is severe enough that the interview may be lost if audio recording is offered.

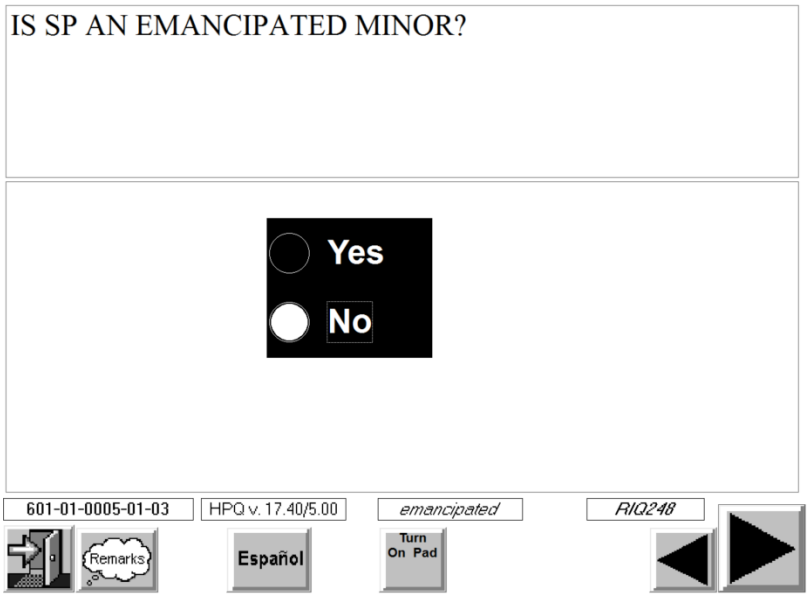
- Another interpreted interview already recorded in same HH – the interviewer has already recorded another interpreted interview in the household with the same interpreter. Note that this option is not to be used for Spanish interviews.

- Respondent refused recording previous interview – the respondent has already refused to have an interview recorded. For example, if the respondent vehemently refused audio recording the SP Interview, the interviewer can choose not to offer audio recording the Family Interview. Note that audio recording should be offered for the first interview completed with the respondent.

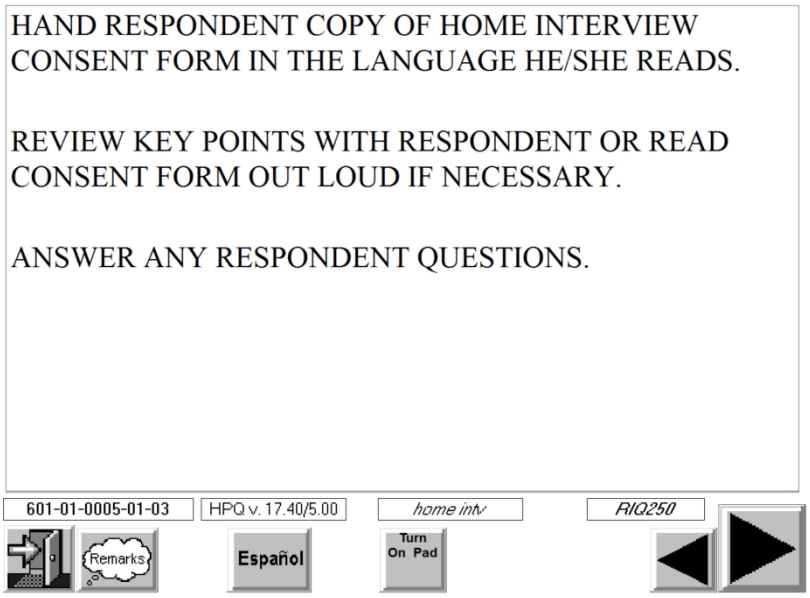
- HH previously refused recording all HH interviews – a gatekeeper has refused all audio recordings in the household. For example, when a father is responding to his own interview as well as his children's and has refused recording for all of the interviews. Note that audio recording should be offered for the first interview completed with the respondent. If you should run across this situation and have discussed this request with your study manager, please select bullet one (SM approved refusal).

Home Interview and Audio Consent—Minor SP (16-17 years old)

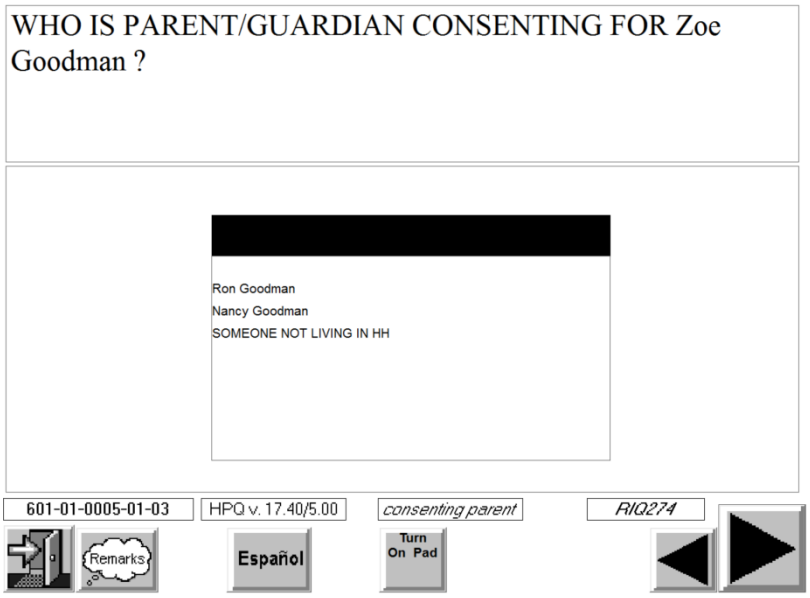
For a 16-17 year old respondent who is not an emancipated minor, you must obtain signatures from both the respondent and a parent or guardian for both the Home interview Consent and a parent/guardian signature on the Parental Permission to Audio Record. Ideally, these signatures will be collected from both individuals at the same time, but this may not always be possible. In these rare instances, CAPI will allow you to obtain parent or guardian signatures and break off the interview before reopening it when you are able to obtain the signatures from the respondent.

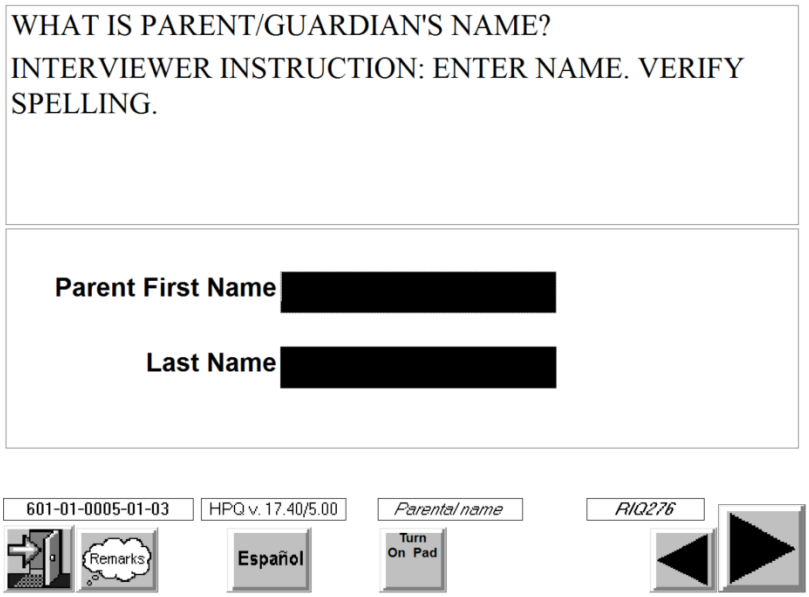


The first screen that will appear after selecting a respondent that is 16-17 years of age will ask if the SP is an emancipated minor. There are rare cases where you may encounter an emancipated minor. This is a minor who can consent as an adult and the reasons vary depending on the state in which you are working. For this scenario, we will select that the individual is not an emancipated minor.

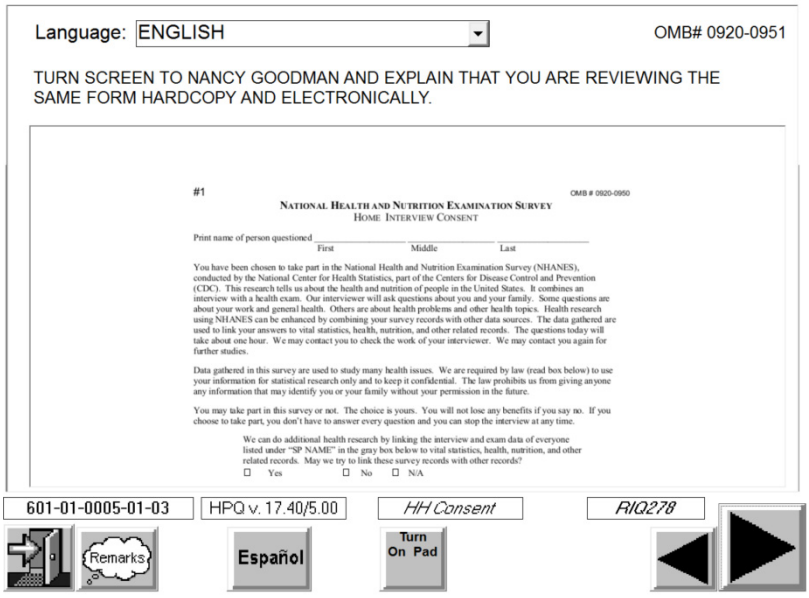


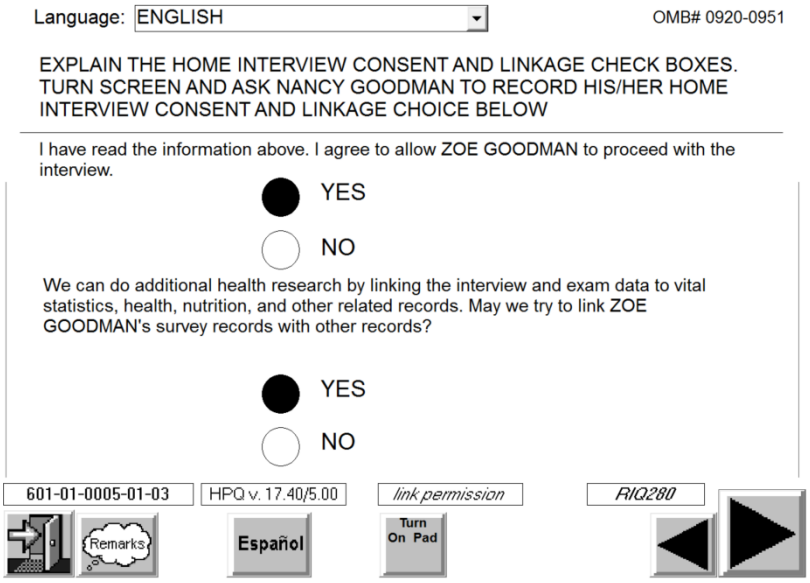
The next screen displayed is the same seen in the adult pathway. It instructs you to hand the consent form over to the SP. In this case, this is the parent or guardian of the teenager. Consent must be obtained from the parent or guardian BEFORE discussing anything with the teenage SP.

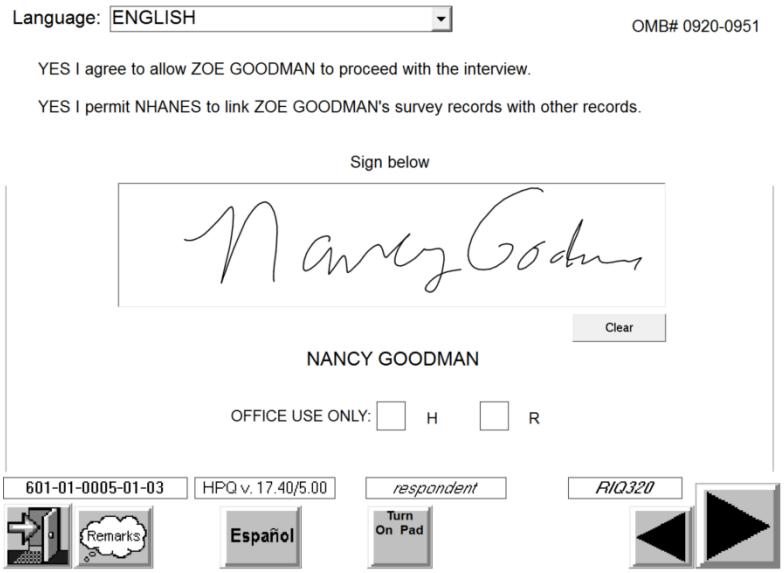




CAPI then instructs you to select the parent/guardian consenting for the teenage SP. You may select an individual living in the household or someone not living in the household. If you select "SOMEONE NOT LIVING IN HH" you will then be prompted to fill in the name of the person who will give consent for the SP.

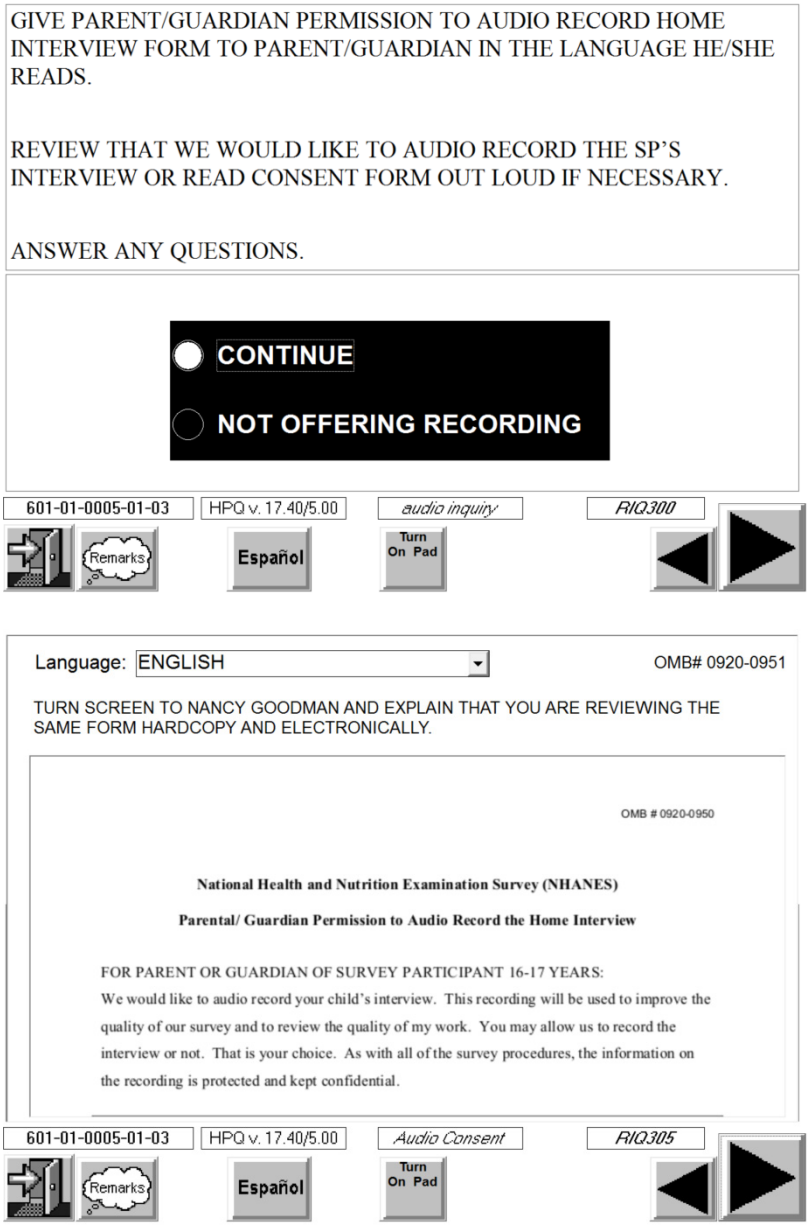


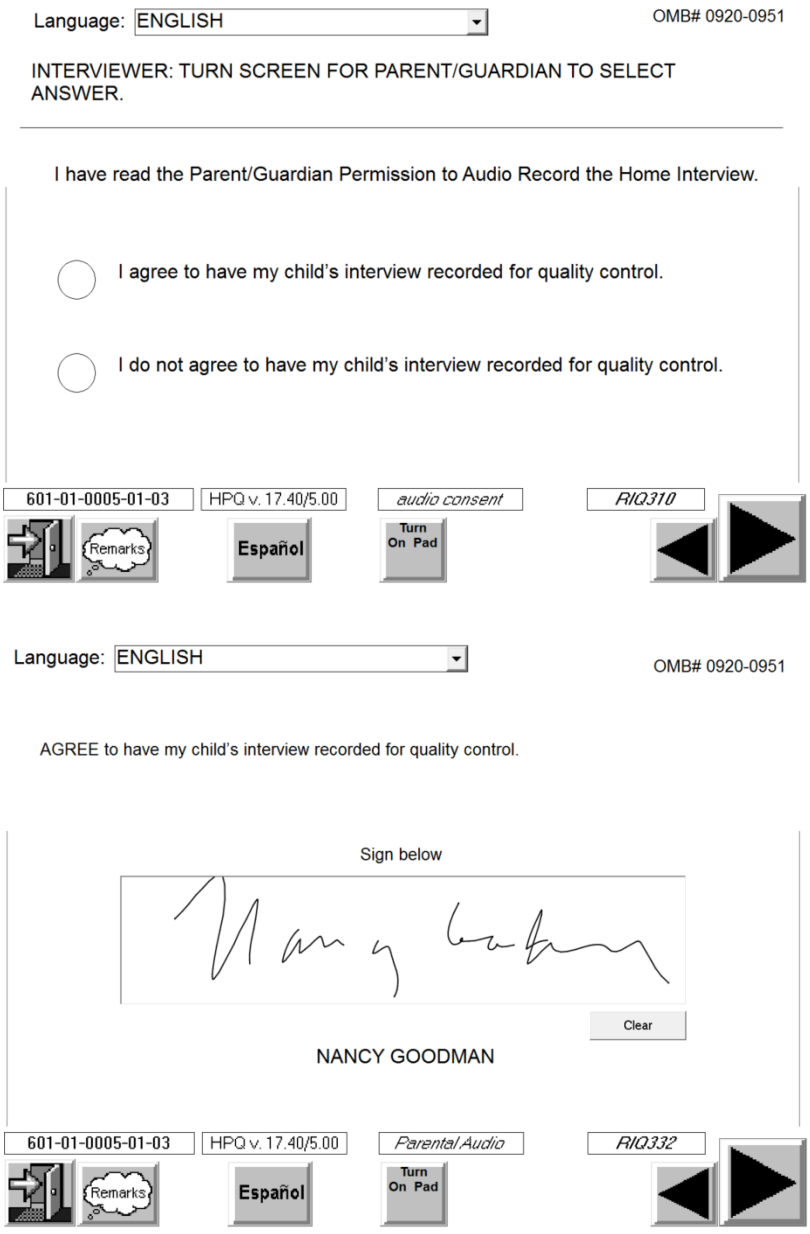




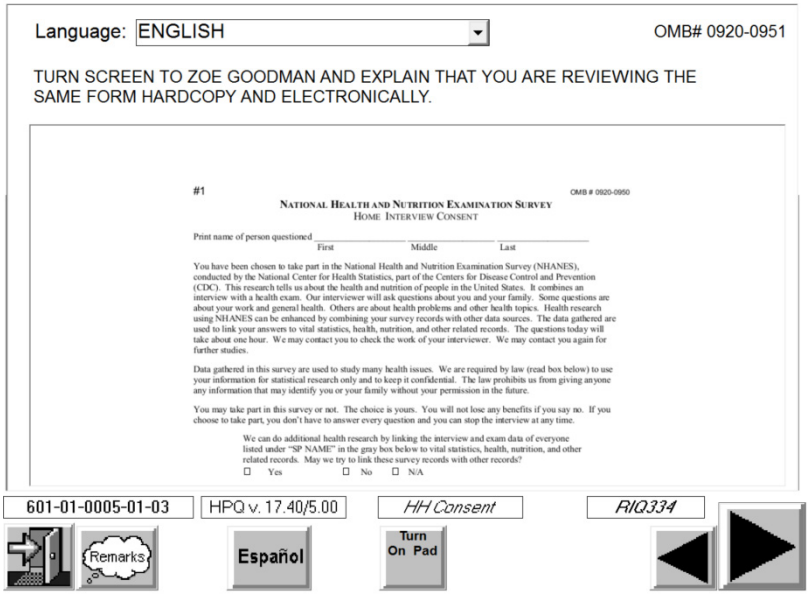
The next few screens are the same as presented in the last section and instruct you to present the parent/guardian with the paper consent form, show them the same form electronically, and then ask them to selected either "yes" or "no" for consenting to allowing the minor SP to participate as well as

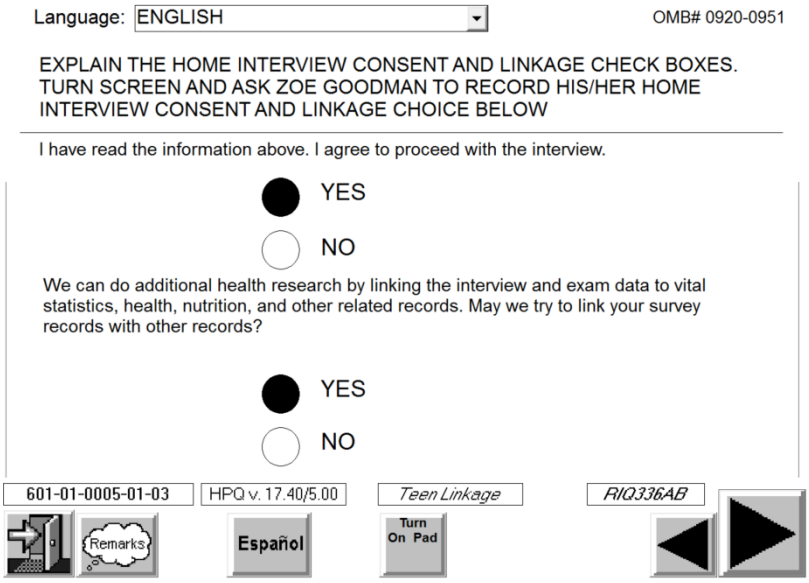
allowing linkage of records. The final screen in this sequence will obtain a signature from the parent/guardian.

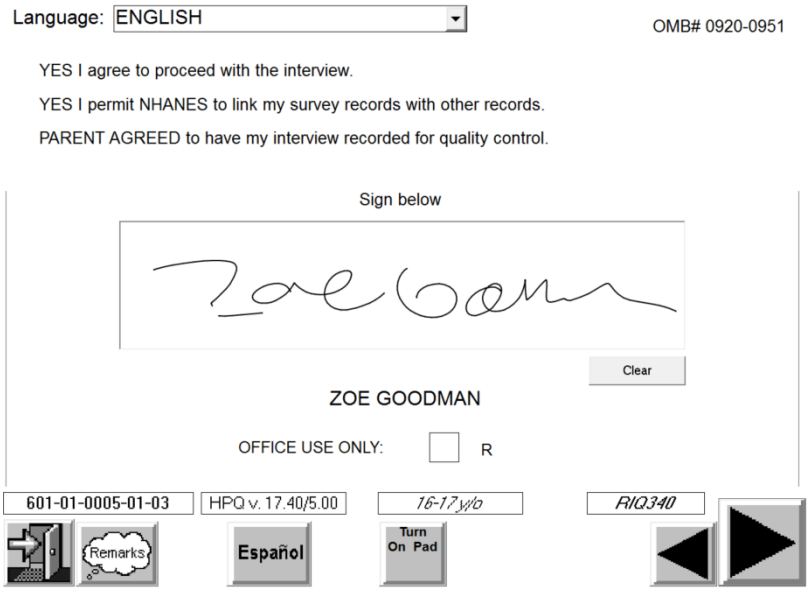




CAPI will then prompt you to gain parent/guardian consent for audio recording, just as before. You will be instructed to hand a hard copy of the Parent/Guardian Permission to Audio Record the Home Interview form to the parent/guardian to review before allowing them to sign electronically.

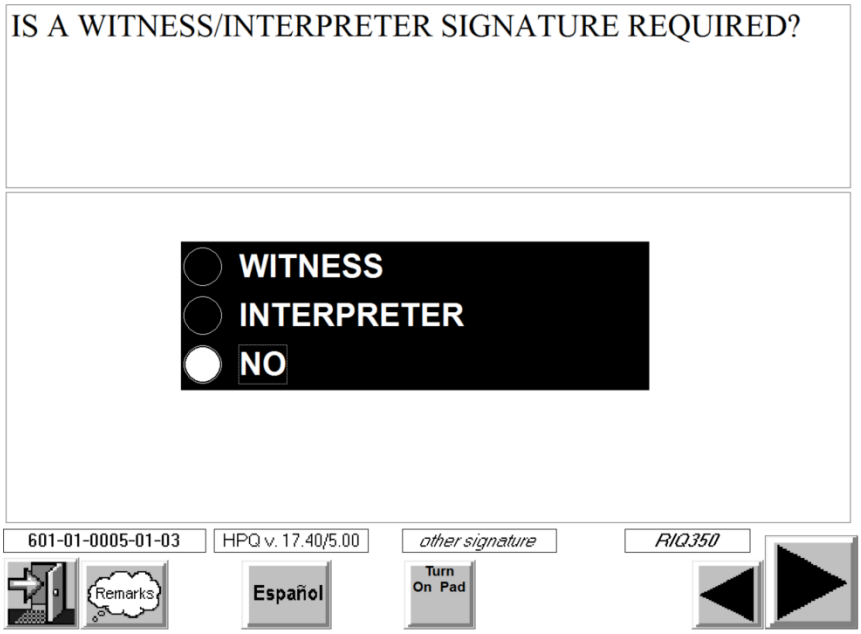

Language: ENGLISH
OMB# 0920-0951
TURN SCREEN TO ZOE GOODMAN AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.
#1
OMB # 0920-0950
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
HOME INTERVIEW CONSENT
Print name of person questioned _____ _____ _____
First Middle Last
You have been chosen to take part in the National Health and Nutrition Examination Survey (NHANES), conducted by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). This research tells us about the health and nutrition of people in the United States. It combines an interview with a health exam. Our interviewer will ask questions about you and your family. Some questions are about your work and general health. Others are about health problems and other health topics. Health research using NHANES can be enhanced by combining your survey records with other data sources. The data gathered are used to link your answers to vital statistics, health, nutrition, and other related records. The questions today will take about one hour. We may contact you to check the work of your interviewer. We may contact you again for further studies.
Data gathered in this survey are used to study many health issues. We are required by law (read box below) to use your information for statistical research only and to keep it confidential. The law prohibits us from giving anyone any information that may identify you or your family without your permission in the future.
You may take part in this survey or not. The choice is yours. You will not lose any benefits if you say no. If you choose to take part, you don't have to answer every question and you can stop the interview at any time.
We can do additional health research by linking the interview and exam data of everyone listed under "SP NAME" in the gray box below to vital statistics, health, nutrition, and other related records. May we try to link these survey records with other records?
☐ Yes ☐ No ☐ N/A
601-01-0005-01-03
HPQ v. 17.40/5.00
HH Consent
RIQ334
Remarks
Español
Turn On Pad


Language: ENGLISH
OMB# 0920-0951
EXPLAIN THE HOME INTERVIEW CONSENT AND LINKAGE CHECK BOXES. TURN SCREEN AND ASK ZOE GOODMAN TO RECORD HIS/HER HOME INTERVIEW CONSENT AND LINKAGE CHOICE BELOW
I have read the information above. I agree to proceed with the interview.
YES
NO
We can do additional health research 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
NO
601-01-0005-01-03
HPQ v. 17.40/5.00
Teen Linkage
RIQ336AB
Remarks
Español
Turn On Pad

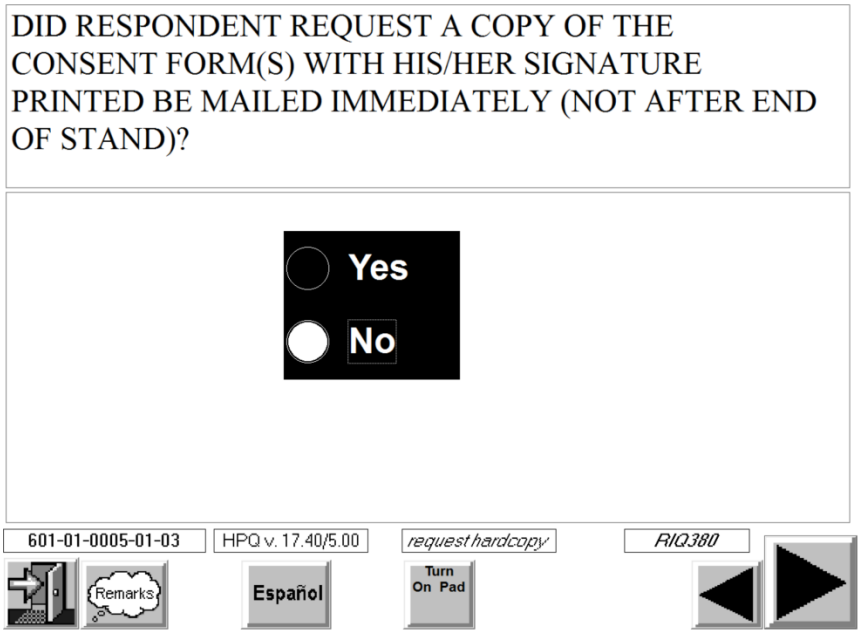


Once parent/guardian consent for the interview and audio recording is obtained, the process will be repeated with some variation for the teenage SP.

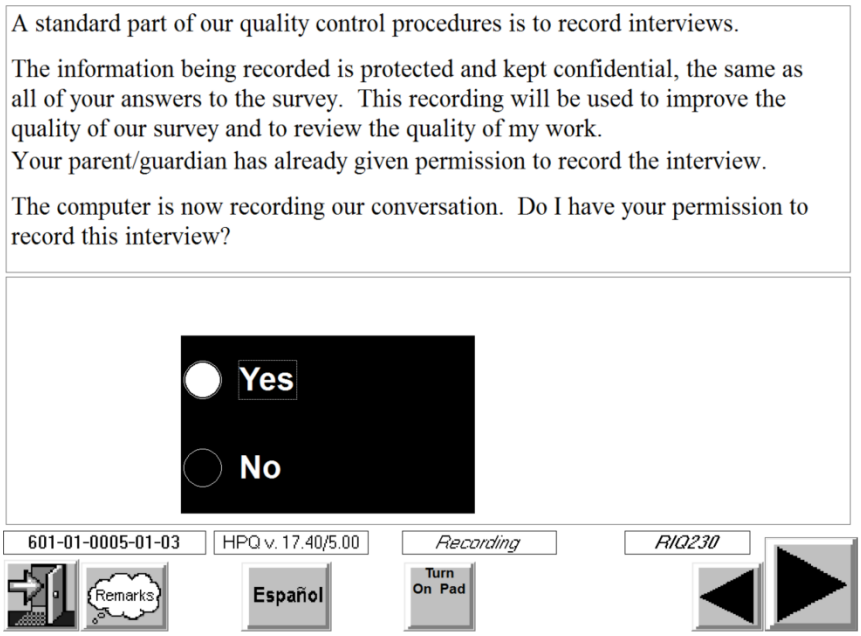
The SP will be asked to select either "yes" or "no" for consent to interview as well as linkage of records and will then be prompted to provide a signature.



CAPI will then ask if a witness or interpreter was used and, if so, obtain those signatures as well.



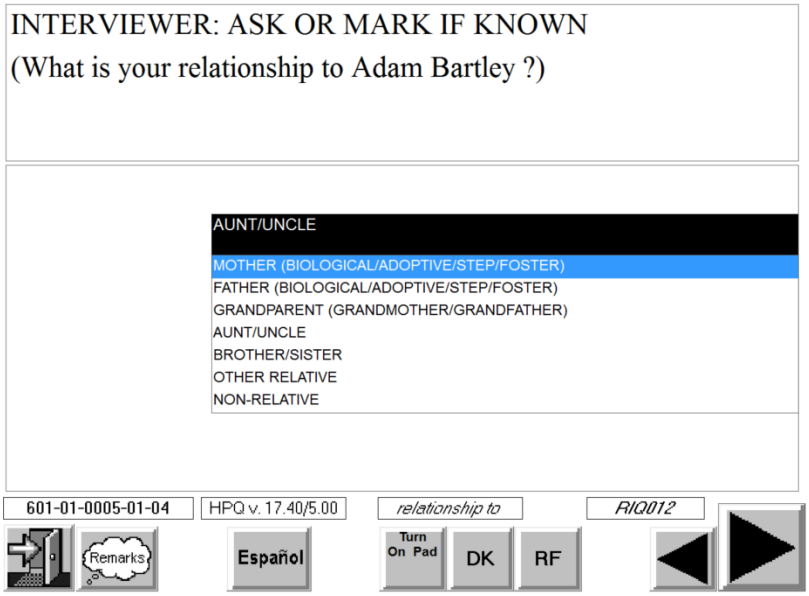
The final screen of the interview consent will ask if an early hardcopy of the consent forms was requested.



Finally, CAPI will ask if you were given verbal consent from the 16 to 17 year old SP for audio recording.

Home Interview and Audio Consent—Minor SP (<16 years old)

The final situation for consent is if the SP is under 16 years of age and is not an emancipated minor. If this is the case, you must obtain a signature from a parent or guardian for the Home Interview Consent and verbal permission to audio record the interview.



First, you will select the relationship of the proxy to the respondent.

HAND RESPONDENT COPY OF HOME INTERVIEW CONSENT FORM IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS WITH RESPONDENT OR READ CONSENT FORM OUT LOUD IF NECESSARY.

ANSWER ANY RESPONDENT QUESTIONS.

601-01-0005-01-04 | HPQ v. 17.40/5.00 | *home intv* | *RIQ250*

Remarks | Español | Turn On Pad

Language: ENGLISH OMB# 0920-0951

TURN SCREEN TO NANCY GOODMAN AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

#1 OMB # 0920-0950

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
HOME INTERVIEW CONSENT

Print name of person questioned _____ _____ _____
First Middle Last

You have been chosen to take part in the National Health and Nutrition Examination Survey (NHANES), conducted by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). This research tells us about the health and nutrition of people in the United States. It combines an interview with a health exam. Our interviewer will ask questions about you and your family. Some questions are about your work and general health. Others are about health problems and other health topics. Health research using NHANES can be enhanced by combining your survey records with other data sources. The data gathered are used to link your answers to vital statistics, health, nutrition, and other related records. The questions today will take about one hour. We may contact you to check the work of your interviewer. We may contact you again for further studies.

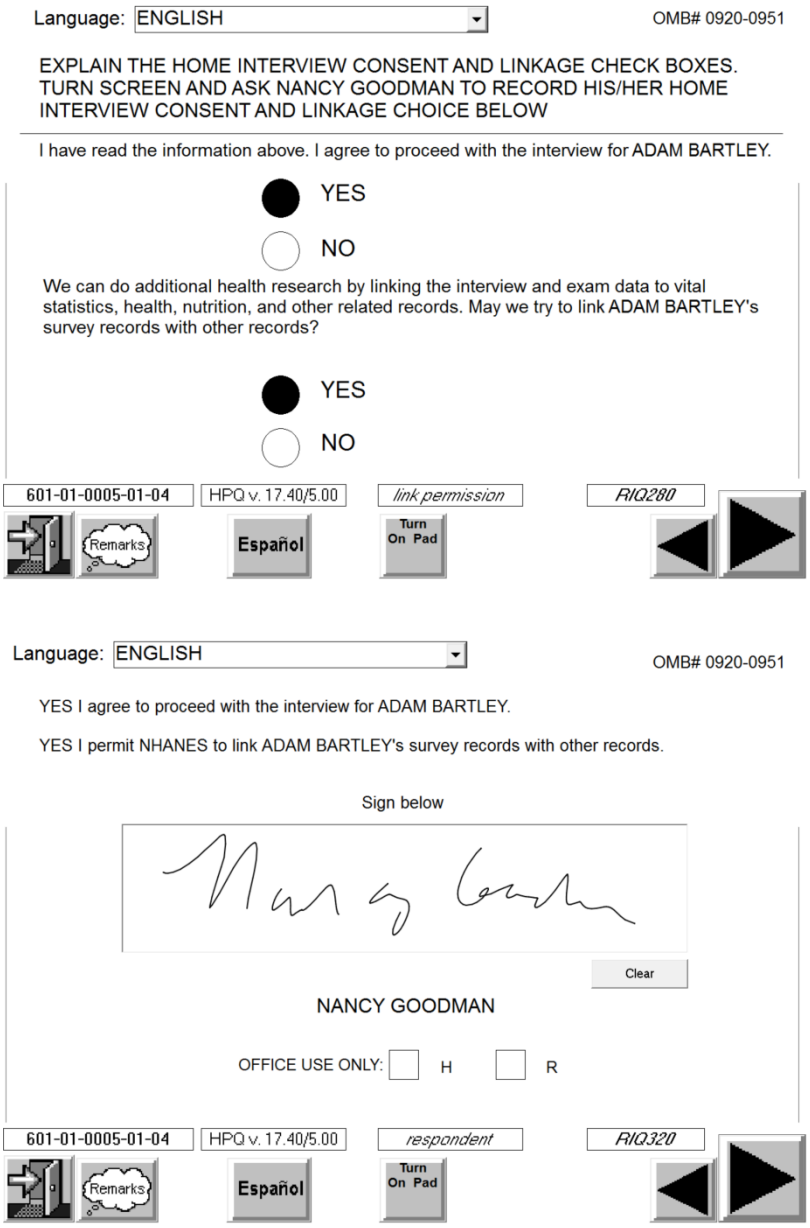
Data gathered in this survey are used to study many health issues. We are required by law (read box below) to use your information for statistical research only and to keep it confidential. The law prohibits us from giving anyone any information that may identify you or your family without your permission in the future.

You may take part in this survey or not. The choice is yours. You will not lose any benefits if you say no. If you choose to take part, you don't have to answer every question and you can stop the interview at any time.

We can do additional health research by linking the interview and exam data of everyone listed under "SP NAME" in the gray box below to vital statistics, health, nutrition, and other related records. May we try to link these survey records with other records?
☐ Yes ☐ No ☐ N/A

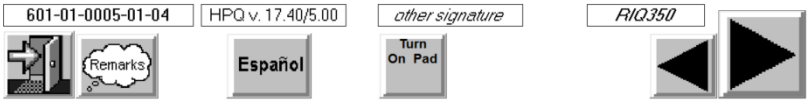
601-01-0005-01-04 | HPQ v. 17.40/5.00 | *HH Consent* | *RIQ278*

Remarks | Español | Turn On Pad

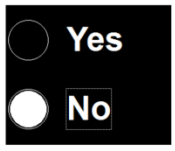


The remaining process for obtaining interview and audio recording consent is very similar to that of the adult SP, except that the parent will be signing for the minor. You will hand the interview consent form to the proxy, show them the electronic version of the consent form, have them select that they consent to the interview and linkage, and then obtain their signature.

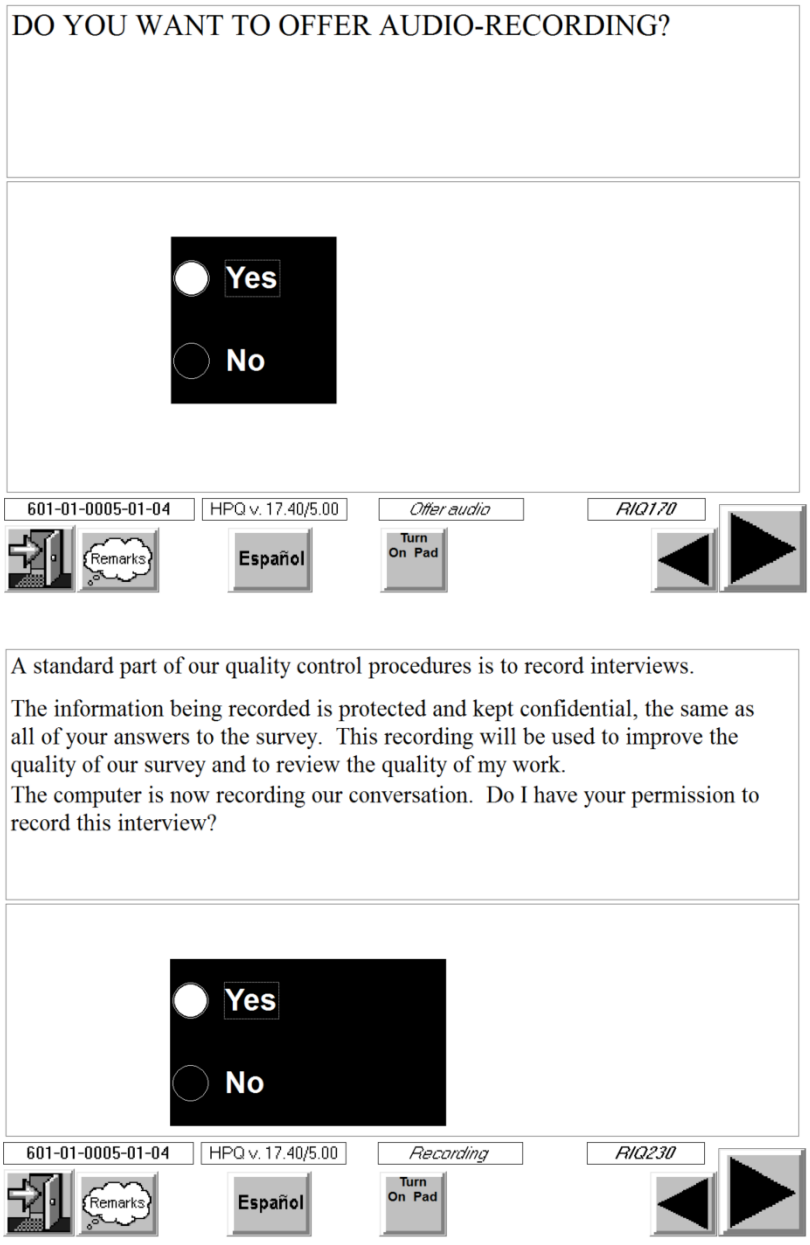
IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?



DID RESPONDENT REQUEST A COPY OF THE CONSENT FORM(S) WITH HIS/HER SIGNATURE PRINTED BE MAILED IMMEDIATELY (NOT AFTER END OF STAND)?

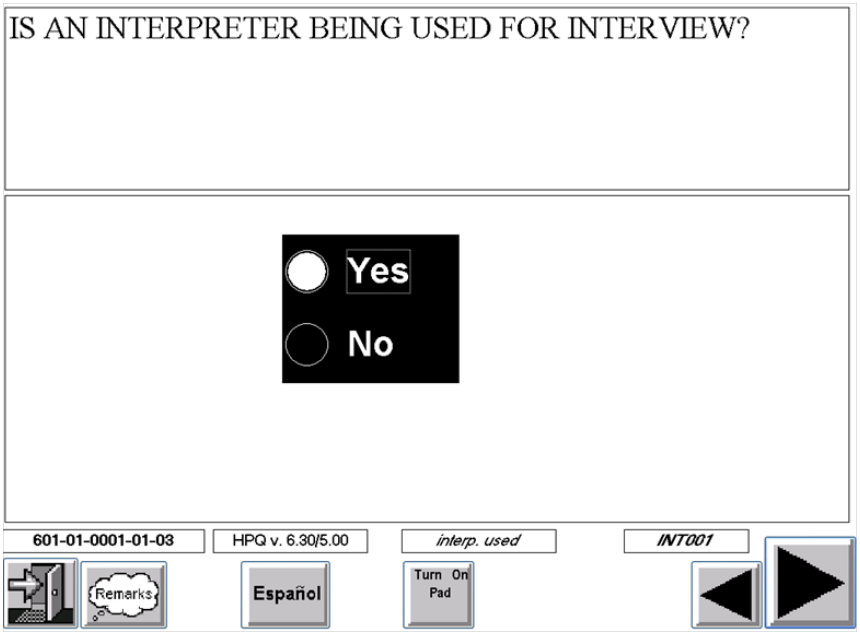


And as before, after interview consent is obtained, CAPI will ask if a witness and/or interpreter signature is also required and then ask if the respondent requested a hard copy of the consent form to be mailed.



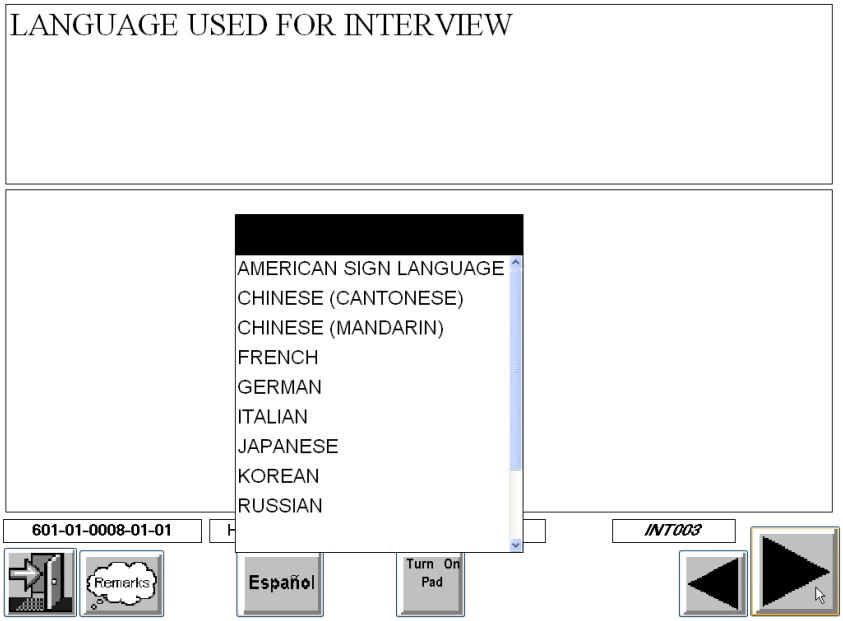
Finally, CAPI will ask if you would like to offer audio recording and, if so, obtain consent from the proxy.

Interpreter Information



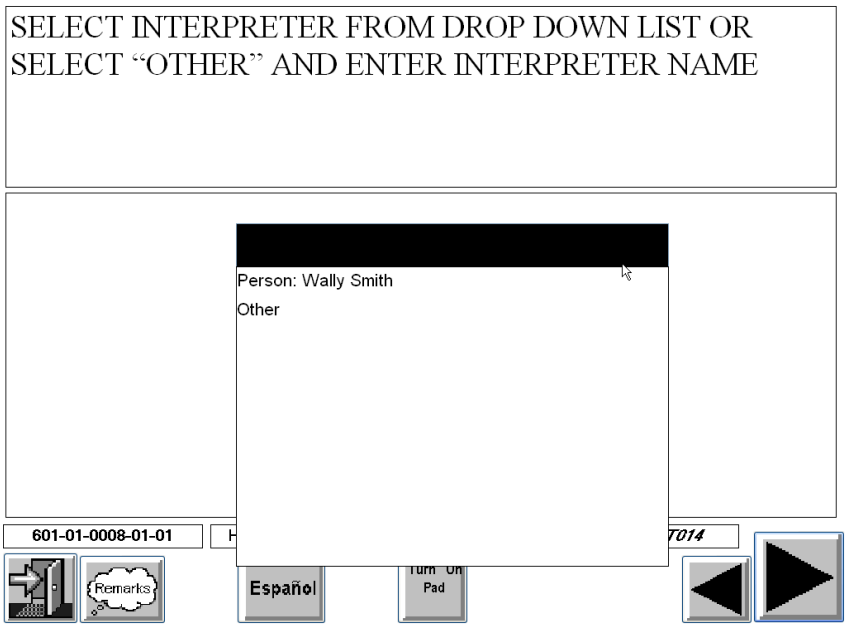
Once consent for the interview and audio recording is obtained, you must record whether an interpreter will be used for the interview and if so, the language in which the interview was conducted.

Interview Language

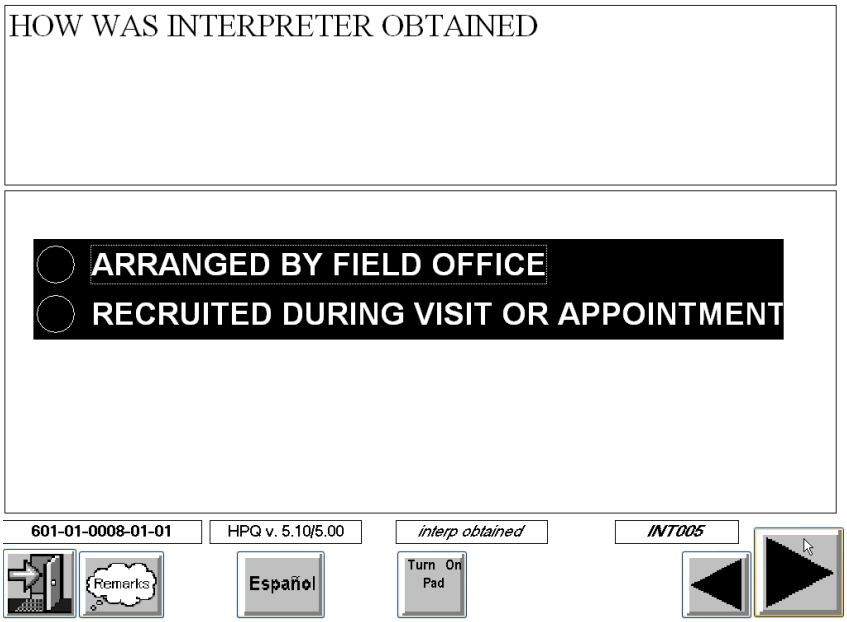


If the interpreter is one that has been used to complete another questionnaire in this household, you can select “SAME INTERPRETER”. You will then select the name of the interpreter from the list of

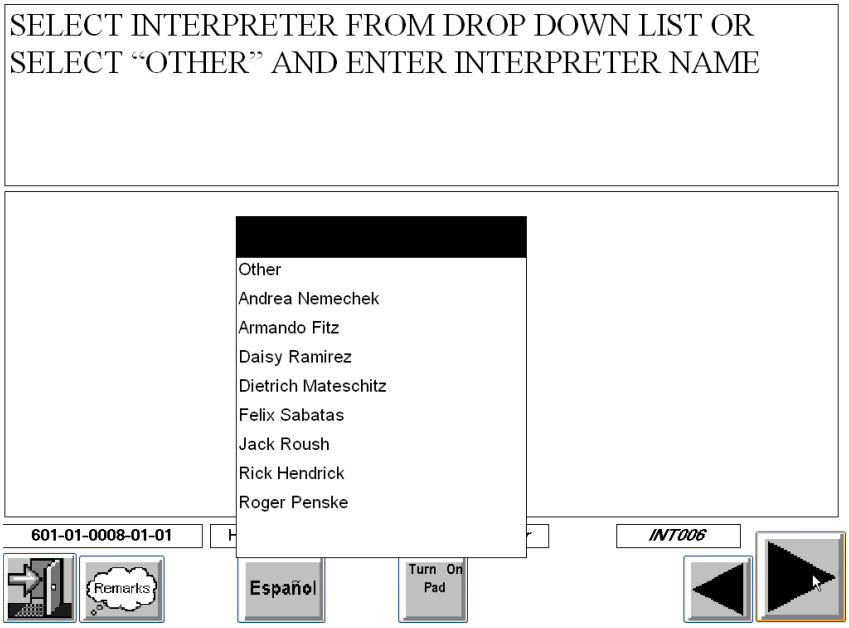
interpreter names used to complete the other questionnaire. In the example below, Wally Smith was the interpreter that was used at this household to complete an SP questionnaire.



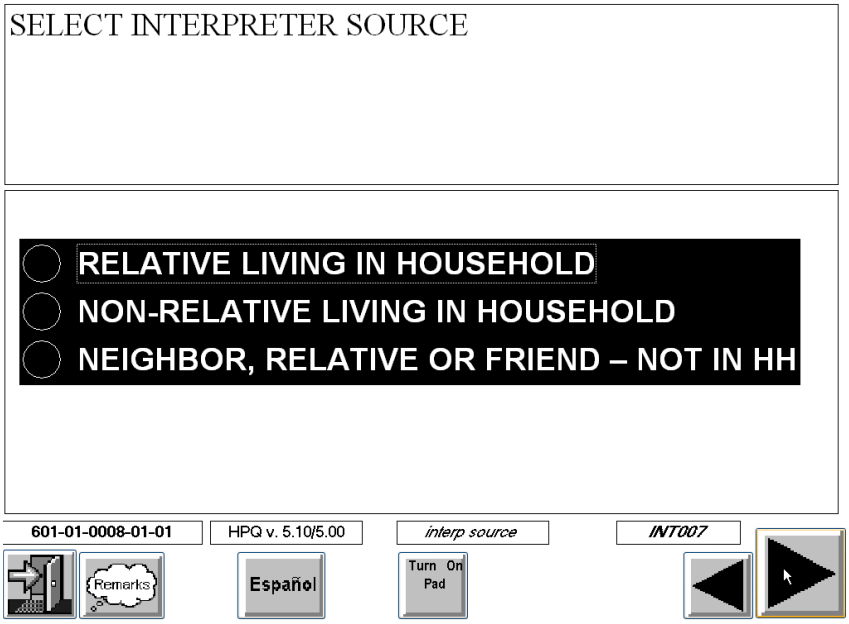
If you select "New Interpreter", you must indicate the source of the interpreter. That is, was the interpreter arranged by the field office or recruited by you during your visit.



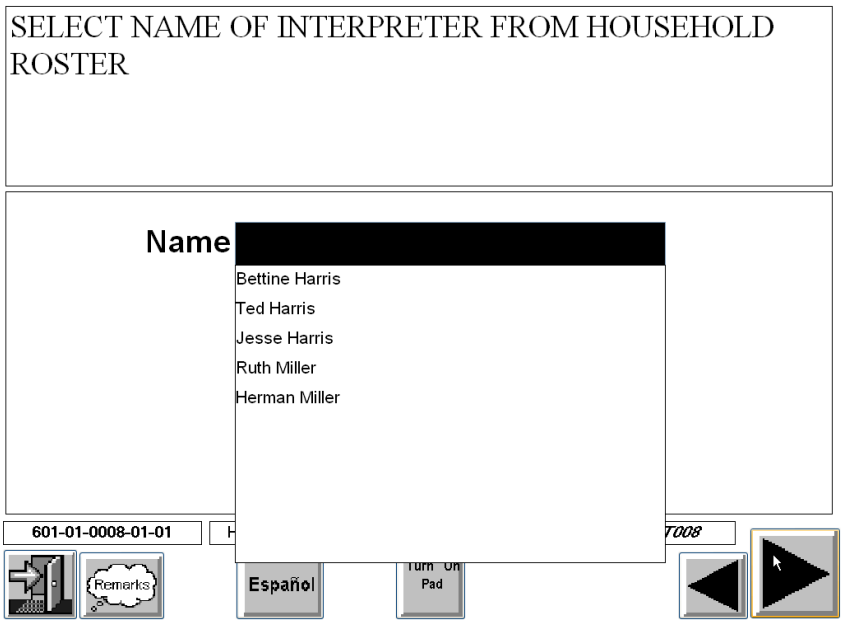
If "Arranged by the Field Office" is selected, you will need to pick the name of the interpreter from the list of interpreters that appear in CAPI. If you have not done a data transfer since the name and data about the interpreter were entered by the Field Office, you will select "Other" from the list of interpreters and collect some additional information about the interpreter.



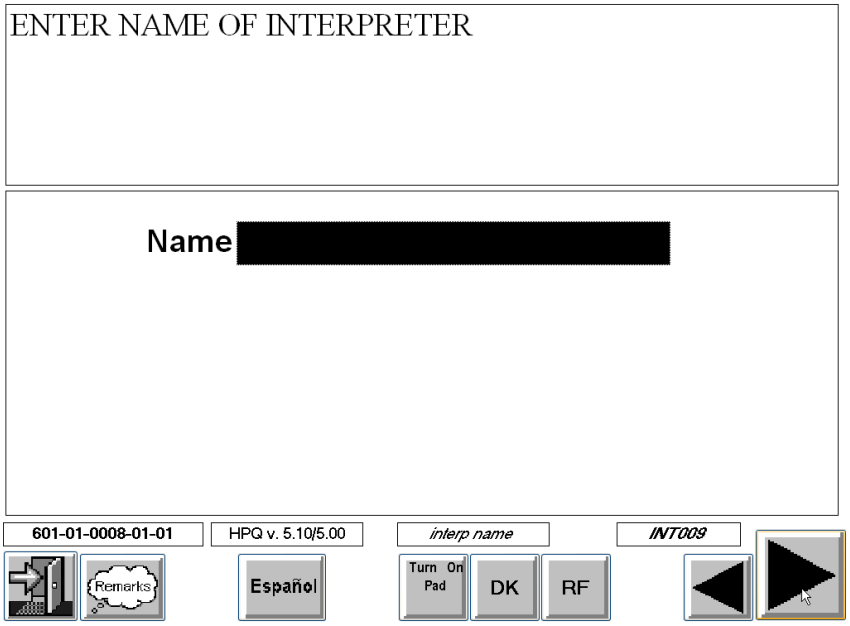
If the interpreter was recruited by you during the visit, you need to indicate whether the interpreter is a household member or not.

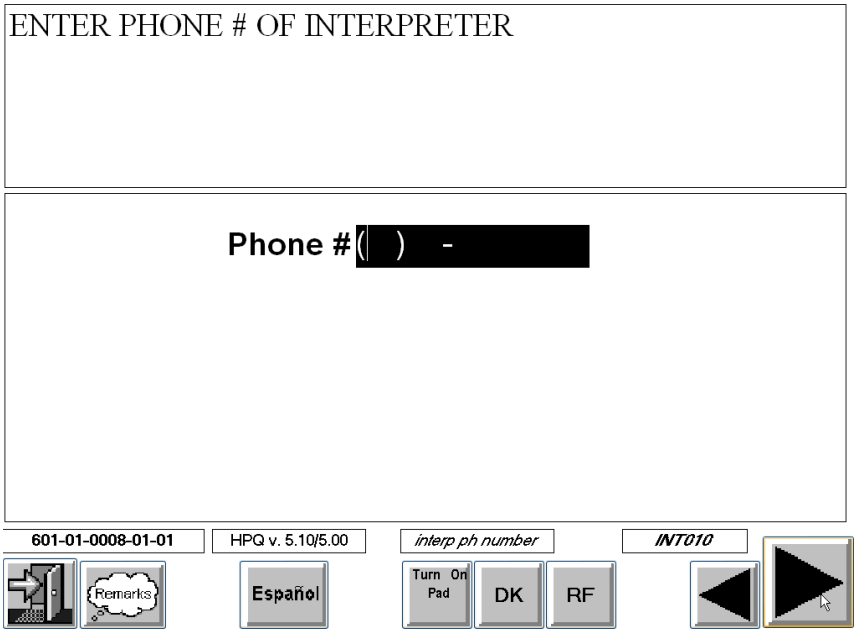


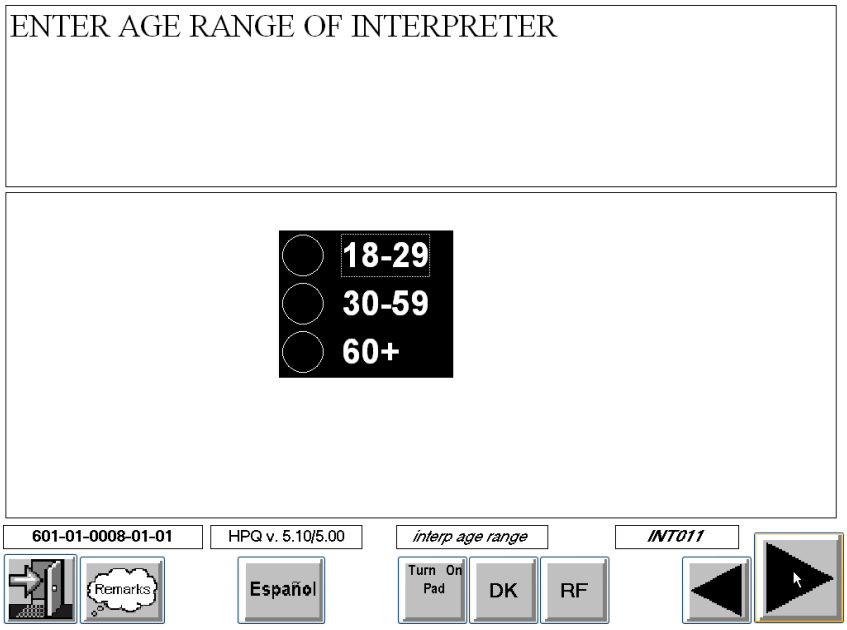
If the interpreter is a relative or non-relative living in the household, you will select the name of the interpreter from the list of household members.

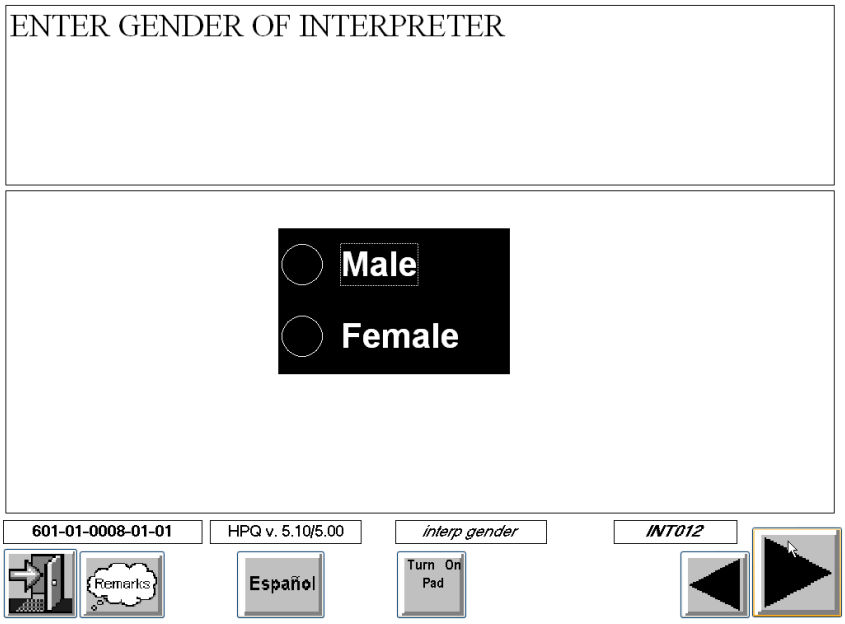


If the interpreter was a neighbor, relative, or friend who is not a household member, you will enter the name of the interpreter, and his or her phone number, age range, and gender.









4.3.6 Completion Order for the Household SP Interview

The household SP questionnaires are administered following the completion of the Screener interview and Relationship interviews with SPs who are available during that visit. The Family

Questionnaire may also be completed during the same visit, although generally it is best to administer it after all SP questionnaires have been completed.

4.4 Administering the Family Questionnaire

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

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

4.4.1 Eligible Respondent for the Family Questionnaire

An eligible respondent for the Family Questionnaire must be a family member (i.e., household member related by blood, marriage, or adoption to the head of the family) who is at least 18 years old. In families where there is no one 18 years or older, you should choose as a respondent the head of the family or any person in the family who has ever been married.

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

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

4.4.2 Obtaining Consent for the Family Interview

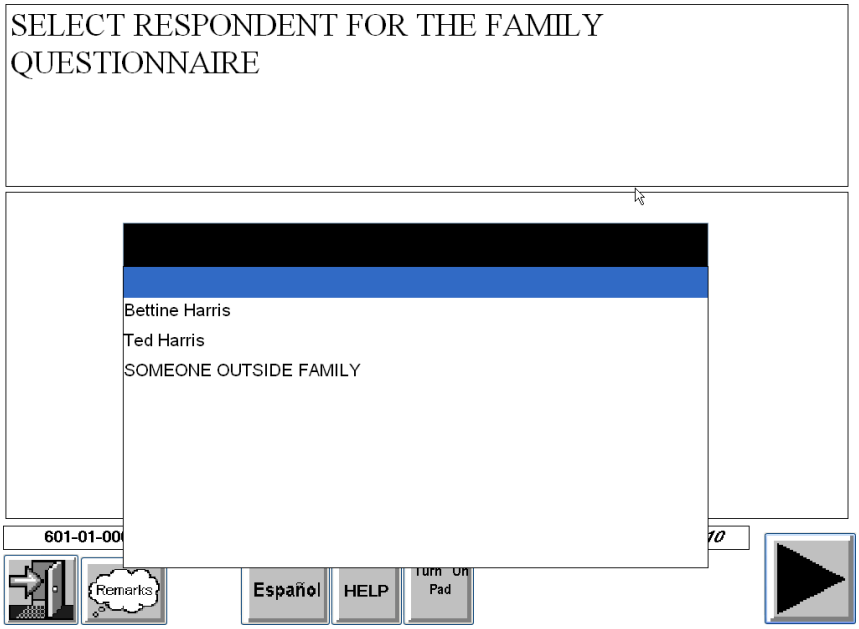
As mentioned previously, each respondent for the household questionnaires must sign a Home Interview Consent (Exhibit 4-2 and 4-3). If the respondent for the Family Questionnaire has not previously signed a form either electronically or hardcopy (for example, s/he may be the head of the family but not an SP and be only responding for the Family Questionnaire), s/he must do so before the Family Questionnaire can be administered.

Use the basic instructions described in Section 4.3.3 and 4.3.5 for completing the consent process.

4.4.3 Beginning the Family Interview—The Respondent Information Questions

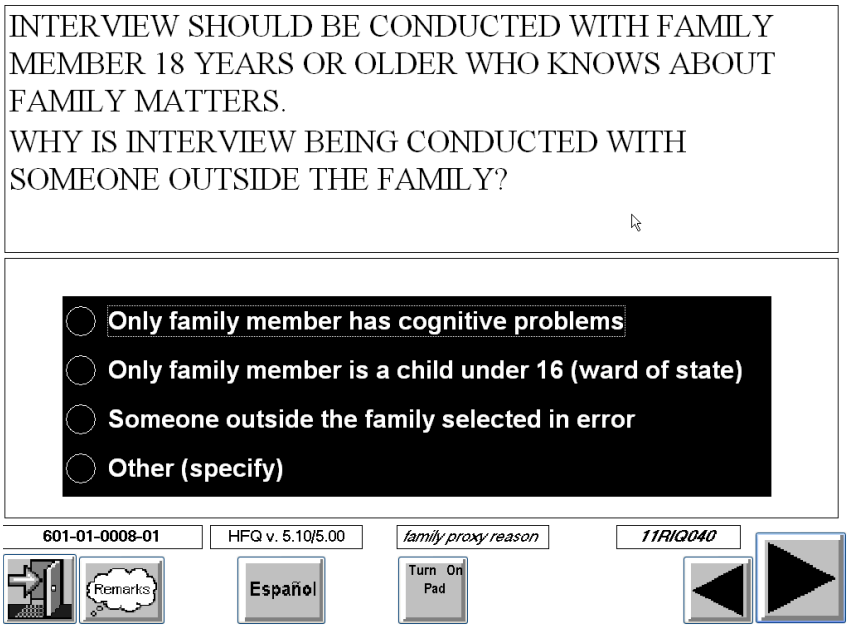
After selecting the appropriate family interview and before administering the first set of questions, you will be asked to enter information about the respondent, obtain consent for the interview and audio recording, and respond to questions about the use of an interpreter before CAPI will allow you to continue.

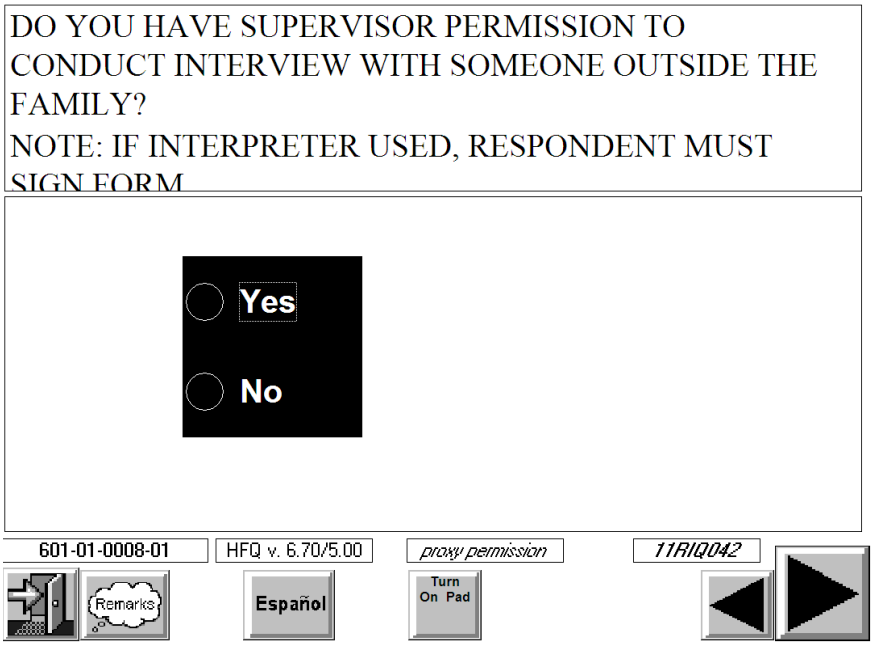
Respondent for the Interview



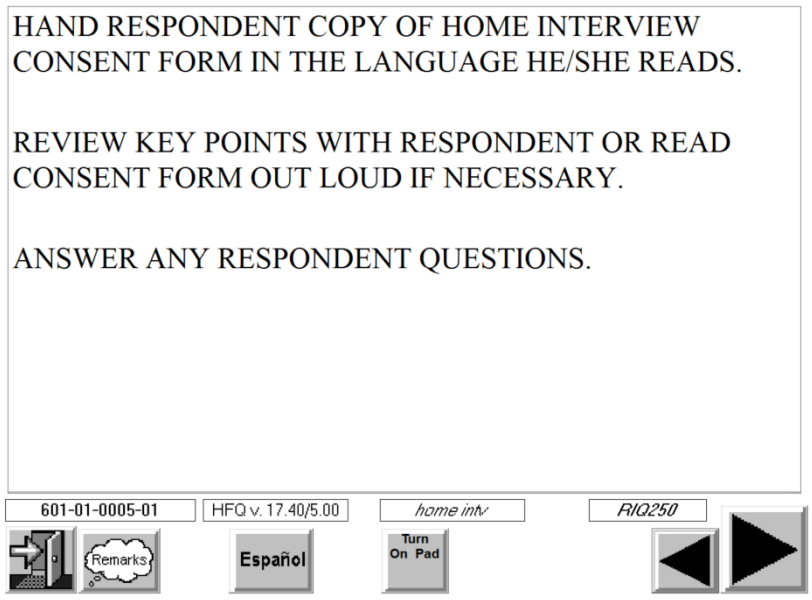
CAPI will present a list of family members from which to select the respondent. Under very limited conditions, you may select someone outside the family to complete the family questionnaire.

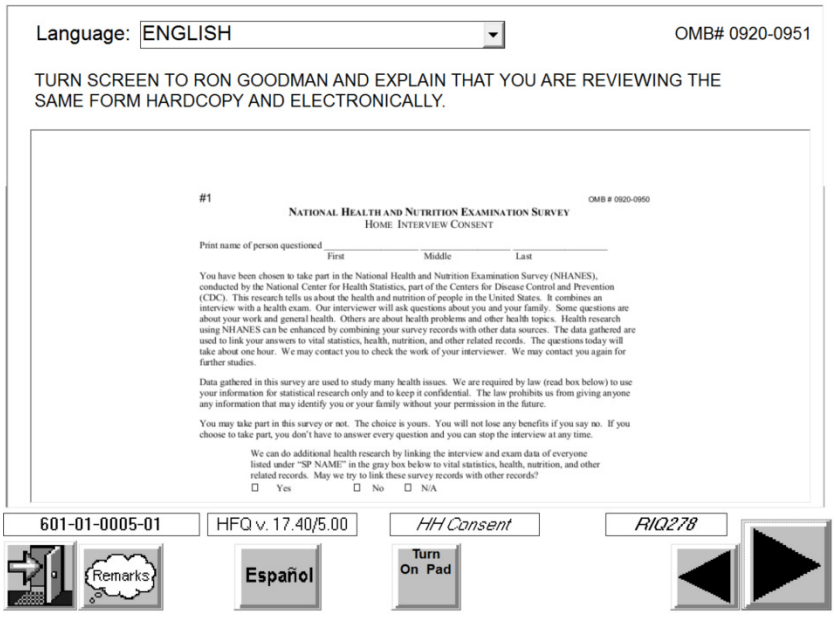
For example, you might choose a person who is outside the family as a proxy respondent for the family questionnaire if the only family member has cognitive problems or is under 16 and considered a ward of the state. In instances in which you are going to complete the family questionnaire with a proxy respondent, you must first obtain permission from your supervisor.

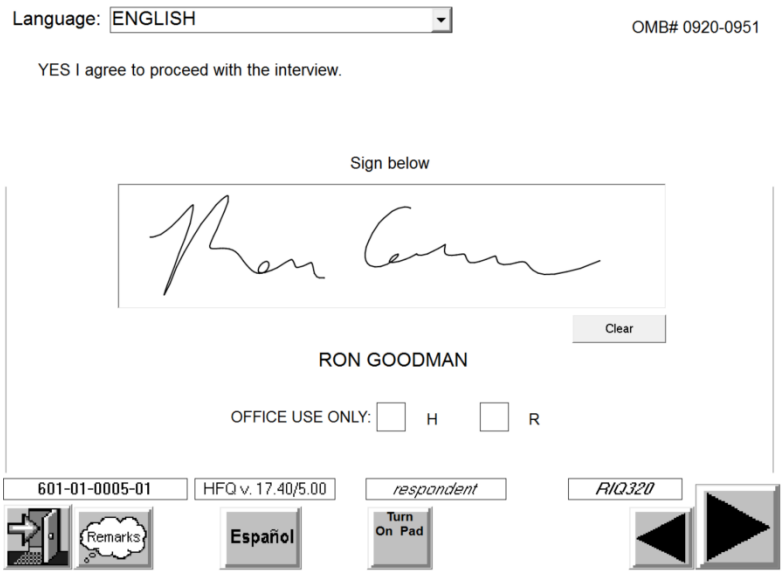


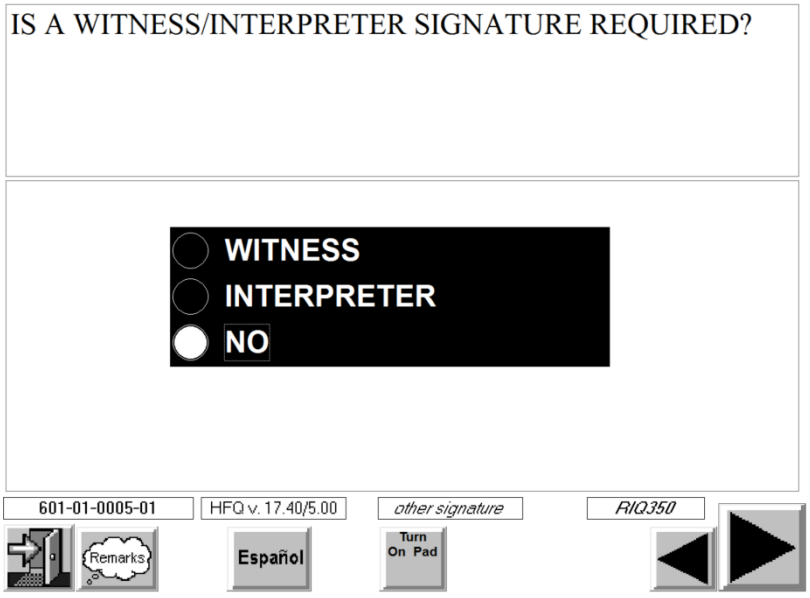


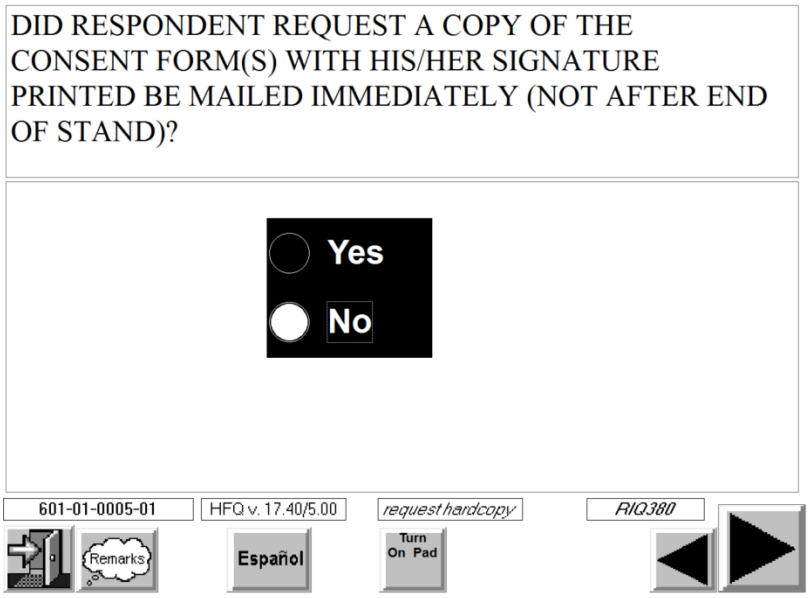
Home Interview Consent Form Information





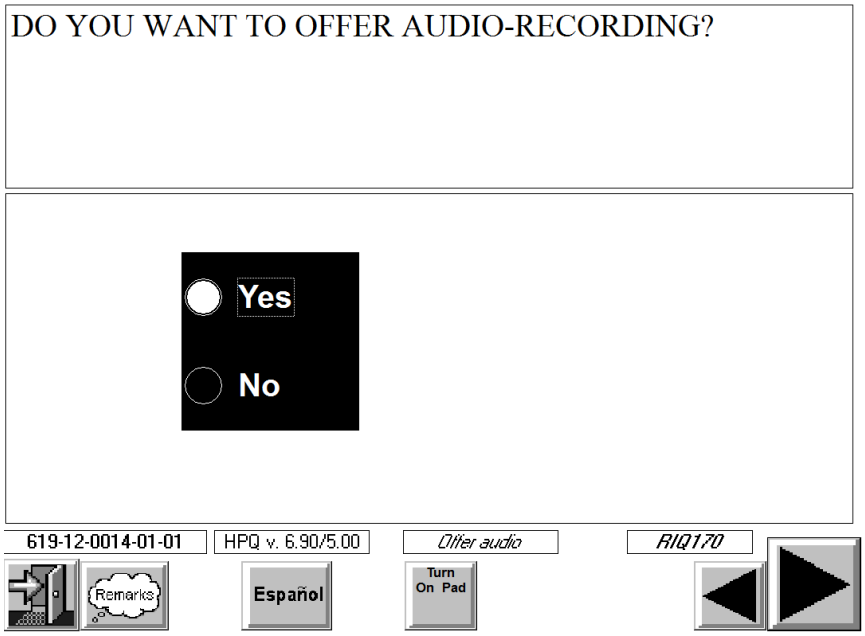

Language: ENGLISH
OMB# 0920-0951
YES I agree to proceed with the interview.
Sign below
Clear
RON GOODMAN
OFFICE USE ONLY: H R
601-01-0005-01
HFQ v. 17.40/5.00
respondent
RIQ320
Remarks
Español
Turn On Pad


IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?
WITNESS
INTERPRETER
NO
601-01-0005-01
HFQ v. 17.40/5.00
other signature
RIQ350
Remarks
Español
Turn On Pad

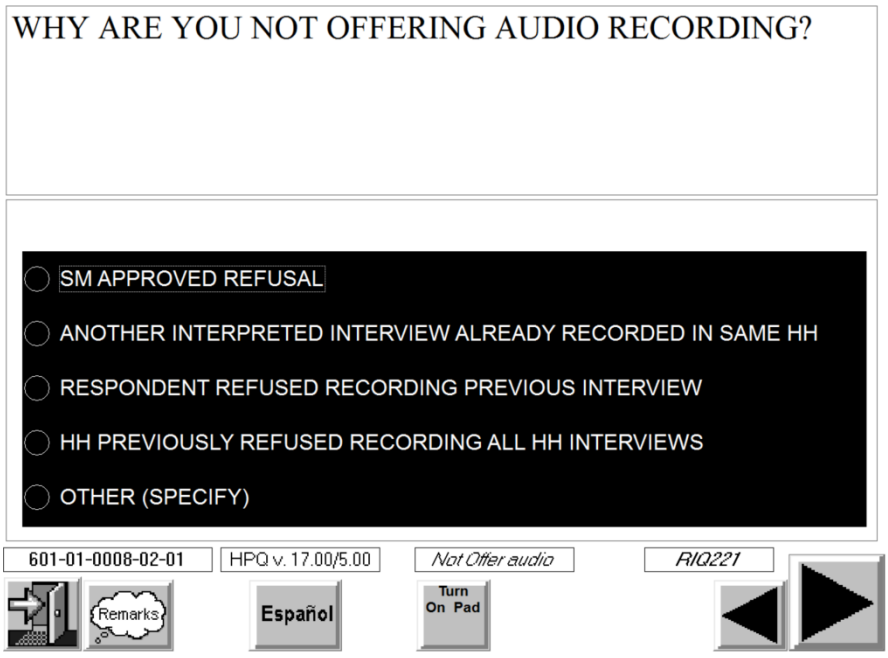


The steps for obtaining consent are almost identical to those for the SP interview. CAPI will instruct you to review the hard copy form with the respondent and then display the consent form electronically. The respondent will then select "yes" or "no" to consenting to the interview and then will sign his or her name. CAPI will also ask if a witness or interpreter signature is also needed and finally ask if the respondent requested a hard copy of the consent be mailed immediately.

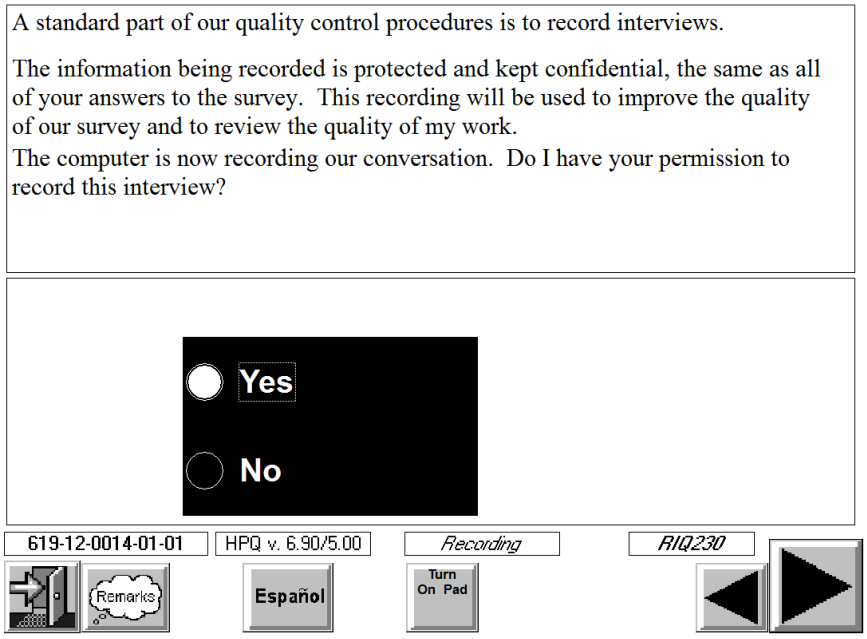
Audio Recording



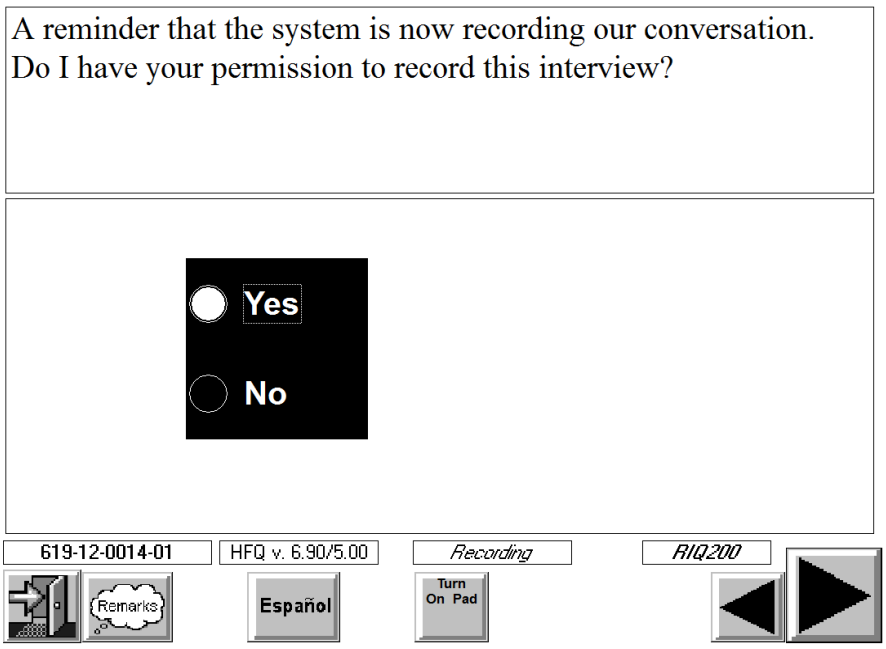
Audio recording must be offered to all respondents.



If audio recording is not offered, you must explain why. You should not offer audio recording only in extremely rare situations.

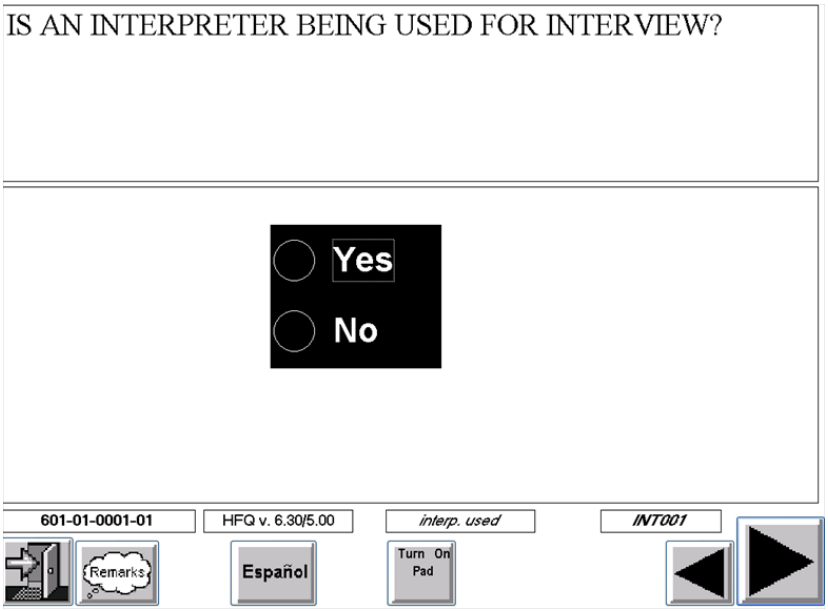


As soon as you record "Yes" to offering audio recording, the recording starts. At this screen, if the respondent says "No" after you read the consent script, recording will stop.



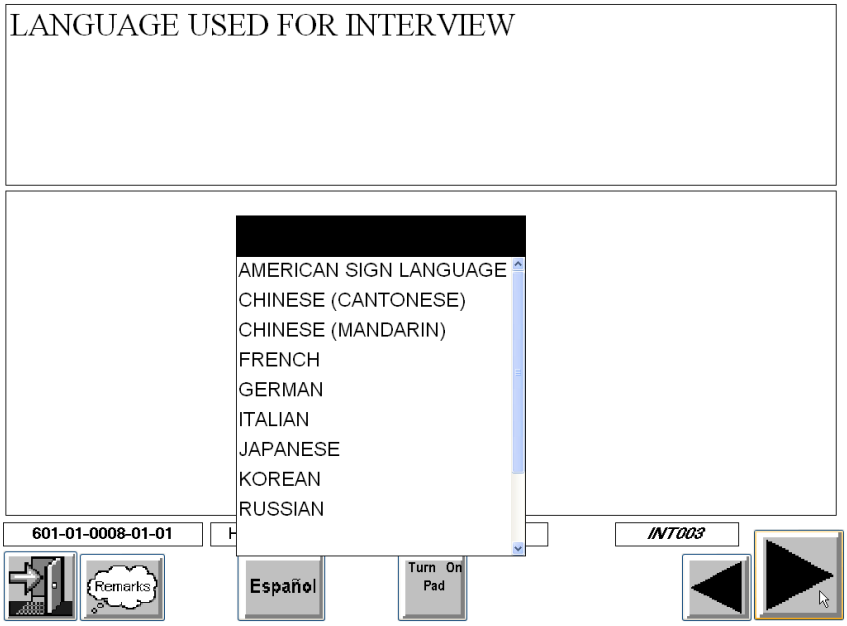
The computer skips straight to this question, bypassing the other audio recording screens, for respondents who completed an SP interview and gave permission to record the interview. In that case, all other audio recording screens are skipped. If the respondent says, "No" on this screen, recording will stop.

Interpreter Information



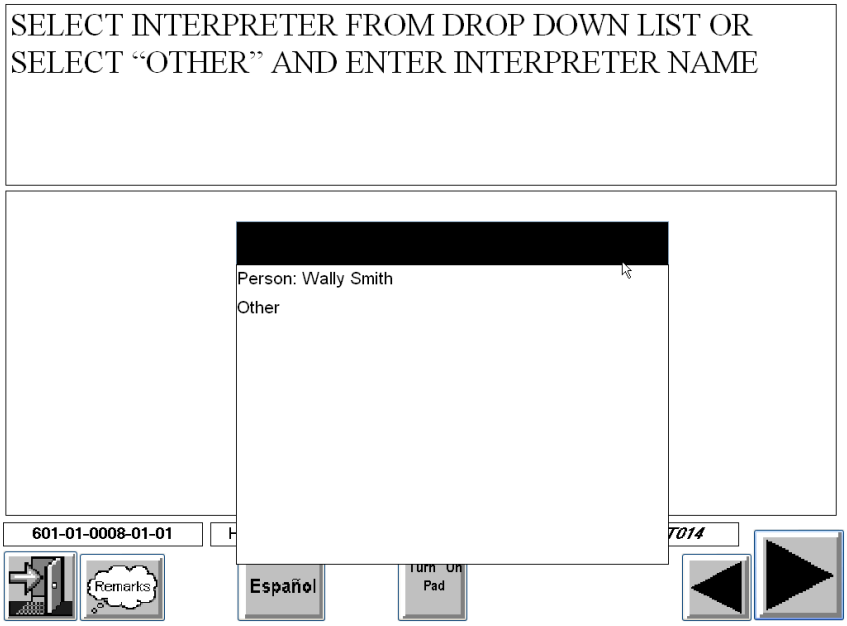
You must record whether an interpreter will be used for the interview and if so, the language in which the interview was conducted.

Interview Language

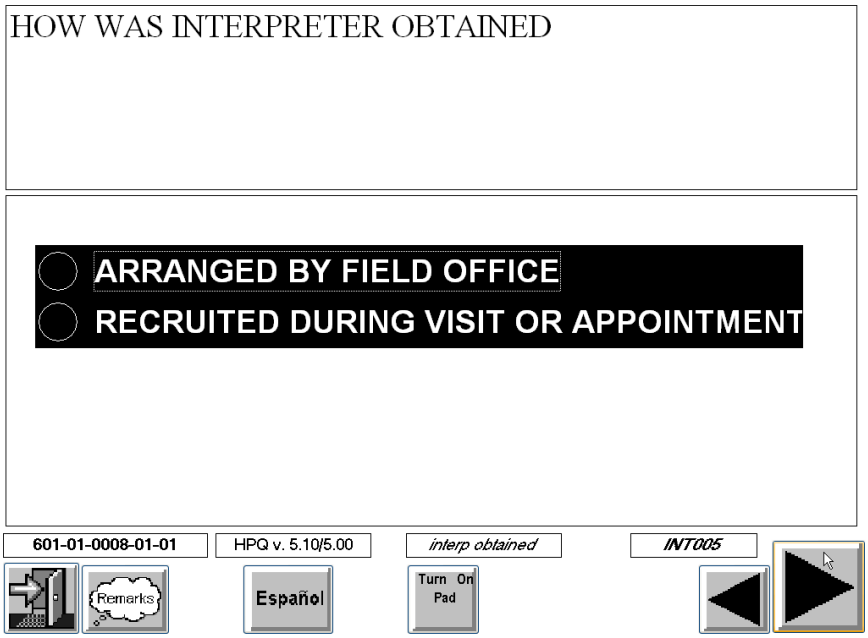


If the interpreter is one that has been used to complete another questionnaire in this household, you can select “SAME INTERPRETER”. You will then select the name of the interpreter from the list of

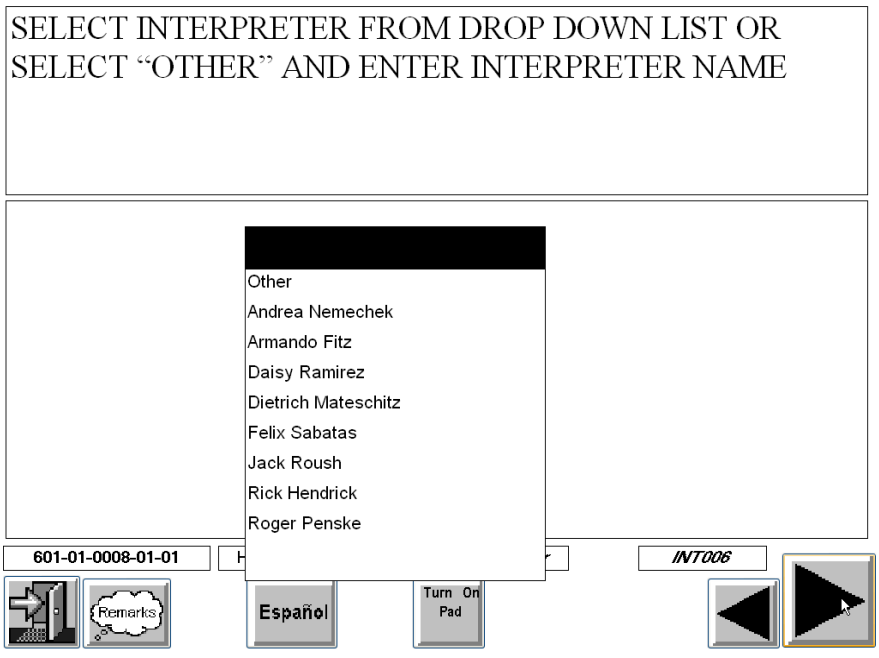
interpreter names used to complete the other questionnaire. In the example below, Wally Smith was the interpreter that was used at this household to complete an SP questionnaire.



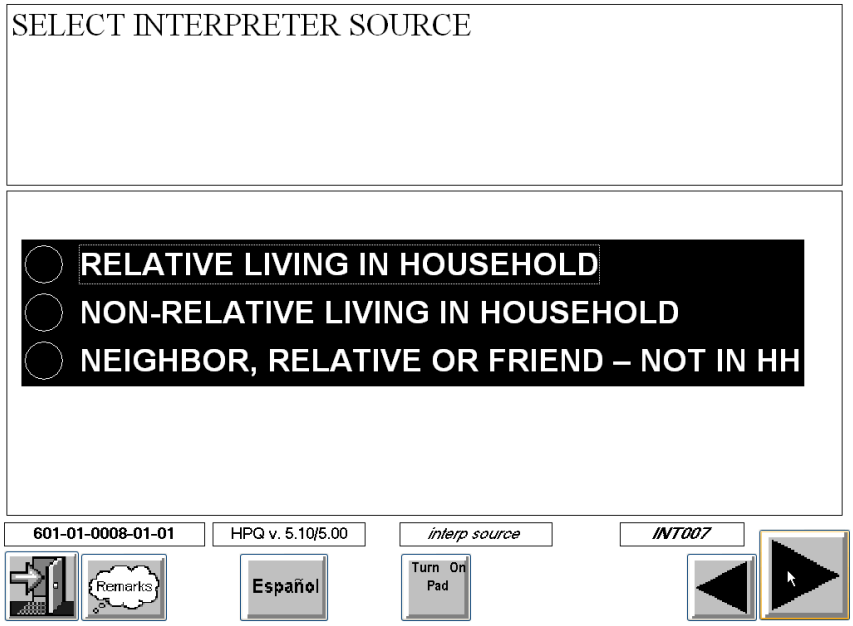
If you select "New Interpreter", you must indicate the source of the interpreter. That is, whether the interpreter was arranged by the field office or recruited by you during your visit.



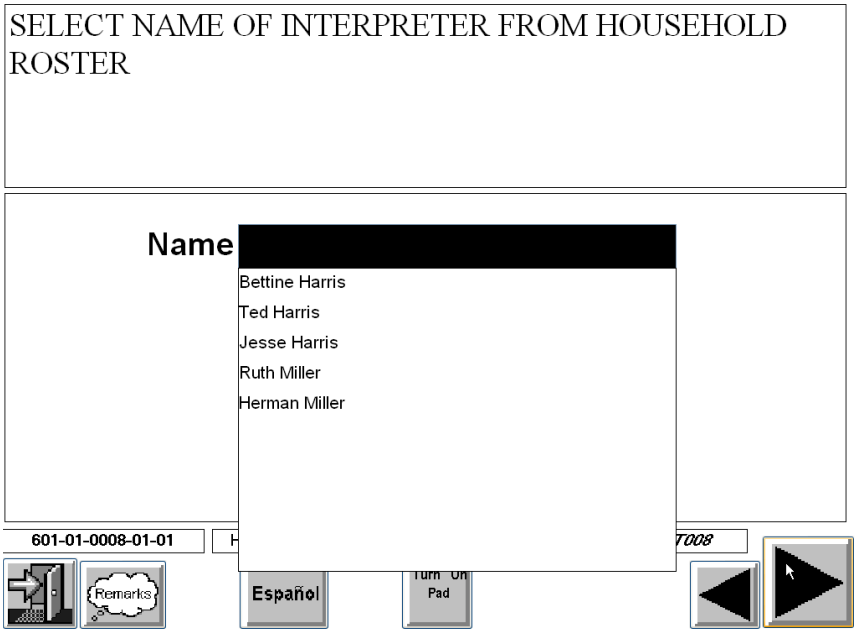
If you select "Arranged by the Field Office", you will need to pick the name of the interpreter from the list of interpreters that appear in CAPI. If you have not done a data transfer since the name and data about the interpreter were entered by the Field Office, you will select "Other" from the list of interpreters and collect some additional information about the interpreter.



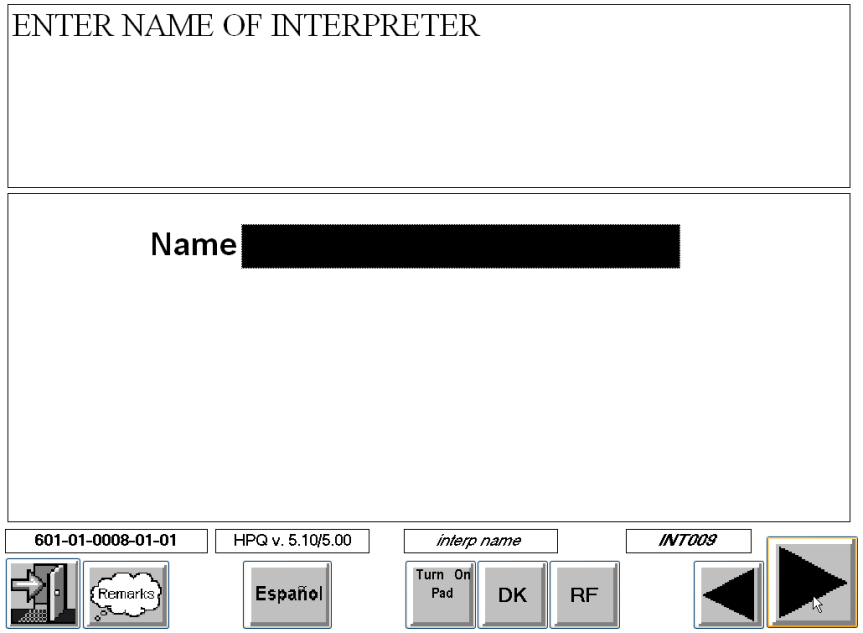
If the interpreter was recruited by you during the visit, you need to indicate whether the interpreter is a household member or not.

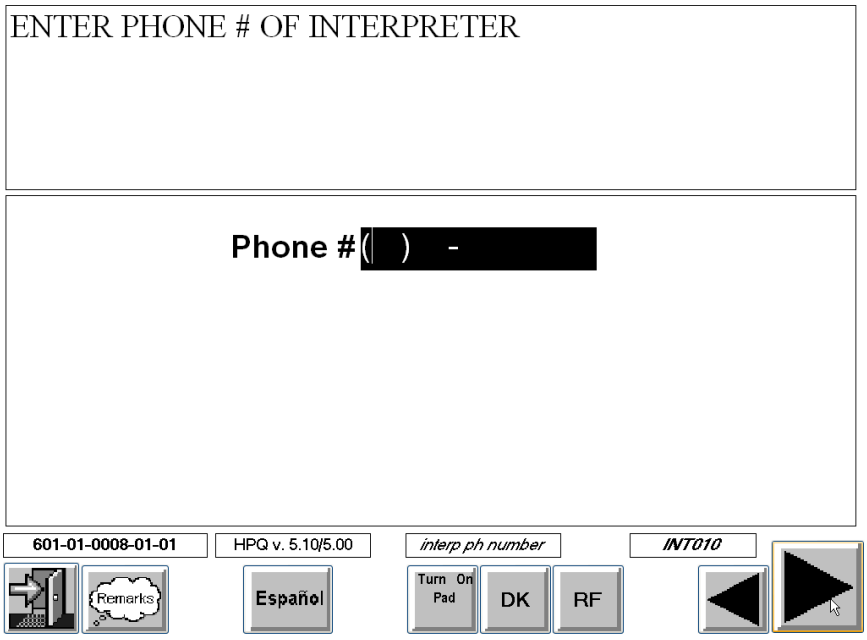


If the interpreter is a relative or non-relative living in the household, you will select the name of the interpreter from the list of household members.

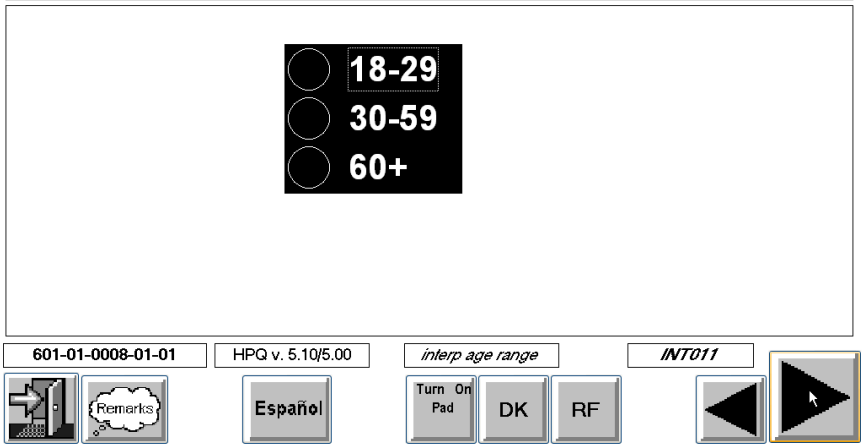


If the interpreter was a neighbor, relative, or friend who is **not** a household member, you will enter the name of the interpreter, and his or her phone number, age range, and gender.

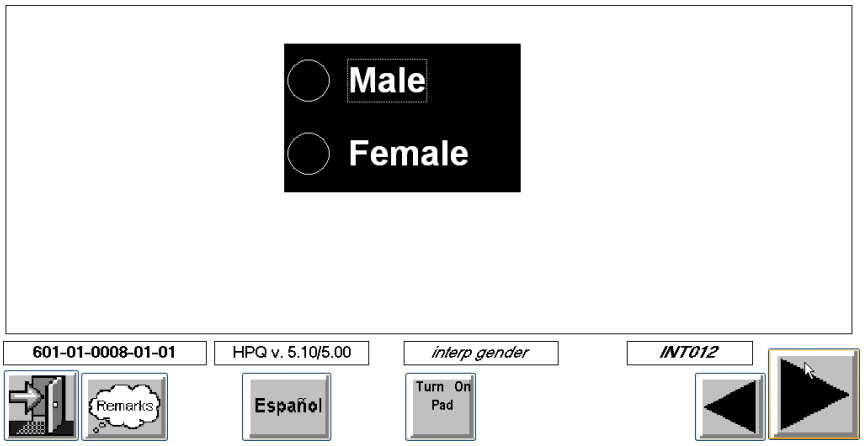




ENTER AGE RANGE OF INTERPRETER



ENTER GENDER OF INTERPRETER



4.4.4 Completion Order for the Family Questionnaire

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

Note: As discussed earlier in this chapter (Section 4.2), the Relationship Questionnaire must be completed in order for CAPI to identify families within the household and create Family Questionnaires for each eligible family. You must administer the Relationship Questionnaire or CAPI will not create Family Questionnaires.

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5. THE HOUSEHOLD FOLDER AND DU DESCRIPTION CARD

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

Page 1

- Assignment Label;
- Directions to the Dwelling Unit;
- Address Changes;
- Checkboxes for contact attempts during different time frames;
- Screener Disposition Code;
- Household Contact or Other (specify) Phone #;
- MEC Exam Appointment Summary;

Page 2

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

Page 3

- Missed DU Procedure and Missed DU Form;
- Interpreter/Reader Information;

Page 4

- Household Language Use;
- Translator or Reader use;
- The Household Call Record – Result of Contact;

Page 5

- Household Call Record – Result of Contact Continuation;

Page 6

- Call Record Result Codes; and
- Primary Exam and Special Studies Incentive Information.

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

5.1 Assignment Label

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

5.2 Directions

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

Address Changes

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

5.3 Contacts

This area should be used to record whether a household has been contacted during the four time segments considered for adaptive design: weekday afternoon, weekday evening, Saturday, and Sunday.

5.4 Screener Disposition and Telephone Number

This area should be completed as follows:

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

- **Other Phone Type:** Enter if other than a regular land line, the best phone number available to reach the SP and specify the location of phone (e.g., work number, mother's phone, cell phone).

5.5 Appointment Summary

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

The summary should be completed according to the following specifications:

- **Family #:** Enter the Family # generated by the Relationship Questionnaire. You will find this on your Case Assignment List on your tablet;
- **Person #:** Enter the SP's Person # generated by the Relationship module. Note: You **must** obtain this information from your Case Assignment List of SPs on your tablet. Never arbitrarily assign Person #s to SPs;
- **Inter Initials:** Enter your three letter interviewer initials for each SP in the household that you are working. Note that space is provided to allow the recording of information for up to three interviewers per SP;
- **SP ID:** Enter this six-digit number as soon as it is assigned by the field office staff;
- **APPT. DISP:** Enter the numeric code (MEC APPOINTMENT SCHEDULING CODE or REFUSAL/BREAK OFF CODE) from the Household Call Record Result Codes;
- **MEC Exam Appt. Information:** If an appointment has been scheduled (code 11), enter the date, time, mode of transportation for the SP's appointment (i.e., taxi, self-transport, or field staff transport), and any special consideration codes that should be noted. Special consideration codes are discussed in Section 8.3, Step 7 of this manual; and

5.6 Summary of Forms Used to Complete the Consent Process

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

Exhibit 5-1. Appointment Summary

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY HOUSEHOLD FOLDER

DIRECTIONS/OTHER INFO

Stand: 998 Seg: 16 Serial: 67

1450 Glenarm Place Ln#: 24

CONTACTS: ☐ WEEKDAY (noon-4:00PM) ☐ WEEKDAY (4:00PM or later) ☐ SATURDAY ☐ SUNDAY

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

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

If Other Than Home Phone, Specify Type: _____ Address Updated in CAPI ____ ISIS ____

MEC EXAM APPOINTMENT SUMMARY

FAM #	PER #	INTER INITIALS	SP ID#	APPT DISP	MEC EXAM APPOINTMENT INFORMATION DAY	DATE	TIME	TRANSPORT	SPECIAL CONSID
	1	NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									

REV. 9/16

Page 1

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

SUMMARY OF FORMS USED TO COMPLETE THE CONSENT PROCESS

	Household Interview Consent	Audio Recording Permission	Transport	MEC Consent/ Assent	MEC Child Assent	Specimen Storage Consent/Assent
SP 0-11 Months	Signed by Parent ☐	N/A	Signed by Parent ☐	Signed by Parent ☐	N/A	N/A
SP 1-6 Years	Signed by Parent ☐	N/A	Signed by Parent ☐	Signed by Parent ☐	N/A	Signed by Parent ☐
SP 7-11 Years	Signed by Parent ☐	N/A	Signed by Parent ☐	Signed by Parent ☐	Signed by Child ☐	Signed by Parent & Child ☐
SP 12-17 Years	Signed by Parent & Child (16-17) ☐	Signed by Parent (16-17) ☐	Signed by Parent ☐	Signed by Parent & Child ☐	N/A	Signed by Parent & Child ☐
SP 18+ Years	YES ☐	N/A	N/A	YES ☐	N/A	YES ☐

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

5.7 Missed DU Procedure and Missed DU Form

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

5.8 Interpreter or Reader Information

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

Relationship to Household/SP. Indicate whether the interpreter is a family member, a friend, or neighbor who lives outside the household, or a professional interpreter. This field is not filled out for a reader.

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

5.9 Language Use

Information recorded in this section of Page 4 of the Household Folder (Exhibit 5-5) will help the supervisor make assignments and organize work efficiently. Record the Family number and all the languages spoken or used in the household. Check English and/or Spanish and write the first four letters of any other languages spoken in the household. We are interested in languages that are **spoken fluently** and **regularly** by household members—not languages that one or more household members may have studied in school. Indicate whether a translator/interpreter/reader will be needed to conduct any of the household interviews.

Exhibit 5-3. Missed DU Procedure

MISSED DWELLING UNIT PROCEDURE

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

   Queremos estar seguros de que cada hogar en esta área ha tenido la oportunidad de participar en esta importante encuesta. En esta dirección tenemos anotados ____ hogares en su estructura. ¿Hay algunas otras unidades de vivienda aqui que pudiésemos haber pasado por alto?

2. ALSO, CHECK IN THE LOBBY AND AROUND THE OUTSIDE OF THIS (HOUSE/BUILDING) FOR ADDITIONAL UNITS OR ENTRANCES IN THIS STRUCTURE.

3. RECORD ALL DISCOVERED DU ADDRESSES. NUMBER CONSECUTIVELY (I.E., 1, 2, 3) ON FORM BELOW. IF NO ADDITIONAL DU'S, PLACE A CHECK IN THE BOX BELOW.

4. IF 1 TO 4 MISSED DU'S ARE DISCOVERED, CREATE A NEW MISSED DU CASE ON YOUR LAPTOP AND FILL OUT A CASE ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH (INSTRUCTIONS FOR HOW TO DO THIS ARE IN THE INTERVIEWER MANUAL). CONDUCT SCREENER INTERVIEW.

5. IF 5 OR MORE MISSED DU'S ARE DISCOVERED, CALL SUPERVISOR FOR INSTRUCTIONS BEFORE YOU DO ANY ADDITIONAL SCREENER INTERVIEWS. CREATE A NEW MISSED DU CASE FOR THE SELECTED CASES ON YOUR LAPTOP AND THEN FILL OUT A CASE ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH SELECTED SAMPLE DU AND CONDUCT SCREENER INTERVIEW.

CHECK HERE WHEN MISSED DU PROCEDURE IS COMPLETED ☐

MISSED DU FORM

NUMBER (1, 2, 3)	ADDRESS OF DISCOVERED DU	CAPI SEGMENT & SERIAL #
	CONTACT FIELD OFFICE BEFORE ADDING 5+ DUs TO CAPI	

TOTAL ADDITIONAL DU'S: ☐

TOTAL SELECTED DUs TO ADD IN CAPI: ☐

OFFICE USE ONLY:
FOLDERS MADE FOR MISSED DUs
LISTING SHEET UPDATED
INITIALS_____ DATE _____

INTERPRETER OR READER (CIRCLE ONE)

INTERPRETER'S/ READER'S NAME _____

ADDRESS _____

_____

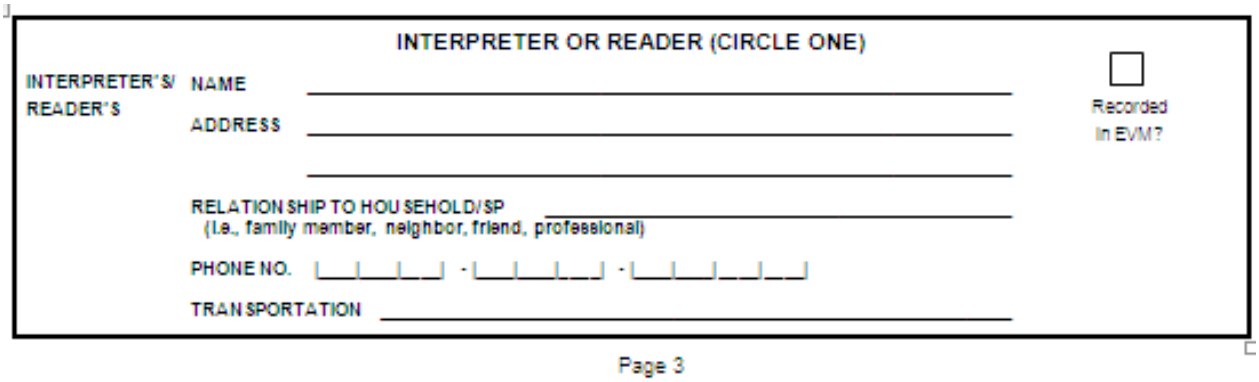
RELATIONSHIP TO HOUSEHOLD/SP _____
(i.e., family member, neighbor, friend, professional)

PHONE NO. |___|___|___| - |___|___|___| - |___|___|___|___|

TRANSPORTATION _____

☐ Recorded in EVM?

Exhibit 5-4. Household Language Use and Interpreter Information



INTERPRETER OR READER (CIRCLE ONE)

INTERPRETER'S/ READER'S

NAME _____

ADDRESS _____

_____

RELATION SHIP TO HOU SEHOLD/SP _____
(I.e., family member, neighbor, friend, professional)

PHONE NO. |___|___|___| - |___|___|___| - |___|___|___|___|

TRAN SPORTATION _____

☐ Recorded In EVM?

Page 3

Exhibit 5-5. Household Result of Contacts – Page 4

HH ID: Place label here

FAM #

NHANES RECORD OF CALLS

THERE IS A NONRESPONSE CARD FOR THIS HH ☐

Card ☐☐ of ☐☐ Cards

WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD?

☐ ENGLISH ☐ SPANISH ☐ OTHER ☐☐☐☐

☐ TRANSLATOR NEEDED

☐ READER NEEDED

RESULT OF CONTACT

EROC	ATTEMPT #	INTER INITIALS	DAY OF WEEK	DATE	TIME (SPECIFY AM OR PM)	SCR RES	REL RES	FAM RES	SP QUEX RESULT 1	2	3	4	5	6	7	8	MEC APPOINTMENT SCHEDULING RESULT 1	2	3	4	5	6	7	8	RF RES	COMMENTS
☐					AM PM																					
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FOR OFFICE USE ONLY: **NONRESPONSE LETTER SENT?** ☐ YES

DATE SENT _____ → TO _____ FED EX? ☐

DATE SENT _____ → TO _____ FED EX? ☐

DATE SENT _____ → TO _____ FED EX? ☐

5.10 Household Result of Contacts

The Household Result of Contacts (see Exhibit 5-6) is located on pages 4 and 5 of the Household Folder. It provides you with space to record information about each of your attempts to locate, contact, and complete the necessary work on the sampled household. This is the same information that you also enter into the Tablet Record of Calls (TROC). The Result of Contacts page has four basic purposes:

1. It serves as a hardcopy record of your work on each case (the TROC is a permanent record);
2. It helps you schedule your contact attempts efficiently;
3. It enables you to keep track of the current status of all of your assignments; and
4. It aids your supervisor in evaluating the progress you are making on your assignments and in giving you suggestions to help you in your work.

We will discuss how you complete the Result of Contacts and use the Call Record Result Codes in the next chapter on Contact Procedures. Instructions on how to enter contact attempts into the TROC can be found in Appendix B.

5.11 Call Record Result Codes

On page six of the Household Folder you will find the result codes to be used on the Household Call Record (Exhibit 5-7). These codes will be defined in the next chapter on Contact Procedures.

5.12 Incentive Information

The Incentive Information Space (Exhibit 5-8) is printed below the Call Record Result Codes on page 6 of the Household Folder. SPs who agree to the exam may qualify for several monetary incentives. The number of incentives that apply to each SP is determined by when s/he is scheduled for an exam, where s/he lives, if s/he has special transportation needs, and the number of special study components for which he/she qualifies. A discussion of monetary incentives associated with exams is contained in Section 8.3 of this manual. The chart is divided into two sections, the primary exam incentives and the special studies incentives. You are required to fill out the primary exam incentive chart as a means of documenting the incentives communicated to the SP. The special studies incentive chart is available for your use but its completion is not required.

Exhibit 5-6. Household Result of Contacts Page – Page 5

RESULT OF CONTACT																											
EROC	ATTEMPT #	INTER INITIALS	DAY OF WEEK	DATE	TIME (SPECIFY AM OR PM)	SCR RES	REL RES	FAM RES	SP QUEX RESULT								MEC APPOINTMENT SCHEDULING RESULT								RF RES	COMMENTS
									1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8		
☐					AM PM																						
☐					AM PM																						
☐					AM PM																						
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Exhibit 5-7. Call Record Result Codes

CALL RECORD RESULT CODES

SCREENER CODES		RELATIONSHIP CODES		SAMPLE PERSON/ FAMILY CODES		MEC APPOINTMENT SCHEDULING CODES	
Complete – No SP's	1	Complete	10	Complete	10	Scheduled	11
Complete – With SP's	2	Illness	20	Illness	20	Illness	20
SUPERVISOR USE ONLY:		Refusal Language Barrier	21	Refusal Language Barrier	21	Refusal Language Barrier	21
Complete – No SP's Based on Non-HH Information	3	Refusal/Breakoff	22	Refusal/Breakoff	22	Refusal/Breakoff	22
Complete – With SP's Based on Non-HH Information	4	Not at Home	23	Not at Home	23	Not at Home	23
Out of Scope	5	Unavailable During Field Period	24	Unavailable During Field Period	24	Unavailable During Field Period	24
Unable To Enter Structure	6	Language Problem	25	Language Problem	25	Language Problem	25
Vacant	7	Other (Specify)	26	Other (Specify)	26	Other (Specify)	26
Not a Dwelling Unit	8	Interview Appointment	28	Consent Form Refusal	27	Consent Form Refusal	27
New Construction	9			Interview Appointment	28		
Illness	20						
Refusal Language Barrier	21						
Refusal/Breakoff	22						
Not at Home	23						
Unavailable During Field Period	24						
Language Problem	25						
Other (Specify)	26						
Interview Appointment	28						

REFUSAL REASON (RF RES) CODES

Anti-Government in general	50
Anti-Government surveys	51
Avoidance	52
Benefit concerns (Medicare or other Federal program)	53
Data security/Identity theft	54
Deceased	55
Distance to exam center	56
Do not contact – called NCHS	57
Doctor says no	58
Does not believe in studies	59
Fear of child being examined	60
Fear of exam	61
Fear of leaving house	62
Fear of results	63
Friends/relatives advise against it	64
Have own doctor	65
Language problem	66
Length of exam	67
Length of interview	68
Moved	69
Not interested	70
Out of town	71
Personal health issues – SP's or those of family member	72
Privacy (does not want interviewer in home)	73
Religious/Cultural	74
Suspicious/Thinks this is a scam	75
Too busy	76
Transportation problem	77
Waste of time and money	78
Weather conditions	79
MEC No Show/Cancel/Reschedule	80

Exhibit 5-8. Incentive Information

INCENTIVE INFORMATION									
PRIMARY EXAM							SPECIAL STUDIES		
Name	Exam	Exam Transport	Child/Adult Care	Non-SP Parental	Primary Exam Total		Dietary Phone Follow-up	Consumer Behavior Survey	Special Studies Total
					$				$
					$				$
					$				$
					$				$
					$				$
					$				$
					$				$
					$				$

Total Family Primary Exam Incentive: $_____ **Total Family Special Studies Incentive: $_____**

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

5.13 DU Description Card

The DU Description Card (Exhibit 5-9) is an insert within the Household Folder. This card should be filled out by the first interviewer to visit a household on his/her first trip to the household, even if s/he is unable to make contact. It contains general questions about the dwelling unit that can be answered largely by observation alone. There is a corresponding module in Interviewer Management that must be filled out as well.

Exhibit 5-9. DU Description Card

HH ID: Place label here

DU DESCRIPTION

1. DU Type?

- ☐ Detached/single family home
- ☐ Modular Home
- ☐ Townhouse/rowhouse/duplex/ triplex/quadplex
- ☐ Garden apartment/condo
- ☐ Midrise apartment/condo
- ☐ High rise apartment/condo
- ☐ Detached/single family home converted to apartments
- ☐ Mobile home/trailer/recreational vehicle
- ☐ Student housing – Campus dormitory
- ☐ Student housing – Apartment
- ☐ Hotel/motel room
- ☐ Rooming or boarding house
- ☐ Transitional housing
- ☐ Work camp
- ☐ On base military housing (non-barracks)
- ☐ Assisted Living
- ☐ Group Home
- ☐ Not a DU (Specify)_____

2. DU Entry Issues? CHECK ALL THAT APPLY

- ☐ None
- ☐ Gated community (no guard)
- ☐ Gated property (no guard)
- ☐ Gated with guard
- ☐ Locked building with intercom
- ☐ Locked building without intercom
- ☐ Inaccessible – dogs
- ☐ Dangerous/Suspect illegal activities
- ☐ Posted No Trespassing
- ☐ Stairs

3. Neighborhood Type?

- ☐ Upper/Professional/Community leaders
- ☐ High income
- ☐ Upper middle income
- ☐ Middle income
- ☐ Lower middle income
- ☐ Low income

4. Is there any indication of a child or children living in the DU?

- ☐ Yes
- ☐ No
- ☐ Don't know

5. What is your best guess of the number of people living in the DU?

- ☐ 1-2
- ☐ 3+
- ☐ Don't know

6. Other Important Contact Information: (e.g., management office contact information, big dog, use side, door, Dad works night shift – best to contact between 5-8 pm)

7. DU Condition Description: (e.g., well kept, grass long, toddler toys in yard, etc.)

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Sample Person Incentives

SP Exam Incentives

SPs 16+ who agree to be examined at preselected time	$125
SPs 16+ who refuse to be examined at preselected time	$ 90
SPs 12-15 who agree to be examined at preselected time	$ 75
SPs 12-15 who refuse to be examined at preselected time	$ 60
SPs under age 12	$ 40

Parental Incentive

Non SP parents of SPs under 16 years	$ 20

Other Exam Incentives

Child/Adult Care	$ 5.25/hr
Dietary Phone Follow Up	$ 30
Consumer Behavior Survey (SPs 16+ who complete MEC & Phone Dietary)	$ 15

SP Transportation Allowance

Mileage to MEC	Cities	Rural Areas
<15 Miles	$30	$25
16 – 30 Miles	$45	$40
31 – 59 Miles	$55	$50
>60 Miles	$70	$65

6. CONTACT PROCEDURES

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

6.1 Contact Attempts

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

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

Each one of your attempts to contact a household should satisfy the criteria listed here and you should record all attempts in the Tablet Record of Calls (TROC) on your tablet and on the Call Record on Page 4 and 5 of the Household Folder.

6.1.1 Planning Your Contacts

The main question to ask yourself when attempting to contact a household is, "When is a household adult most likely to be home?" For respondents who have daytime jobs, weekday evenings may be a good time. In industrial areas with plants that operate several shifts a day, many respondents may not be available on weekday evenings; you may have to try them on a morning or weekend. When your first attempt fails, try at a different time of day on your next attempt. So long as you have no better information,

continue to schedule your attempts at the different times respondents are likely to be at home. These are the following:

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

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

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

6.1.2 Number of Attempts

For most of your assigned addresses, you will find four well-thought out attempts on different days of the week and times of day, **when scheduled efficiently**, more than adequate to complete the work. If you cannot complete a Screener within the time period determined by your supervisor, you should complete a Non Response Card (see Chapter 10 for details about this form), enter the information into the TROC, and discuss the case with your supervisor at your next conference. He or she may require several more attempts depending upon the likelihood of finalizing the case. If you are unsure whether you are making too many contacts or need help determining appropriate contacts, ask your study manager.

6.1.3 Tips for Contacting and Planning Contact Route

Successful interviewers organize and plan their day before going out to work and also review their cases at the end of the day. Here are some of the best approaches for planning contacts:

- Contact plans should vary based on whether or not the cases have been worked by another interviewer or not.
  - For new work and screeners, screening mid-morning (not before 10:00 AM) is suggested to get a sense of the segment while making first contacts. This can give a good sense of the times needed for second contacts. Cases can then be sorted by daytime contacts and evening and weekend work.
  - Once cases have been worked by you or another interviewer, review the previous contacts and decide on the best time to reach someone at the household. It may be necessary to re-group cases and organize them for the next day.
- Decide on your approach by reading notes about each contact and organize any outreach materials you may want to have handy for that particular case.
- Decide what hours you need to work to find most of your cases in an area at home.

Planning your route is important, also. Here are some ideas for planning an effective route:

- Some interviewers plan a route for the first contact in a segment and then drive it the opposite way the second time, which automatically varies the time of contact attempts.
- Some find organizing cases working in "quadrants" works well.
- Once you have interview appointments set, bring screeners to work in between.
- Decide when and where you will take a break for lunch or dinner.
- Decide when and where you will take a bathroom break in your segment. When at all possible, avoid asking respondents to use their bathroom.

6.1.4 Neighbor Contacts

After two in-person attempts where you find that no one is home at the assigned dwelling unit (DU), you should make an effort to contact a neighbor to obtain information **on a likely time to find**

someone at home. **Never contact a neighbor if you have spoken to someone in the household and received a refusal**. During neighbor contacts you should perform the following:

- Introduce yourself. State your name, that you are working on a health study for the Centers for Disease Control and Prevention (CDC), show your ID, and explain the purpose of your visit.

- Obtain the "best time" to call on the assigned household. (Be sure the neighbor understands which household you are referring to.) This does not have to be a specific day or time; any information about the household's availability should be recorded. Record whatever information you obtain on the Household Folder and TROC as well as the name, position or description of, and the address for, the person you spoke to.

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

1. "Neighbor" refers not only to the person who lives next door to the assigned household but also to anyone in the immediate vicinity—a building manager, a mailman passing by, someone in the yard across the street from the assigned address—who might be able to give you information about the household.

2. Before contacting a nearby resident, always check your other assignments and Listing Sheets for the area to make sure the neighbor household you choose is not a sampled household itself. Do not attempt a neighbor contact at an address you will be contacting later for an interview. However, once you have completed the interview, you may use that household as a neighbor contact.

3. Never contact the same neighbor more than once.

4. Unless specifically asked, do not leave the advance letter or any study specific materials with the neighbor you contact. This will help maintain confidentiality of the household if they choose to participate or not.

5. Neighbor contacts should be recorded in the TROC and on the Call Record on Page 4 and 5 of the Household Folder.

6. SPECIAL NOTE: If, after four attempts at the selected DU, it appears that you may not reach an eligible household member, certified interviewers with Study Manager approval should attempt to complete the Neighbor Information Form with two knowledgeable neighbors. (See Section 10.5 – **Completing the Neighbor Information Form**.)

6.2 Using the Result of Contacts Page

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

- **FAM #:** Record the family number in the box provided at the top next to the HH ID label. Only one family can be recorded on a Record of Calls. If more than one family is identified during the Relationship Questionnaire, begin a new Record of Calls for that family, starting with the contact attempt where the family was identified.

- **Language:** Place an "X" in the box for what language was used in the household. If it was a language other than English or Spanish, record the first four letters of that language, e.g., Russian – RUSS.

- **TROC:** Check this box when you have entered a contact in the TROC. Remember that all entries in the TROC must mirror the entries on your hard copy material.

- **Attempt Number**: All attempts are entered on the Result of Contacts page as they occur. All in-person attempts should be consecutively numbered in this column.

- **Interviewer Initials:** Enter your initials. Three initials are preferred.

- **Day of Week:** Using the first three letters, enter the day of the week (e.g., Fri.).

- **Date:** Enter digits to represent the month and day (e.g., 10/6).

- **Time:** Enter the time of your attempt and make an "X" in the box for AM or PM.

- **Result of Contact:** Enter a result code for **each contact attempt you make to complete any part of a case** (i.e., Screener, Relationship, Sample Person, Family, or Appointment Scheduling). All of the result codes, as they appear on the Household Folder, and their definitions are provided in Section 6.3.

- **Refusal Reason:** Enter the main refusal reason code for why a household or respondent is refusing. See Chapter 10 for more information on refusal reasons.

- **Comments**: Enter all information that helps to describe what happened during a contact that does not have a final result.

- **NON RESPONSE LETTER SENT:** For field office use only.

- Check whether a translator or reader was used.

- **Number the Cards:** If an extra Record of Calls is added to the Household Folder, number the cards, e.g., Card 1 of 2, Card 2 of 2.

Exhibit 6-1. Call Record

HH ID: Place label here

FAM #

NHANES RECORD OF CALLS

THERE IS A NONRESPONSE CARD FOR THIS HH ☐

Card ☐☐ of ☐☐ Cards

WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD?

☐ ENGLISH ☐ SPANISH ☐ OTHER ☐☐☐☐

☐ TRANSLATOR NEEDED

☐ READER NEEDED

RESULT OF CONTACT

EROC	ATTEMPT #	INTER INITIALS	DAY OF WEEK	DATE	TIME (SPECIFY AM OR PM)	SCR RES	REL RES	FAM RES	SP QUEX RESULT 1	2	3	4	5	6	7	8	MEC APPOINTMENT SCHEDULING RESULT 1	2	3	4	5	6	7	8	RF RES	COMMENTS
☐					AM PM																					
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☐					AM PM																					

FOR OFFICE USE ONLY: **NONRESPONSE LETTER SENT?** ☐ YES

DATE SENT _____ → TO _____ FED EX? ☐

DATE SENT _____ → TO _____ FED EX? ☐

DATE SENT _____ → TO _____ FED EX? ☐

6.3 Entering Result Codes on the Household Folder and Tablet Record of Calls

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

Every non-complete contact attempt should be entered in the Tablet Record of Calls (TROC) on the tablet. Complete, or final, disposition codes, such as a completed interview, are automatically set by the computer and do not need to be entered. See Attachment B for instructions on how to use the TROC.

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

Screener Result Codes

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

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

1 - **Complete, No SPs:** A Screener has been completed but no SPs have been selected for the study.

2 - **Complete, With SPs:** A Screener has been completed and the household has one or more SPs.

3 - FOR SUPERVISOR USE ONLY.

4 - FOR SUPERVISOR USE ONLY.

5 - FOR SUPERVISOR USE ONLY.

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

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

Exhibit 6-2. Household Call Record Result Codes

CALL RECORD RESULT CODES

SCREENER CODES		RELATIONSHIP CODES		SAMPLE PERSON/ FAMILY CODES		MEC APPOINTMENT SCHEDULING CODES	
Complete – No SP's	1	Complete	10	Complete	10	Scheduled	11
Complete – With SP's	2	Illness	20	Illness	20	Illness	20
SUPERVISOR USE ONLY:		Refusal Language Barrier	21	Refusal Language Barrier	21	Refusal Language Barrier	21
Complete – No SP's Based on Non-HH Information	3	Refusal/Breakoff	22	Refusal/Breakoff	22	Refusal/Breakoff	22
Complete – With SP's Based on Non-HH Information	4	Not at Home	23	Not at Home	23	Not at Home	23
Out of Scope	5	Unavailable During Field Period	24	Unavailable During Field Period	24	Unavailable During Field Period	24
Unable To Enter Structure	6	Language Problem	25	Language Problem	25	Language Problem	25
Vacant	7	Other (Specify)	26	Other (Specify)	26	Other (Specify)	26
Not a Dwelling Unit	8	Interview Appointment	28	Consent Form Refusal	27	Consent Form Refusal	27
New Construction	9			Interview Appointment	28		
Illness	20						
Refusal Language Barrier	21						
Refusal/Breakoff	22						
Not at Home	23						
Unavailable During Field Period	24						
Language Problem	25						
Other (Specify)	26						
Interview Appointment	28						

REFUSAL REASON (RF RES) CODES

Anti-Government in general	50
Anti-Government surveys	51
Avoidance	52
Benefit concerns (Medicare or other Federal program)	53
Data security/Identity theft	54
Deceased	55
Distance to exam center	56
Do not contact – called NCHS	57
Doctor says no	58
Does not believe in studies	59
Fear of child being examined	60
Fear of exam	61
Fear of leaving house	62
Fear of results	63
Friends/relatives advise against it	64
Have own doctor	65
Language problem	66
Length of exam	67
Length of interview	68
Moved	69
Not interested	70
Out of town	71
Personal health issues – SP's or those of family member	72
Privacy (does not want interviewer in home)	73
Religious/Cultural	74
Suspicious/Thinks this is a scam	75
Too busy	76
Transportation problem	77
Waste of time and money	78
Weather conditions	79
MEC No Show/Cancel/Reschedule	80

INCENTIVE INFORMATION

PRIMARY EXAM						SPECIAL STUDIES		
Name	Exam	Exam Transport	Child/Adult Care	Non-SP Parental	Primary Exam Total	Dietary Phone Follow-up	Consumer Behavior Survey	Special Studies Total
					$			$
					$			$
					$			$
					$			$
					$			$
					$			$
					$			$
					$			$

Total Family Primary Exam Incentive: $_____ Total Family Special Studies Incentive: $_____

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

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

21 - **Refusal Language Barrier:** A Screener cannot be started or completed because all adult household members speak a language other than English or Spanish **and** the respondent refuses to answer any questions either overtly or by avoidance. A Screener cannot be completed because the respondent speaks a language other than English or Spanish **and** refuses to continue after answering one (or more) question(s). This code should be used regardless of whether you are working with or without an interpreter.

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

23 - **Not At Home:** You were unable to find an eligible Screener respondent at home.

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

25 - **Language Problems:** A Screener cannot be completed because all household members speak a language other than English or Spanish and a household interpreter is not available. It communicates to your supervisor that an interpreter is needed. This is an interim code. If an interpreter cannot be found, your supervisor will close the case as 'Refusal Language Barrier'.

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

28 - **Interview Appointment:** You made an appointment to come back and complete the Screener at another time. Note: This code should rarely be used for Screeners.

Relationship Codes

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

10 - **Complete:** The Relationship Questionnaire have been completed.

20 - **Illness:** The Relationship Questionnaire cannot be completed because the person(s) living in the household have a **serious** health or physical problem that prevents them from being interviewed.

21 - **Refusal Language Barrier:** The Relationship Questionnaire cannot be started or completed because all eligible respondents speak a language other than English or Spanish **and** the respondent refuses to answer any questions either overtly or by avoidance. The Relationship Questionnaire cannot be completed because all eligible respondent speak a language other than English or Spanish **and** the respondent refuses to continue after answering one (or more) question(s). This code should be used regardless of whether you are working with or without an interpreter.

22 - **Refusal/Breakoff:** The Relationship Questionnaire cannot be started because the person refuses to answer any questions (REFUSAL). The Relationship questions cannot be completed because the respondent refuses to continue after answering one or more questions (BREAKOFF).

23 - **Not At Home:** You were unable to find an eligible respondent at home.

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

25 - **Language Problem:** The Relationship Questionnaire cannot be completed because all eligible respondents speak a language other than English or Spanish and a household interpreter is not available. It communicates to your supervisor that an interpreter is needed. This is an interim code. If an interpreter cannot be found, your supervisor will close the case as 'Refusal Language Barrier'.

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

28 - **Interview Appointment:** You made an appointment to come back and complete the Relationship Questionnaire at another time. Note: This code should rarely be used for Relationship Questionnaires.

Family Result Codes

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

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

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

21 - **Refusal Language Barrier:** The Family Questionnaire cannot be started because all eligible respondents speak a language other than English or Spanish **and** the respondent refuses to answer any questions either overtly or by avoidance. The Family Questionnaire cannot be completed because all eligible respondents speak a language other than English or Spanish **and** the respondent refuses to continue after answering one (or more) question(s). This code should be used regardless of whether you are working with or without an interpreter.

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

23 - **Eligible Respondent Not at Home:** There is no adult family member at home to complete the Family Questionnaire.

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

25 - **Language Problem:** The Family Questionnaire cannot be administered because all family members speak a language other than English or Spanish and a household interpreter is not available. It communicates to your supervisor that an interpreter is needed. This is an interim code. If an interpreter cannot be found, your supervisor will close the case as 'Refusal Language Barrier'.

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

27 - **Consent Form Refusal:** The Family Questionnaire cannot be started because the respondent refuses to sign the Home Interview Consent Form.

28 - **Interview Appointment:** You made an appointment to come back and complete the Family Questionnaire at another time.

Sample Person (SP) Codes

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

10 - **Complete:** The SP Questionnaire has been completed with the SP or a proxy respondent.

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

21 - **Refusal Language Barrier:** The SP Questionnaire cannot be started because the SP speaks a language other than English or Spanish **and** the SP refuses to answer any questions either overtly or by avoidance. The SP Questionnaire cannot be completed because the SP speaks a language other than English or Spanish **and** the SP refuses to continue after answering one (or more) question(s). This code should be used regardless of whether you are working with or without an interpreter.

22 - **Refusal/Breakoff:** The SP Questionnaire cannot be started because the SP refuses to answer any question for reasons other than the consent form (REFUSAL). The SP begins the SP Questionnaire but refuses to continue before it is completed (BREAKOFF).

23 - **Not at Home:** An attempt was made to contact the SP but s/he was not at home.

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

25 - **Language Problem:** The SP Questionnaire cannot be completed because the SP or proxy speaks a language other than English or Spanish and no household interpreter is available. It communicates to your supervisor that an interpreter is needed. This is an interim code. If an interpreter cannot be found, your supervisor will close the case as 'Refusal Language Barrier'.

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

27 - **Consent Form Refusal:** The SP Questionnaire cannot be started because the SP refuses to sign the Home Interview Consent Form.

28 - **Interview Appointment:** You made an appointment to come back and complete the SP Questionnaire at another time.

MEC Exam Appointment Scheduling Codes

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

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

11 - **Appointment Scheduled:** MEC appointment has been confirmed for an SP.

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

21 - **Refusal Language Barrier:** The MEC exam appointment cannot be made because the SP speaks a language other than English or Spanish **and** the SP refuses to make a MEC appointment either overtly or by avoidance. This code should be used regardless of whether or not you are working with or without an interpreter.

22 - **Refusal:** The SP/parent refuses to make a MEC appointment for reasons other than the consent form.

23 - **Not At Home:** The eligible SP/parent is not at home to set up a MEC appointment.

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

25 - **Language Problem:** The MEC exam appointment cannot be made because the SP speaks a language other than English or Spanish and no household interpreter is available. It communicates to your supervisor that an interpreter is needed. This is an interim code. If an interpreter cannot be found, your supervisor will close the case as 'Refusal Language Barrier'.

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

27 - **Consent/Assent Form Refusal:** The SP/parent refuses to make a MEC appointment because the SP/parent refuses to sign the MEC Consent Form.

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

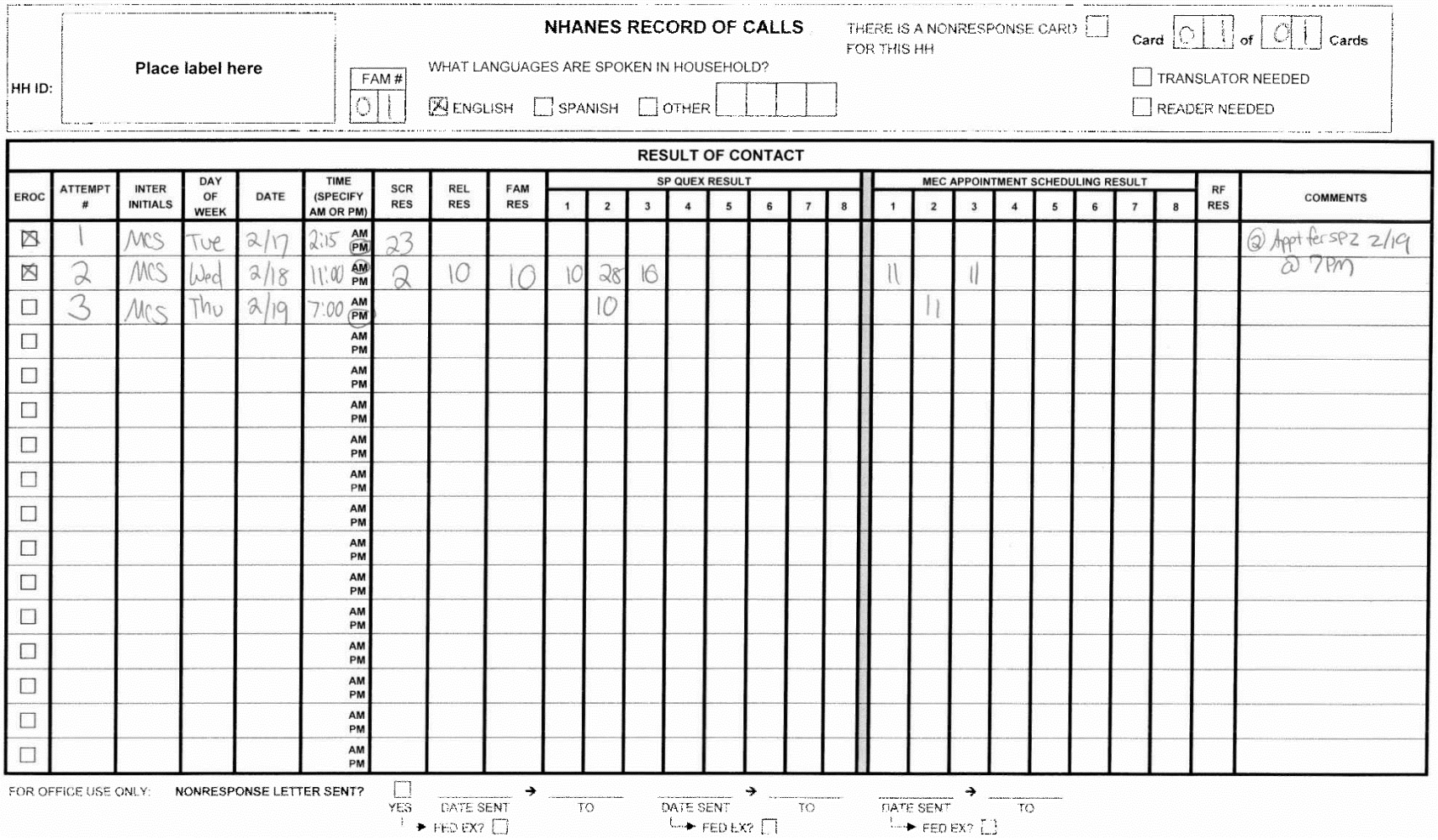
Examples of Entries on the Result of Contacts Page

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

EXAMPLE 1:

EXAMPLE 1: Household Folder

Interviewer MCS made an initial attempt to a DU and found no one at home. He entered this attempt in the TROC. On the second visit he contacted the female head of household in a single-family household and completed the Screener and Relationship questions. Three SPs were selected: #1 - the wife, #2 - her 20-year-old daughter, and #3 - her 10-year-old son. He completed the SP Questionnaire with the wife. She was also the proxy respondent for the SP Questionnaire for the 10-year-old child. The Family Questionnaire was completed, and examination appointments for the mother and the son were scheduled. The daughter was at work, so he arranged an appointment to return the following



HH ID: Place label here

FAM # 01

NHANES RECORD OF CALLS

THERE IS A NONRESPONSE CARD FOR THIS HH ☐

Card 01 of 01 Cards

WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD?

☒ ENGLISH ☐ SPANISH ☐ OTHER

☐ TRANSLATOR NEEDED

☐ READER NEEDED

RESULT OF CONTACT

EROC	ATTEMPT #	INTER INITIALS	DAY OF WEEK	DATE	TIME (SPECIFY AM OR PM)	SCR RES	REL RES	FAM RES	SP QUEX RESULT 1	2	3	4	5	6	7	8	MEC APPOINTMENT SCHEDULING RESULT 1	2	3	4	5	6	7	8	RF RES	COMMENTS
☒	1	MCS	Tue	2/17	2:15 AM (PM)	23																				② Appt for SP2 2/19 @ 7PM
☒	2	MCS	Wed	2/18	11:00 (AM) PM	2	10	10	10	28	16						11		11							
☐	3	MCS	Thu	2/19	7:00 AM (PM)					10								11								
☐					AM PM																					
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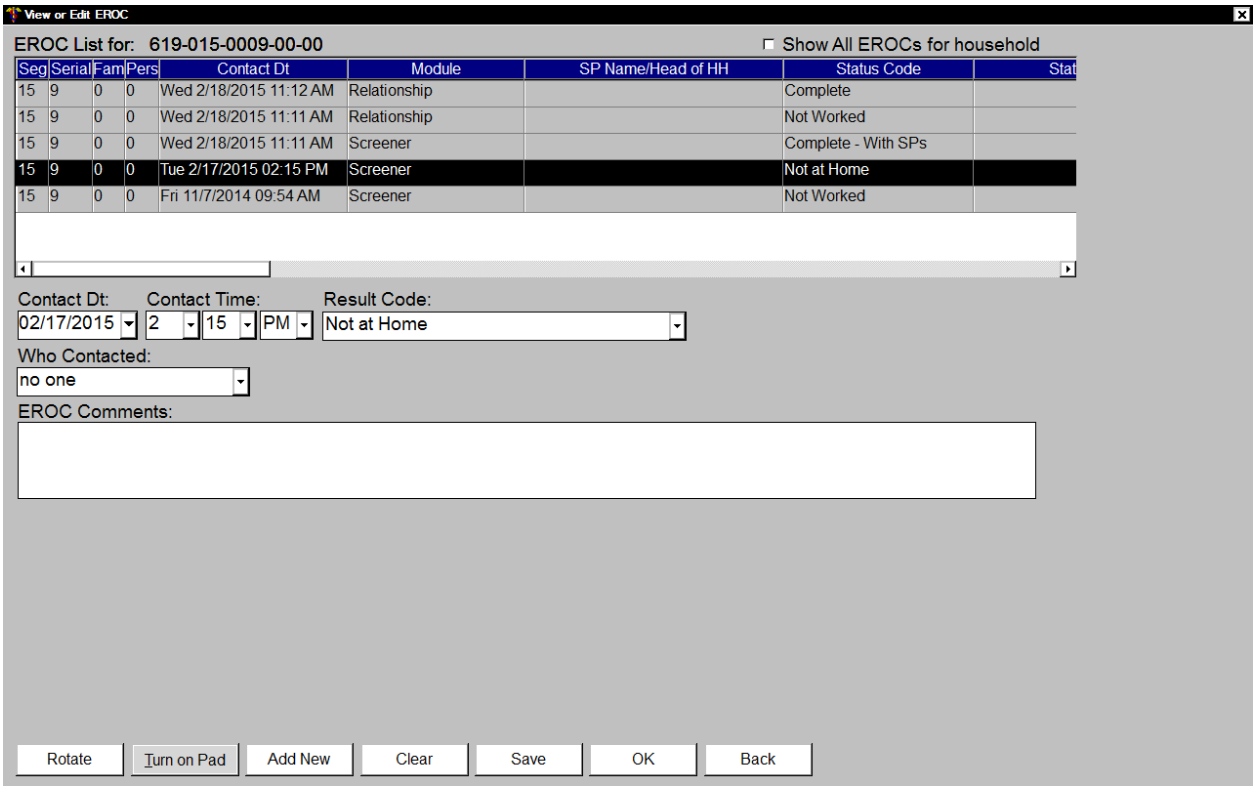
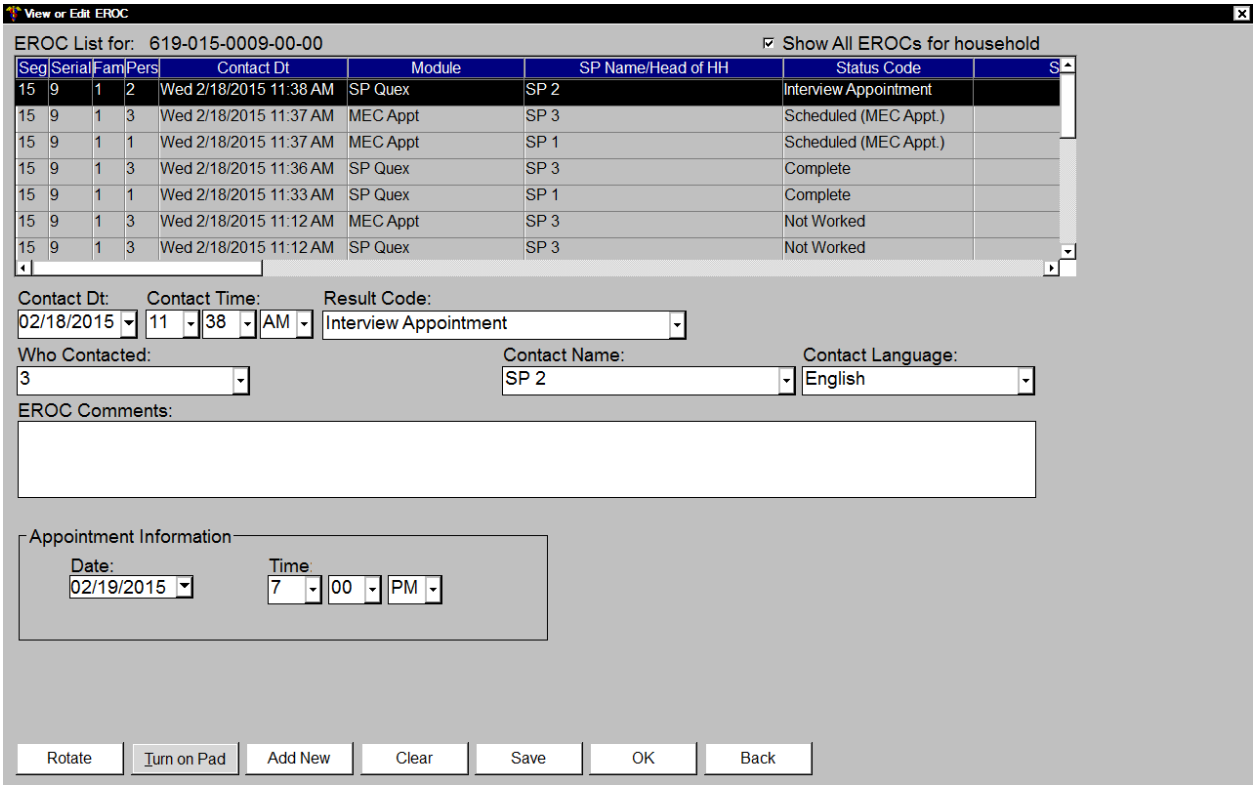
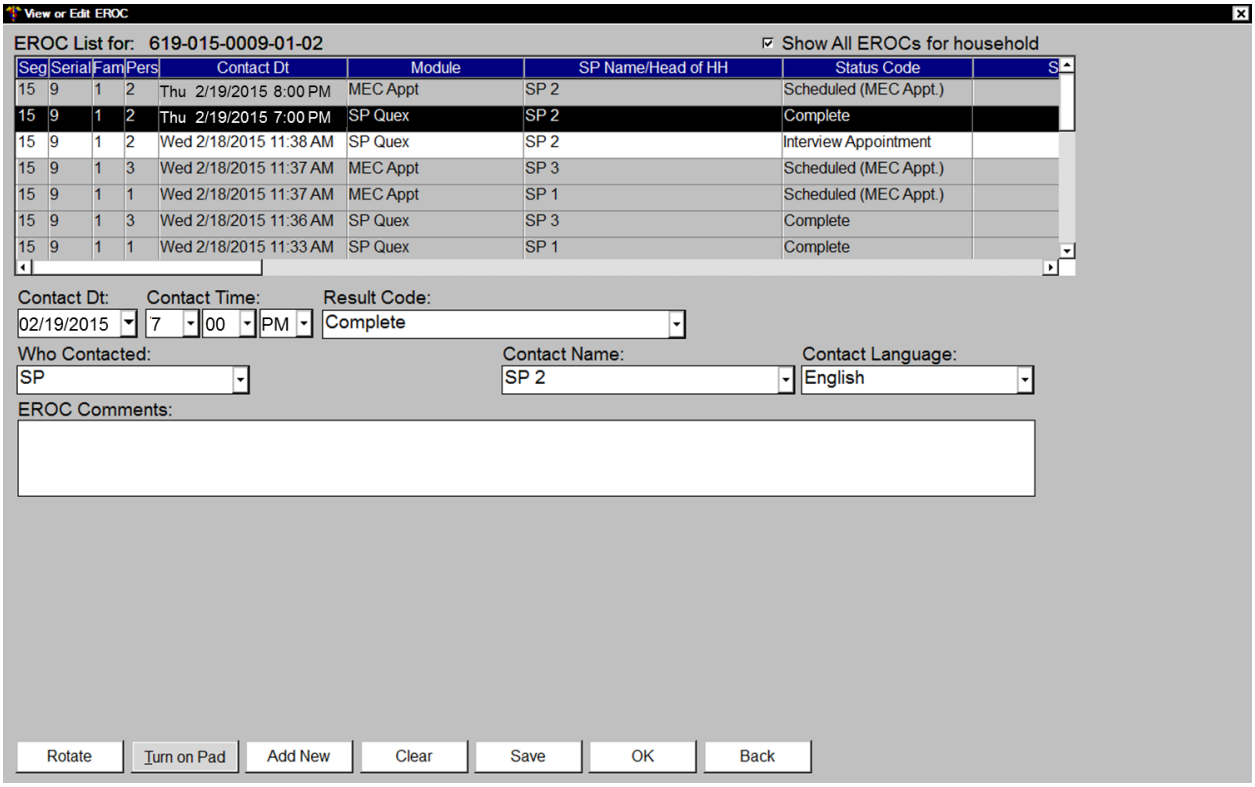
FOR OFFICE USE ONLY: NONRESPONSE LETTER SENT? ☐ YES → DATE SENT ____ → TO ____ FED EX? ☐ | DATE SENT ____ → TO ____ FED EX? ☐ | DATE SENT ____ → TO ____ FED EX? ☐

EXAMPLE 1: TROC

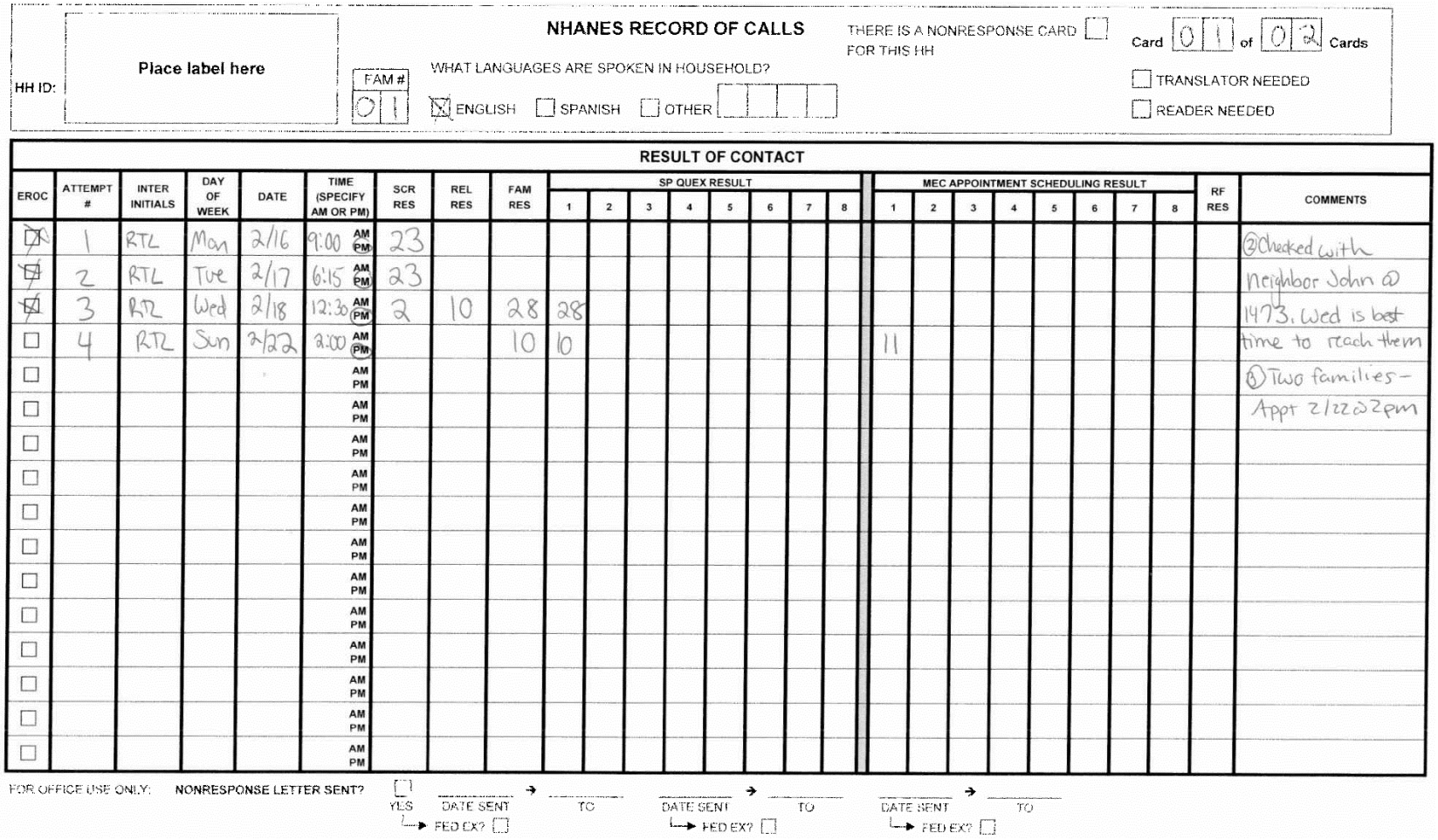





View or Edit EROC
EROC List for: 619-015-0009-01-02
Show All EROCs for household
Seg Serial Fam Pers Contact Dt Module SP Name/Head of HH Status Code
15 9 1 2 Thu 2/19/2015 8:00 PM MEC Appt SP 2 Scheduled (MEC Appt.)
15 9 1 2 Thu 2/19/2015 7:00 PM SP Quex SP 2 Complete
15 9 1 2 Wed 2/18/2015 11:38 AM SP Quex SP 2 Interview Appointment
15 9 1 3 Wed 2/18/2015 11:37 AM MEC Appt SP 3 Scheduled (MEC Appt.)
15 9 1 1 Wed 2/18/2015 11:37 AM MEC Appt SP 1 Scheduled (MEC Appt.)
15 9 1 3 Wed 2/18/2015 11:36 AM SP Quex SP 3 Complete
15 9 1 1 Wed 2/18/2015 11:33 AM SP Quex SP 1 Complete
Contact Dt:
02/19/2015
Contact Time:
7
00
PM
Result Code:
Complete
Who Contacted:
SP
Contact Name:
SP 2
Contact Language:
English
EROC Comments:
Rotate
Turn on Pad
Add New
Clear
Save
OK
Back

EXAMPLE 2: Household Folder

Interviewer RTL made two unsuccessful attempts to a DU and entered them in the TROC. After contacting a neighbor, she found out they were usually home on Saturday afternoons. On the third attempt, she completed the Screener and the Relationship questions with a household adult. There were two families in the household—the first family had 1 SP while the second family had two SPs—one adult and one child 12 years old. Since all household members had other commitments that day, the interviewer arranged an appointment to return another day and put the information in the TROC. At that time, she completed the Family and SP Questionnaire for the first family, and the Family Questionnaire and both Sample Person Questionnaires for the second family. She also scheduled examination appointments for all SPs.



HH ID: Place label here

NHANES RECORD OF CALLS

THERE IS A NONRESPONSE CARD FOR THIS HH ☐

Card 01 of 02 Cards

FAM # 01

WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD?

☒ ENGLISH ☐ SPANISH ☐ OTHER

☐ TRANSLATOR NEEDED

☐ READER NEEDED

RESULT OF CONTACT

EROC	ATTEMPT #	INTER INITIALS	DAY OF WEEK	DATE	TIME (SPECIFY AM OR PM)	SCR RES	REL RES	FAM RES	SP QUEX RESULT 1	2	3	4	5	6	7	8	MEC APPOINTMENT SCHEDULING RESULT 1	2	3	4	5	6	7	8	RF RES	COMMENTS
☒	1	RTL	Mon	2/16	9:00 AM (PM)	23																				②Checked with
☒	2	RTL	Tue	2/17	6:15 AM (PM)	23																				neighbor John @
☒	3	RTL	Wed	2/18	12:30 AM (PM)	2	10	28	28																	1473. Wed is best
☐	4	RTL	Sun	2/22	2:00 AM (PM)			10	10								11									time to reach them
☐					AM PM																					③Two families –
☐					AM PM																					Appt 2/22@2pm
☐					AM PM																					
☐					AM PM																					
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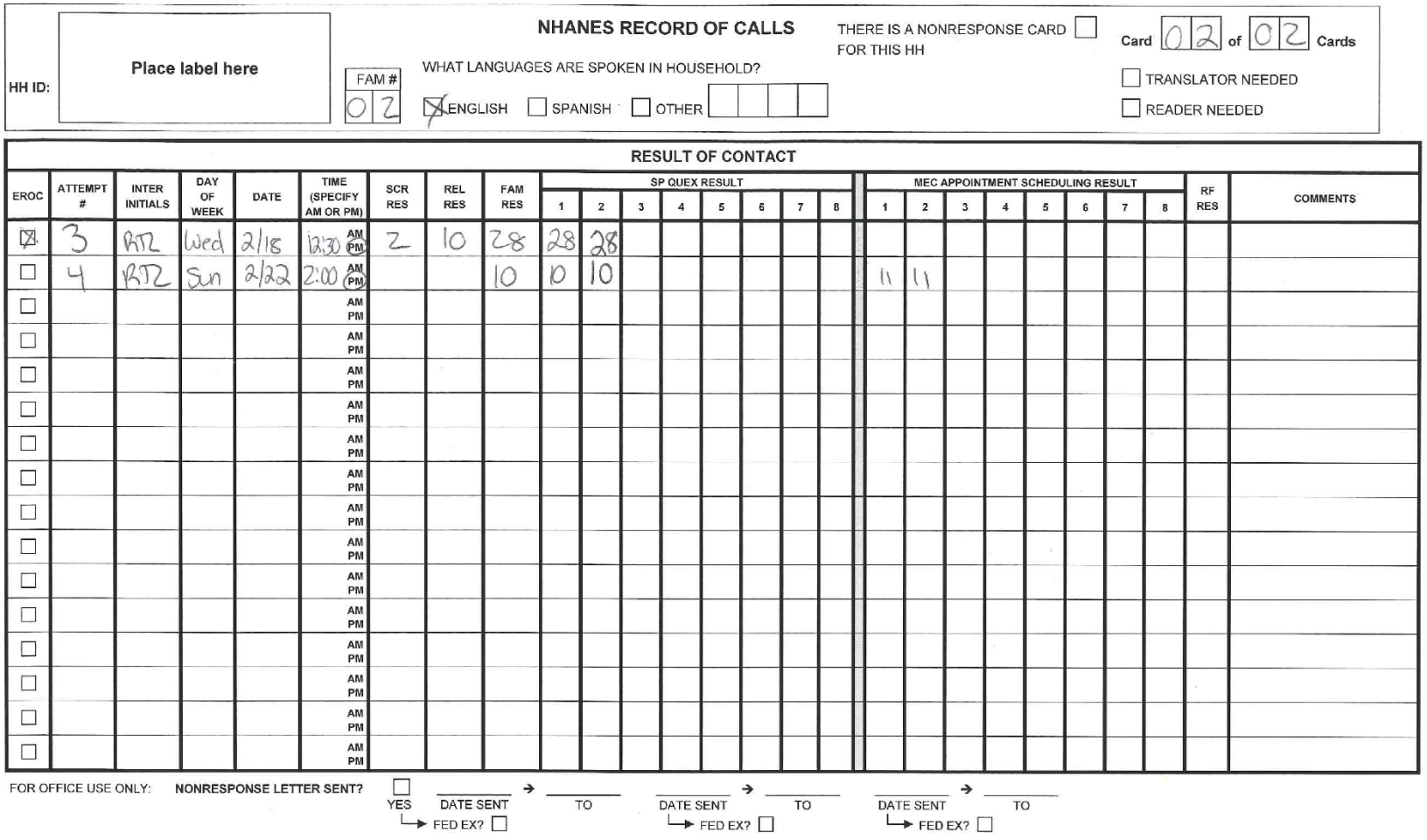
FOR OFFICE USE ONLY: NONRESPONSE LETTER SENT? ☐ YES → DATE SENT ____ → TO ____ FED EX? ☐ | DATE SENT ____ → TO ____ FED EX? ☐ | DATE SENT ____ → TO ____ FED EX? ☐

EXAMPLE 2: Household Folder (continued)

Interviewer RTL made two unsuccessful attempts to a DU and entered them in the TROC. After contacting a neighbor, she found out they were usually home on Saturday afternoons. On the third attempt, she completed the Screener and the Relationship questions with a household adult. There were two families in the household—the first family had 1 SP while the second family had two SPs—one adult and one child 12 years old. Since all household members had other commitments that day, the interviewer arranged an appointment to return another day and put the information in the TROC. At that time, she completed the Family and SP Questionnaire for the first family, and the Family Questionnaire and both Sample Person Questionnaires for the second family. She also scheduled examination appointments for all SPs.



HH ID: Place label here

FAM # 02

NHANES RECORD OF CALLS

WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD? ☒ ENGLISH ☐ SPANISH ☐ OTHER

THERE IS A NONRESPONSE CARD FOR THIS HH ☐

Card 02 of 02 Cards

☐ TRANSLATOR NEEDED

☐ READER NEEDED

RESULT OF CONTACT

EROC	ATTEMPT #	INTER INITIALS	DAY OF WEEK	DATE	TIME (SPECIFY AM OR PM)	SCR RES	REL RES	FAM RES	SP QUEX RESULT 1	2	3	4	5	6	7	8	MEC APPOINTMENT SCHEDULING RESULT 1	2	3	4	5	6	7	8	RF RES	COMMENTS
☒	3	RTL	Wed	2/18	12:30 (PM)	2	10	28	28	28																
☐	4	RTL	Sun	2/22	2:00 (PM)			10	10	10							11	11								
☐					AM PM																					
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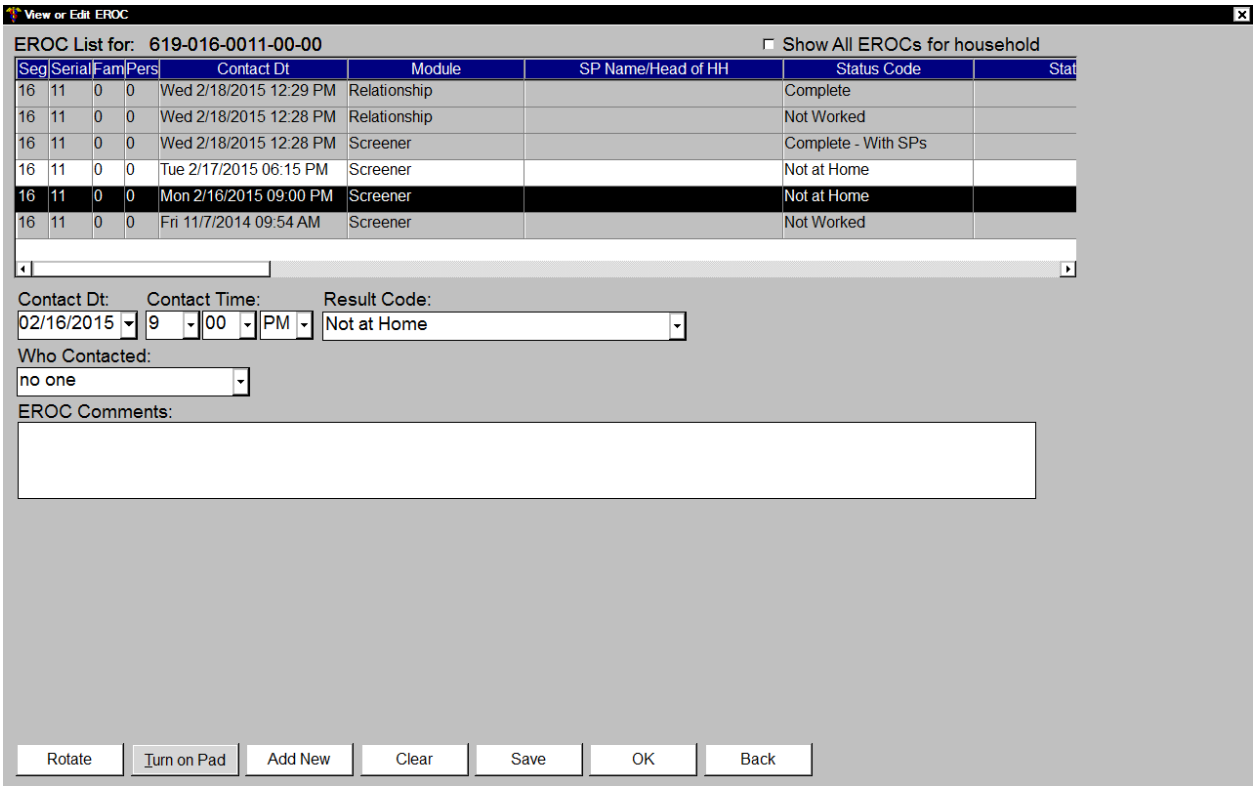
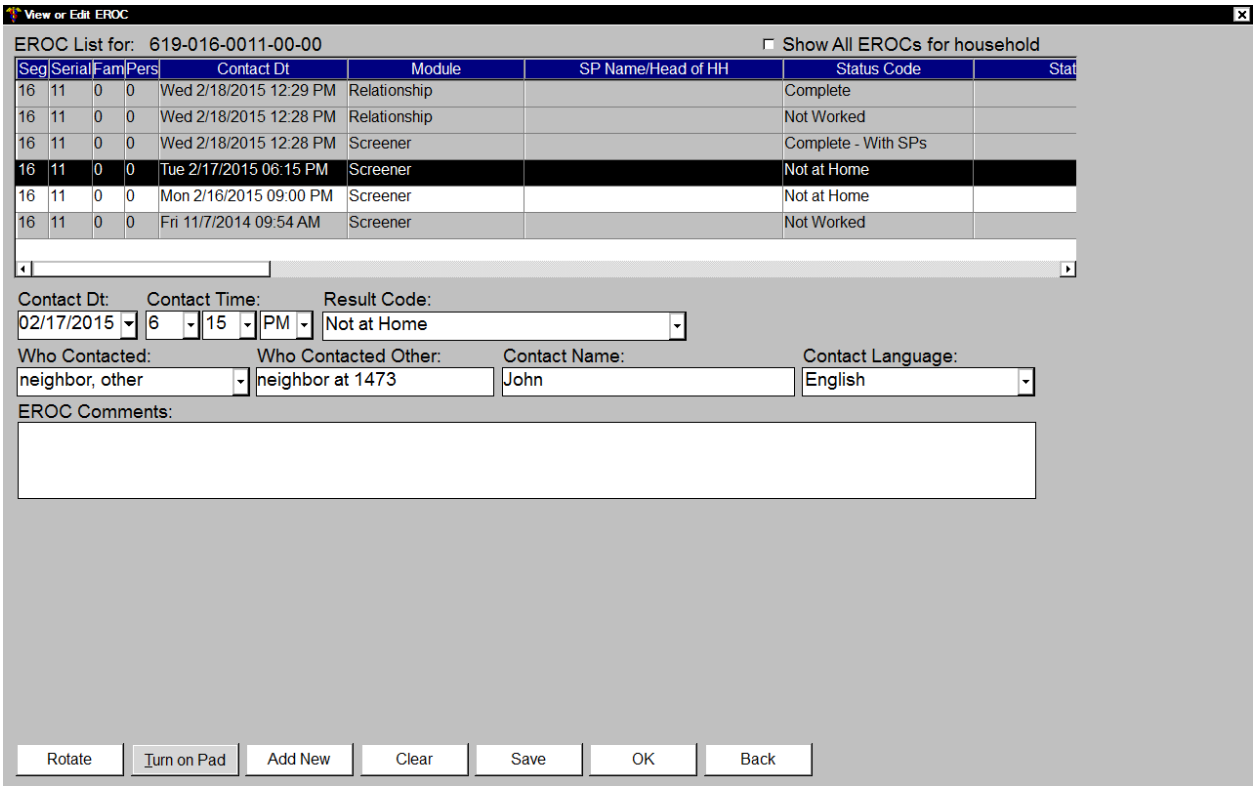
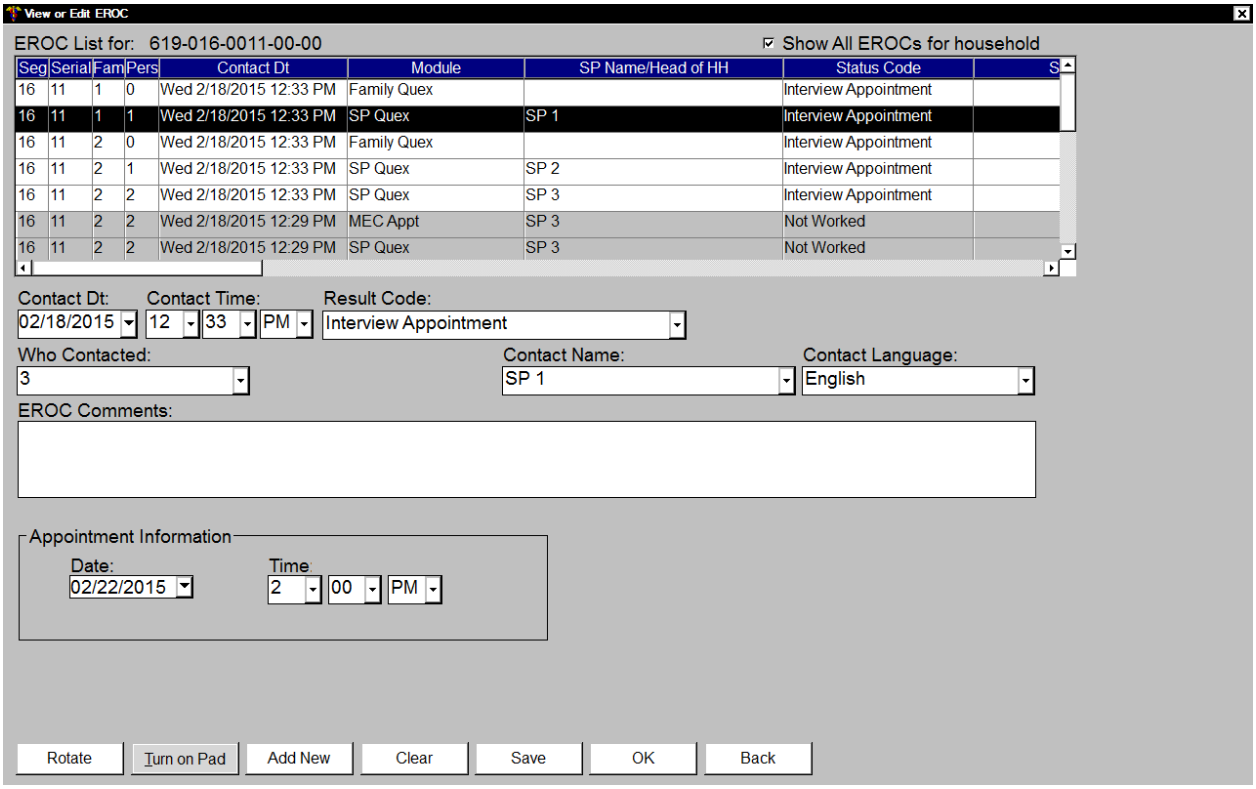
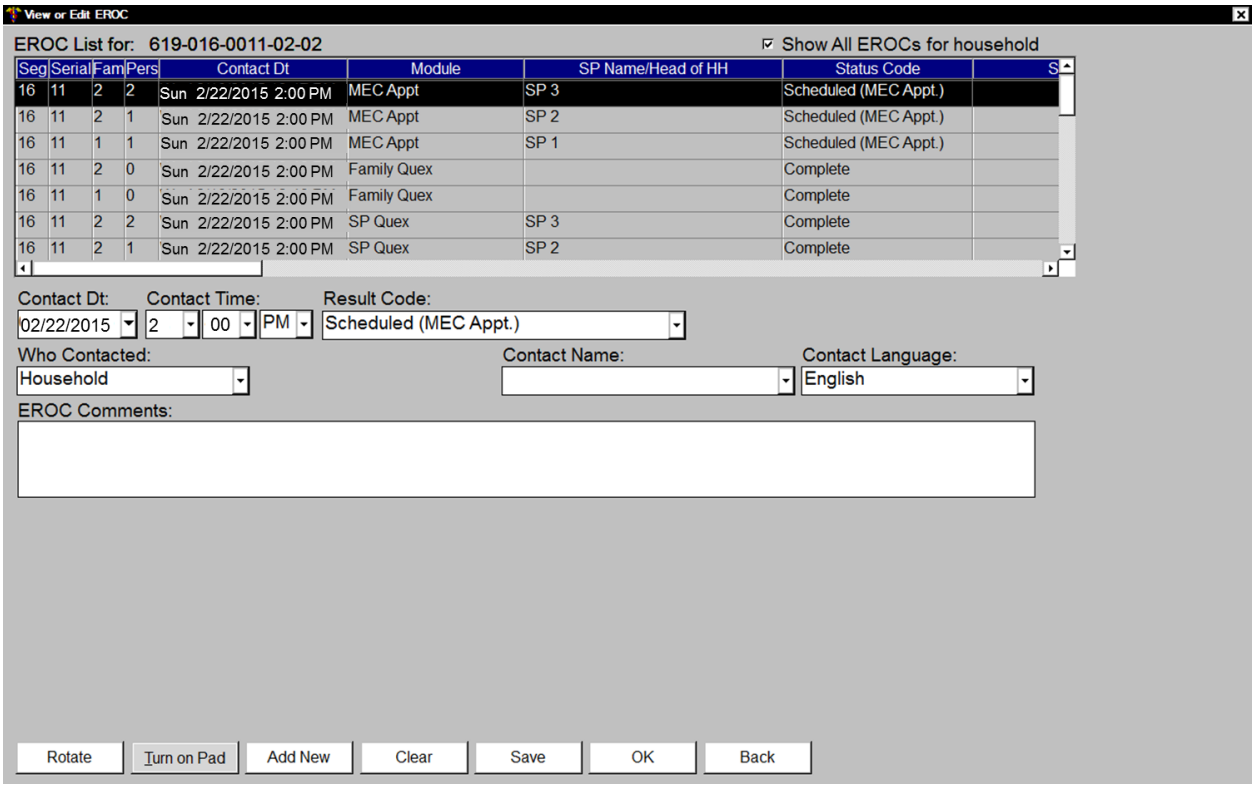
FOR OFFICE USE ONLY: NONRESPONSE LETTER SENT? ☐ YES → FED EX? ☐ DATE SENT ____ → TO ____ ; DATE SENT ____ → TO ____ → FED EX? ☐ ; DATE SENT ____ → TO ____ → FED EX? ☐

EXAMPLE 2: TROC






View or Edit EROC
EROC List for: 619-016-0011-00-00
Show All EROCs for household
Seg Serial Fam Pers Contact Dt Module SP Name/Head of HH Status Code
16 11 1 0 Wed 2/18/2015 12:33 PM Family Quex Interview Appointment
16 11 1 1 Wed 2/18/2015 12:33 PM SP Quex SP 1 Interview Appointment
16 11 2 0 Wed 2/18/2015 12:33 PM Family Quex Interview Appointment
16 11 2 1 Wed 2/18/2015 12:33 PM SP Quex SP 2 Interview Appointment
16 11 2 2 Wed 2/18/2015 12:33 PM SP Quex SP 3 Interview Appointment
16 11 2 2 Wed 2/18/2015 12:29 PM MEC Appt SP 3 Not Worked
16 11 2 2 Wed 2/18/2015 12:29 PM SP Quex SP 3 Not Worked
Contact Dt: 02/18/2015
Contact Time: 12 33 PM
Result Code: Interview Appointment
Who Contacted: 3
Contact Name: SP 1
Contact Language: English
EROC Comments:
Appointment Information
Date: 02/22/2015
Time 2 00 PM
Rotate
Turn on Pad
Add New
Clear
Save
OK
Back


View or Edit EROC
EROC List for: 619-016-0011-02-02
Show All EROCs for household
Seg Serial Fam Pers Contact Dt Module SP Name/Head of HH Status Code
16 11 2 2 Sun 2/22/2015 2:00 PM MEC Appt SP 3 Scheduled (MEC Appt.)
16 11 2 1 Sun 2/22/2015 2:00 PM MEC Appt SP 2 Scheduled (MEC Appt.)
16 11 1 1 Sun 2/22/2015 2:00 PM MEC Appt SP 1 Scheduled (MEC Appt.)
16 11 2 0 Sun 2/22/2015 2:00 PM Family Quex Complete
16 11 1 0 Sun 2/22/2015 2:00 PM Family Quex Complete
16 11 2 2 Sun 2/22/2015 2:00 PM SP Quex SP 3 Complete
16 11 2 1 Sun 2/22/2015 2:00 PM SP Quex SP 2 Complete
Contact Dt: 02/22/2015
Contact Time: 2 00 PM
Result Code: Scheduled (MEC Appt.)
Who Contacted: Household
Contact Name:
Contact Language: English
EROC Comments:
Rotate
Turn on Pad
Add New
Clear
Save
OK
Back

EXAMPLE 3: Household Folder

Interviewer ROC made an initial attempt to a DU and completed the Screener and Relationship questions with the father of a four person family household. Two adult SPs (wife and daughter) and one child SP (son) were selected. SP #1 (wife) was at work. SP #2 (daughter) was traveling and was not expected home for at least 4 months. The interviewer completed the Family Questionnaire and the child's (SP #2) Questionnaire with the father of the family. He also scheduled an examination appointment for the young son (SP #3). ROC entered the non-complete contact information from the first visit into the TROC. He returned to the household on Friday but no one was home. After contacting other DUs in the area, he stopped by again later the same day. SP #1 (wife) was home, and he completed the SP Questionnaire and scheduled an examination appointment with her. He went home and entered the not at home from Attempt 2 in the TROC.

NHANES RECORD OF CALLS

HH ID: Place label here

FAM #: 01

WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD?

☒ ENGLISH ☐ SPANISH ☐ OTHER

THERE IS A NONRESPONSE CARD FOR THIS HH ☐

Card 01 of 01 Cards

☐ TRANSLATOR NEEDED

☐ READER NEEDED

RESULT OF CONTACT

EROC	ATTEMPT #	INTER INITIALS	DAY OF WEEK	DATE	TIME (SPECIFY AM OR PM)	SCR RES	REL RES	FAM RES	SP QUEX RESULT 1	2	3	4	5	6	7	8	MEC APPOINTMENT SCHEDULING RESULT 1	2	3	4	5	6	7	8	RF RES	COMMENTS
☒	1	ROC	Wed	2/18	1:30 AM PM	2	10	10	23	24	10							24	11							① Best time to reach SP1 is Friday. Dad said SP2 is traveling – check back near the end to see if she has returned.
☒	2	ROC	Fri	2/20	1000 AM PM				23																	
☐	3	ROC	Fri	2/20	1:30 AM PM				10								11									
☐					AM PM																					
☐					AM PM																					
☐					AM PM																					
☐					AM PM																					
☐					AM PM																					
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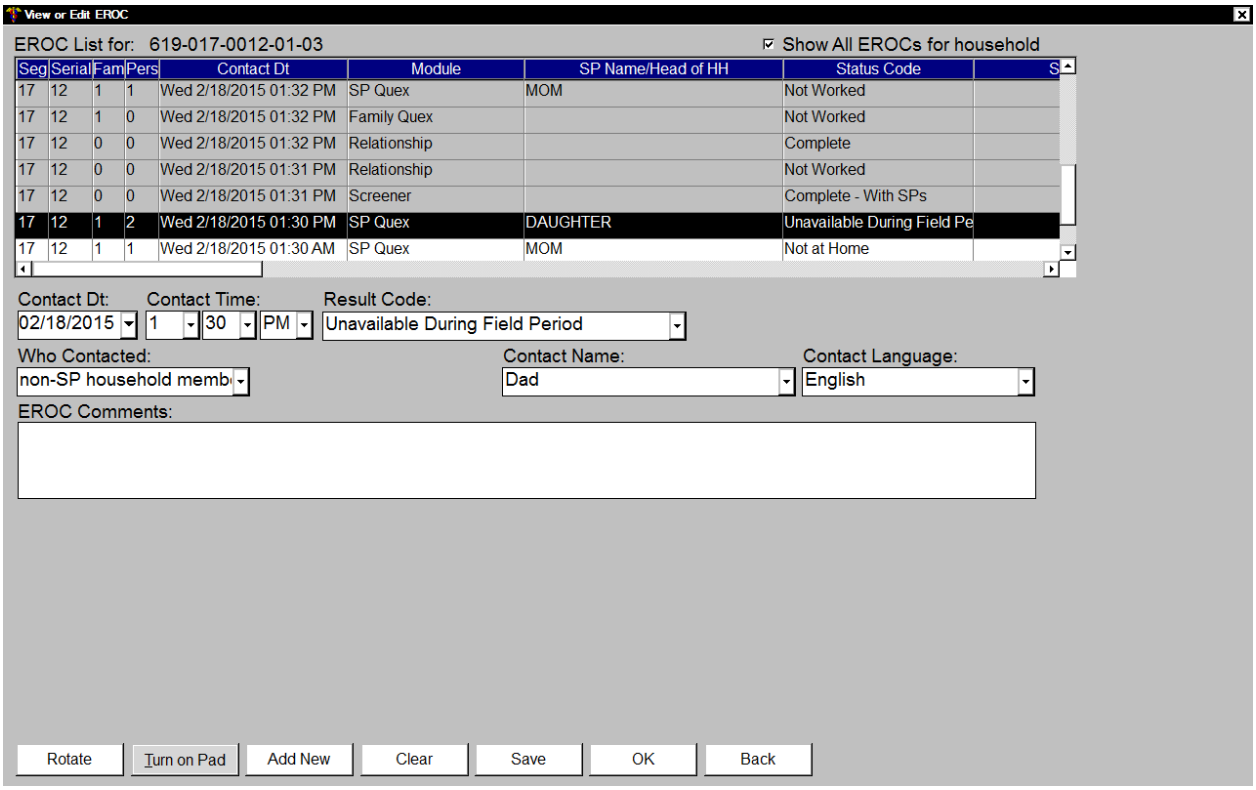
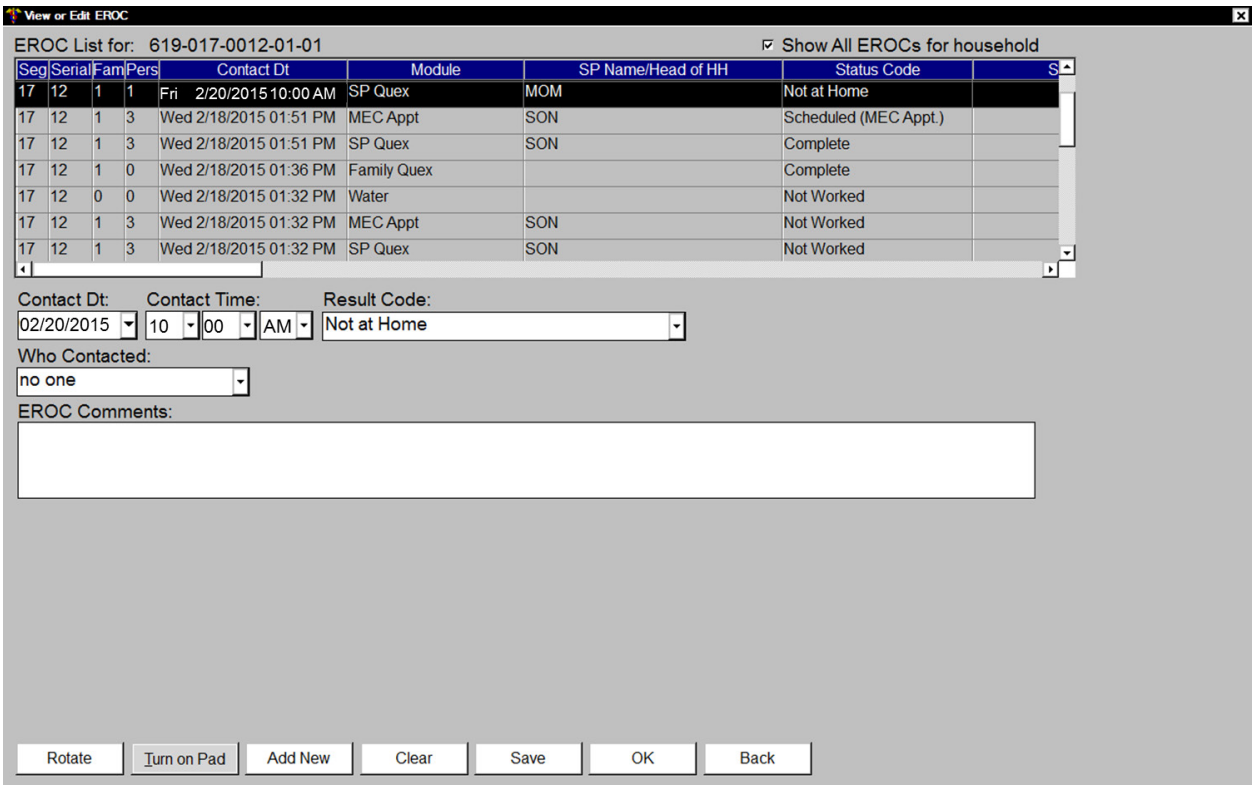
FOR OFFICE USE ONLY: NONRESPONSE LETTER SENT? ☐ YES → DATE SENT ____ → TO ____ FED EX? ☐

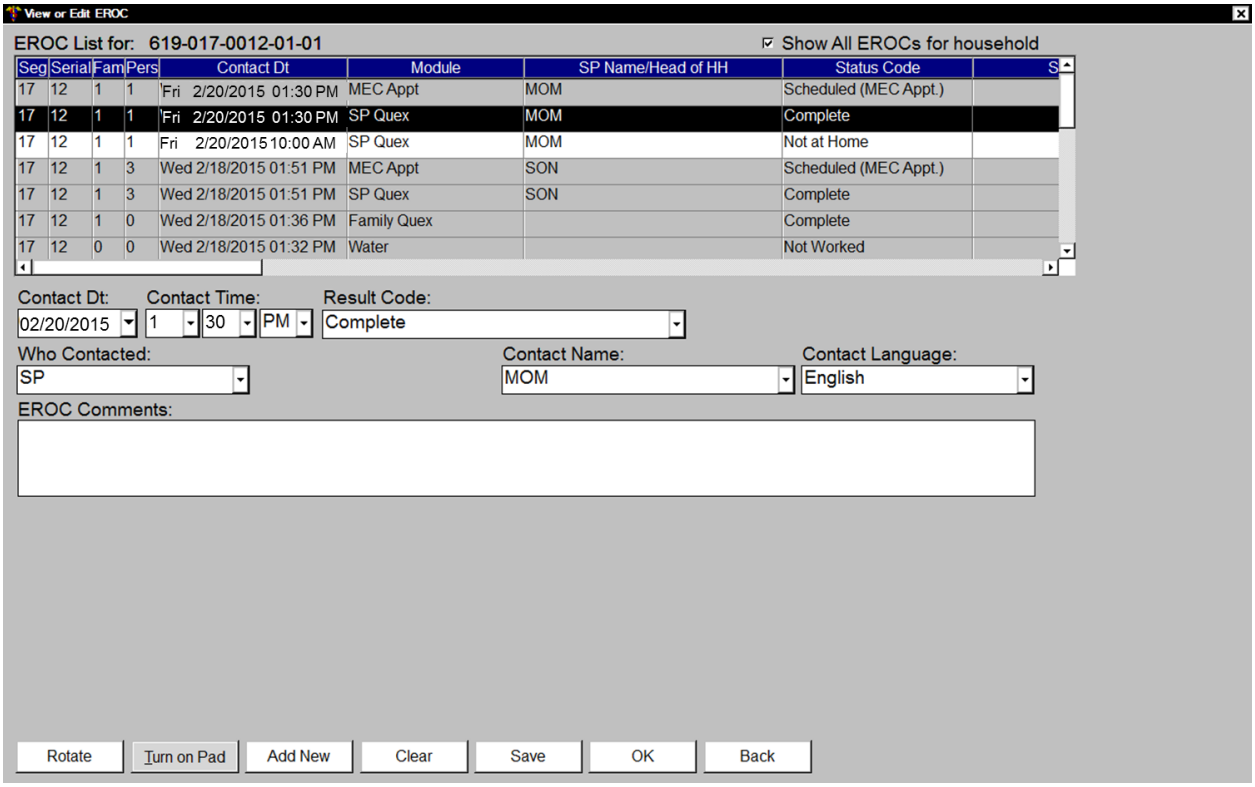
DATE SENT ____ → TO ____ FED EX? ☐

DATE SENT ____ → TO ____ FED EX? ☐

EXAMPLE 3: TROC






View or Edit EROC
EROC List for: 619-017-0012-01-01
Show All EROCs for household
Seg Serial Fam Pers Contact Dt Module SP Name/Head of HH Status Code
17 12 1 1 Fri 2/20/2015 01:30 PM MEC Appt MOM Scheduled (MEC Appt.)
17 12 1 1 Fri 2/20/2015 01:30 PM SP Quex MOM Complete
17 12 1 1 Fri 2/20/2015 10:00 AM SP Quex MOM Not at Home
17 12 1 3 Wed 2/18/2015 01:51 PM MEC Appt SON Scheduled (MEC Appt.)
17 12 1 3 Wed 2/18/2015 01:51 PM SP Quex SON Complete
17 12 1 0 Wed 2/18/2015 01:36 PM Family Quex Complete
17 12 0 0 Wed 2/18/2015 01:32 PM Water Not Worked
Contact Dt:
02/20/2015
Contact Time:
1
30
PM
Result Code:
Complete
Who Contacted:
SP
Contact Name:
MOM
Contact Language:
English
EROC Comments:
Rotate
Turn on Pad
Add New
Clear
Save
OK
Back

EXAMPLE 4: Household Folder

Interviewer KLA made an initial attempt to a DU and completed the Screener and Relationship Module. All 4 members of the household were identified as SPs but were too busy to complete any further interviews. The interviewer was told to come back in the morning of the next day but when she did, no one was home. The interviewer made a third attempt that afternoon. At that time she completed all SP questionnaires, the Family questionnaire and made appointments for all SPs to come to the MEC. She then entered the contact attempt information in the TROC.

HH ID: Place label here

FAM #: 01

NHANES RECORD OF CALLS

THERE IS A NONRESPONSE CARD ☐ FOR THIS HH

Card 01 of 01 Cards

WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD?

☒ ENGLISH ☐ SPANISH ☐ OTHER

☐ TRANSLATOR NEEDED

☐ READER NEEDED

RESULT OF CONTACT

EROC	ATTEMPT #	INTER INITIALS	DAY OF WEEK	DATE	TIME (SPECIFY AM OR PM)	SCR RES	REL RES	FAM RES	SP QUEX RESULT 1	2	3	4	5	6	7	8	MEC APPOINTMENT SCHEDULING RESULT 1	2	3	4	5	6	7	8	RF RES	COMMENTS
☒	1	KLA	Tue	2/17	9:00 (AM) PM	2	10	26	26	26	26	26														①4 SPs, call back Wed AM
☒	2	KLA	Wed	2/18	9:00 (AM) PM			23	23	23	23	23														
☐	3	KLA	Wed	2/18	3:00 AM (PM)			10	10	10	10	10														②No one home. All doors closed and window blinds. No car in driveway.
☐					AM PM																					
☐					AM PM																					
☐					AM PM																					
☐					AM PM																					
☐					AM PM																					
☐					AM PM																					
☐					AM PM																					
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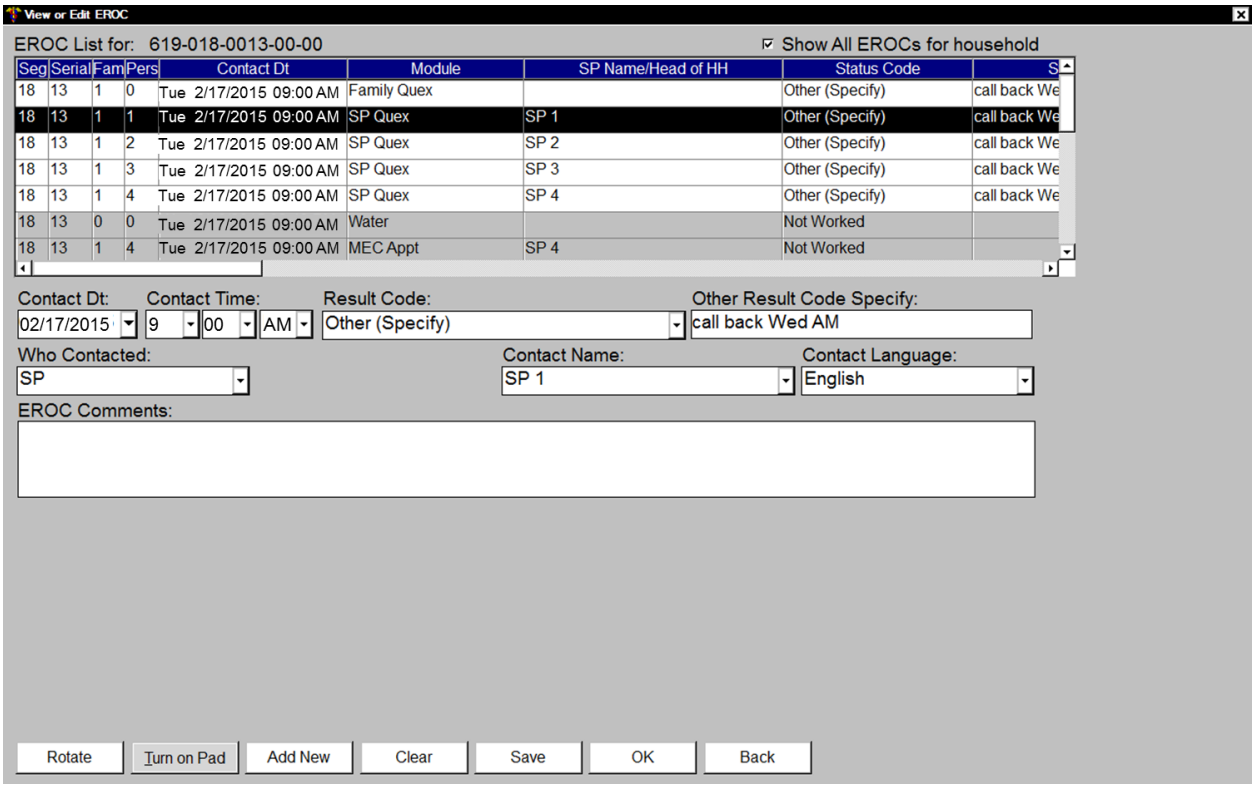
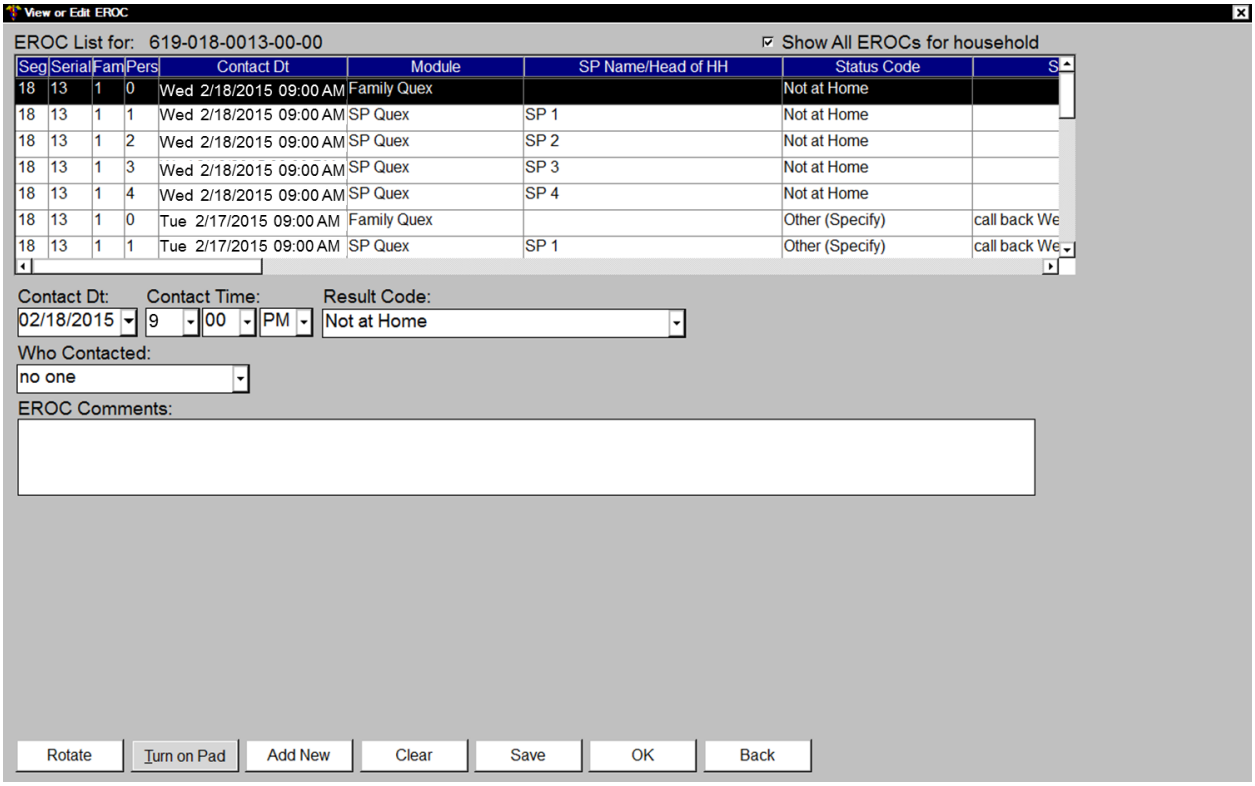
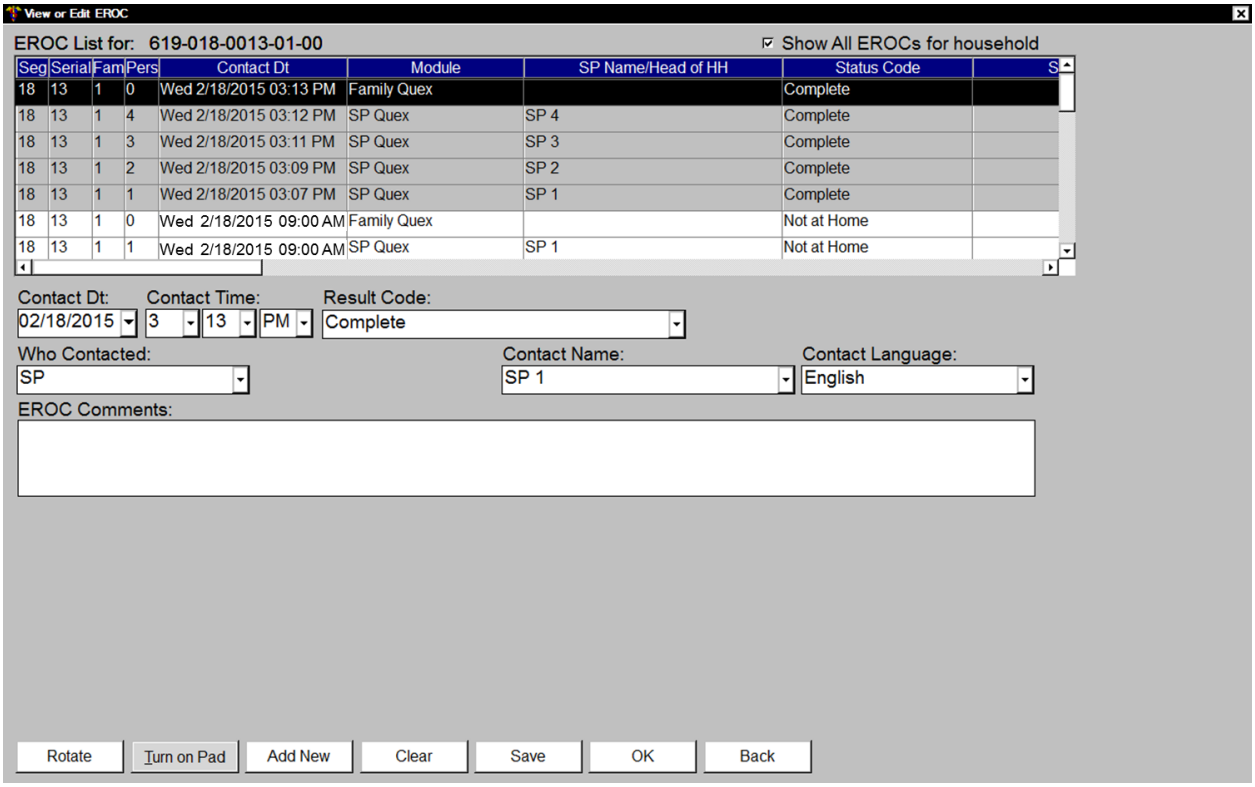
FOR OFFICE USE ONLY: NONRESPONSE LETTER SENT? ☐ YES → DATE SENT ____ TO ____ FED EX? ☐ | DATE SENT ____ TO ____ FED EX? ☐ | DATE SENT ____ TO ____ FED EX? ☐

EXAMPLE 4: TROC






View or Edit EROC
EROC List for: 619-018-0013-01-00
Show All EROCs for household
Seg Serial Fam Pers Contact Dt Module SP Name/Head of HH Status Code
18 13 1 0 Wed 2/18/2015 03:13 PM Family Quex Complete
18 13 1 4 Wed 2/18/2015 03:12 PM SP Quex SP 4 Complete
18 13 1 3 Wed 2/18/2015 03:11 PM SP Quex SP 3 Complete
18 13 1 2 Wed 2/18/2015 03:09 PM SP Quex SP 2 Complete
18 13 1 1 Wed 2/18/2015 03:07 PM SP Quex SP 1 Complete
18 13 1 0 Wed 2/18/2015 09:00 AM Family Quex Not at Home
18 13 1 1 Wed 2/18/2015 09:00 AM SP Quex SP 1 Not at Home
Contact Dt:
02/18/2015
Contact Time:
3
13
PM
Result Code:
Complete
Who Contacted:
SP
Contact Name:
SP 1
Contact Language:
English
EROC Comments:
Rotate
Turn on Pad
Add New
Clear
Save
OK
Back

6.4 Accessing Your Cases on the Tablet

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

- A set of Relationship questions for each household.
- An SP Questionnaire for each eligible SP.
- A Family Questionnaire for each family with an SP.
- An Appointment Module to be completed for **each** SP when the MEC appointment is scheduled (see Chapter 8).
- TROC for all contact attempts.
- DU Description for DU level information.

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

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

- The bar near the top of the screen, immediately below the menu, indicates the type of cases you have accessed. In Exhibit 6-3, the bar is labeled "List Displayed: Screener Cases."
- The color of the rows representing each Screener case (light blue) corresponds to the button labeled "Screener" in the bottom left hand corner of your screen.
- You may view other lists of modules assigned to you (Relationship Questions, SP Questionnaires, Family Questionnaires, and Appointment Modules) by tapping **once** on the appropriate button at the bottom of the screen. (Exhibits 6-4 through 6-8.)
- You may view a list of **all** cases assigned to you (i.e., the Screener, Relationship Questions, SP Questionnaires, Family Questionnaires, and Appointment Modules) by tapping **once** on the "ALL CASES" button in the upper left corner above your case list (Exhibit 6-9).
- To see a list of modules for a **specific case**, tap once on the appropriate case from any case list then tap once on the "View HH" button in the upper left hand corner above the case list.
- Tap once on a case to highlight it and then tap once on the TROC button to open the TROC for that case.

Exhibits 6-3 through 6-9 are examples of the various assignment lists you may access on your tablet.

Exhibit 6-3. List of Screener Cases

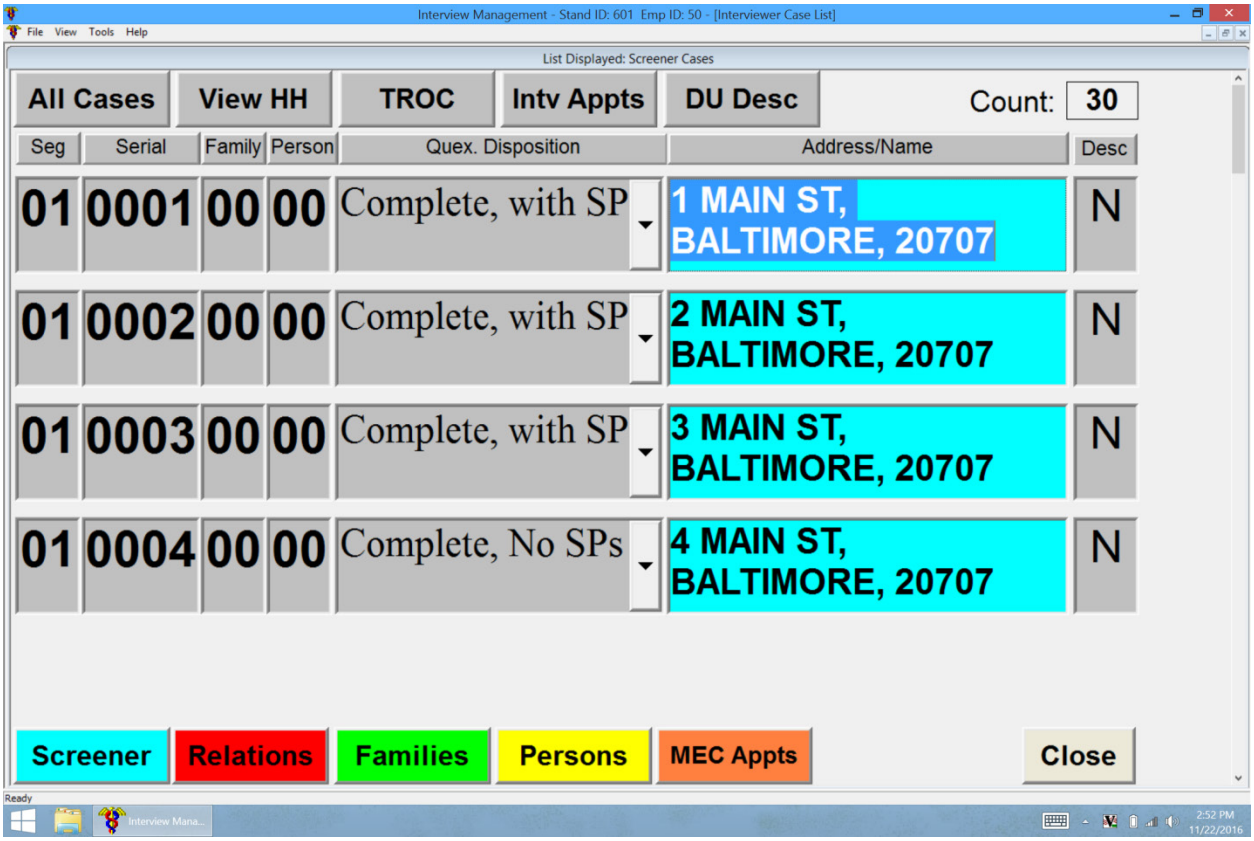


Exhibit 6-4. List of Relationship Questionnaires

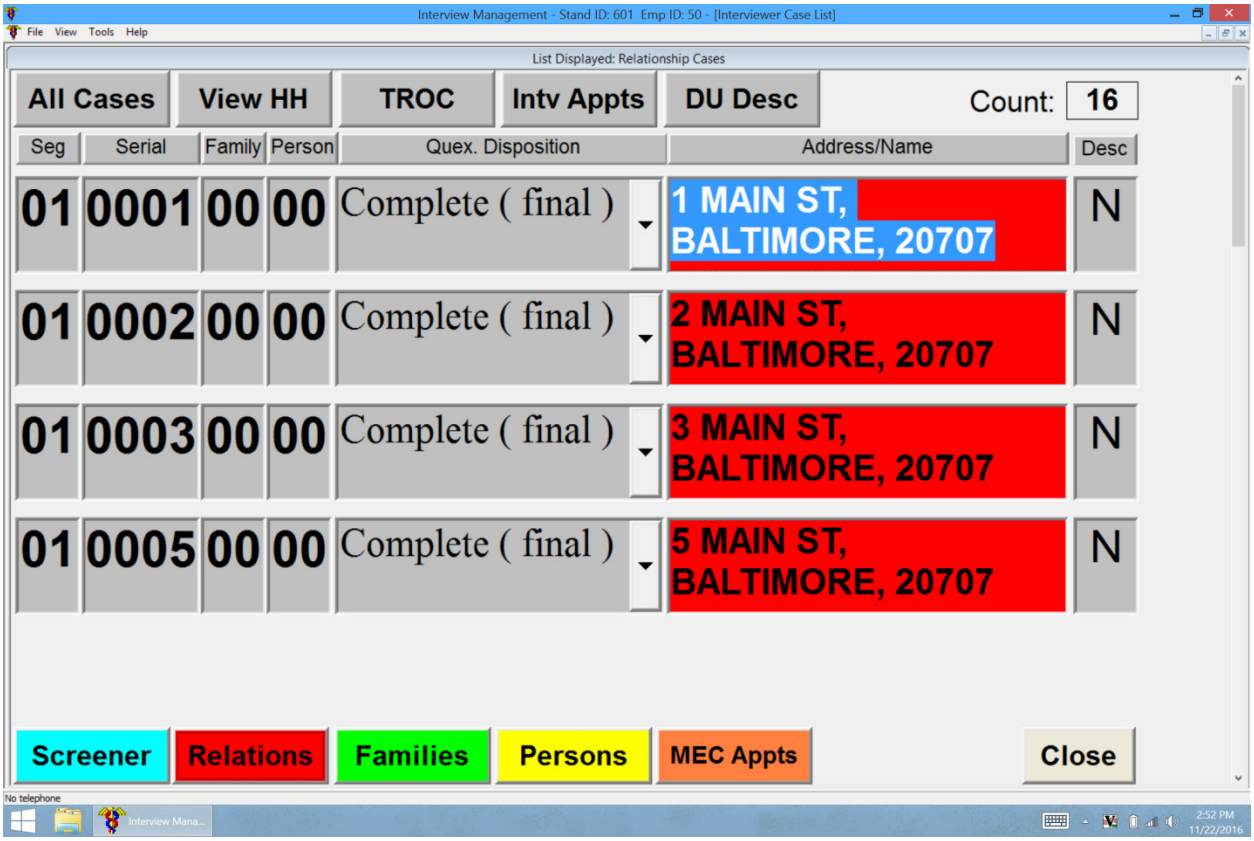


Exhibit 6-5. List of Person (SP) Questionnaires

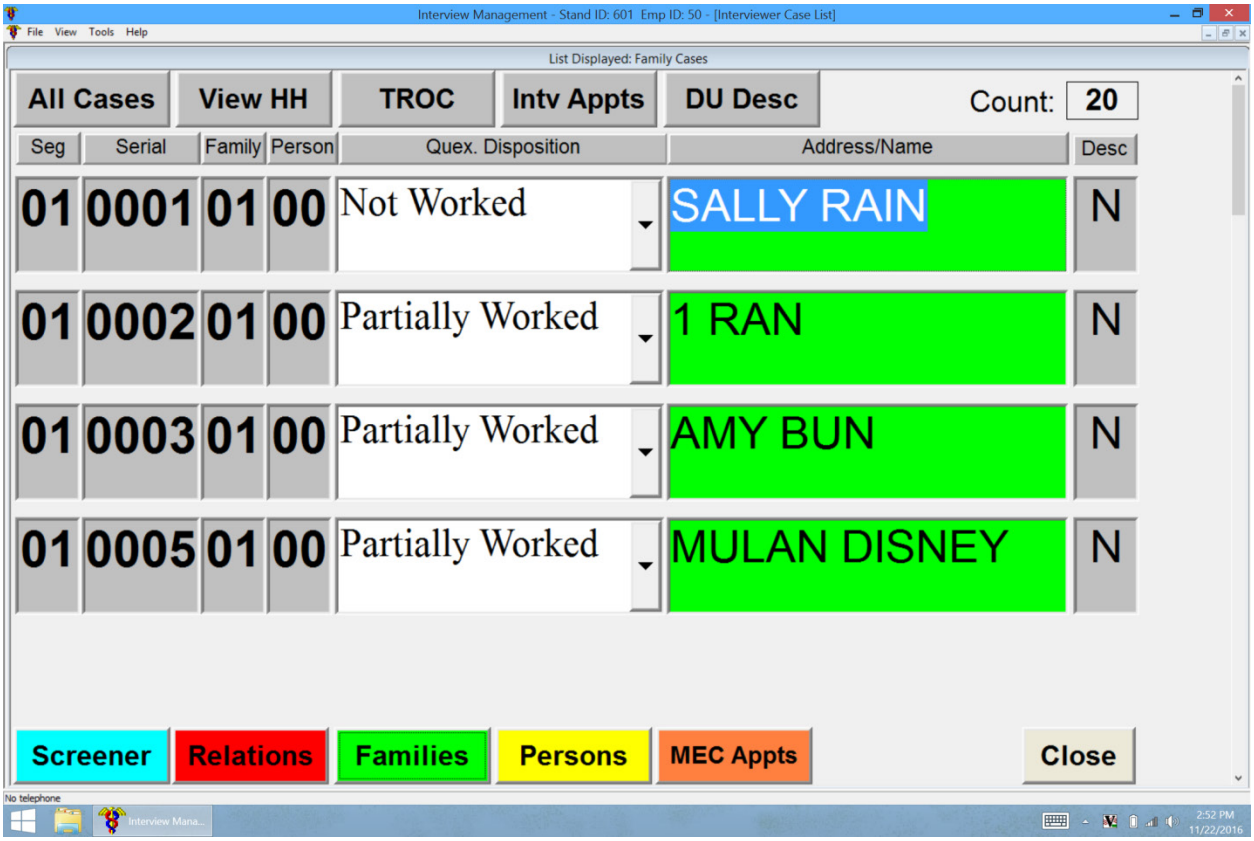


Exhibit 6-6. List of Family Questionnaires

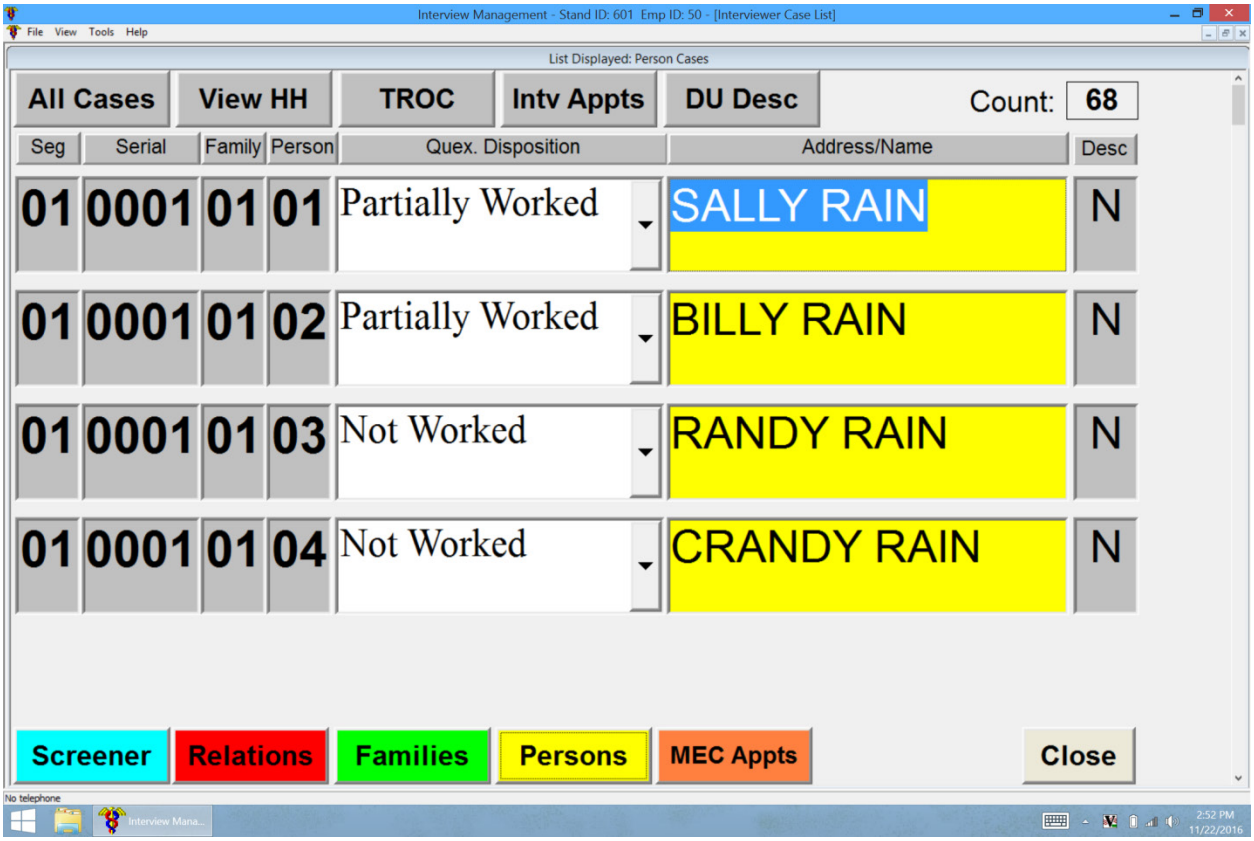


Exhibit 6-7. List of Appointment Cases

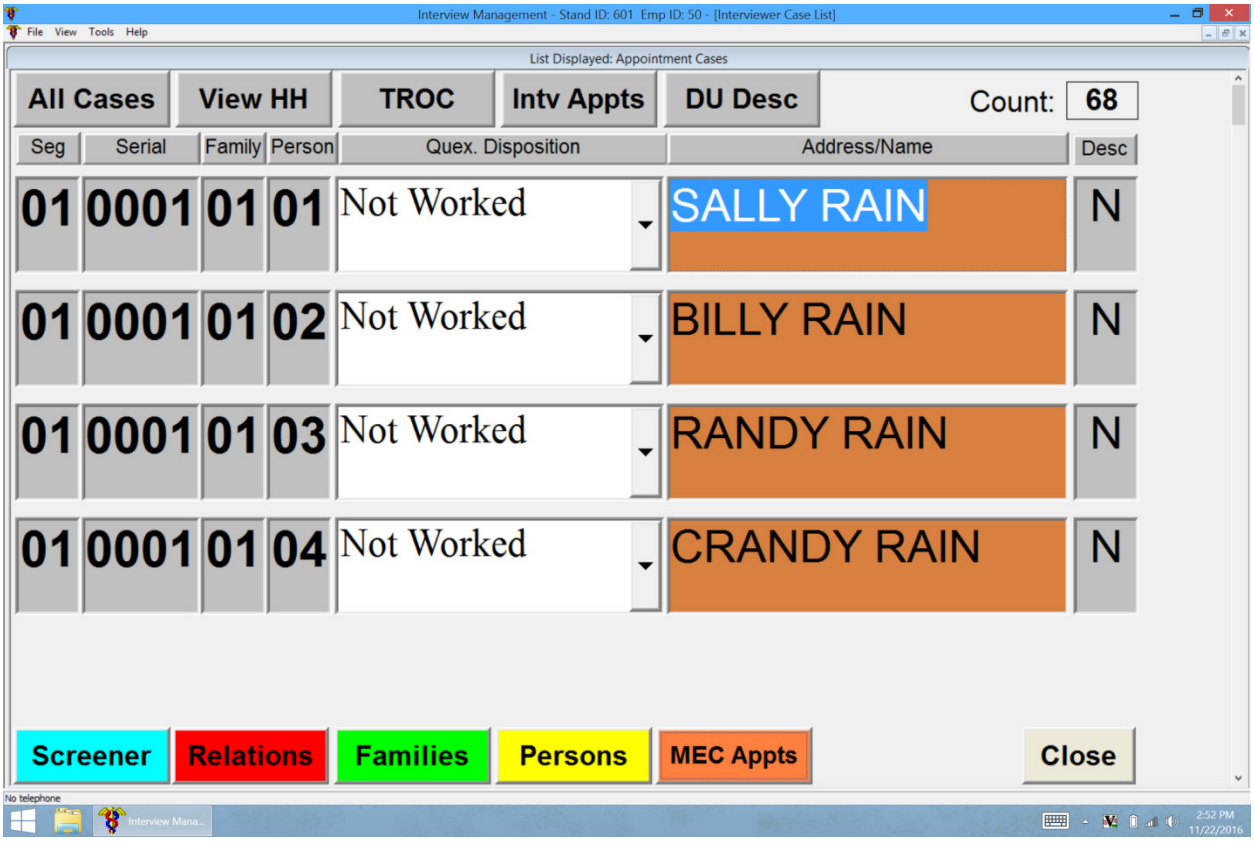


Exhibit 6-8. List of All Cases

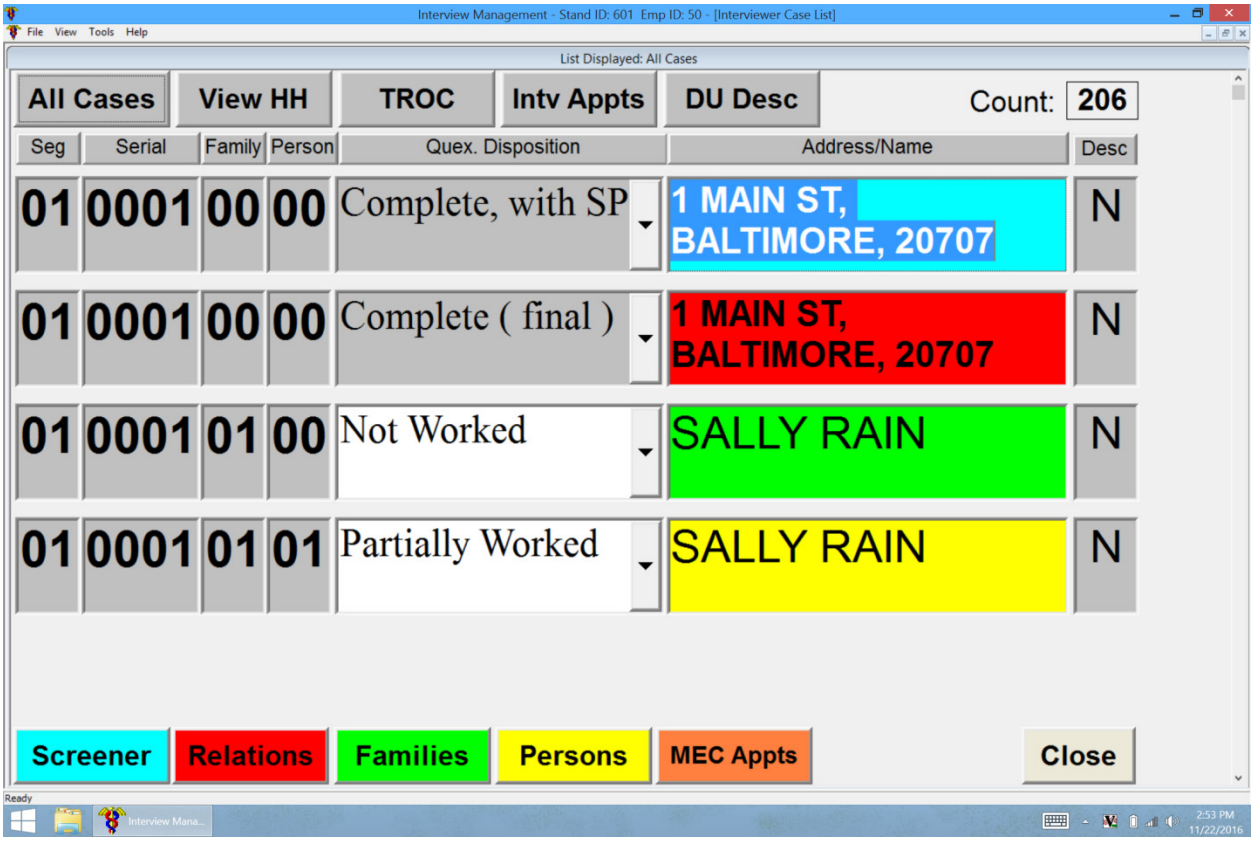
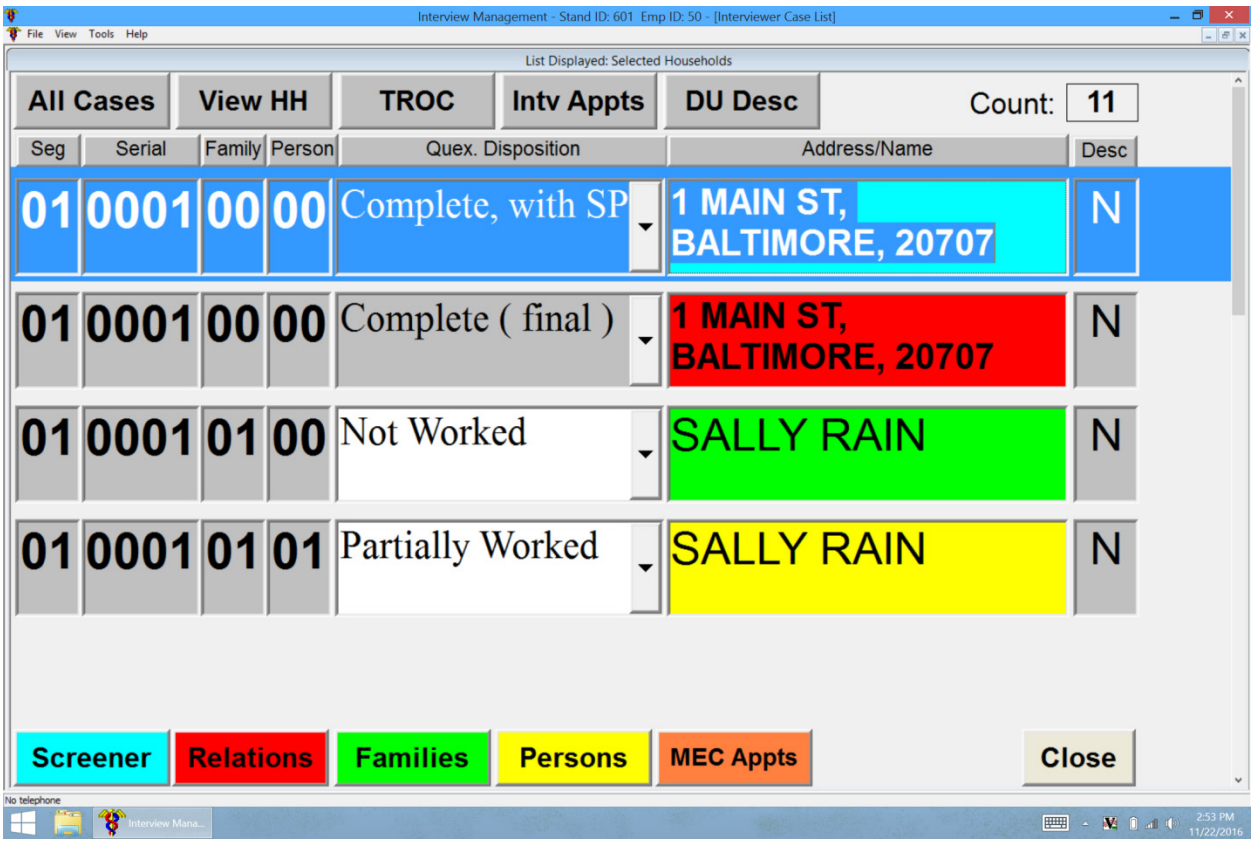


Exhibit 6-9. List of Household Level Cases



6.5 Entering Final Result Codes (Dispositions) on Your Tablet

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

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

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

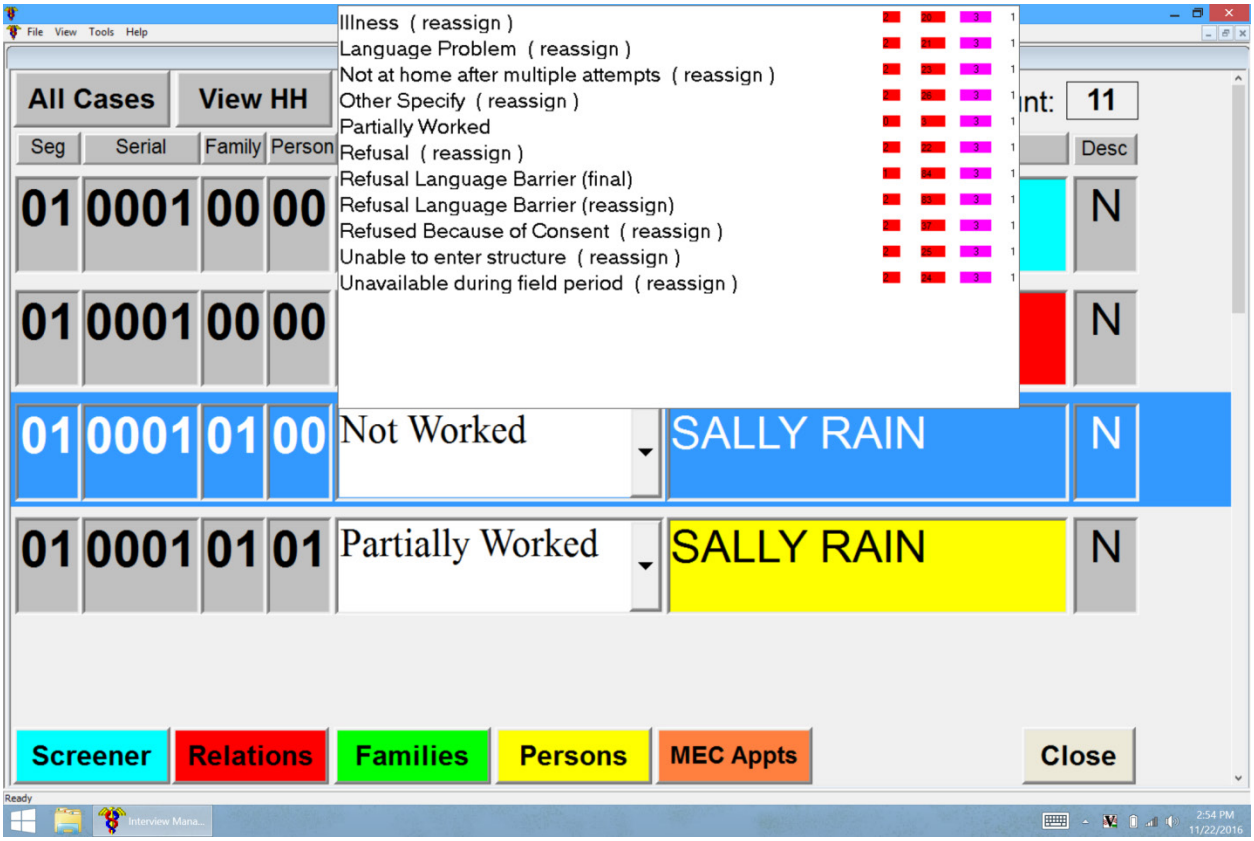
Specifications for entering results appear below.

- Go to any case list on your tablet (All Cases, H.H. List, Screener, Relations, Families, Persons, or App) by tapping **once** on the appropriate tab.
- Tap **once** on the Menu Item labeled "Tools" at the top of the screen.
- When the drop down list appears, tap **once** on "Turn on Disposition".
- You will then see an arrow next to each one of your cases. Tap **once** on this arrow to pull down a list of results.
- Tap once on the appropriate result. (Exhibit 6-10.)

These dispositions should only be entered after discussion with and specific direction from your SM. The SM may require that he or she enter the codes for you.

- After you are finished entering results, tap on the "Tools" menu item again and when the drop down list appears, tap **once** on "Turn Off Disposition".
- The results for each case module are identical to those listed on page 6 of the Household Folder. Note: Results on your tablet appear as text descriptions; they are not associated with a number code.
- The default result for a module is "NOT WORKED". This text will appear until you complete the module or change it to a finalized result.
- The finalized results you enter for the modules of each case in your assignment will appear on your Interviewer Conference Report (see Chapter 13). Your supervisor will review each result and decide what action to take next. If the case should no longer be assigned to you, all modules of the case will be removed from your tablet during the case transfer process.

Exhibit 6-10. Example of CAPI Screen Containing List of Results

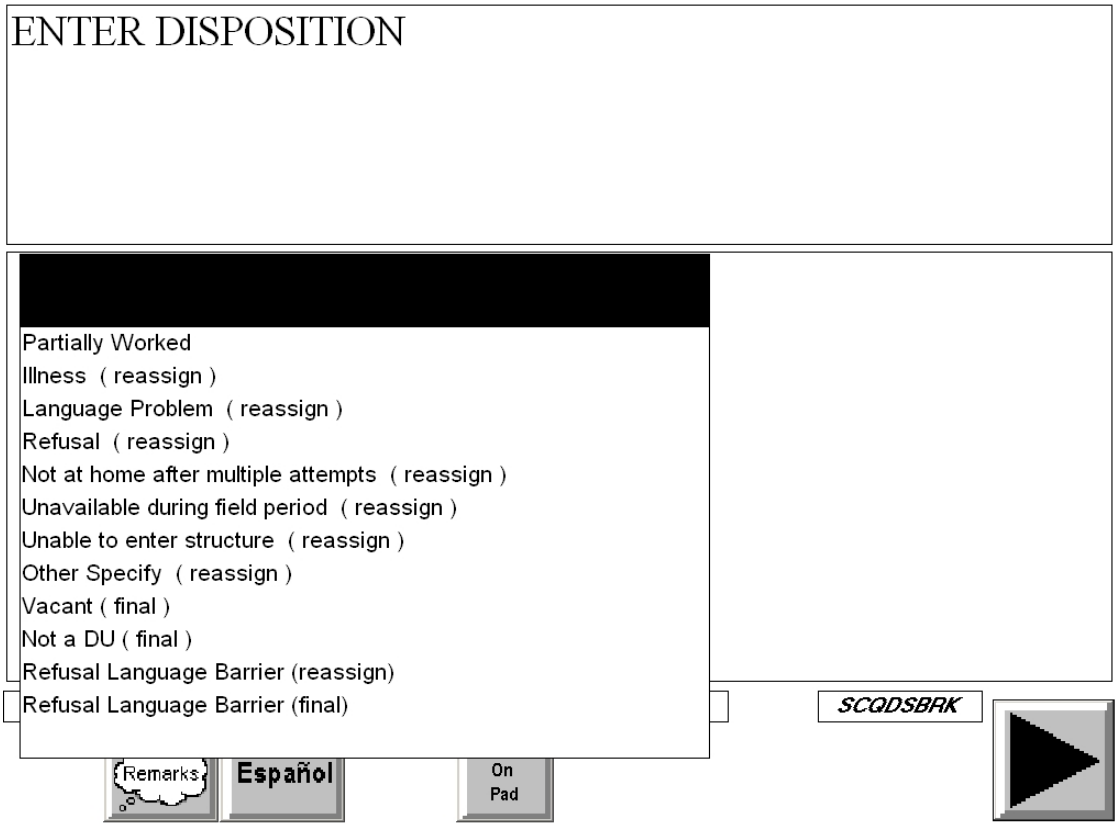


6.6 Entering Results (Dispositions) for Cases That Have Been Started But Not Completed

Whenever you exit any of the household interviews **after they have been started** but **before** you have asked the last question, CAPI will present a screen containing a list of disposition codes prompting you to enter the **reason** you exited the interview before completing it. Exhibit 6-11 provides an example of this screen.

Interviewers should always use the partially worked code unless instructed by your SM. Partially worked shows that the questionnaire was started or opened but not completed. It allows the user to open the instrument at a later time if necessary.

Exhibit 6-11. Example of CAPI Breakoff



7. THIS CHAPTER OMITTED

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8. THE MEC EXAMINATION APPOINTMENT

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

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

8.1 Overview of MEC Operations

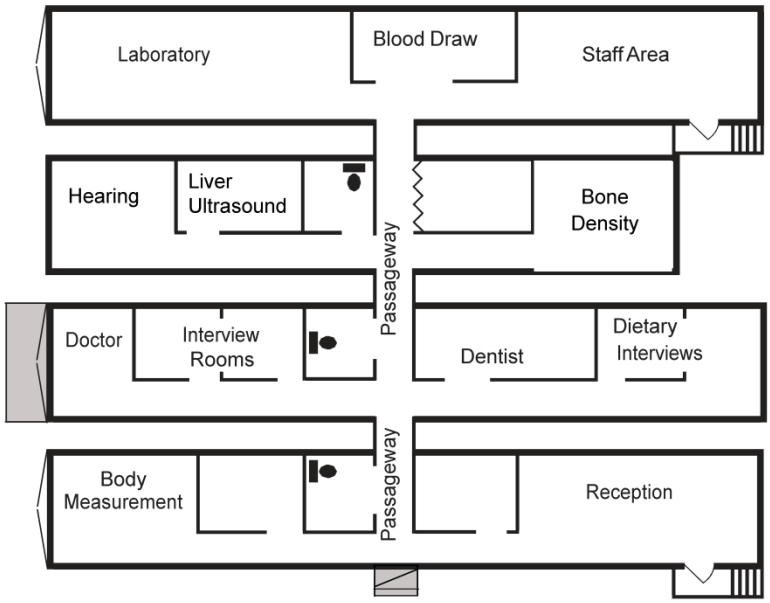
8.1.1 The MEC Unit

The NHANES examination is conducted in a specially equipped and designed MEC consisting of four trailers (Exhibit 8-1, page 1). Three trailers are 53 feet long and 8.5 feet wide and one trailer (#2) is 48 feet long and 8.5 feet wide. The trailers are drawn by detachable truck tractors when moving from one geographic location (stand) to another. At an examination site, such as a hospital or hotel parking lot, the four trailers are set up side by side and connected by enclosed passageways. At any time during the survey, there are two MECs set up at two different stands and one traveling to the next stand.

The MEC houses all of the state-of-the-art equipment necessary for the physical measurements and tests conducted. The trailers are divided into rooms to assure the privacy of each study participant during the examinations and interviews. Many customized features have been incorporated including a DXA dual energy x-ray, dental exam room, a wheelchair lift, and a wheelchair-accessible bathroom available to participants with mobility problems. Exhibit 8-1, page 2, shows the locations of the various exams within the MEC.

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

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



Trailer	Room	Room Use
Trailer 1	Reception	Welcoming and waiting area for SPs
	Body Measurement	Body measurements
	OABP	Omron ambulatory blood pressure
Trailer 2	Doctor	Physician examination
	MEC Interview 1	Health interview, Proxy exam
	MEC Interview 2	Health interview, Proxy exam
	Dietary Interview 1	Dietary interview
	Dietary Interview 2	Dietary interview
	Dentist	Dental examination
Trailer 3	Body Composition (DXA)	Body Composition & Bone Density scans
	Liver Ultrasound	Liver Ultrasound Transient Elastography
	Audiometry	Hearing test
Trailer 4	Phlebotomy	Drawing of blood samples
	Laboratory	Processing of biological samples and labeling and shipping specimens
	Label/shipping area	Lab area for labeling and shipping specimens

8.1.2 MEC Staff

There are 2 examination teams. Each team is composed of 16 highly trained, health professionals. The team members include the following personnel:

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

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

8.1.3 MEC Exam

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

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

Note that the length of the exam also varies by the number of SPs that are appointed into a particular session. Each appointment (regardless of SP age) is scheduled for 4 hours. Please do not promise

a shortened exam. We simply cannot guarantee an abbreviated exam and you could potentially lose the trust of the entire household by promising something you cannot deliver.

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

- **Audiometry—**The goals of the hearing exam are to obtain normative data on the hearing status of the U.S. population and to evaluate certain covariates that may be related to hearing loss, such as noise exposure. The hearing component tests youths 6-19 and adults 70+ by performing pure tone air conduction audiometry and tympanometry. Tympanometry is conducted to identify potentially medically-correctible conditions, which may be contributing to hearing impairment defined by pure tone air conduction hearing thresholds alone.

- **Body Composition—**The DXA component uses dual energy x-ray absorptiometry to evaluate body composition for SPs aged 8-59 years. A whole body scan is used to assess body composition changes that occur with age by measuring fat mass, lean mass, and percent body fat. Body composition by DXA is a more accurate representation of a person's body fat than scale weight or body mass index (BMI), because it does not rely on height and weight alone to measure fat mass and lean mass. Excess body fat or body composition with a high fat-to-lean ratio can increase the risk of cardiovascular disease, Type II diabetes, metabolic syndrome and certain cancers.

- **Bone Density –** The DXA component also includes proximal femur (hip) and anterior/posterior (AP) lumbar spine scans. These scans will provide information on osteoporosis and low bone mass. The information provided in these scans will allow nationally representative data on total and regional bone mineral content for age, gender, and racial/ethnic groups and estimates of the prevalence of osteoporosis and low bone mass. The femur and AP spine will be completed on SPs 50 years and older.

- **Body Measures or Anthropometry—**All SPs are eligible to have body measurements taken. The exam includes height, weight, and other body measurements such as arm girth, waist circumference, and hip circumference. These measurements are used to assess growth, obesity, and body fat distribution, and provide information that can be used as a reference for later studies. Measurements of height and weight allow for a revision of the child growth charts now in widespread use. Measuring body fat is important because it is associated with hypertension, adult diabetes, cardiovascular disease, gallstones, arthritis, and some forms of cancer. Furthermore, obesity and overweight can have an effect on the mental, physical, and social well-being of individuals.

- **Dietary Interview—**Dietary information has been collected in NHANES since the 1970s. Researchers and policymakers rely on NHANES data for detailed information about the foods and beverages that are consumed by the U.S. population. In addition to providing important national reference data on food and nutrient intakes that are obtained on all survey participants, the data help us to learn about food patterns of ethnic

Exhibit 8-2. MEC exam components by age

Examination	Age group
Audiometry	6-19 and 70+
Body Composition (DXA)	8-59
Bone Density (DXA)	50+
Body Measures	All ages
Dietary Interview	All ages
Laboratory	1+
Urine Sample	3+
Liver Ultrasound	12+
MEC (Health) Interview	8+
Omron Ambulatory Blood Pressure	8+
Oral Health	1+
Phlebotomy	1+
Physician	All ages
Blood Pressure	8+
HPV for men and women	14-69 yrs

subgroups, the adequacy of diets consumed by young children and older persons, and the contribution of food to total nutrient intakes. Total nutrient intakes from food and dietary supplements can be computed by combining NHANES Dietary Recall data with the dietary interview supplement and antacid recall information. Many Federal agencies use NHANES data to evaluate Federal regulations in the areas of food fortification and human risk assessment analyses that are used to measure human exposure to contaminants that are found in food.

The goal of the dietary component is to estimate total intake of foods, food energy and nutrients, nonnutrient food components, and plain drinking water by the U.S. population; and assess dietary behaviors and the relationship of diet to health. Quantitative dietary intake data are obtained for all subjects by means of a 24-hour dietary recall interview using a computer-assisted dietary data entry system.

Two dietary interviews are administered to all SPs. The primary dietary interview is administered in person in the MEC (the MEC In-person interview). At the end of the MEC dietary interview, the interviewers schedule the SPs for a Phone Follow-up (PFU) 3-10 days later. The PFU is a follow-up dietary interview conducted by telephone by dietary interviewers from the home office.

- MEC (Health) Interview—Participants aged 8 and older have a private health interview in the MEC. Generally, the questions asked in the MEC are considered to be more sensitive than the questions asked in the household. The MEC environment is believed to be a more appropriate setting for the administration of these questions. Depending upon the age of the survey participant, the interview may consist of questions about reproductive health (birth control practices, pregnancy and reproductive history), sexual activity, health behaviors (physical activity, weight history, tobacco, drug, and alcohol use), current health status, urinary conditions and mental health, as well as recent exposure to certain environmental chemicals. Children 8-11 years are asked questions only about weight history. Participants who are 8-69 years old answer the most sensitive of their questions when the interviewer steps out of the room. In complete privacy, they use earphones which enables them to both hear and see the written questions on the screen. They enter responses by touching the responses on the computer screen.

- **Oral Health**—SPs aged 1 year and older receive an oral health exam. Depending upon the age of the SP, persons are checked for tooth loss, cavities, restorations, and dental sealants.

    - Oral and dental diseases affect many in the United States. Dental caries and tooth loss remain significant problems affecting the Nation's oral health. Although average dental caries rates for school-aged children have declined, nearly a half of all children still have caries. Additionally, more than 90 percent of adults in the United States have experienced caries. Dental sealants, an effective caries prevention measure, have been underutilized in the United States, with less than one-quarter of children aged 5-17 having them. This oral health examination meets a critical need to continue monitoring trends in dental health status and produce oral health data to monitor key oral health objectives for the Healthy People national health promotion initiative.

- **Phlebotomy—**SPs aged 1 and older have blood drawn. The amount drawn depends on the person's age. It is important to draw blood from study participants for a number of reasons:

  - Knowledge can be gained about how healthy a person is by measuring for various substances in his or her blood.

  - Blood tests can provide early warnings of potential health problems, perhaps before physical signs appear. For example, a blood test for lead might indicate exposure to unsafe lead levels before an individual shows any physical signs of lead poisoning. Also, diabetes mellitus is assessed by measures of plasma glucose, insulin, and glycohemoglobin in examinees ages 12 years and older. Diabetes is a large, growing, and costly public health problem in the United States and disproportionately affects racial and ethnic minorities. About 17 million Americans have diabetes and more than 1 million new cases of diabetes are diagnosed each year. Alarmingly, type 2 diabetes (formerly considered an adult disease) is now being diagnosed in children and adolescents and there has been a large increase in diagnosed diabetes among adults <40 years of age.

  - Blood tests also indicate the presence of STDs such as hepatitis, herpes, and HIV infection.

  - Blood tests help in monitoring nutritional status, one of the key goals of NHANES. What researchers discover from this data can lead to health policy recommendations—the need for more vitamin fortification, for example.

  - The blood testing also provides information about the levels of cholesterol and other blood lipids, another important study goal.

- **Physician—**All SPs see the physician. The physician measures blood pressure and pulse of all participants over 8 years of age, explains to both female and male SPs how the HPV examination is completed and explains the meaning of the STD/HIV test results to eligible SPs. The physician explains how SPs receive the results of STD/HIV tests so that the results remain totally confidential to the SP. The physician must be present on the MEC before any exams can be conducted, and the physician is in charge of any medical emergency that occurs on the MEC.

- **Omron ambulatory blood pressure –** All participants 8 years and older will have blood pressure measured with an automatic blood pressure monitor in addition to the standard blood pressure measured by the physician using an auscultatory device (mercury manometer). This second method of blood pressure measurement will be part of a 2-year comparison study comparing blood pressure prevalence data obtained from two different devices by selected demographic categories.

- **Liver Ultrasound** – The liver ultrasound transient elastography examination involves an ultrasound machine (FibroScan model 502 V2 Touch) with a hand-held transducer, which taps 10 times in rapid succession on the participant's abdomen. The dissipation of the vibrations caused by the tapping is recorded by the ultrasound machine, and the values can be interpreted to estimate the amount of fat tissue in the liver and the extent of liver fibrosis, if any. The liver ultrasound transient elastography examination will be completed on SPs 12 years and older. Pregnancy status will be assessed on all females

12 through 59 years. If the result of the pregnancy test is positive, the participant will be excluded from the entire exam

- **Urine Collection**—All participants ages 3 and older are asked to provide a urine specimen. It is important that NHANES know how long since the participant last voided so we ask that question when they come to the MEC.

  - Urine tests for women of child bearing age are used to test for pregnancy.

  - Urine tests can also indicate the presence of STDs such as chlamydia infection.

  - Dozens of chemical exposures are measured in the urine samples collected by NHANES.

  - Characteristics of the urine indicate whether participants may have early signs of chronic kidney disease.

It is important for you to become very familiar with the MEC examination. In the SP Consent/ Assent Brochures (which will be discussed later in this chapter) you will find a list of the exam components. In most situations this is what you should use to explain the MEC examination to SPs. If, however, an SP wants to know exactly which components s/he will receive, you should refer him/her to the Health Measurements List (Exhibit 8-6). Respondents who ask for more detailed information about the examination than you can provide or than is provided in the SP Consent Brochure or the hand cards can be referred to the field office staff. Respondents can discuss the examination with the Study Manager or the MEC Manager directly from the respondent's home. If more detail is required, the field office can also ask a MEC staff member to contact the respondent. Remember that respondents will also get very detailed information during their actual visit to the MEC.

8.1.4 MEC Exam Schedule

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

The weekly schedule for MEC exams varies. During half of the stand exam period, MEC sessions may be scheduled Thursday through Monday. During the other weeks, exams may be scheduled Saturday through Wednesday. Evening exams are offered twice a week (Mondays, Tuesdays, or Thursdays). When you receive your first assignment at a stand, your supervisor will give you a stand specific MEC exam schedule. SPs under age 12 can be scheduled throughout the day (morning, afternoon

or evening). SPs age 12+ should be given appointments either in the morning, afternoon or evening depending on whether the household has been randomly assigned to a morning or to the afternoon/evening session. (See step #2 in Section 8.3.) Try to schedule as many appointments as possible for weekdays so that weekend schedules do not become overcrowded.

When the SP arrives at the MEC, s/he is greeted by the MEC Coordinator who is responsible for seeing that the SP receives all the appropriate exams for his/her gender and age. The SP changes from street clothes into a cotton/polyester blend top and bottom, with traction socks provided by the MEC. S/he is then given an ID bracelet with an identification number and escorted from the reception area to each of the exam locations within the MEC.

8.2 General Procedures for Making MEC Appointments

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

1. ONE SP IN THE HOUSEHOLD. This is the simplest household situation. You administer the SP and Family Questionnaires to the respondent or to a proxy (as applicable), and set up the examination appointment at the conclusion of the interview.

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

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

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

On occasion the SP(s) interviewed may indicate that s/he would like to set up an appointment for one or more absent SPs (i.e., husband wants to be sure of securing an appointment at the same time for his absent wife, mother wants to insure a convenient time slot for herself and her daughter who is not at home). Go ahead and schedule a tentative appointment with the stand field office. Be sure to inform the office of this situation (tentative appointment) and remember that you must set up an appointment to conduct the SP interview **before** the examination appointment date and confirm the examination appointment at that time. (Keep in mind that the Family Questionnaire should be completed if an eligible respondent representing the family unit is present.)

If you need to return to a household to both interview and schedule an appointment with one or more absent SPs, be sure to establish a time for recontacting absent members of the household. Remember that recontact with a household in order to interview an absent SP is only mandatory for those 16 years of age or older. For SPs birth through 15 years old, an eligible adult family member must respond to the SP Questionnaires. An adult may schedule MEC appointments for an absent SP birth through 15 years old but older youths (7-17 years old) must sign an assent form in the presence of either the interviewer or MEC staff, so you will need to verify the appointment by telephone and make sure the respondent knows that the assent form must be signed in the MEC.

8.3 Specific Procedures

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

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

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

- **Thank** the respondent for his/her cooperation in the household interviews.
- **Inform** the respondent that the CDC cannot learn all they need to know about the health of the U.S. population from interview questions alone. Actual measurements and test

results obtained through a physical examination are also needed. (REFER RESPONDENT TO APPROPRIATE SP CONSENT BROCHURE.)

- Remind the respondent that the second phase of this important study consists of a **free examination** for the preselected household members (NAME SPS). It is especially important to emphasize that the exam is free since some respondents refuse the exam out of fear that they will be billed for the exam later.

- Mention that s/he will be **furnished with pre-paid taxi service or reimbursed for transportation to and from** the MEC and establish what the transportation needs for each selected household member will be. The transportation compensation plan is detailed in Section 5.7.

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

- Point out that **compensation** will be paid to each SP at the MEC upon completion of the examination. (REFER RESPONDENT TO THE APPROPRIATE SP CONSENT BROCHURE.) This compensation plan is detailed in Section 5.7.

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

- If the SP has child care problems, indicate that s/he can be **reimbursed at the MEC for babysitting expenses** incurred during the visit to the MEC.

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

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

FOLLOW-UP STUDIES WITH ADDITIONAL COMPENSATION

- A **dietary phone follow up** (about 30-40 minutes) will be conducted for all English and Spanish speaking examinees three to ten days after their MEC dietary interview. They will be asked the same questions that they were asked during their primary exam. An incentive of $30 will be paid for each completed interview.

- Immediately after the completion of the follow-up dietary interview by phone, all SPs 16 and older will be asked if they wish to participate in an additional 15 minute interview containing questions about their food and shopping habits. The incentive for completion of this second phone interview will be an additional $15 added to their cash card.

- If the SP needs to have an interpreter with him/her during the MEC exam, discuss whether the same interpreter used for the interview is available for the appointment and inform the office of any definite plans or if the office will need to arrange for an interpreter.
- If a youth or his/her parents or guardians are concerned about missing classes either because of the difficulty involved in making up assignments or because of school regulations, and weekend or evening sessions are not feasible, inform the respondent that we can notify the school using a School Excuse Letter.

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

The Household ID Label on the Household Folder will indicate the randomly selected sample for which the household has been selected (Exhibit 8-3). Households have been randomly divided into the morning and afternoon/evening samples to promote an even distribution of SPs per session. You should look at this label to note the sample in which the household falls **before** beginning discussion with the SP or SPs about appointment times. The label will contain an "M" for a morning appointment and an "A/E" for an afternoon or evening appointment. It is extremely important that **SPs 12+ years** who are in the morning sample schedule a morning appointment, at 8:30 a.m. Further it is extremely important that **SPs 12+ years** who are in the afternoon/evening sample schedule an afternoon appointment at 1:30 p.m. or an evening appointment at 5:30 p.m. Children under the age of 12 may schedule an exam at any time of the day, although SPs within a family are encouraged to come to the MEC together if at all possible. The exception to this rule is in the case of a parent SP with multiple children SPs. In this case, you should suggest that the parent come in one session and that the children are scheduled into another. Explain to the parent that their MEC experience will improve because the parent can accompany the children through the MEC without interrupting their his/her own exam or risk losing exam components. Allow SPs 12+ to make appointments at non-preselected times only if they refuse to come in during the preselected times, but be sure to explain the difference in incentive payments for the exam.

3. Ask the Respondent to Read the Appropriate Consent Brochure and Sign the Appropriate Consents/Assents

The brochure consists of several pages of informational text. There are **two** separate SP Brochures:

- A MEC Brochure for SPs 12 years or older and parents of SPs under 18 (Exhibit 8-4); and
- A MEC Assent Brochure for SPs 7-11 years old (Exhibit 8-5).

Exhibit 8-3. Household ID Label on Household Folder

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

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

Exhibit 8-4. SP Brochure for SPs 12+ and Parents of SPs Under 18

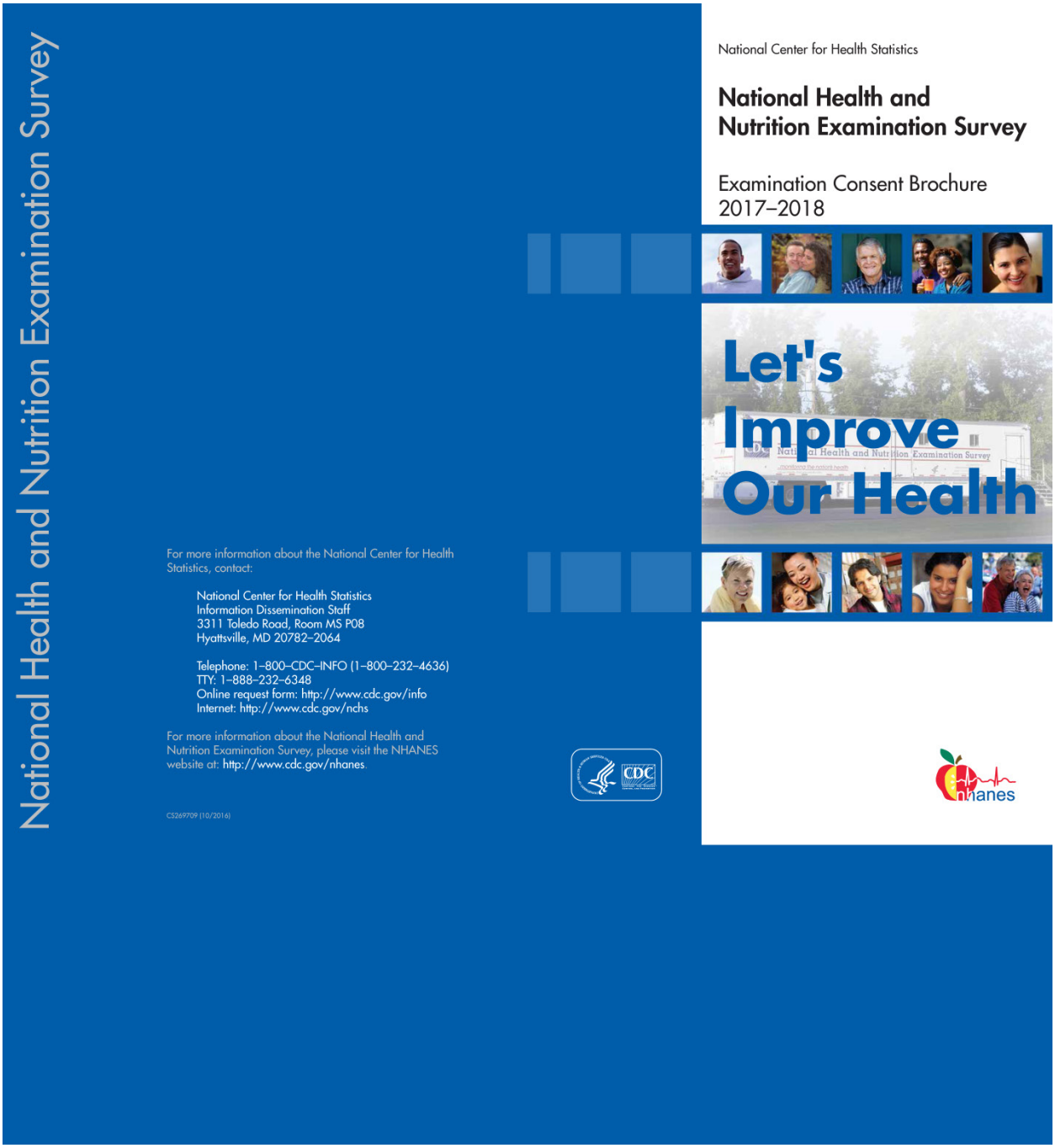


Exhibit 8-4. SP Brochure for SPs 12+ and Parents of SPs Under 18 (continued)

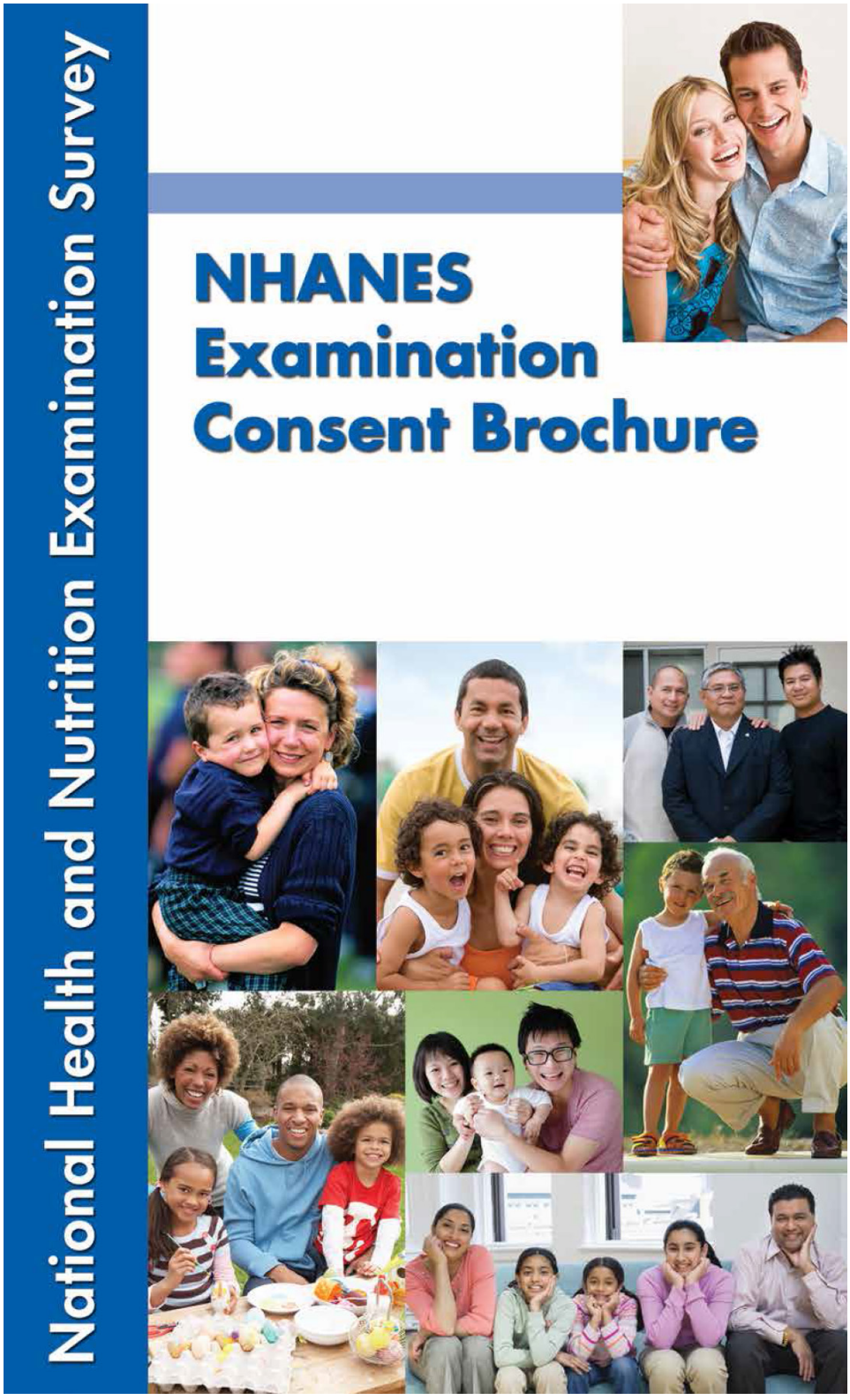


Exhibit 8-4. SP Brochure for SPs 12+ and Parents of SPs Under 18 (continued)

Overview

The National Health and Nutrition Examination Survey (NHANES) is a survey conducted by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention. We designed the survey to learn about the health and diet of people in the United States.

Our survey is unique. It combines a home interview with health measurements, which we do in special mobile exam centers. These centers travel across the country, each with its own highly trained medical team. The team looks at special health topics. We use the most up-to-date methods and equipment for medical and dental exams and other lab tests.

Why is this health survey important?

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

What do I gain by taking part in the exam?

- Free health test results.
- The chance to help learn more about the health of the Nation.
- A token of thanks for your time and effort.

You may choose to be in the survey and you may allow your child to be in it, too. That is your choice. There is no penalty if you refuse. You may refuse any part of the exam and you are free to drop out at any time. Also, during the interviews you may choose not to answer every question.

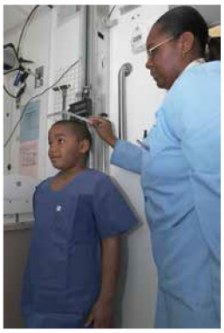
Exhibit 8-4. SP Brochure for SPs 12+ and Parents of SPs Under 18 (continued)

What will I be asked to do at the mobile center?

Upon arriving at the mobile center, you will be asked to change into a two-piece examination outfit.

Our medical team will then guide you to private rooms where we will check your:

Height and weight



Blood pressure

Hearing

3

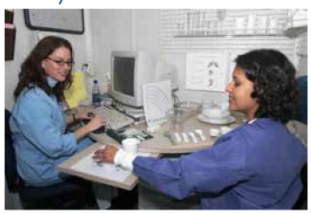
Exhibit 8-4. SP Brochure for SPs 12+ and Parents of SPs Under 18 (continued)

Teeth

Bone density

We will collect blood and urine samples

And ask you questions about what you eat



If your appointment is scheduled in the morning, we will ask you not to eat or drink anything overnight. The health tests may take up to 4 hours. The time spent in the mobile center and the tests you receive will be based on your age and current medical condition. (For a full list of exams you may receive, see the Health Measurements List.)

Are the tests safe?

The tests are safe. Some tests may cause you slight discomfort. Examples are having a blood sample taken or not eating for 9 hours. For the blood sample, a person will have a small amount of blood drawn from a vein in his or her arm with a needle. We will not ask you to have any test that is wrong for you because of a health problem you have.

We will give a bone density test involving low-dosage x-rays to persons aged 8 and older. Radiation exposure during this test is equal to a cross-country airline flight or a few days of natural background radiation. But because the bone density scan involves x-rays, no one who is pregnant should have this exam. We will get information about periods from girls and women, and those who have started their periods will have a urine pregnancy test. Those with a positive test will not have the bone density scan.

Exhibit 8-4. SP Brochure for SPs 12+ and Parents of SPs Under 18 (continued)

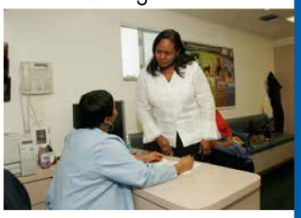
Medical errors and injuries are very rare. The NHANES program cannot provide money or other compensation if they occur. However, if you believe you have been harmed as a result of your participation in NHANES, we want to know about it. Please call us at 1–800–452–6115. You also have a right to file a claim under the Federal Tort Claims Act with the Centers for Disease Control and Prevention. We can provide you with information about how to do so. You must file the claim within two years after the date you became aware of the personal injury, loss of property, or other damage.

Will you ask personal questions?

At the mobile center you will be asked some personal questions. A trained interviewer will ask some of these questions. Other questions, like those about sexual behaviors and drug use, will be asked in complete privacy. The interviewer will leave the room. The questions will be on a computer screen. You answer by touching an answer on the screen.

Like all of the other data we collect, the answers you give us are kept strictly private. If you are under 18 years of age, we may notify your parents if we have reason to believe you may harm yourself because of sad feelings.

Will I get my results?



Yes, you will get a report of your results. If the exam shows urgent health problems, we will notify you at once and refer you for treatment. If an urgent problem is found through your lab tests, we will immediately send that information in a letter to your home address. If you wish, we will mail the routine results to you about 3–4 months after the exam. In general, we give results only to the person examined or to the parents or guardians of children. Some results, like those for sexually transmitted disease (STD) tests and pregnancy tests, are not put in writing. We report positive pregnancy test results only to the person tested if she is 14 years or older and doesn't already know she is pregnant. If a girl is younger than 14 and has a positive pregnancy test, we will inform both her and her parent or guardian. How we report STD test results is explained in the next section.

Some tests are not reported because they will be used only for research and are not used for medical care. Better ways to look at some of the tests may be developed in the future. Some of the tests may be read again. We will not report the results of future tests to you.

Exhibit 8-4. SP Brochure for SPs 12+ and Parents of SPs Under 18 (continued)

NHANES does not cover the cost of any health care you may decide to get after the exam. If you have questions about getting your results, please call 1–800–452–6115.

Will you test for sexually transmitted diseases (STDs)?

Teenagers (14 years and older) and adults under 60 years will have tests for STDs. We will not put these results in writing, but you can get STD test results a few weeks after the exam.

Before you leave the mobile center, you will be given a toll-free number, a password, and the dates to call for your results. Only you will get your test results by calling in and telling us your password. Parents will not be told their child's STD test results. If your test results show that you have a current health problem, we will talk with you about the results and tell you how to get treatment. We will keep all STD test results completely private, just like all other test results. If you do not want to be tested, you can tell a staff member. For details on the tests, please see the Health Measurements List.

Will my information be kept private?

Public laws keep all information you give private. 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 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 1 07-347). In accordance with CIPSEA every NCHS employee, contractor and agent have 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, NCHS complies with the Cybersecurity Enhancement Act of 2015. This law requires the Federal government to protect its information by using computer security programs to identify cybersecurity risks against federal computer networks.

These laws do not allow us to give out data that identifies you or your family without your permission. However, if we find signs of child abuse during an exam, we will report it to the local department of social services or the police.

We will keep all survey data safe and secure. When we share data with our partners, we do so in a way that protects your privacy as required and guaranteed by law. Our interviewer can provide a list of our partners if you wish to learn more.

How are NHANES data used?

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

NHANES has been used in important national reports. One of these highlights the food we eat. Another tells us about the exposures we have to chemicals in the environment. The survey has also been used to track the number of people who are overweight or obese. Research using NHANES can be found on our website, listed on the back of this brochure.

Health research using NHANES can be enhanced by combining your survey records with other data sources. An example is linking your survey results with vital statistics and Medicare claims. To do this, we will ask your permission to collect your Social Security and Medicare numbers. As we told you before, we keep this information safe and secure.

Also, we may need to contact you in the future. To do this we will ask public or private agencies, such as the Post Office, to update us with changes to your address. In the past, we have had the chance to call or revisit people who took part in this survey. We may contact you in the future to ask you to be part of other research projects. Your participation in future studies is voluntary.

Exhibit 8-4. SP Brochure for SPs 12+ and Parents of SPs Under 18 (continued)

More questions?

Our survey representative can discuss other questions or concerns you might have or give you printed material that can help you. She or he can give you a phone number in your area that you can call for more facts about the survey.

Also, you can make a free call to our Senior Medical Officer, Dr. Duong Nguyen of the U.S. Public Health Service, to discuss any aspect of the survey.

He can be reached at 1–800–452–6115, Monday–Friday, 7:30 a.m.–4:30 p.m. EST. You may also contact him regarding any harm to you resulting from this survey. You can also get answers to your questions by mail by writing to him at MS P08, 3311 Toledo Rd., Hyattsville, MD 20782–2064.

You may have questions about your rights as a participant in this research study. If so, please call the Research Ethics Review Board at the National Center for Health Statistics, toll-free, at 1–800–223–8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol # 2011–17. Your call will be returned as soon as possible.

Exhibit 8-5. SP Brochure for SPs 7-11

National Center for Health Statistics

National Health and Nutrition Examination Survey

Examination Assent Brochure, 7–11 Years of age

Exhibit 8-5. SP Brochure for SPs 7-11 (continued)

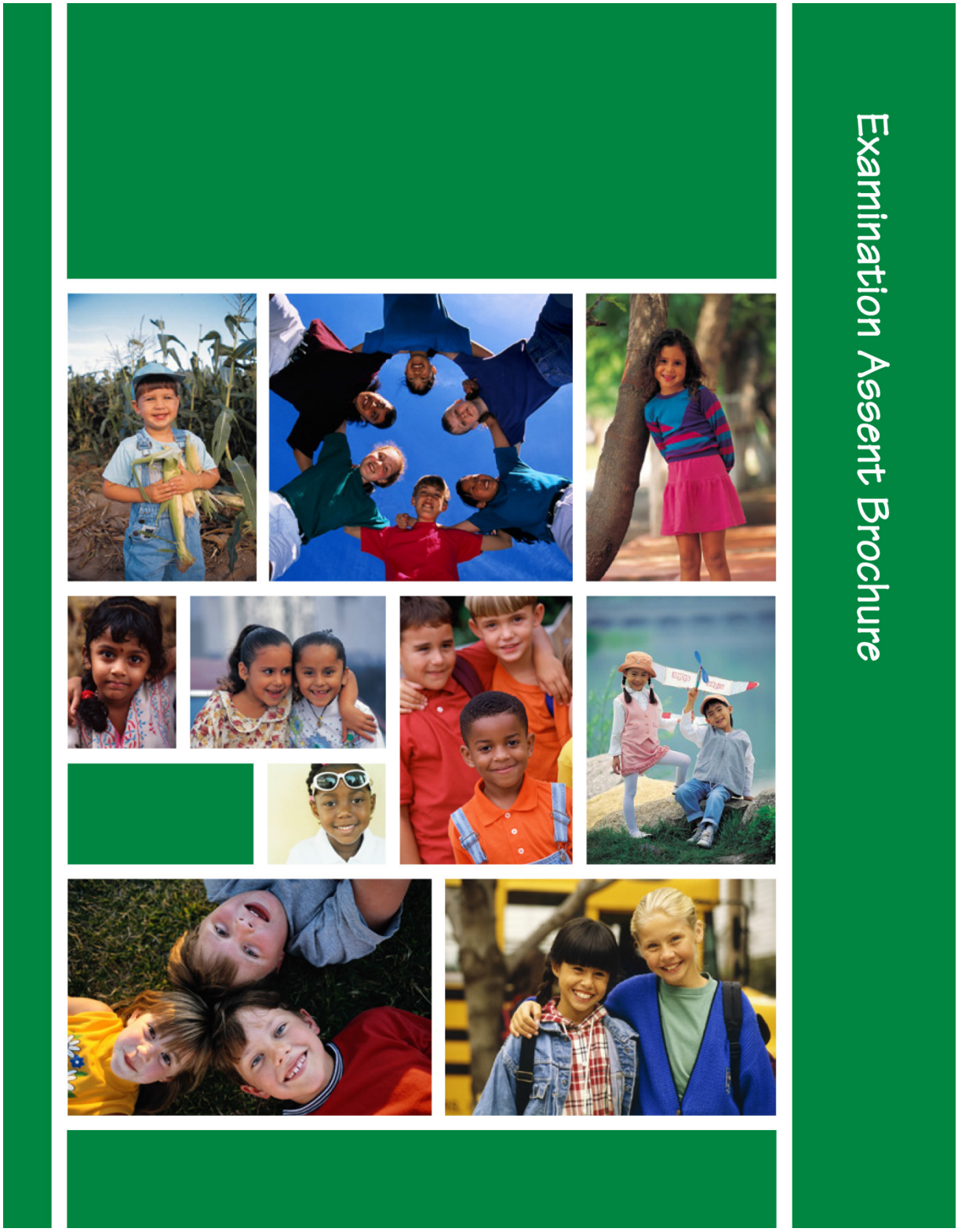


Exhibit 8-5. SP Brochure for SPs 7-11 (continued)

National Health and Nutrition Examination Survey

2

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

About Your Exam

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

The survey will look at how young people grow and develop. We will ask questions about what your body looks like. We will look at special health problems that may affect kids.

We go all over the United States in these vans.

National Health and Nutrition Examination Survey

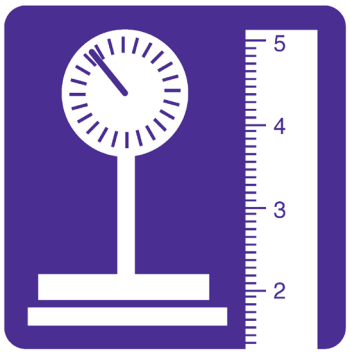
The exam is like going to the doctor. Your exam will help us find out more about the health of children your age.

We will ask questions about what you eat and drink.

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

Our doctor will take your pulse.

We will take your blood pressure.



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

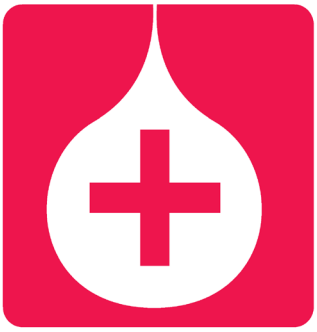
We will look at your teeth.

About Your Exam

5

National Health and Nutrition Examination Survey

6



We will check your blood and urine in our lab.

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

About Your Exam

Our staff will answer any questions you have.

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

Exhibit 8-5. SP Brochure for SPs 7-11 (continued)

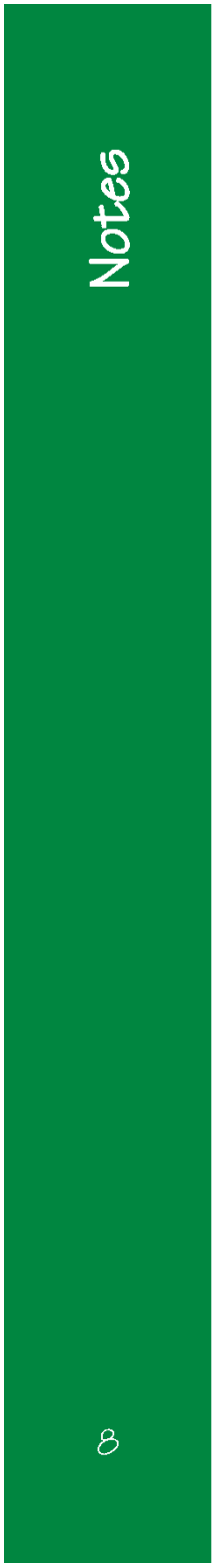


Exhibit 8-5. SP Brochure for SPs 7-11 (continued)

National Health and Nutrition Examination Survey

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

Information Dissemination Staff
National Center for Health Statistics
3311 Toledo Road, Room 5419
Hyattsville, Maryland 20782

Telephone: 1–800–CDC–INFO (1–800–232–4636)
TTY: 1–888–232–6348
Online request from: http://www.cdc.gov/info
Internet: http://www.cdc.gov/nchs

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

CS246239 (06/2014)

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Both brochures are designed with pockets. The brochure for SPs 12 years or older contains the following items in the pockets:

- A MEC Diagram;
- The Health Measurements List – An explanation of the health exam, including the specific exams SPs in each category will receive. The Health Measurements List is a live consent document that is constantly changing to incorporate field pilots and existing examination components (Exhibit 8-6); and
- The Consent/Assent and Parental Permission for the Examination at the Mobile Exam Center.

The purpose of the MEC Assent Brochure for SPs 7-11 years old is to inform the child SP about the health interview and health examination and to ensure that s/he **agrees** to be examined. You should give the brochure to the child. The text of the brochure must be reviewed by the child OR the interviewer must review the brochure with the child.

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

The brochure for children 7-11 years old contains the following items in the pockets of the brochure:

- MEC Diagram; and
- Child Assent Form.

The text of these brochures addresses two general topics:

- Questions and answers directed towards a general explanation of the structure and goals of the survey; and
- Questions and answers directed towards the examination process, how the data are used and the voluntary nature of the study.

The brochures contain pictures of a diverse group of people in various interview and examination situations.

Exhibit 8-6. Health Measurements List

NATIONAL CENTER FOR HEALTH STATISTICS
National Health and Nutrition Examination Survey

2017 NHANES Health Measurements

Below is a list of tests you may receive on the day of your examination.
You will only have the test if your age falls within the ages shown in parenthesis.
You will receive the results of health measures shown with a black diamond (♦).
Two diamonds (♦♦) means you will receive the test result only if high or abnormal.

Health Measurements

You will be weighed and measured (all) ♦

The doctor will take your blood pressure (8+) ♦

We will look at the condition of your teeth and gums (1+) ♦

You will have a body composition test that involves low-dosage x-rays (*Pregnant women will not have this test*)
- Total body scan (8-59) ♦
- Hip and spine bone density scan (50+) ♦

You will have a liver ultrasound elastography test (12+) ♦

You will have a hearing test (6-19, 70+) ♦

Private Interviews

You will be asked to answer questions about:
Eating habits (all)
Weight history (8-15)
Reproductive history (females 12+)
Drug use (12-69), alcohol and tobacco use (12+), and sexual history (14-69)

(You will do these by yourself using a touch-screen computer in privacy)

Lab Tests on Urine (3+)

You will be given a clean empty cup when you arrive at the exam center. When you change into the exam clothes in a private rest room, you will provide a urine sample. The urine will be tested for:

Exposure to environmental chemicals and metals
- Arsenic 3+ ♦♦
- Nickel 3+ ♦♦

Kidney function tests (3+) ♦

Sexually transmitted diseases:
- Chlamydia (14-39) ♦
- Trichomonas (14-59) ♦

(*Urine is not tested for drug use*)

Stand 368

Please turn over to see the next page.

Centers for Disease Control and Prevention
National Center for Health Statistics

Exhibit 8-6. Health Measurements List (continued)

Lab Tests on Blood (1+)

You will have your blood drawn. The blood will be tested for:

- Anemia (all) ♦
- Nutrition status (all) ♦
- Exposures to environmental metals:
  - Lead, cadmium, mercury, selenium, manganese (all selected participants 1+) ♦
- Total Cholesterol/HDL (6+) ♦
- Triglycerides/LDL (Morning session participants only, 12+) ♦
- Exposure to environmental chemicals (selected participants 6+)
- Kidney and liver function (12+) ♦
- Infectious diseases
  - Hepatitis B virus (2+) ♦♦
  - Hepatitis C virus (6+) ♦♦
  - Cytomegalovirus (CMV) (1-5) ♦♦
  - Herpes simplex virus type 2 (14-49) ♦
  - Human immunodeficiency virus (HIV) (18-59) ♦
  - Human Papillomavirus (HPV) (14-59)
- Glucose (12+) ♦
- Ferritin (1-5, 12+) ♦♦
- High-sensitivity C-Reactive Protein (hs-CRP) (1+)

Women and girls only:

You will be asked to self-administer a vaginal swab in complete privacy. The swab will be tested for the presence of Human Papillomavirus. (14-59) ♦

Females 12-59 years old will have a urine pregnancy test, as well as girls 8-11 who have started their periods. Our physician will tell you if you are pregnant if you did not already know it. Parents of girls younger than 14 years of age who are pregnant will also be informed of the test result. ♦♦

Men and boys only:

You will be asked to self-administer a penile swab in complete privacy. The swab will be tested for the presence of Human Papillomavirus (14-59).

After your visit to the NHANES mobile center:

If you had a dietary interview as part of your exam, you will get a phone call 3-10 days after the exam to be asked similar dietary questions. You or an adult in your family (if you are between 1-15 years old) will also be asked about food shopping habits.

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

If you have questions about getting your results, please call 1-800-452-6115.

Consent/Assent and Parental Permission for the Examination at the Mobile Examination Center (Exhibit 8-7)

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

For SPs 0-6 Years Old

- **Print** the name of the SP on the line provided.
- Have the **parent or guardian** of the SP read the statement, **sign** and date the form, in the area labeled **"Parent or Guardian of the Survey Participant who is Under 18 Years Old"**.
- Due to ERB requirements, SPs under 18 years of age must receive the results of the exam.
- Sign your name on the line entitled "Signature of staff member" and date the form.
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the whole brochure to him/her in the presence of a witness. If a respondent cannot read or write, have a witness testify that the respondent has been read the form information and consents to participate in the examination. Also if the respondent is signing an English form that is being explained by an interpreter, the interpreter must sign as a witness that the respondent understands and consents to participate in the examination. In both cases, print the full name of the witness on the appropriate line and date the form.
- Record the SPs 6-digit SP ID number. You will obtain this number from the field office (usually when you call to make an appointment). Note that SPs who are 12-17 years old must sign the form in the **presence of the interviewer**. The form **cannot** be left with the respondent for the child to sign and bring to the MEC. If the child is not at home, he or she must sign the form in the MEC before the exam can take place. Under these circumstances it is acceptable for the child to sign a separate (new) form when he/she arrives at the MEC.

For SPs 7-11 Years Old

Follow the signature rules mentioned previously for SPs 0-6 in gaining parental/guardian permission for SPs 7-11 to be examined. Note: In addition, an SP who is 7-11 years old must read the Child Assent Brochure and sign a separate Child Assent Form. The child can read and sign an Assent Form in a different language than the form the parent/guardian signed. The brochure was explained on pages 8-15 and 8-35. The Assent Form is explained on page 8-42.

Exhibit 8-7. Consent/Assent and Parental Permission for the Examination at the Mobile Exam Center

OMB # 0920-0950

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAMINATION AT THE MOBILE EXAMINATION CENTER

Print name of participant _____ _____ _____

First Middle Last

PARENT OR GUARDIAN OF SURVEY PARTICIPANT WHO IS UNDER 18 YEARS OLD:

For the Parent or Guardian of the Survey Participant who is a minor (unless the participant is an emancipated minor)

I have read the Examination Brochure and the Health Measurements List, which explain the nature and purpose of the survey. I freely choose to let my child take part in the survey.

_____ _____

Signature of parent/guardian Date

FOR PARENT OR GUARDIAN OF SURVEY PARTICIPANT 12-17 YEARS:

☐ I agree to have my child's interview about his/her current health status, diet, and health behaviors recorded for quality control.

☐ I do not agree to have my child's interview about his/her current health status, diet, and health behaviors recorded for quality control.

SURVEY PARTICIPANT WHO IS 12 YEARS OLD OR OLDER:

I have read the Examination Brochure and the Health Measurements List, which explain the nature and purpose of the survey. I freely choose to take part in the survey.

_____ _____

Signature of participant Date

If you are 18 and older and do not want a written report of your exam results, check here ☐

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

_____ _____

Witness (if required) Date

Name of staff member present when this form was signed: _____

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 2002 (CIPSEA, Title 5 of Public Law 107-347). 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, NCHS complies with the Federal Cybersecurity Act of 2015 (6 U.S.C. §§ 151 & 151 note). This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. If information sent through government networks triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf of, the government.

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___ ___ ___ ___ ___ ___

SP ID

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For SPs 12-17 Years Old

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

- Have the **parent or guardian** of the SP read the statement and then **sign** and date the form in the area labeled **"For the Parent or Guardian of the Survey Participant who is Under 18 Years Old"**. This form must be signed by the parent or guardian unless the SP is an emancipated minor (check with your supervisor about the rules for determining emancipation in the state where you are working). If the SP is an emancipated minor, the "emancipated minor" box **must** be checked. This box appears next to the statement in parentheses that says, "Unless the participant is an emancipated minor" next to the general heading for the parents and guardian signature.

- Have the parent check the appropriate box indicating whether or not he/she agrees to have the child's MEC interviews recorded for quality control purposes.

- Due to ERB requirements, non-emancipated SPs under 18 years of age must receive the results of the exam.

- Have the **SP** read the statement and then **sign** and date the form in the area labeled **"Survey Participant who is 12 Years Old or Older"**.

- If the SP reads a different language than his or her parent/guardian and we have forms in both the language of the SP and the parent, have them each sign a separate form in the language they understand and attach both copies together.

- Sign your name on the line entitled "Signature of staff member" and date the form.

- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the whole brochure to him/her in the presence of a witness. If a respondent cannot read or write, have a witness testify that the respondent has been read the form information and consents to participate in the examination. Also if the respondent is signing an English form that is being explained by an interpreter, the interpreter must sign as a witness that the respondent understands and consents to participate in the examination. In both cases, print the full name of the witness on the appropriate line and date the form.

- Record the SPs 6 digit SP ID number. You will obtain this number from the field office (usually when you call to make an appointment). Note that SPs who are 12-17 years old must sign the form in the **presence of the interviewer**. The form **cannot** be left with the respondent for the child to sign and bring to the MEC. If the child is not at home, he or she must sign the form in the MEC before the exam can take place. Under these circumstances it is acceptable for the child to sign a separate (new) form when he/she arrives at the MEC.

For SPs 18+

- **Print** the name of the SP on the line provided.
- Have the **SP** read the statement, **sign** and date the form in the area labeled **"Survey Participant who is 12 Years Old or Older"**.
- If the SP does **not** wish to receive the results of the exam, s/he must check the box next to the statement provided.
- Sign your name on the line entitled "Signature of staff member" and date the form.
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the whole brochure to him/her in the presence of a witness. If a respondent cannot read or write, have a witness testify that the respondent has been read the form information and consents to participate in the examination. Also, if the respondent is signing an English form that is being explained by an interpreter, the interpreter must sign as a witness that the respondent understands and consents to participate in the examination. In both cases, print the full name of the witness on the appropriate line and date the form.
- Record the SPs 6 digit SP ID number. You will obtain this number from the field office (usually when you call to make an appointment).

Child SP Assent (SPs 7 through 11) – Exhibit 8-8

The **Assent Form** should be in the pocket of the Child Assent Brochure and should be read and signed by **the child**. The form must be signed in the presence of the interviewer or the MEC staff. It **cannot** be left with the parent for the child to sign and bring to the MEC.

Use the following guidelines to complete the signature process:

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

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

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

Exhibit 8-8. Child Assent (SPs 7-11) for the Examination at the Mobile Exam Center

OMB # 0920-0950

National Health and Nutrition Examination Survey (NHANES)

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

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

_____
Signature of participant 7-11 years old

_____
Print name of participant

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

_____ _____
Witness (if required) Date

Name of staff member present when this form was signed:

_____

__ __ __ __ __ __
SP ID

2016

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

4. Ask the Respondent to Read and Complete the Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies (Exhibit 8-9)

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

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

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

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

The form is divided into three general areas:

- **Questions and answers directed toward the goals and procedures of specimen storage—**Allow the SP time to read the text of each question and answer.
- **Statements and Required "Yes" or "No" Check Boxes—**This part of the form contains two separate statements. One worded for the SP and the other worded for the parent of the SP.

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Exhibit 8-9. Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies

OMB # 0920-0950

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES)
Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies

Print name of participant _____ _____ _____
First Middle Last

Q **Why will a sample of blood and urine be kept for future health studies?**

A We will store some of the blood and urine from persons who are examined in NHANES for future health studies. These samples will be frozen and kept in a specimen bank for as long as they last. You can request that your samples be removed at any time. Your participation is voluntary and no loss of benefits will result if you refuse.

Q **What studies will be done with the samples?**

A At this time, no specific studies are planned besides the tests included in the NHANES exam. As scientists learn more about health and diseases, other studies will be conducted that may include stored samples. There can be many additional studies on these samples.

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 2002 (CIPSEA, Title 5 of Public Law 107-347). 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, NCHS complies with the Federal Cybersecurity Act of 2015 (6 U.S.C. §§ 151 & 151 note). This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. If information sent through government networks triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf of, the government.

Q **Who can use the stored samples for further study?**

A Researchers from Federal agencies, universities, and other scientific centers can submit proposals to use the stored specimens. These proposals will be reviewed for scientific merit and then by a separate board that determines if the study proposed is ethical. The NHANES program will always know which samples belong to you or your child, but we will not give other researchers any information that could identify you or your child.

Q **Will I receive results from any future testing of my specimens?**

A Science and medicine are continually advancing. New tests and new ways of looking at results will be developed in the future. We can't predict what tests will be done or what the results will mean for your health. The NHANES program will not contact you or your family with results from these future studies. We will describe the completed studies on our website. If you are interested in your results from any of these studies, you may call our toll-free number, 1-800 452-6115 to request your specific results as they come available.

Q **What are the benefits and risks for allowing my blood or urine sample to be used for future studies?**

A You will not directly benefit but these studies may eventually help the health of people in the future. The risk of giving a sample includes the minor risk associated with taking the blood sample. There may also be a risk that some people may use the information from these studies to exaggerate or downplay differences among people. The ethics board that will review all studies using these samples will attempt to prevent any misuse of the information gained from the NHANES samples.

Q **How can I remove blood or urine samples from the specimen bank?**

A In the future, if you want samples removed from the specimen bank, call us toll-free at 1-800-452-6115.

The results of continuing studies of your stored specimens may help find new ways to prevent, treat, and cure many diseases.

For **persons ages 7 and over,** check a box

- ☐ Yes, my blood and urine may be kept for future health studies, and I understand that I will not be contacted with the results from these studies
- ☐ No, my blood and urine cannot be kept for future health studies

For **parent/guardian of a child under the age of 18**, check a box

- ☐ Yes, my child's blood and urine may be kept for future health studies, and I understand that I will not be contacted with the results from these studies
- ☐ No, my child's blood and urine cannot be kept for future health studies

Signature of participant age 7 or over Date

Signature of parent/guardian of participant under 18 Date
(Unless the participant is an emancipated minor)

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

_____ _____
Witness (if required) Date

Name of staff member present when this form was signed: _____

__ __ __ __ __ __
SP ID

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

Specific rules for completing the form are discussed below.

For SPs 1-6 Years Old

- The text of the form must be fully reviewed by the parent.
- Have the parent or guardian of the SP read the statement printed under the label "For parent/guardian of child under the age of 18, check a box". The parent/guardian should **check** one of the boxes provided.
- If the "Yes" box is checked, have the **parent/guardian sign** on the appropriate signature line ("Signature of parent/guardian of participant under 18") and record the date. If the "No" box is checked, record "Refused" in the space provided for the signature and record the date.
- Sign your name and date the form under the line entitled "Signature of staff member".
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the text of the form to him/her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and the appropriate statements. Also if the respondent is signing an English form that is being explained by an interpreter, the interpreter must sign as a witness that the respondent understands and consents to participate in the examination. In both cases, print the full name of the witness on the appropriate line.
- Record the 6 digit SP ID on the lines provided. You will obtain this number from the field office (usually when you call to make an appointment).

The form is considered complete when the "Yes" box has been checked and all appropriate signatures have been obtained or when the "No" box has been checked and the word "Refused" is recorded in the space for the signatures. The SP specimens will not be kept if the appropriate box is not checked.

For SPs 7-17 Years Old

- The text of the form must be reviewed by the child or the interviewer must review the text with the child. The text must also be reviewed by the parent/guardian of the SP.

- Have the SP read the statement printed under the label "For persons ages 7 and over, check a box". If the SP **agrees** to have his/her specimens kept, s/he should **check** the "Yes" box provided. If the SP does not agree, the "No" box should be checked.

- Have the parent or guardian of the SP read the statement printed under the label "For parent/guardian of child under the age of 18, check a box". If the parent/guardian **agrees** to have the child's specimen kept, s/he should **check** the "Yes" box provided. If they do not agree, the "No" box should be checked. Note a parent or guardian must check one of the boxes unless the SP is an emancipated minor (see instructions for emancipated minors under the instructions for the parent/guardian signature).

- If the SP's "Yes" box is checked, have the **SP sign** on the appropriate signature line ("Signature of participant age 7 and over") and record the date. If the appropriate SP's "No" box is checked, record "Refused" in the space provided for the SP's signature and record the date.

- If the parent's "Yes" box is checked, have the **parent/guardian sign** on the appropriate signature line ("Signature of parent/guardian of participant under 18") and record the date. If the parent's "No" box is checked, record "Refused" in the space provided for the parent's signature and record the date. Note that this form must be signed by the parent/guardian unless the SP is an emancipated minor (check with your supervisor for the rules governing emancipation in the state where you are working). If the SP is an emancipated minor, the "emancipated minor" box **must** be checked. This box appears in parentheses next to the statement, "Unless the participant is an emancipated minor" under the parent/guardian signature line.

- If the SP reads a different language than his or her parent/guardian and we have forms in both the language of the SP and the parent, have them each sign a separate form in the language they understand and attach both copies together.

- Sign your name and date the form under the line entitled "Signature of staff member".

- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the text of the form to him/her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and the appropriate statements. Also if the respondent is signing an English form that is being explained by an interpreter, the interpreter must sign as a witness that the respondent understands and consents to participate in the examination. In both cases, print the full name of the witness on the appropriate line.

- Record the 6 digit SP ID on the lines provided. You will obtain this number from the field office (usually when you call to make an appointment).

Note: The form must be signed by the child in the presence of the interviewer or MEC staff in order to be considered complete. The form cannot be left with the parent for the child to answer and sign. It is acceptable for the child to sign a separate (identical) form in the MEC if s/he was not present to sign it in the presence of the interviewer. Also note that in order to keep the child's specimens for future research,

both "Yes" boxes (one for the child and one for the parent/guardian) **must be checked**. The form is considered complete when all appropriate signatures and dates have been obtained or when the word "Refused" is written in the space for signatures.

For SPs 18 Years or Older

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

- Have the SP read the statement printed under the label "For persons ages 7 and over, check this box". If the SP **agrees** to have his/her specimens kept, s/he should **check** the "Yes" box provided. If the SP does not agree, the "No" box should be checked.
- If the 7 or over "Yes" box is checked, have the **SP sign** on the appropriate signature line ("Signature of participant age 7 and over") and record the date. If the "No" box is checked, record "Refused" in the space provided for the SP's signature and date the form.
- Sign your name and date the form under the line entitled "Signature of staff member".
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the text of the form to him/her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and the appropriate statements. Also if the respondent is signing an English form that is being explained by an interpreter, the interpreter must sign as a witness that the respondent understands and consents to participate in the examination. In both cases, print the full name of the witness on the appropriate line.
- Record the 6 digit SP ID on the lines provided. You will obtain this number from the field office (usually when you call to make an appointment).

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

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

Questions and Answers About Continuing Studies

Past experience indicates that there will be very few SPs who have further questions about this process. However, SPs that do have further questions deserve a clear and accurate answer. For that reason, you will be provided with a two sided page of Questions & Answers about the continuing studies using SP samples (Exhibit 8-10).

A summary of the forms you should use to complete the examination consent process appears as Exhibit 8-11. This summary also appears on page 2 of the Household Folder and in your hand cards.

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

Exams will start approximately three weeks after household interviewing begins. Thus, SPs who are interviewed at the beginning of the stand may have to wait up to three weeks for their exams. Generally, however, our goal is to schedule SPs for exams about 1 week following the SP interview. This allows the field office time to process the case and follow up with a reminder letter and phone call to the respondent. It is also close enough to the date of the original interview to sustain respondent interest in participation and thereby reduce the incidence of "no shows."

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

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

Exhibit 8-10. Continuing Studies Q&As

Continuing Studies Q & A's

What type of studies will be conducted using my blood or urine samples?

Only research that tries to learn more about the health and nutrition of people living in the United States. Conditions likely to be looked at are those we ask questions about during the interview.

How can I be sure this is the only research that will be conducted?

All research studies have to be approved by a group of people who represent you called a review board. They are members of the community and outside scientists who are not involved in the survey. They oversee all research studies to assure that only safe health research is conducted.

Why should I agree to future research?

Many important scientific discoveries have been made using samples from previous NHANES surveys.

Samples from the NHANES conducted in the late 1970s showed that some Americans were more likely to be infected with the hepatitis B virus. This discovery resulted in a universal immunization program that began in 1991. Stored samples have also been used to discover differences in nutrition, communities that might not have adequate childhood vaccinations, what causes tooth decay, and indicators of exposures to toxins in the environment. This information helps Congress identify problems that need national support to meet health objectives.

Without stored samples from you and your fellow survey participants, we will not be able to continue to look at the health of the nation as new scientific discoveries are made.

What have stored blood samples from NHANES been used for in the past?

You and other people who participate in the survey represent all Americans. When we test your blood we are able to see what the general health of the population looks like. In the past we have measured:

- how many people had been vaccinated with the measles vaccine
- how many people had been exposed to hepatitis viruses
- how many people had sufficient vitamin levels from their diet
- how many people had been exposed to pesticides
- how many people were allergic to latex

Exhibit 8-11. Summary of Consents

SUMMARY OF FORMS USED TO COMPLETE THE CONSENT PROCESS

	Household Interview Consent	Audio Recording Permission	Transport	MEC Consent/ Assent	MEC Child Assent	Specimen Storage Consent/Assent
SP 0-11 Months	Signed by Parent ☐	N/A	Signed by Parent ☐	Signed by Parent ☐	N/A	N/A
SP 1-6 Years	Signed by Parent ☐	N/A	Signed by Parent ☐	Signed by Parent ☐	N/A	Signed by Parent ☐
SP 7-11 Years	Signed by Parent ☐	N/A	Signed by Parent ☐	Signed by Parent ☐	Signed by Child ☐	Signed by Parent & Child ☐
SP 12-17 Years	Signed by Parent & Child (16-17) ☐	Signed by Parent (16-17) ☐	Signed by Parent ☐	Signed by Parent & Child ☐	N/A	Signed by Parent & Child ☐
SP 18+ Years	YES ☐	N/A	N/A	YES ☐	N/A	YES ☐

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

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

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

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

The Appointment Module consists of three screens:

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

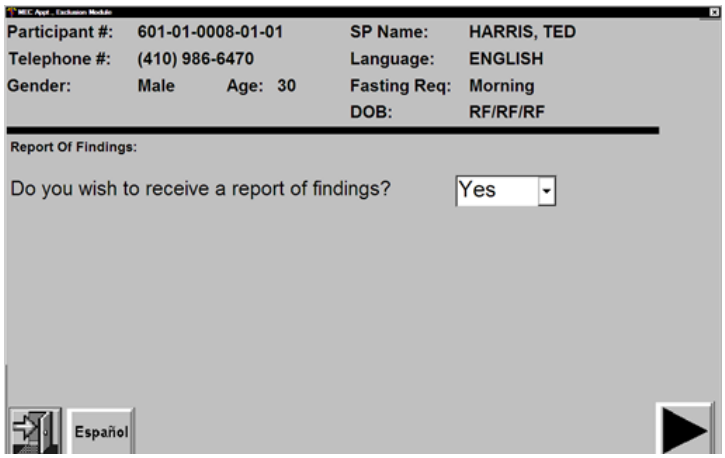
Each of these screens are designed to meet specific objectives related to the appointment process.

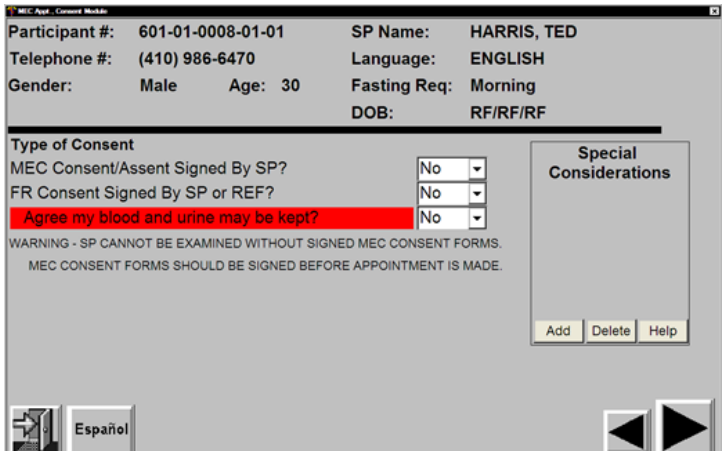
Report of Findings and Consent Screen—Exhibit 8-12

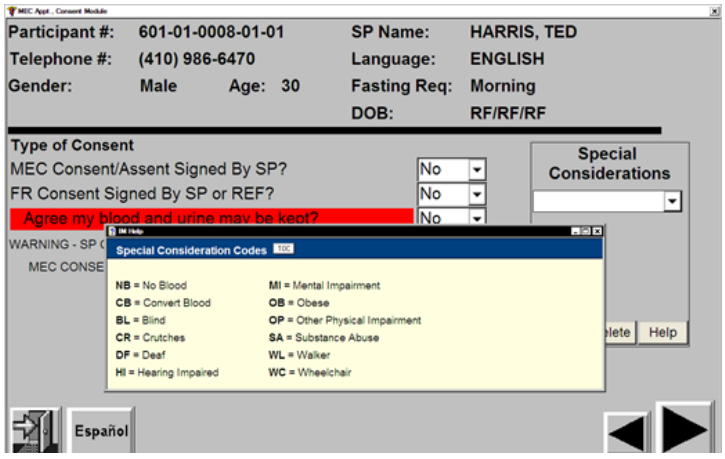
These two screens have several purposes:

- They provide information to the field office and MEC about whether SPs 18 and older wish to receive a report of findings.
- They provide a check to ensure the paper Consent Forms have been signed. CAPI will display only those forms applicable to the SP's age.

Exhibit 8-12. Consent Screens







- They provide information to the Field Office and MEC about which consent forms are signed and, if applicable, which are missing.
- They provide information to the MEC about whether the SP (or parent) has agreed to specimen storage.
- They document any special considerations about the SP that could affect his/her exam.

Specifications for Completing the CAPI Consent Screens

DO YOU WISH TO RECEIVE A REPORT OF FINDINGS?

This item appears on the hard copy MEC consent form. Record whether the SP wishes to receive the ROF by selecting "YES" or "NO". Remember that SPs under 18 must receive the report of findings and the computer will not let you edit this field if the SP was under 18 at the time of the screener. If the SP is under 18, emancipated, and does not want to receive a report of findings, contact the field office for instructions.

TYPE OF CONSENT – SIGNED BY SP

Only the forms applicable will appear on the screen. Check that each applicable form is signed. (YES/NO)

FUTURE RESEARCH BOX CHECKED

This item appears on the Consent/Assent/Parental Permission for Specimen Storage and Continuing Studies. Only those items applicable will appear. Record whether the SP/Parent **checked** the "Yes" or "NO" for each item.

SPECIAL CONSIDERATIONS

Note any special information about the SP that could affect his/her visit to the examination center. For example, the respondent has a physical or mental handicap (e.g., is extremely overweight, requires wheelchair, has dementia). To add these codes, tap on the 'ADD' button below the 'Special Considerations' box. To see the definitions, tap on the help button (see Exhibit 8-12).

Obviously, some of these items will touch on sensitive areas, and you must use your discretion on what may be said in front of the SP. In addition, this information is known by you either through observation or because you were told by the SP. DO NOT ASK ABOUT THIS TYPE OF SENSITIVE INFORMATION.

BL = Blind
CB = Convert Blood*
CN = Cane Needed
CR = Crutches
DF = Deaf
HI = Hearing Impaired
LN = Lift Needed

SPECIAL CONSIDERATIONS (contd.)

MI = Mental Impairment
NB = No Blood*
OB = Obese
OP = Other Physical Impairment
SA = Substance Abuse
WL = Walker
WC = Wheelchair

SPECIAL CB AND NB CODES*

Phlebotomy is the highest priority exam– if only one component completed – it should be phlebotomy.

You will use two codes to describe SP reservation to phlebotomy – this is part of "Special Consideration" screen: The codes are CB (convert blood), NB (no blood).

All SPs are sent to phlebotomy regardless of code.

- If the C.B. is used, the SP is sent to the Phlebotomy Room as soon as possible and the phlebotomist will attempt conversion.
- If the N.B. code is used, the SP is sent to Phlebotomy Room after all exams are complete. The coordinator simply explains to the SP that we need to send everyone to the phlebotomy room so the examiner can code the exam by scanning their ID badge. The phlebotomist then pays close attention to the SP and gears any further discussion about the blood draw based on the SP reaction and previous participation in other exams.

The use of NB code should be **rare** – The home office monitors interviewer use of code.

There are always going to be some people who will not do the blood draw. However, there are certain things you can do to combat nonresponse.

First start discussing the positives – discuss importance of all tests.

Do not discuss voluntary nature of component unless refusal conversion.

Do not offer exclusions immediately.

If the SP expresses concerns.

- Leave the door open – let the SP decide at MEC – remember if you use the NB code the SP is likely to never get a chance to change their mind.
- Stress expertise of phlebotomist.
- Be ready to use your knowledge and materials to discuss benefits if appropriate (lab test on blood, Appendix A of manual).

Again, the use of NB codes should be extremely rare – use CB code if SP expresses reluctance or concern.

Most importantly – keep in mind that the SP is missing vital tests when he or she does not participate in phlebotomy.

When you have completed this screen, tap on the "NEXT PAGE" tab at the bottom of the screen to move forward.

Name Check Screen—Exhibits 8-13 and 8-14

The purpose of this screen is to ensure that the SP's name has been recorded as completely and accurately as possible. The name of the SP as you have recorded it in the SP Questionnaire will appear at the top of this screen. Check the SP's signature on the Consent Forms against this information and resolve any discrepancies.

Specifications for the Name Correct Screen

NAME MATCHES/CORRECTION REQUIRED	If the SP name as entered in the SP Questionnaire needs no correction, tap on the NAME MATCHES button. If the name needs correction, tap on "CORRECTION REQUIRED" button and an overlay screen will appear (Exhibit 8-14).
ADD/EDIT PERSON NAME	If you have selected "CORRECTION REQUIRED", this screen will display each part of the SP's name in separate fields. You may correct or add to the name by tapping on the appropriate field and using the keyboard to enter the correction. When you are finished making the correction, you **must tap on the "OK"** button to ensure that CAPI accepts the correction.

During the call you will **need to obtain** the SP ID # from the field office. This is a unique six-digit number given to each SP. This number must be placed on **every SP hard-copy form**.

Exhibit 8-13. Name Check Screen

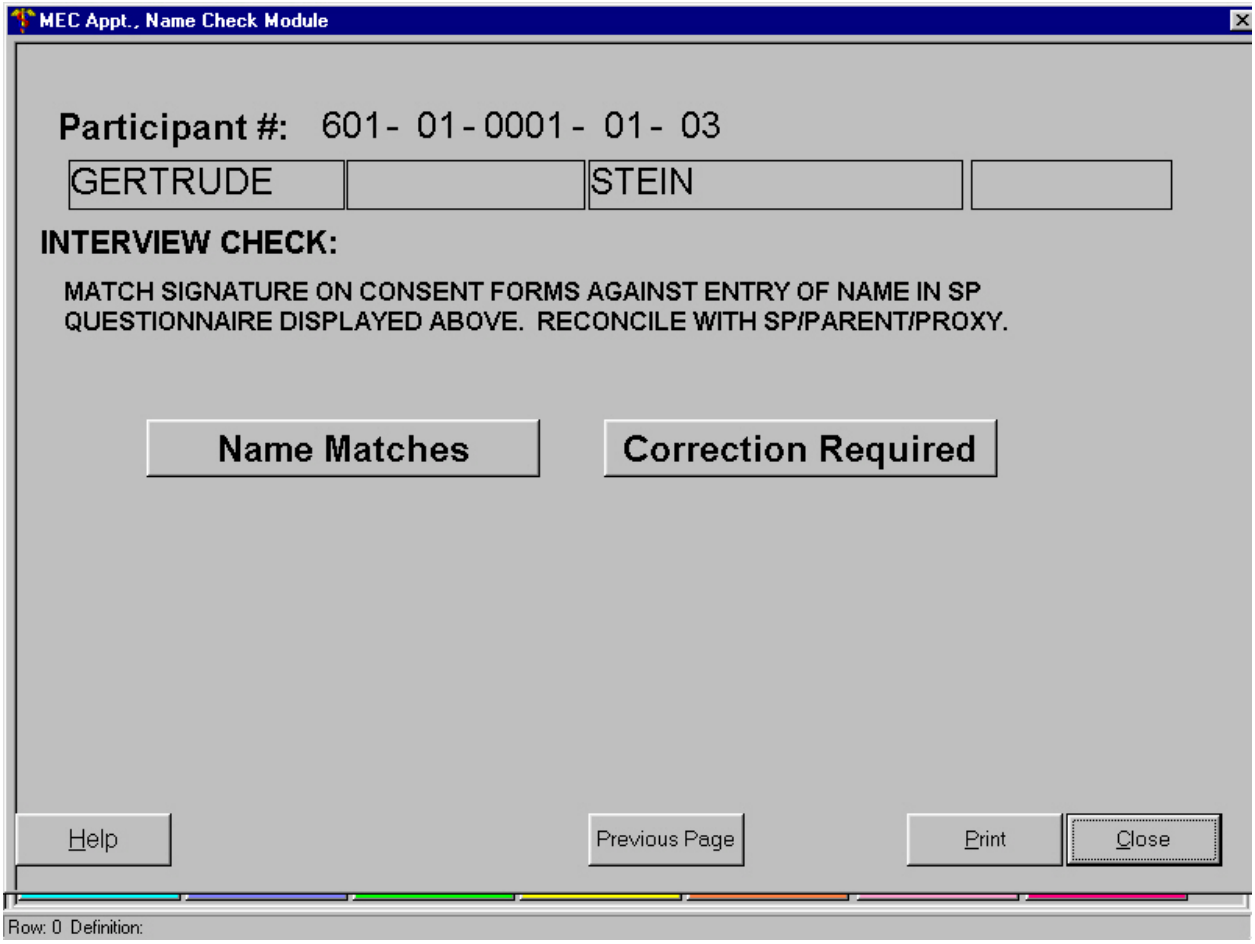
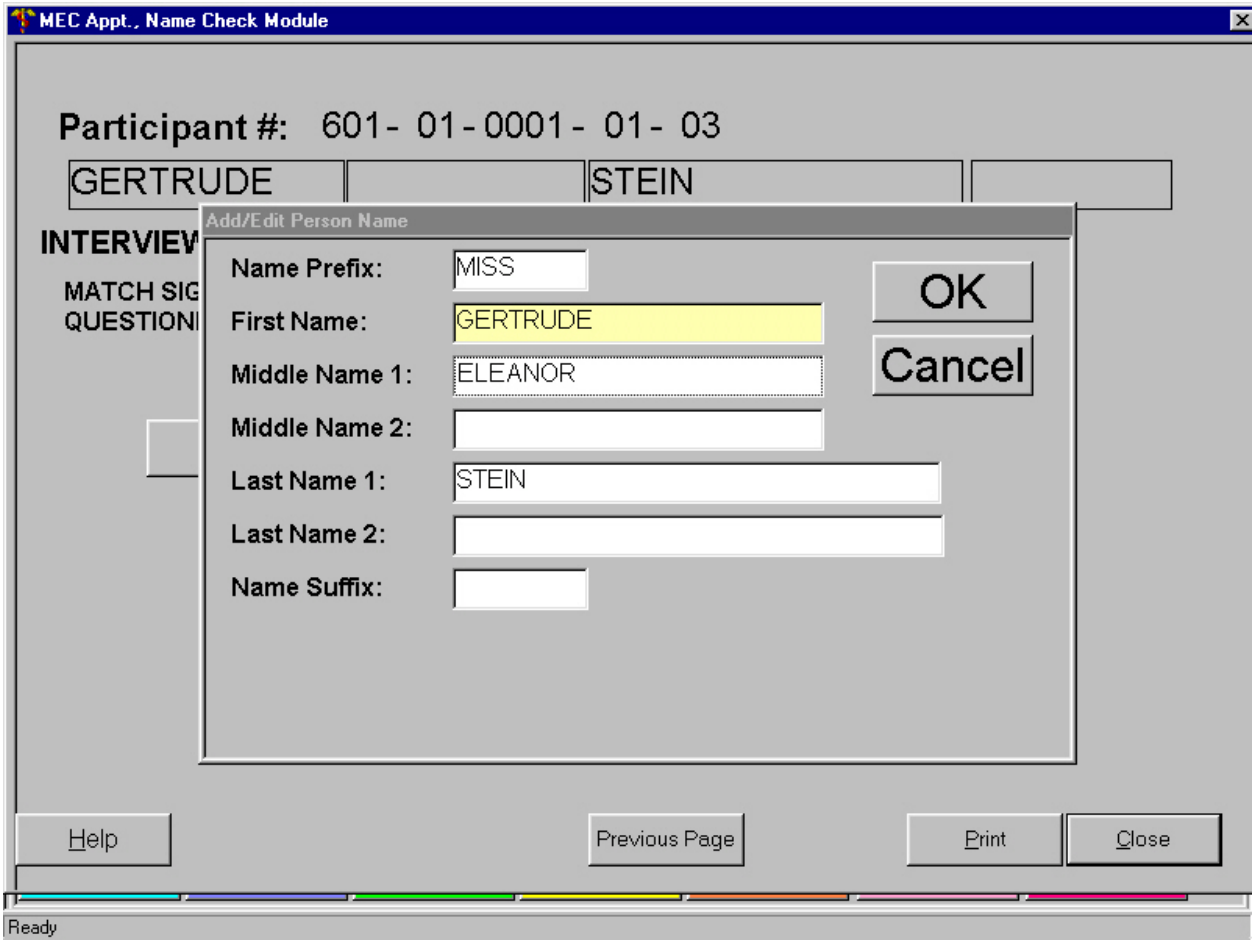


Exhibit 8-14. Name Check Screen



Use your Westat issued cell phone to call in MEC appointments. If there is no cell service and **no telephone available in the household**, ask the respondent for the location of the nearest telephone where you can place the call. Go immediately from the respondent's home to the nearest telephone and call the field office. Inform the office that you are calling from a place other than the person's home and review with the office a date and time that is convenient for both the SP and the office. Return to the household and confirm the appointment with the respondent and then enter the information on the Appointment Screen. In the unusual situation where upon returning to the household you find that the respondent is unavailable for the appointment scheduled, repeat the process.

NOTE: During the initial 2 to 3 weeks of interviewing the office will open early and close late to facilitate the scheduling of MEC appointments. Your supervisor will provide you with the official office hours and telephone number information for each week of the survey.

7. If Necessary, Have the Respondent Sign the Authorization for Transportation Arrangements for Person Under 18 Years of Age Form

In a situation where a minor (under 18) is to be transported to and from the examination center it is necessary for the parent or guardian to complete and sign the authorization for transportation form (see Exhibit 8-15). This form must be signed before a child can come to the MEC. This form **cannot** be signed at the MEC.

In addition to authorizing transportation arrangements, the form also notifies parents that children under 16 should not come to the MEC without a proper escort (i.e., someone 18+ years old). If children under 16 do arrive at the MEC alone, they will not be examined. In such a case, the field office will telephone the SP's home and determine if someone 18+ is at home. If so, the SP will be sent home immediately in a taxi. Otherwise, the SP will remain at the MEC until the closing time of the session. If someone 18+ is at home at that time, the SP will then be sent home. Otherwise, the SP will be driven to the field office until someone 18+ at the SP's home can be reached.

Be sure that the parent/guardian reads carefully the statement on the form for transportation for children under 16. If you sense that there may be reading problems, read the statement aloud to the parent/guardian. Record the **full** name of the person who will accompany the child in the appropriate space. Be sure to take the form with you when you leave the household and turn it in with the case.

Exhibit 8-15 Authorization for Transportation Form

CDC HEALTH SURVEY
AUTHORIZATION FOR TRANSPORTATION ARRANGEMENTS FOR
PERSONS UNDER 18 YEARS OF AGE

NAME OF CHILD: _____ AGE: _____

☐ I consent to transportation of my child to and from the Mobile Exam Center/ Field Office by members of the CDC health survey staff.

☐ I consent to transportation of my child to and from the Mobile Exam Center/ Field Office in a taxi arranged and paid for by the CDC health survey.

☐ I will drive.

Children under 16 must come to the Mobile Exam Center accompanied by someone aged 18 and over. Please complete the subsequent section with this in mind. Children under 16 who arrive alone will not be examined.

☐ Mother will accompany.

☐ Father will accompany.

☐ Other person 18 and over will accompany _____
Specify

☐ Will come alone (only for children ages 16 and 17).

_____ _____
(Signature of Parent or Guardian) (Date)

_____ SP ID __ __ __ __ __ __
(Witness)

8. If Necessary, Tell the Respondent That the Field Office Will Provide Him/Her With a School Excuse Letter

As discussed earlier in this section, children 12+ should be scheduled for exams according to whether they have been randomly selected for the morning or the afternoon/evening samples. For students, we can provide a letter, to be presented to the school, explaining the nature of the survey and the need to examine this individual. This school excuse letter (Exhibit 8-16) can be sent along with a reminder letter. The school excuse form should be completed by the parent/guardian and sent to the school. If further contact is necessary, the field office can make arrangements to do so upon notification.

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

There are **four different appointment slips**. You should select the appointment slip that corresponds to the SP's age and exam session appointment (fasting morning/afternoon/evening for SPs 12+ and non-fasting for SPs under 12). These forms contain the date and time of the appointment, detailed instructions for the SP, and any special instructions needed for specific exams.

For **every** SP for whom an examination appointment is scheduled you must complete and leave at the household a separate appointment slip. To complete the front of the appointment slip (Exhibit 8-17, 8-19, 8-21, 8-23), fill in the SP ID (you will receive the number from the stand office), and day, date, and time (specify a.m. or p.m.). Fill in the taxi pick-up time if the SP has requested taxi transportation.

10. Read and Review the Instructions on the Appointment Slips With SPs

SP instructions appear on the front and back of each appointment slip. You should read and review the instructions with the SP and make sure that s/he understands them. There are separate appointment slips. Each is available in English, Spanish as well as four Asian languages.

KEEP IN MIND THAT ALL RESPONDENTS BEING ASKED TO FAST SHOULD BE REMINDED NOT TO FAST MORE THAN 16 HOURS.

The back page of each appointment slip and its corresponding instructions appear in Exhibit 8-18, 8-20, 8-22, and 8-24.

Exhibit 8-16. School Excuse Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES
National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

Dear Principal:

Please excuse the below named student from class to participate in a national health survey conducted by the Centers for Disease Control and Prevention. The date and arrangements we have made for transportation are indicated below.

NAME _____

DATE _____

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

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

Sincerely,

_____
Stand Manager

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

_____
Signed (Parent/Guardian)

Exhibit 8-17. Front of Morning Appointment Slip (SP 12+, Fasting) (Yellow)

_____
(SPID Number)

8:30 a.m. Appointment For Morning Examination

Appointment for: _____
(NAME)

Day of week: _____

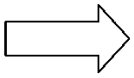
Date: _____ **Time:** **8:30 a.m.**

The night before:

- **Don't eat or drink anything other than water after 11:30 p.m**.

The morning of:

- **Don't eat or drink anything other than water.** (Don't chew gum or use breath mints or cough drops.)
- **Take your prescriptions with water** (if you take pills for diabetes—see back page).
- **If you take vitamins or non-prescription medicines don't take them before your exam.** If you have started taking a new vitamin or dietary supplement since your interview please bring the container so we can record the product.
- Write down the time you last went to the bathroom and urinated (peed) before coming to the examination center.

Other Questions You May Have on back page. 

If needed, taxi will arrive at: _____
(TIME)

2017

Exhibit 8-18. Back of Morning Exam Appointment Slip (SP 12+, Fasting) (Yellow)

Other Questions You May Have

Why do we ask you not to eat or drink for 9 hours?

- The test for diabetes and pre-diabetes can't be done if you eat.
- The tests looking for high cholesterol in your blood are most useful if you haven't eaten.
- The elastography exam of your liver may not be accurate if you eat.

What if you have diabetes and take pills or insulin to treat it? (Or take insulin for other reasons)

- Please don't take your diabetes pills or insulin before your exam. Bring them with you so that you can take them after your blood test. You may bring food to the exam center to have after your tests.
- We will be testing to see how well your medicines are working to treat your diabetes. We get a better idea of how well you are doing with your diabetes and cholesterol if you don't eat for 9 hours before the tests.

What food will we give you at the exam?

- We provide juice and crackers when you have finished the tests for blood sugar and cholesterol.

Is there anything I can do to make my visit go smoother?

- Avoid wearing watches, jewelry, or hair ornaments, such as barrettes, beads, bands, or bobby pins, to your exam. You will be asked to remove all jewelry and hair ornaments for some of the tests.
- Bring a sweater if you get cold easily.

2017

Exhibit 8-19. Front of Afternoon Exam Appointment Slip (SP 12+, Fasting) (Green)

_____
(SPID Number)

Appointment For Afternoon Examination

Appointment for: _____
(NAME)

Day of week: _____

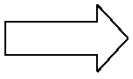
Date: _____ **Time:** _____

The day before your exam:

- **Eat as you would on any normal day.**
- **Take your prescriptions, vitamins, other supplements, or non-prescription medicines as you normally would.**

The day of your exam:

- **Don't eat or drink anything other than water after 9:30 AM in the morning.** (Don't chew gum or use breath mints or cough drops.)
- **You may eat any time before 9:30 AM in the morning.**
- **Take your morning prescriptions, vitamins, other supplements, or non-prescription medicines before 9:30 AM.** If you have started taking a new vitamin or dietary supplement since your interview please bring the container so we can record the product.
- Write down the time you last went to the bathroom and urinated (peed) before coming to the examination center.

Other Questions You May Have on back page. 

If needed, taxi will arrive at: _____
(TIME)

2017

Exhibit 8-20. Back of Afternoon Appointment Slip (SP 12+, Fasting) (Green)

Other Questions You May Have

Why do we ask you not to eat or drink after 9:30 AM?

- The elastography exam of your liver may not be accurate if you eat.

What if you have diabetes and take pills or insulin to treat it? (Or take insulin for other reasons)

- Please don't eat or take your diabetes medications within 3 hours before your visit to the exam center, unless medically necessary. You can take your medications and have your breakfast before 9:30 am. If you have not taken your medications, please bring them with you so you can take them after your liver exam. You may bring food to the exam center to have after your exam.

- The liver exam results can only be valid if you don't eat for at least 3 hours before the exam.

What food will we give you at the exam?

- We provide juice and crackers when we have finished the liver exam.

Is there anything I can do to make my visit go smoother?

- Avoid wearing watches, jewelry, or hair ornaments, such as barrettes, beads, bands, or bobby pins, to your exam. You will be asked to remove all jewelry and hair ornaments for some of the tests.

- Bring a sweater if you get cold easily.

2017

Exhibit 8-21. Front of Evening Appointment Slip (SP 12+, Fasting) (Orchid)

_____
(SPID Number)

Appointment For Evening Examination

Appointment for: _____
(NAME)

Day of week: _____

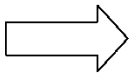
Date: _____ **Time:** _____

The day before your exam:

- **Eat as you would on any normal day.**
- **Take your prescriptions, vitamins, other supplements, or non-prescription medicines as you normally would.**

The day of your exam:

- **Don't eat or drink anything other than water after 2:30 PM in the afternoon.** (Don't chew gum or use breath mints or cough drops.)
- **You may eat any time before 2:30 PM in the afternoon.**
- **Take your mid-day prescriptions, vitamins, other supplements, or non-prescription medicines before 2:30 PM.** If you have started taking a new vitamin or dietary supplement since your interview please bring the container so we can record the product.
- Write down the time you last went to the bathroom and urinated (peed) before coming to the examination center.

Other Questions You May Have on back page. 

If needed, taxi will arrive at: _____
(TIME)

2017

Exhibit 8-22. Back of Evening Appointment Slip (SP 12+, Fasting) (Orchid)

Other Questions You May Have

Why do we ask you not to eat or drink after 2:30 PM?

- The elastography exam of your liver may not be accurate if you eat.

What if you have diabetes and take pills or insulin to treat it? (Or take insulin for other reasons)

- Please don't eat or take your diabetes medications within 3 hours before your visit to the exam center, unless medically necessary. You can take your medications and have your lunch before 2:30 PM. If you have not taken your medications, please bring them with you so you can take them after your liver exam. You may bring food to the exam center to have after your exam.

- The liver exam results can only be valid if you don't eat for at least 3 hours before the exam.

What food will we give you at the exam?

- We provide juice and crackers when we have finished the liver exam.

Is there anything else I can do to make my visit go smoother?

- Avoid wearing watches, jewelry, or hair ornaments, such as barrettes, beads, bands, or bobby pins, to your exam. You will be asked to remove all jewelry and hair ornaments for some of the tests.

- Bring a sweater if you get cold easily.

2017

Exhibit 8-23. Front of Evening Appointment Slip (SP <12, Non-Fasting) (Blue)

_____
(SPID Number)

Appointment For Examination Under 12

Appointment for: _____
(NAME)

Day of week: _____

Date: _____ **Time:** _____

Special note for parents of children 3 to 5 years old:

- When your child comes for their exam, we hope to obtain a urine specimen in the exam center to test for environmental chemicals which can be found in urine.
- **DO NOT BRING A URINE SPECIMEN WITH YOU.** It needs to be collected in the exam center.
- We will ask that you assist your child obtain this specimen while in the bathroom at the exam center. If you could give your child something to drink before coming to the exam, then it might be easier to obtain a specimen while in the exam center. Any drink that you would like to give to your child is fine, and they can eat their regular meals. Food or drinks will not interfere with the laboratory tests.

Other Questions You May Have on back page. ⇨

If needed, taxi will arrive at: _____
(TIME)

2017

Exhibit 8-24. Back of Evening Appointment Slip (SP <12, Non-Fasting) (Blue)

WHAT TO DO FOR YOUR CHILD'S EXAM APPOINTMENT

The day of your exam

- Since you are under 12 years of age, no fasting is required for your exam. Eat as you normally would.
- Take your prescriptions, vitamins, other supplements, or non-prescription medicines as you normally would.
- If you have started taking a new vitamin or dietary supplement since your interview, please bring the container so we can record the product.
- Avoid wearing watches, jewelry, or hair ornaments, such as barrettes, beads, bands, or bobby pins, to your exam. **You will be asked to remove all jewelry and hair ornaments for some of the tests**.

Children 6 years and older:

- Write down the time you last went to the bathroom and urinated (peed) before coming to the examination center.

What food will we give you at the exam?

- We provide juice and crackers when we have finished the blood draw.

2017

11. Record all Appointment Information on the Front Cover of the Household Folder

After you complete the appointment process, write the appointment information for each SP on the Summary Table located on the front cover of the Household Folder (Exhibit 8-25). Enter complete information because this is your only hard copy documentation of this data.

If the SP has refused to make an appointment, enter the refusal code in the APPT DISP column and complete a Nonresponse Card detailing the reason for the refusal.

12. Make a Closing Statement to the Respondent

The major points to be covered during the closing statement include:

- **Thank** the respondent for his/her cooperation and time. Prepare an **Outreach Folder**. As you may recall the Outreach Folder is a two-pocket folder designed for NHANES.

  One folder should be given to each eligible **household** at the conclusion of the appointment process. Place copies of the Consent/Assent Form and other study materials in the folder. Remember that a **Certificate of Appreciation** (Exhibit 8-26) will be sent to the SP after their appointment is made with the field office.

  Be sure to stress the importance of his/her contribution to the study. Even though the respondent should at this point be generally familiar with the survey objectives, it is important to leave the respondent with a feeling that s/he has participated and should continue to participate in a worthwhile experience.

- Restate the **date, time, and transportation** arrangements for the examination appointment.

A summary of all the steps (1 through 11) to be followed when making a MEC appointment is contained in your Hand Card Booklet.

Exhibit 8-25. Summary Table of Household Folder

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY HOUSEHOLD FOLDER

DIRECTIONS/OTHER INFO

CONTACTS: ☐ WEEKDAY (noon-4:00PM) ☐ WEEKDAY (4:00PM or later) ☐ SATURDAY ☐ SUNDAY

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

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

If Other Than Home Phone, Specify Type: _____ Address Updated in CAPI ____ ISIS ____

MEC EXAM APPOINTMENT SUMMARY

FAM #	PER #	INTER INITIALS	SP ID#	APPT DISP	MEC EXAM APPOINTMENT INFORMATION DAY	DATE	TIME	TRANSPORT	SPECIAL CONSID
	1	NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									
		NAME:						MAIL CONSENT:	GENDER: AGE:
B C H S									

REV. 9/16

United States Department of Health and Human Services
Centers for Disease Control and Prevention
Certificate of Appreciation
presented to
We commend you for taking part in the
National Health and Nutrition Examination Survey.
Your contribution to this important study will help improve
the health of all people living in the United States.
CDC
Centers for Disease
Control and Prevention
National Center for
Health Statistics
Charles J. Rothwell, M.S, M.B.A.
Director
National Center for Health Statistics

8.4 Reporting Medical Findings to SPs

When questions about the results of examinations arise, explain to the respondent that findings reflecting most of the tests conducted as part of the MEC exam will be reported to the SP either during the time of the exam or sent to the SP 3 to 4 months after the exam is completed. For a detailed list of the exams that will be reported to the SP, see the Health Measurements List. Most results will be reported to the SP in writing regardless of when they are reported. An example of the Preliminary Report of Findings the SP receives for some of the exams at the time of the MEC visit appears as Exhibit 8-27. The report the SP receives on other exams 3 to 4 months later is very similar in format to this preliminary report.

NOTE: TALKING WITH RESPONDENTS ABOUT THE DISCOVERY OF SERIOUS HEALTH PROBLEMS OR ABNORMAL TEST RESULTS MAY HAVE A NEGATIVE IMPACT ON PARTICIPATION. FOR THAT REASON, THE TEXT THAT FOLLOWS IS FOR **YOUR INFORMATION ONLY**.

If a member of the examination staff determines that there are major medical findings that should be evaluated soon by a health care provider, the staff physician will explain the condition to the SP, provide him/her with a written report and urge him/her to make an appointment with a medical care provider. If the SP has no medical care provider, the physician will have him/her choose from a list of providers obtained at the stand for this purpose.

When abnormal findings that warrant clinical action are discovered by the laboratory after the examination has been completed, the lab will contact NCHS who in turn will send the SP (or parent) a letter describing the findings and strongly urging him or her to see a medical provider for a complete evaluation. This letter will usually be sent within two to three weeks of the exam.

If an emergency situation is discovered in the MEC, the MEC staff will contact a local rescue squad, ambulance service, or hospital emergency room whose telephone numbers will be kept posted in the MEC.

Exhibit 8-27. Example of Report of Findings

These measurements were obtained as part of a survey and do not represent a medical diagnosis. Interpretation of these measurements must be made by a physician.

Date of Examination:	xx/xx/2017
Participant Name:	John Doe
Participant Age at Interview:	xx years
Participant Age at Exam:	xx years
Participant Gender:	Male
SP ID:	xxxxxx

Body Measurements

Height:	6 ft. 0 in.
Weight:	150 lbs.
Body Mass Index (BMI):	xx

Based on your height, your weight is below the range of a healthy weight, and you may be underweight.

Waist circumference:	32 in.

Blood Pressure & Heart Rate

		Normal
Systolic Blood Pressure:	125 mm Hg	< 120
Diastolic Blood Pressure:	78 mm Hg	< 80
Resting Pulse Rate:	76	
Cuff Size:	Adult	

Your blood pressure today is above normal and is in the prehypertensive range. Based on the Seventh Report of the Joint National Committee on the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. NIH Publication, 2003.

Oral Health

The dental examination of the National Health and Nutrition Examination Survey is not, and is not intended to be, a substitute for the examination usually given to persons seeking care from their own dentists. Neither a dental history nor x-rays are taken, and therefore the findings are solely the result of what can be seen at the time of the examination.

The examining dentist recommends that you:	**Should see a dentist at the earliest convenience**
The examining dentist observed the following conditions:	**Decayed teeth** **Gum disease/problems** **Oral hygiene**

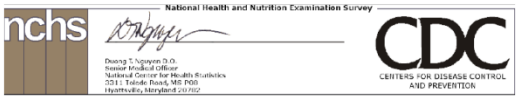
Exhibit 8-27. Example of Report of Findings (continued)

National Health and Nutrition Examination Survey

Final Report of Findings

Complete Blood Count

	Result	Units	Flag	Reference Range
White Blood Count	9.8	($x10^9$ /L)		3.8 - 12.1
Lymphocytes	59.6	(%)		12.3 - 46.4
Monocytes	8.5	(%)		4.6 - 14.0
Neutrophils	55.6	(%)		39.5 - 78.1
Eosinophils	3.9	(%)		0.6 - 8.8
Basophils	0.6	(%)		0.1 - 1.6
Red Blood Count	4.9	($x10^{12}$ /L)		3.6 - 5.7
NRBC	0.6	($x10^{12}$ /L)		0.0 - 0.6
Hemoglobin	17.0	(g/dL)		11.4 - 17.1
Hematocrit	50.0	(%)		33.9 - 50.9
MCV	99.9	(fL)		81.4 - 102.7
MCH	31.9	(pg)		26.3 - 35.0
MCHC	33.2	(g/dL)		32.1 - 35.1
RDW	12.5	(%)		11.8 - 16.2
Platelet Count	343	($x10^9$ /L)		124 - 384



--- Test not done
^^^ Results Still Pending
<<< Lower than the limit of detection
>>> Above the limit of detection
vvv Delayed Results

Number of hours fasted prior to blood draw: 4

Exhibit 8-27. Example of Report of Findings (continued)

National Health and Nutrition Examination Survey

Final Report of Findings

Laboratory - Blood Tests

	Result	Units	Flag	Reference Range
Glucose	91	mg/dL		60 - 109
Hemoglobin A1c	7.0	%	High	< 6.5
2-hour Glucose Tolerance Test	---	mg/dL		
ALT	18	IU/L		< 40
AST	30	IU/L		< 31
Alkaline Phosphatase Albumin	95	IU/L		39 - 117
Bicarbonate	3.7	g/dL		3.2 - 5.2
BUN	25	mmol/L		22 - 29
Calcium	18	mg/dL		6 - 19
Cholesterol	9.9	mg/dL		8.4 - 10.2
CPK	199	mg/dL		< 200
Triglycerides	64	IU/L		22 - 334
HDL	79	mg/dL		< 150
Serum Creatinine	99	mg/dL		> 39
GGT	0.51	mg/dL		0.40 - 1.20
LDH	20	IU/L		11 - 51
Phosphorus	99	IU/L		94 - 250
Sodium	3.9	mg/dL		2.6 - 4.5
Potassium	139	mmol/L		133 - 145
Chloride	3.90	mmol/L		3.30 - 5.10
Total Protein	108	mmol/L		96 - 108
Uric Acid	7.2	g/dL		5.9 - 8.4
Bilirubin	6.2	mg/dL		3.4 - 7.0
Serum Folate	0.9	mg/dL		0.0 - 1.0
RBC Folate	79.5	nmol/L		10.5 - 90.7
Serum Ferritin	1810	nmol/L		640 - 2006
Iron	---	µg/L		
C-reactive Protein	99	µg/dL		37 - 178
Blood Lead	<<<	mg/L		1.00 - 3.00
Cadmium	---	µg/dL		
Total Blood Mercury Selenium	---	µg/L		
Copper (serum)	---	µg/L		
Zinc (serum)	---	µg/L		
Manganese	---	µg/dL		
Testosterone	---	µg/dL		
Iron	^^^	µg/L		22-163
Vitamin A	32	ng/dL		20-100
Vitamin C	---	µmol/L		300.0 - 720.0

--- Test not done
^^^ Results Still Pending
<<< Lower than the limit of detection
>>> Above the limit of detection
vvv Delayed Results

Number of hours fasted prior to blood draw: 2

Exhibit 8-27. Example of Report of Findings (continued)

National Health and Nutrition Examination Survey

Final Report of Findings

Laboratory - Urine Tests

	Result	Units	Flag	Reference Range
Albumin Creatinine Ratio - 1st Collection	10.25	mg/g		< 30.00
Total urinary arsenic	40.5	µg/L		< 50.00
Nickel	23	µg/L		<3

--- Test not done
^^^ Results Still Pending
<<< Lower than the limit of detection
>>> Above the limit of detection
vvv Delayed Results

Exhibit 8-27. Example of Report of Findings (continued)

Laboratory - Other Blood Tests

Kidney Health

Your kidneys filter your blood and help control blood pressure. We checked how healthy your kidneys are by calculating your estimated glomerular filtration rate (eGFR).

Your estimated glomerular filtration rate (eGFR) was --- mL/min/1.73m^2.

This value is not meaningful for individuals with acute kidney failure, people with extreme body size or muscle mass (such as individuals who are bodybuilders, extremely obese or severely malnourished), and people on vegetarian or low-meat diets or taking creatine dietary supplements. This value may not be meaningful for persons older than 70.

---	Test not done
^^^	Results Still Pending
<<<	Lower than the limit of detection
>>>	Above the limit of detection
vvv	Delayed Results

Number of hours fasted prior to blood draw: 2

Exhibit 8-27. Example of Report of Findings (continued)

Laboratory Information

The following CLIA-certified laboratories performed the named tests on biologic specimens

NHANES Mobile Examination Center Laboratory National Center for Health Statistics 3311 Toledo Road Hyattsville, Maryland 20782	Complete blood count
Diabetes Diagnostic Laboratory University of Missouri - Columbia 1 Hospital Drive Room M767 Columbia, MO 65212	Glucose, hemoglobin A1c, and 2-hour glucose tolerance Test
Collaborative Laboratory Services Laboratory 1005 Pennsylvania Suite 102 Ottumwa, IA 52501	Glucose, CPK, iron, C-reactive protein, ALT, AST, alkaline phosphatase, albumin, bicarbonate, BUN, calcium, cholesterol, triglycerides, serum creatinine, GGT, LDH, phosphorus, sodium, potassium, chloride, total protein, uric acid, bilirubin and estimated glomerular filtration rate
Centers for Disease Control and Prevention National Center for Environmental Health Nutritional Biomarkers Branch Laboratory 4770 Buford Highway, NE MS F-55 Atlanta, GA 30341	Vitamin B12, serum ferritin, serum folate and RBC folate
Centers for Disease Control and Prevention National Center for Environmental Health Inorganic Toxicology Laboratory 4770 Buford Highway, NE MS F-55 Atlanta, GA 30341	Total urinary arsenic, blood lead, cadmium, manganese, selenium, copper, zinc and total blood mercury
Centers for Disease Control and Prevention National Center for Environmental Health Clinical Chemistry Branch Laboratory 4770 Buford Highway, NE MS F-25 Atlanta, GA 30341	Testosterone
Microalbumin Laboratory University of Minnesota 515 Delaware Street SE Room 13-219 - MOOS Tower Minneapolis, MN 55455	Urine albumin/creatinine ratio
NHANES Lipid Laboratory Advanced Research and Diagnostic Laboratory 1200 Washington Ave S Suite 175 Minneapolis, MN 55415	Cholesterol, triglycerides, HDL, LDL

8.5 Answering Questions About Child Abuse

Page six of the MEC Examination Brochure informs the respondent of the strict confidential nature of the study except in cases where there are clear signs of child abuse.

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

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

For that reason we provide you with a statement about child abuse and related questions and answers respondents may have (Exhibit 8-28). In most situations, providing the respondent with this information will end the child abuse conversation. If the respondent asks you **other** specific questions (not in your Hand Card Booklet) about child abuse issues, provide him/her with the appropriate telephone number which will be given to you when you arrive at the stand. Depending on the nature of the question, this may be the number of the field office, the local state agency that deals with child abuse cases or the National Center for Health Statistics. **Do not answer any child abuse questions based on your own knowledge**. Your supervisor will give you the appropriate local agency number at the beginning of each stand.

8.6 Answering Questions About AIDS Testing

AIDS is one of the health issues to be studied in NHANES. The MEC Brochure informs respondents of this. Based on past experience, we know that the overwhelming majority of respondents do not ask any questions concerning AIDS. However, if you are asked about AIDS and NHANES, we would like you to do the following:

1. Hand the respondent the AIDS Brochure (Exhibit 8-29), which contains information on the blood test given in the MEC and on the AIDS virus. Note that the brochure includes an 800 number that respondents can call for additional information.

Exhibit 8-28. Child Abuse Pages

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

INFORMATION ABOUT CHILD ABUSE

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

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

Exhibit 8-28. Child Abuse Pages (continued)

QUESTIONS AND ANSWERS ABOUT THE

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

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

This card contains information about and definition of "child abuse" obtained from two publications produced by the American Medical Association entitled "Diagnostic and Treatment Guidelines on Child Sexual Abuse" and "Child Physical Abuse and Neglect."

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

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

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

My purpose here today is to administer the Health and Nutrition Examination Survey questionnaire. However, the physicians in the Mobile Examination Center are mandated by federal law to report such cases.

What actions are taken in suspected cases of child abuse?

Investigations of suspected cases of child abuse are dependent upon the specific laws in your state.

Will the physician at the Mobile Examination Center tell me if s/he is reporting my child as being abused?

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

Where do you get your guidelines on child abuse?

Guidelines vary from state to state, but the guidelines our physician uses for reporting come from two publications produced by the American Medical Association entitled "Diagnostic and Treatment Guidelines on Child Sexual Abuse" and "Child Physical Abuse and Neglect."

Exhibit 8-28. Child Abuse Pages (continued)

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

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

How can I get more information about child abuse and how it is treated in the National Health and Nutrition Examination Survey project?

My supervisor can give you more information and can be reached at (Give current phone number of Field Operations Coordinator).

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

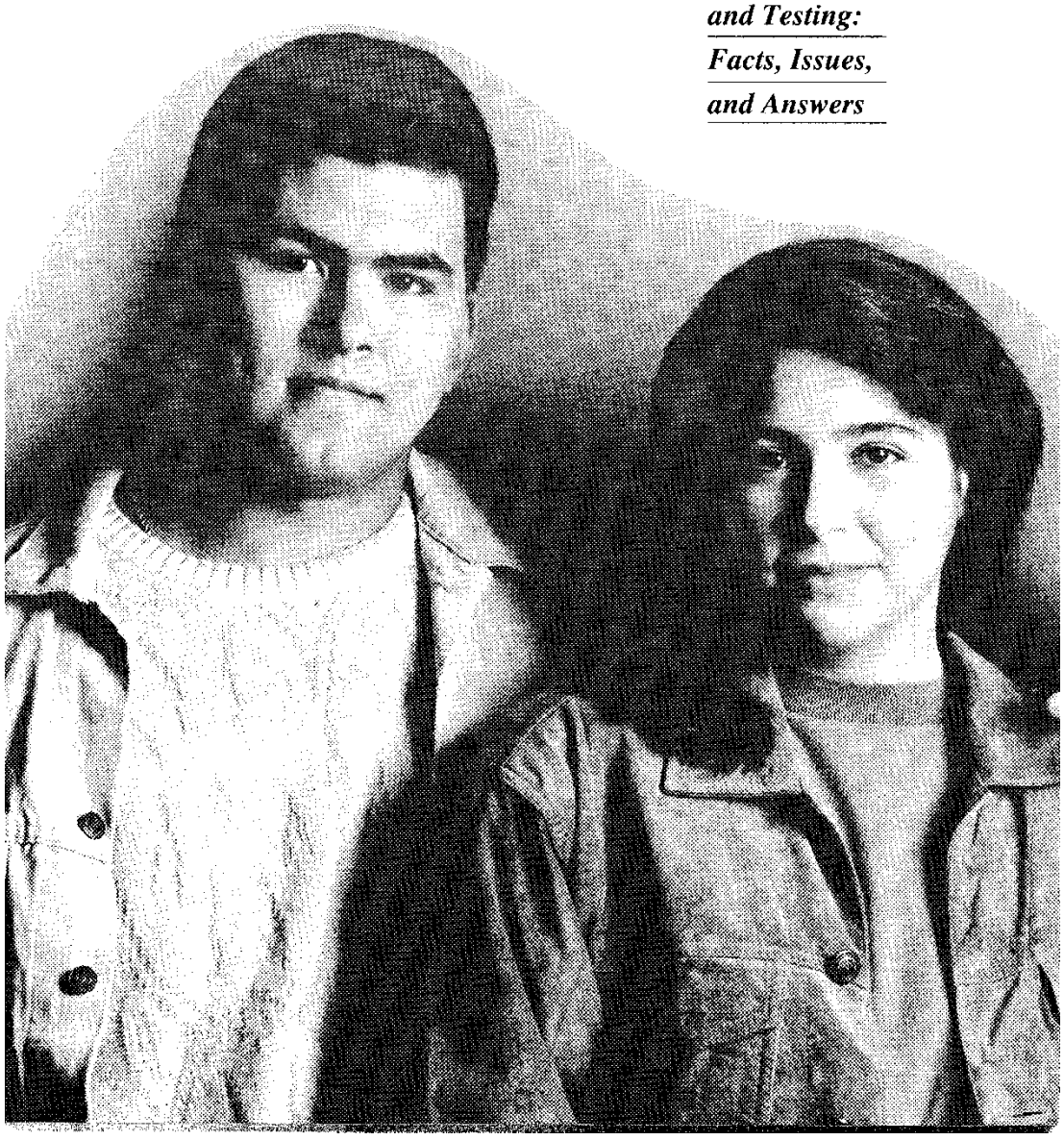
You may call the agency in your state that deals with child abuse cases (Give agency number) or the person to contact on a national level is Dr. Kathryn S. Porter at the National Center for Health Statistics. Her toll free number is 1 800 452-6115.

Exhibit 8-29. AIDS Brochure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
NAIEP/10-90/11

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Voluntary HIV Counseling and Testing: Facts, Issues, and Answers



Show the respondent the AIDS Information Sheet that appears as one of your Hand Cards in the "MEC" portion of the Hand Card Booklet (Exhibit 8-30).

In most situations this will end the AIDS conversation, and you will proceed with the appointment making process.

2. If the respondent asks you specific questions about AIDS indicate that you can provide him/her with the telephone number of a local health center where s/he can get authoritative answers. **Do not answer AIDS questions based on your own knowledge**. YOUR SUPERVISOR WILL GIVE YOU THIS NUMBER AT THE BEGINNING OF EACH STAND.

3. If the respondent would like to get the results of his/her AIDS test, they may call the special NCHS telephone number provided in the Consent Brochure.

4. If the respondent **insists** that s/he will participate in the MEC exam except for the AIDS testing, grant this concession and note it in the Consent Form Module.

8.7 Answering SP Questions About the Blood Draw

During the appointment process some SPs may have questions concerning the blood draw that takes place as part of the MEC examination. A special document has been produced to aid the health representative in answering these questions. This document appears as Attachment A.

8.8 Motivating the Respondent to Participate in the Examination

The face-to-face SP interview generally provides a unique opportunity for the interviewer and the respondent to establish a positive working relationship. This rapport will in most cases be crucial to motivating the respondent to cooperate in the examination module of NHANES.

However, situations will certainly arise where you sense that the respondent is apprehensive or reluctant about the examination. In such cases of noncooperation (short of an outright refusal) there are a number of techniques that should be employed once you have determined the reason for the reluctance. Some of the techniques are the same as those used to convince SPs to participate in the household interview, others are unique to the examination phase. These techniques are discussed in the Obtaining Respondent Cooperation Manual (Part II of your manual).

Exhibit 8-30. AIDS Information Sheet

AIDS INFORMATION SHEET

NHANES is a survey that looks at the health of the United States population, studying many diseases such as heart disease, diabetes, and osteoporosis. One of the major health issues in the United States is AIDS. Because it is such an important public health problem and scientists need to know how widespread the infection is in the general population, we plan to test the blood of everyone ages 18-59 years for AIDS infection.

You cannot get AIDS from any procedure in the mobile examination center. All needles used in obtaining your blood are sterile and are used only on you. All other equipment used during the examination is either disposable or sterilized after each use.

8.9 Making Field Reminders

Within 48 hours of their MEC appointment, all SPs will receive a reminder telephone call. This call is made from the stand field office. SPs who do not have phones, whose phones are not working, who have refused to provide a phone number, or who have not been contacted by phone for some other reason must be contacted in the field.

Field reminders will be assigned to interviewers by the field manager. A **field reminder assignment package** will include:

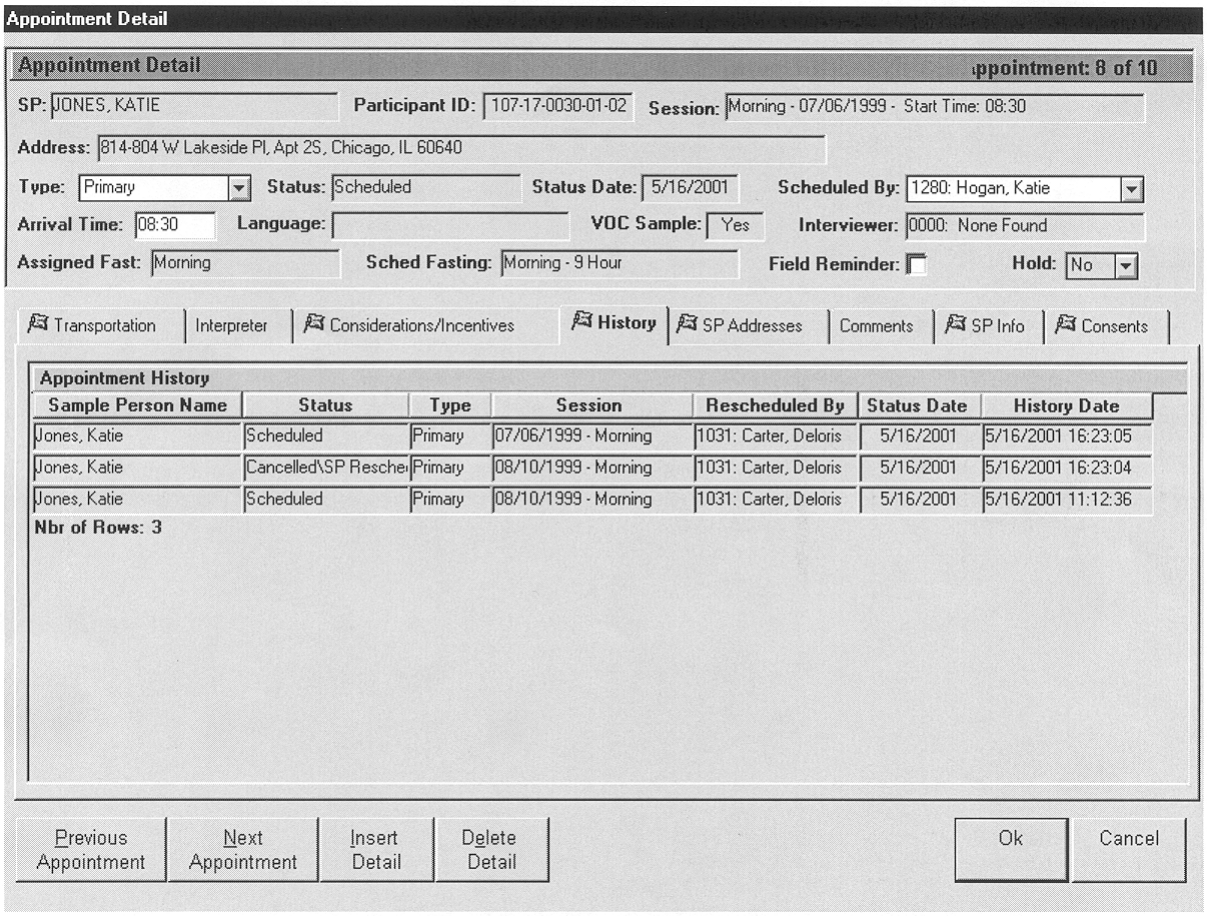
- A **Segment Folder** (Chapter 3) to help locate the address;
- A copy of the **Appointment History** of the SP who requires the field reminder (Exhibit 8-31);
- A xerox copy of the **Household Folder Call Record** to serve as a contact reference. and
- A copy of the Household Composition Report which lists all members of the household.

Field reminders must be done in person face-to-face—leaving a slip under the door is not a successful field contact. In the **unusual event** that face-to-face contact is not possible after multiple attempts with the household, the interviewer should then leave an appointment slip at the household for each SP and notify the field manager of the situation. SPs not receiving in-person field reminders may be more likely not to show for their MEC appointments.

In making field reminders to SPs, be sure to go over all of the points mentioned below.

1. Introduce yourself and explain that you are calling from the National Health and Nutrition Examination Survey.
2. Remind the SP that a health representative made an appointment for him/her to come to the MEC on (mention date of appointment).
3. Ask the SP to get the appointment slip that was left by the health representative so that you can review the instructions.
4. Review the time of the appointment and the address of the MEC. If the SP is to be picked up by a taxi, tell the SP what time the taxi will pick him/her up. If the SP is coming to the MEC on his or her own, remind the SP what time s/he needs to be there.
5. Review the appointment instructions with the SP thoroughly.

Exhibit 8-31. Appointment History



Moreover, it is important to keep in mind that each time a household contact is made, you should leave the most positive feeling behind concerning NHANES since it will surely affect the next module of the study, in this case, participation in the examination.

8.10 Rescheduling Broken MEC Appointments

Interviewers will support the field office staff efforts to reschedule respondents who cancel or do not appear for their MEC examination appointments. The study manager will assign these cases.

A **broken appointment assignment package** will include:

- A **Segment Folder** (Chapter 3) to help locate the address;
- The **Non Response Card** to record the results of rescheduling the broken appointment;
- A **SP Appointment History Report**, which provides appointment history data on all SPs in a household.
- A photocopy of the Household Call Record from the Household Folder to provide contact information about the household.
- A copy of the Household Composition Report listing all members of the household.

At the time a broken appointment is assigned, the interviewer and the field manager should discuss conversion strategies (see Obtaining Respondent Cooperation Manual).

8.11 Pre-pay Transportation Allowance

In the last two weeks of a stand, you will review cases remaining with SPs who have not come to the MEC to be examined. If you and your supervisor think it may make a difference, you will be advanced cash to pre-pay the MEC transportation allowance and obtain a receipt. The FO supervisors will provide you with instructions and guidance for each case.

9. THIS CHAPTER OMITTED

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10. NON-INTERVIEW AND NONRESPONSE

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

- The **Screener Vacant/Not a DU Form** is used to record information on screeners identified as vacant or not a dwelling unit; and
- The **Nonresponse Card** is used to document nonresponse to the Screener, SP questionnaire, Family questionnaire, or nonresponse to the MEC appointment (an initial refusal, cancellation or no-show). For the Screener, the Nonresponse Card is used as information only.

Nonresponse must also be recorded in the Tablet Record of Calls (Attachment B). In this chapter we will discuss non-interview and nonresponse problems/situations, as well as the completion of Screener Vacant/Not a DU and nonresponse forms.

10.1 Problems Completing a Screener at the Assigned Address

You may sometimes encounter circumstances that prevent you from completing a Screener at the assigned address. These problems can occur in the following scenarios:

- The unit is vacant;
- The address does not qualify as a DU; or
- The sampled DU does not exist.

10.1.1 Problems Making Contact at the Dwelling Unit

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

The Unit is Vacant

If the sampled DU is vacant, there are several steps to take before you actually consider the unit to be vacant. Be sure that there are no signs of furniture or other clues that the DU is occupied. Do not assume a unit is vacant just because there are no curtains or accumulation of old newspapers on the porch. Once you are satisfied that the unit is vacant, fill out the Screener Vacant/Not a DU Form. A copy of this form appears as Exhibit 10-1. Be sure to include in your comments all signs of vacancy. If you should happen to notice that the DU is no longer vacant on later trips to the segment, do not make any attempts to contact the new residents.

Your supervisor may ask you to verify the vacancy with a neighbor or building manager. If verification through neighbor information is not possible (no one home, neighbors refuse to give information, etc.) discuss the case with your supervisor at your next interviewer conference. Your supervisor will decide what further activity is necessary.

The Assigned Address Does Not Qualify as a DU

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

You should use Section 3.1, "Definition of a Dwelling Unit," to make the determination of a dwelling unit. Whenever you determine that a sampled address does not qualify as a DU, complete the Screener Vacant/Not a DU Form, and return the case to your supervisor at your next scheduled conference. Note that your supervisor may ask you to verify with a neighbor or building manager that the address is not a dwelling unit as defined by this study.

Exhibit 10-1. Screener Vacant/Not a DU Form

SCREENER VACANT/NOT A DU FORM

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

☐ VACANT

RECORD IN DETAIL THE SIGNS OF VACANCY

_____
_____
_____
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_____

☐ NOT A DU → CHECK TYPE

RECORD IN DETAIL ALL RELEVANT INFORMATION AND OBSERVATIONS

_____
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- ☐ CONDEMNED/DEMOLISHED
- ☐ PLACE OF BUSINESS
- ☐ NO SUCH ADDRESS/NO SUCH DU
- ☐ VACATION CABIN
- ☐ NOT USABLE AS PERMANENT RESIDENCE
- ☐ TRANSIENT USE
- ☐ STILL UNDER CONSTRUCTION
- ☐ LISTING PROBLEM, OUT OF SEGMENT
- ☐ OTHER REASON

END

The Sampled DU Does Not Exist

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

If your best efforts fail to locate the sampled DU and you suspect that it has been demolished or that it never existed, describe the situation on the Screener Vacant/Not a DU Form. Return the case to your supervisor during your next scheduled conference.

10.2 Completing the Screener Vacant/Not a DU Form

If the answer to question 1 on the Neighbor Information Form is "No" (the address is not currently occupied), follow the skip instructions and turn to page 2, the Screener Vacant/Not a DU Form. This form (Exhibit 10-1) is to be completed when you encounter vacant/not a DU situations. This form will provide your supervisor with an accurate description and documentation of the circumstances encountered.

If the DU is vacant or not considered a DU for this study, complete the appropriate sections on the Screener Vacant/Not a DU Form. Living quarters are vacant if no persons are living in them at the time of your first visit. If the occupant is only temporarily absent and is expected back before the stand closes, consider the unit as occupied.

Note the following:

Section I – Vacant/Not a DU

Item A. If you have checked the box for "NOT A DU, OTHER REASON," be sure to specify in **as much detail as possible**.

Item B. Record completely all signs of vacancy including verification (e.g., from neighbor or resident manager if obtained).

Item C. Record any and all signs of information that the DU does not qualify as a sample unit.

10.3 Problems Completing Critical Components of the Case

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

- When you are trying to conduct the Screener with a household adult;
- When you are unable to complete the Relationship Module;
- 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; and
- When you are trying to reschedule a broken MEC appointment.

10.3.1 Problems Obtaining the Interview (Screener Relationship, SP, or Family Interviews)

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 or an extended interview with an SP 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 (23)

It is common to find no one at home when you attempt to contact a household. Never leave study materials in the mailbox as this is a federal offense. At this stage, the goal is to complete the screener to see if there are eligible SPs in the household.

Then, after two unsuccessful attempts, 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 TROC; and
- Record any information volunteered about the household composition on the Neighbor Information Form.

Special considerations for neighbor contacts are discussed in Section 6.1.3. If you have what your supervisor considers to be the maximum number of attempts and have been unable to find an adult at home to administer the Screener, complete a Nonresponse Card, and mark the "information only" box on the front page of the Nonresponse Card. Explain thoroughly why you were unable to complete the Screener interview. Return the case to your supervisor during your next scheduled conference.

Refusal (22)

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. Begin with the SP questionnaire, and then proceed to the family questionnaire.
- Above all, be thoroughly familiar with all study materials so that you can readily answer a respondent's questions about the survey.

If you find that you are not getting anywhere with a respondent, try to end the contact **before** you get a final "No." However gruff or rude a respondent may be, always maintain a pleasant, courteous manner. Above all, do not antagonize or alienate the respondent. Try to keep the door open for future contacts. In most situations, your supervisor will assign another interviewer to attempt the interview. If you can leave on a pleasant note, the respondent may be more receptive to the efforts of another interviewer. After leaving the respondent, record the situation completely on the Nonresponse Card and in the TROC and return the case to your supervisor during your next scheduled conference. Please recommend what type of interviewer or the name of an interviewer you feel may be successful with this household. **Record information you would like to receive if you were to be the interviewer following on this case**.

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 (22)

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

Unavailable During the Field Period (24)

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

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

Illness (20)

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, 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 Barrier (21)

When you have a refusal at the Screener, SP questionnaire, Family questionnaire, or nonresponse to the MEC Appointment from a respondent (or family) whose primary language is anything

other than English or Spanish regardless of whether you are working with or without an interpreter, use this result code. This code should be used for any refusal from a respondent who doesn't speak either English or Spanish, regardless of any other reason given.

Language Problem (25)

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 interpret for the Screener interview. If you cannot find an interpreter, have the respondent complete the Language Identification Card. Next, complete a Nonresponse Card, make an entry in the TROC and discuss the case with 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 interpreter to assist you during the interview. If none exists, discuss the case with your supervisor. S/he will try to help you find a professional interpreter.

Other Situations

Any other type of incomplete interview situation that does not fit into any of the categories mentioned previously should be described in detail on the Nonresponse Card and in the TROC. Discuss all "other" situations with your supervisor during your conference.

Respondent Confidentiality Issues

On occasion, study participants may be asked to serve as interpreters, endorsers of the study or as escorts in dangerous segments or gated communities. In previous years, study participants have also served as field interviewers or MEC/field office local clerks. When participants volunteer or are hired in this manner, they must sign the nondisclosure agreement and Westat employment forms as necessary. Only when they agree to these terms and sign the forms will they begin work as employees or volunteers of the study. It is also important to note that they should not be prompted to divulge their own names and experiences as study participants unless they do so on their own volition.

10.3.2 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, record the disposition code on the front of the Household Folder, in the TROC, and complete a **Nonresponse Card**. Specifications for completing this card are in Section 10.4 of this chapter.

10.4 Documenting Nonresponse and Completing the Nonresponse Card for Screener, SP Interview, Family Interview, and MEC Appointment Nonresponse

It is important to stress that on the basis of the nonresponse information you provide, your supervisor will decide whether to refield the case. If a case is refielded, the interviewer to whom the case is reassigned will also use this information. It is, therefore, very important for you to fill out the TROC and Nonresponse Card as completely and accurately as possible to give your supervisor and any future interviewer a full description of the problem and any suggestions you have about how to deal with it. Whenever necessary, make any additional notes you feel are pertinent.

The Nonresponse Card (Exhibit 10-2) is used if an interviewer has been unable to complete either a Screener, SP interview, Family interview, or schedule or reschedule a MEC exam appointment. The **first** interviewer who experiences any one of these situations must:

- Document the situation in detail on the Result of Contacts page on Page 4 and 5 of the Household Folder and in the TROC.
- Enter case specific information on the top of the Nonresponse Card. For Screener refusals, mark the "information only" box at the top of the Nonresponse Card. Continue to record all Results of Contacts on the household folder and TROC until the all components of this household have been completed. The Nonresponse Card is to provide additional information only to the next interviewer assigned the case.
- Enter the SP specific information in the appropriate area of the card.
- Enter the type of nonresponse (code) the reason and the result codes from the back of the Household Folder Page 6 in the first available row of the Nonresponse Card.

Exhibit 10-2. Nonresponse Card

NONRESPONSE CARD **INFORMATION ONLY** ☐

STAND #	SEG #	SERIAL #	FAM #

CODES FOR TYPE OF NONRESPONSE: **SCREENER NONRESPONSE = SCR** **MEC APPOINTMENT NONRESPONSE = MEC** **SP QUEX NONRESPONSE = SP** **FAMILY NONRESPONSE = FAM**

NAME	GENERAL DESCRIPTION	AGE	GENDER	RACE/ETHNICITY	SP ID	PER #

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

Exhibit 10-2. Nonresponse Card (continued)

NONRESPONSE CARD – CONTINUATION SHEET **INFORMATION ONLY** ☐

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

- Enter the nonresponse code in the appointment disposition column on the front of the Household Folder.
- Enter the information into the TROC (Attachment B).

The conversion interviewer assigned the nonresponse case must document his or her efforts on the remainder of the Record of Contacts and Nonresponse Card using the following specifications.

10.4.1 Specifications for Completing the Nonresponse Card

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

Screener Not Complete/Information Only Box

A Nonresponse Card should be included with each screener submitted with an interim disposition (i.e., Language Problem, Not home After Multiple Attempts, etc.). Place a check mark in the "Information Only" field and document information gathered while attempting to screen the household (i.e., "teenage male approx. 14 years old answered door and explained that his parents work late. I've tried to reach them as late as 8 p.m. Try weekend mornings after 8 a.m. Father drives a green pickup.").

Documenting Non Response

The first attempt line on the Nonresponse Card is used to record information from the first contact on the Result of Contacts page when a refusal occurred. It serves to link the refusal information to the Record Contacts attempt. Enter the interviewer ID, the Day, Date and Time, and the type of nonresponse. Use the type of nonresponse codes from the box at the top of the Nonresponse Card. Then enter the result code from the Result of Contacts page on the back of the Household Folder. Enter an '80' for MEC Cancelations or for No Show MEC Exam appointments (first interviewer).

The interviewer who is assigned the case to convert the nonresponse must document his or her efforts on the Household Folder Record of Contacts and the Tablet Record of Contacts, recording on the Nonresponse Card only for attempts where subsequent refusals occur.

REFUSAL ATTEMPT # FROM ROC:	Enter attempts where a refusal occurred on this card. All attempts should have a corresponding attempt documented on the Household Folder Record of Contacts (ROC) and the Tablet Record of Contacts (TROC). (Note: The numbering most likely will not be consecutive.)
INTERV. ID:	Enter your identification.
DAY OF WEEK: DATE: TIME:	Complete just as on Household Folder.
SP QUEX – APPOINTMENT:	Check the box, according to the type of nonresponse.
RESULT CODE:	Enter the appropriate result code for the SP Questionnaire or the MEC Appointment scheduling or rescheduling process. These codes are listed (Exhibit 10-4) on page 6 of the Household Folder.
REASON CODE:	Enter the reason code(s) for the nonresponse. Enter all codes applicable. All reason codes (50 through 80) are listed on page 6 of the Household Folder (Exhibit 10-3).
TYPE OF NONRESPONSE:	Enter the type of nonresponse from the codes listed on the top of the Nonresponse Card.
PERSON:	Enter the Person number(s) to whom the nonresponse information applies.

Exhibit 10-3. Result and Reason Codes From Household Folder Page 6

CALL RECORD RESULT CODES

SCREENER CODES		RELATIONSHIP CODES		SAMPLE PERSON/ FAMILY CODES		MEC APPOINTMENT SCHEDULING CODES	
Complete – No SP's	1	Complete	10	Complete	10	Scheduled	11
Complete – With SP's	2	Illness	20	Illness	20	Illness	20
SUPERVISOR USE ONLY:		Refusal Language Barrier	21	Refusal Language Barrier	21	Refusal Language Barrier	21
Complete – No SP's Based on Non-HH Information	3	Refusal/Breakoff	22	Refusal/Breakoff	22	Refusal/Breakoff	22
Complete – With SP's Based on Non-HH Information	4	Not at Home	23	Not at Home	23	Not at Home	23
		Unavailable During Field Period	24	Unavailable During Field Period	24	Unavailable During Field Period	24
Out of Scope	5	Language Problem	25	Language Problem	25	Language Problem	25
Unable To Enter Structure	6	Other (Specify)	26	Other (Specify)	26	Other (Specify)	26
Vacant	7	Interview Appointment	28	Consent Form Refusal	27	Consent Form Refusal	27
Not a Dwelling Unit	8			Interview Appointment	28		
New Construction	9						
Illness	20						
Refusal Language Barrier	21						
Refusal/Breakoff	22						
Not at Home	23						
Unavailable During Field Period	24						
Language Problem	25						
Other (Specify)	26						
Interview Appointment	28						

REFUSAL REASON (RF RES) CODES

Anti-Government in general	50
Anti-Government surveys	51
Avoidance	52
Benefit concerns (Medicare or other Federal program)	53
Data security/Identity theft	54
Deceased	55
Distance to exam center	56
Do not contact – called NCHS	57
Doctor says no	58
Does not believe in studies	59
Fear of child being examined	60
Fear of exam	61
Fear of leaving house	62
Fear of results	63
Friends/relatives advise against it	64
Have own doctor	65
Language problem	66
Length of exam	67
Length of interview	68
Moved	69
Not interested	70
Out of town	71
Personal health issues – SP's or those of family member	72
Privacy (does not want interviewer in home)	73
Religious/Cultural	74
Suspicious/Thinks this is a scam	75
Too busy	76
Transportation problem	77
Waste of time and money	78
Weather conditions	79
MEC No Show/Cancel/Reschedule	80

INCENTIVE INFORMATION

PRIMARY EXAM							SPECIAL STUDIES		
Name	Exam	Exam Transport	Child/Adult Care	Non-SP Parental	Primary Exam Total		Dietary Phone Follow-up	Consumer Behavior Survey	Special Studies Total
					$				$
					$				$
					$				$
					$				$
					$				$
					$				$
					$				$
					$				$

Total Family Primary Exam Incentive: $_____ Total Family Special Studies Incentive: $_____

10.4.2 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 "General Description" column of the Nonresponse Card.

1. Physical appearance/health—size, weight, condition (normal/frail, handicapped, any physical/mental condition which would keep respondent from coming to MEC)
2. Attitude (normal, scared, angry)

In the "Remarks" column of the Result of Contacts and the Nonresponse Card provide the following information:

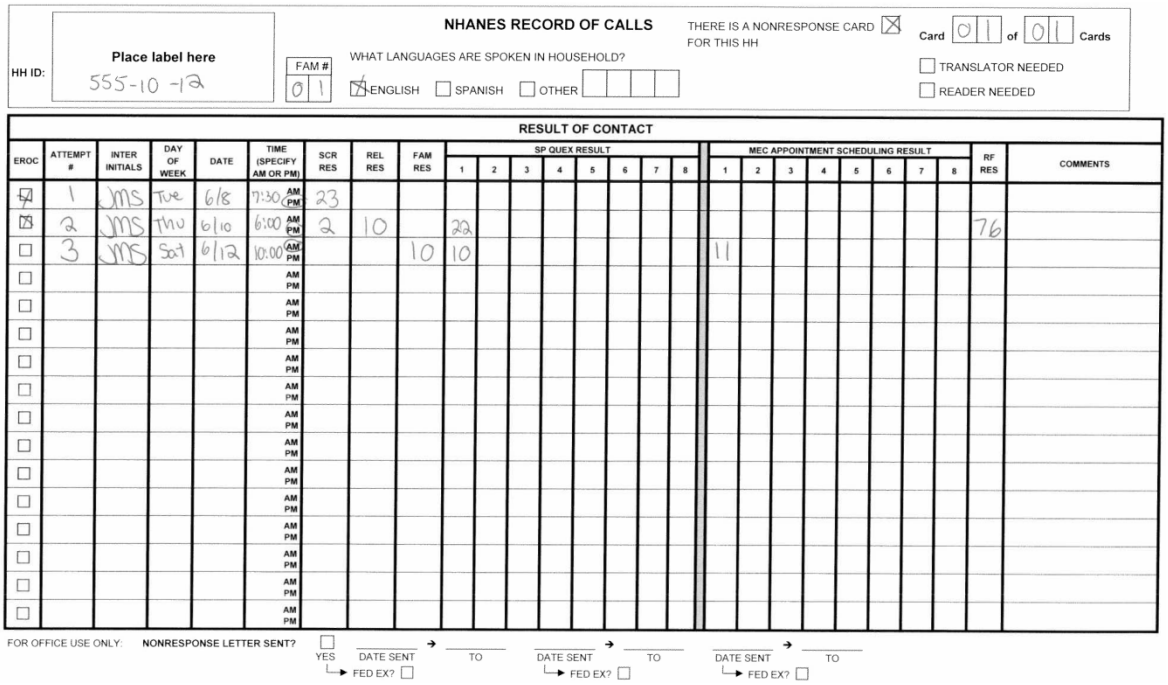
1. Details on conversation between you and respondent—what respondent said/what you said
2. Details on conversations between you and neighbors when a screener has not yet been completed
3. Type and condition of DU (apartments, single homes, well-kept lawns, rundown, high security)
4. Type of neighborhood (low income, middle income, high income, singles, families, professionals)
5. What survey material, if any, you left with the respondent.

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

The following pages contain examples of accurately completed Nonresponse Cards.

EXAMPLE 1:

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



HH ID: Place label here 555-10-12 | FAM # 01 | NHANES RECORD OF CALLS | THERE IS A NONRESPONSE CARD FOR THIS HH ☒ | Card 01 of 01 Cards | WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD? ☒ ENGLISH ☐ SPANISH ☐ OTHER | ☐ TRANSLATOR NEEDED ☐ READER NEEDED

RESULT OF CONTACT

EROC	ATTEMPT #	INTER INITIALS	DAY OF WEEK	DATE	TIME (SPECIFY AM OR PM)	SCR RES	REL RES	FAM RES	SP QUEX RESULT 1	2	3	4	5	6	7	8	MEC APPOINTMENT SCHEDULING RESULT 1	2	3	4	5	6	7	8	RF RES	COMMENTS
☒	1	JMS	Tue	6/8	7:30 AM PM	23																				
☒	2	JMS	Thu	6/10	6:00 AM PM	2	10		22																76	
☐	3	JMS	Sat	6/12	10:00 AM PM			10	10								11									
☐					AM PM																					
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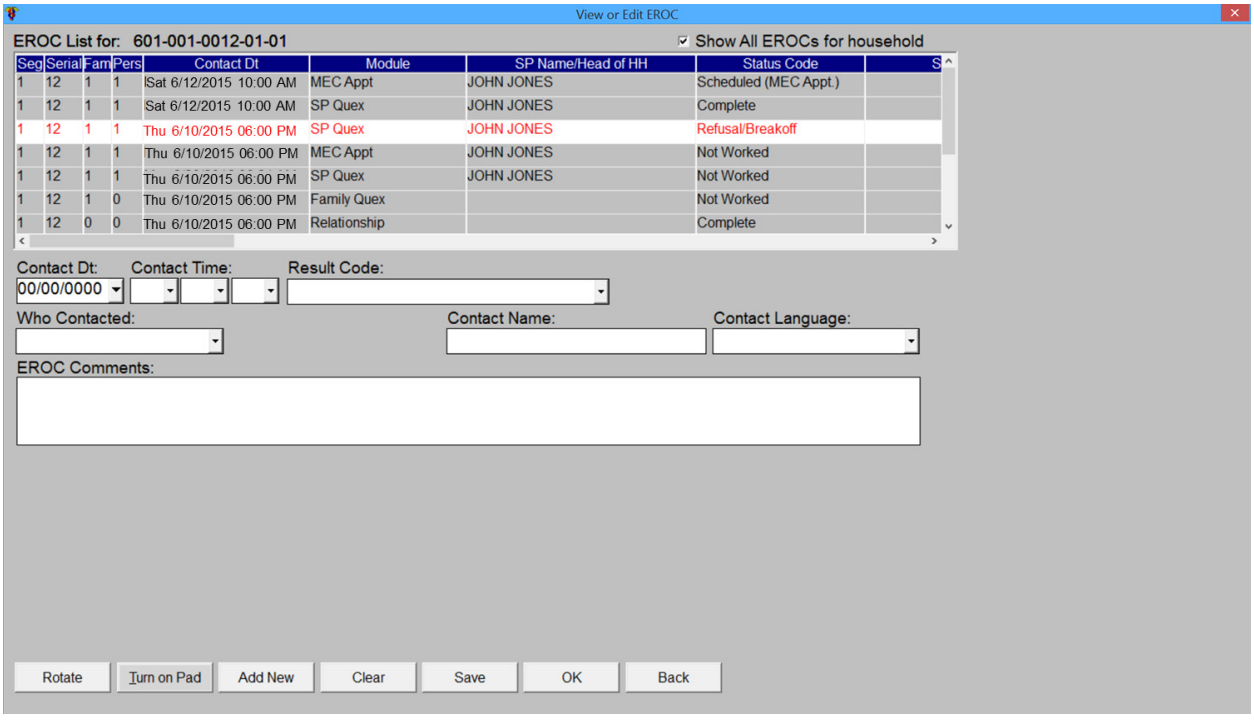
FOR OFFICE USE ONLY: NONRESPONSE LETTER SENT? ☐ YES → DATE SENT ____ → TO ____ FED EX? ☐ | DATE SENT ____ → TO ____ FED EX? ☐ | DATE SENT ____ → TO ____ FED EX? ☐



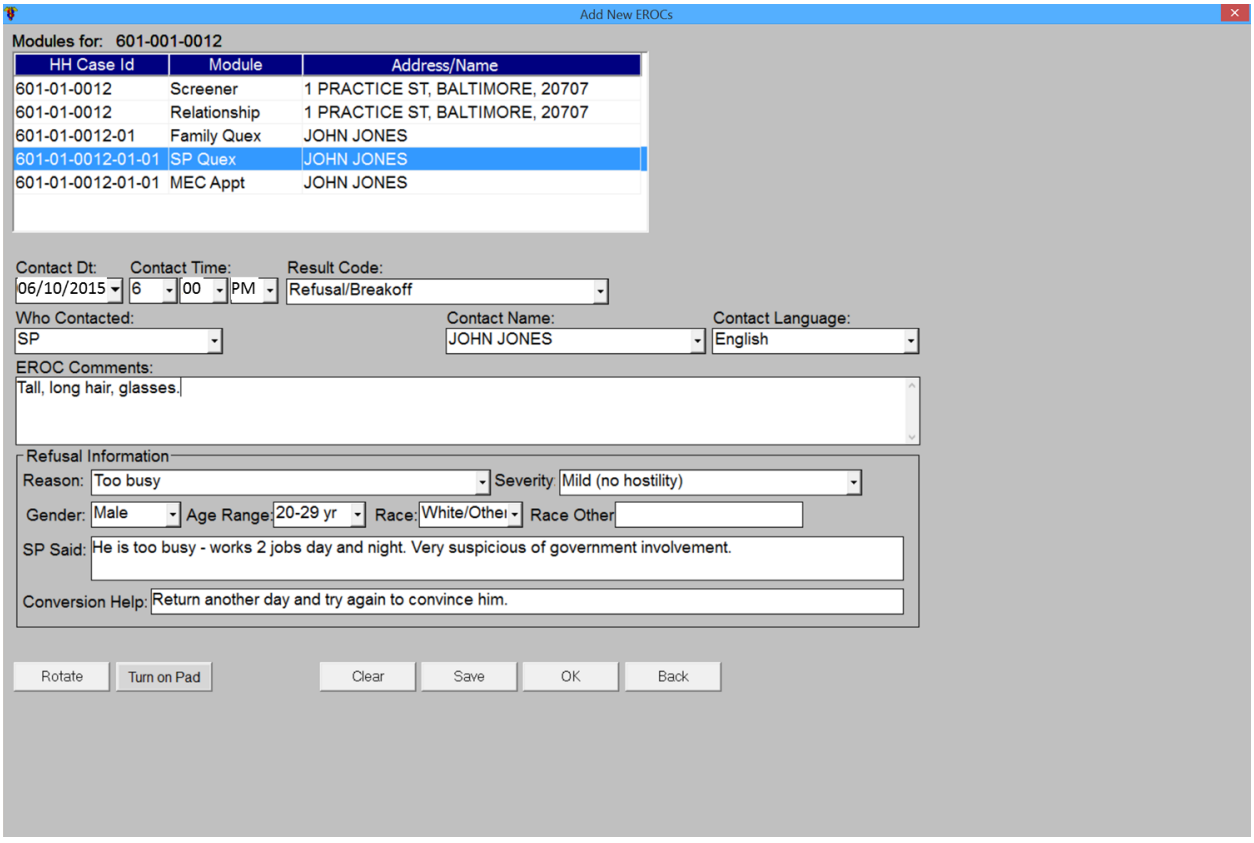
NONRESPONSE CARD **INFORMATION ONLY** ☐

STAND #	SEG #	SERIAL #	FAM #
555	10	12	01

CODES FOR TYPE OF NONRESPONSE: SCREENER NONRESPONSE = SCR MEC APPOINTMENT NONRESPONSE = MEC
SP QUEX NONRESPONSE = SP FAMILY NONRESPONSE = FAM

NAME	GENERAL DESCRIPTION	AGE	GENDER	RACE/ETHNICITY	SP ID	PER #
John Jones	Tall, long hair, glasses	28	M	white	12345	01

REFUSAL ATTEMPT # FROM ROC	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
2	JMS	Thu	6/10	6:10PM	22	50/76	SP/MEC	01	SP says he is too busy - works 2 jobs day and night. Very suspicious of government involvement.



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.

HH ID: Place label here

FAM # 01

NHANES RECORD OF CALLS

WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD? ☒ ENGLISH ☐ SPANISH ☐ OTHER

THERE IS A NONRESPONSE CARD FOR THIS HH ☒

Card 01 of 01 Cards

☐ TRANSLATOR NEEDED

☐ READER NEEDED

RESULT OF CONTACT

EROC	ATTEMPT #	INTER INITIALS	DAY OF WEEK	DATE	TIME (SPECIFY AM OR PM)	SCR RES	REL RES	FAM RES	SP QUEX RESULT 1	2	3	4	5	6	7	8	MEC APPOINTMENT SCHEDULING RESULT 1	2	3	4	5	6	7	8	RF RES	COMMENTS
☒	1	SCD	Wed	8/28	7:00 AM PM	23																				
☒	2	SCD	Fri	8/30	4:30 AM PM	26																				
☒	3	SCD	Sun	9/1	3:30 AM PM	2	10	28	28	28																
☒	4	SCD	Mon	9/2	10:30 AM PM			10	10	10							22	22								
☒	5	KBW	Wed	9/5	6:30 AM PM												23	23								
☐	6	KBW	Sun	9/8	3:45 AM PM												11	11								
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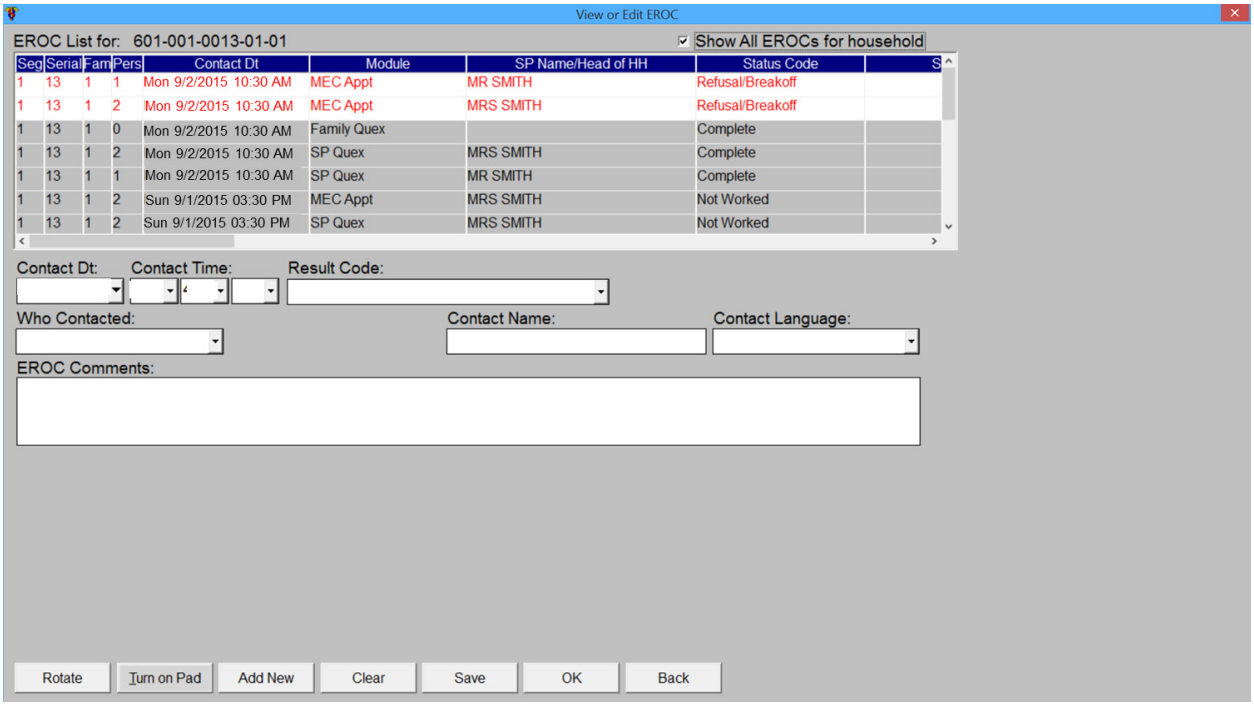
COMMENTS: ②Wife wants to talk to husband before answering any questions ③Asked me to come back Mon around 10:30am to complete interviews

FOR OFFICE USE ONLY: NONRESPONSE LETTER SENT? ☐ YES DATE SENT → TO FED EX? ☐ DATE SENT → TO FED EX? ☐ DATE SENT → TO FED EX? ☐



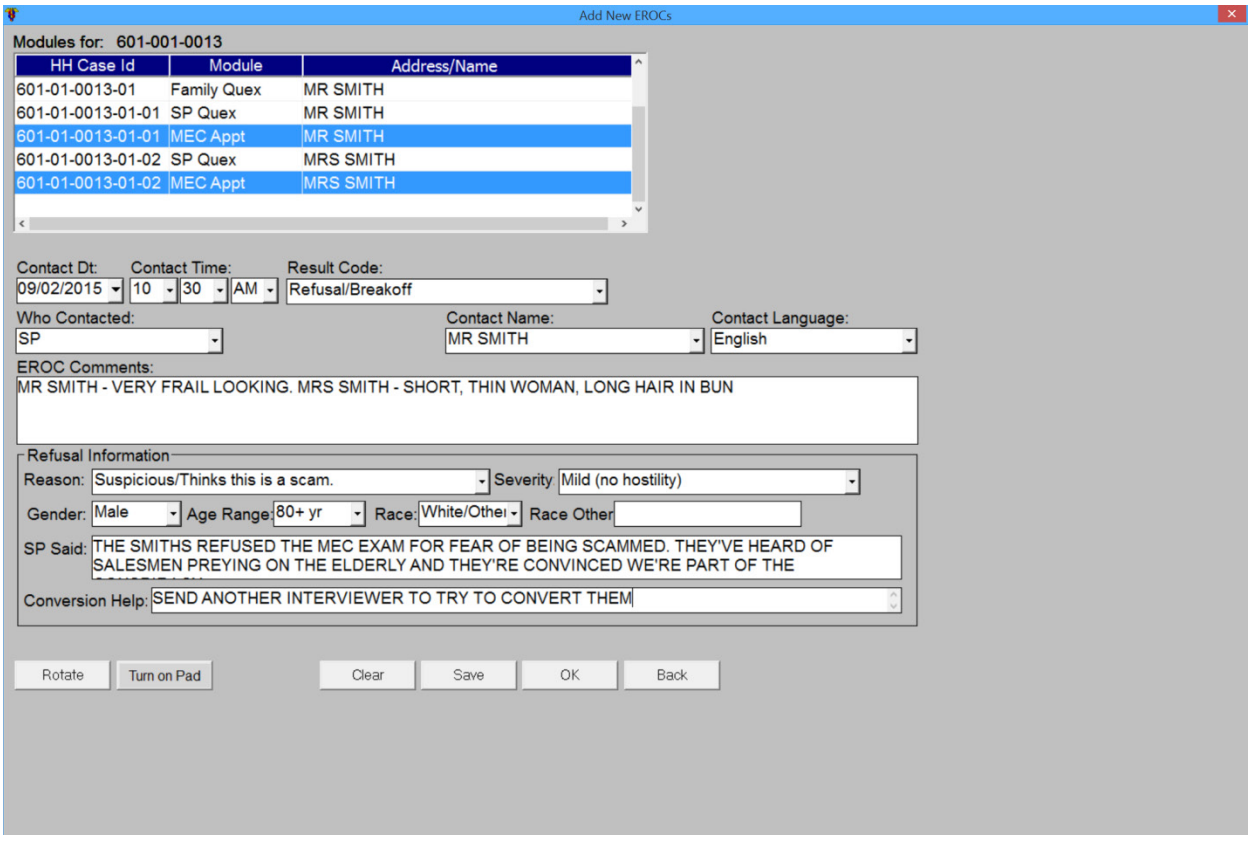
NONRESPONSE CARD **INFORMATION ONLY** ☐

STAND #	SEG #	SERIAL #	FAM #
555	10	04	01

CODES FOR TYPE OF NONRESPONSE: SCREENER NONRESPONSE = SCR MEC APPOINTMENT NONRESPONSE = MEC
SP QUEX NONRESPONSE = SP FAMILY NONRESPONSE = FAM

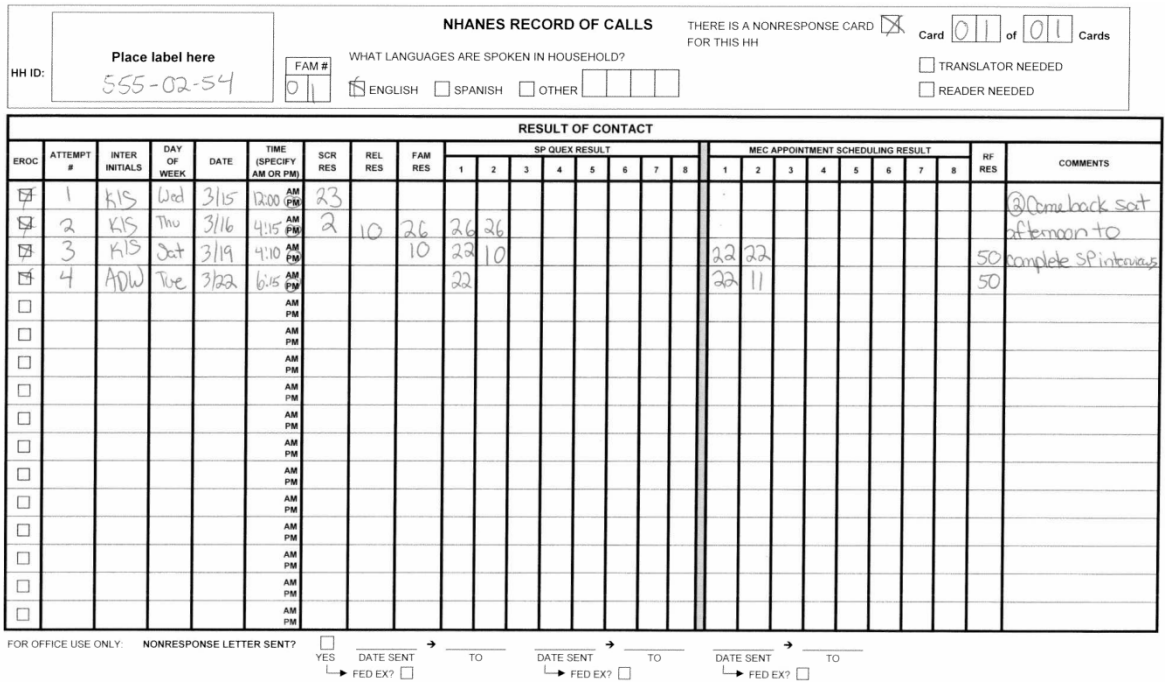
NAME	GENERAL DESCRIPTION	AGE	GENDER	RACE/ETHNICITY	SP ID	PER #
Mr. Smith	very frail looking	83	M	White	231567	1
Mrs Smith	short, thin woman, long hair in bun	79	F	White	890123	2

REFUSAL ATTEMPT # FROM ROC	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
4	SLD	Mon	9/2	10:30A	22	25/62	MEC	01/02	The Smiths refused the MEC exam for fear of being scammed. They've heard of salesmen preying on the elderly and they're convinced we're part of the conspiracy. Both SPs are frail.



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.



HH ID: Place label here 555-02-54 FAM # 01

NHANES RECORD OF CALLS

THERE IS A NONRESPONSE CARD FOR THIS HH ☒ Card 01 of 01 Cards

WHAT LANGUAGES ARE SPOKEN IN HOUSEHOLD? ☒ ENGLISH ☐ SPANISH ☐ OTHER

☐ TRANSLATOR NEEDED ☐ READER NEEDED

RESULT OF CONTACT

EROC	ATTEMPT #	INTER INITIALS	DAY OF WEEK	DATE	TIME (SPECIFY AM OR PM)	SCR RES	REL RES	FAM RES	SP QUEX RESULT 1	2	3	4	5	6	7	8	MEC APPOINTMENT SCHEDULING RESULT 1	2	3	4	5	6	7	8	RF RES	COMMENTS
☒	1	KIS	Wed	3/15	12:00 AM PM	23																				
☒	2	KIS	Thu	3/16	4:15 AM PM	2	10	26	26	26																③Come back sat afternoon to
☒	3	KIS	Sat	3/19	4:10 AM PM			10	22	10							22	22							50	complete SP interview
☒	4	ADW	Tue	3/22	6:15 AM PM				22								22	11							50	
☐					AM PM																					
☐					AM PM																					
☐					AM PM																					
☐					AM PM																					
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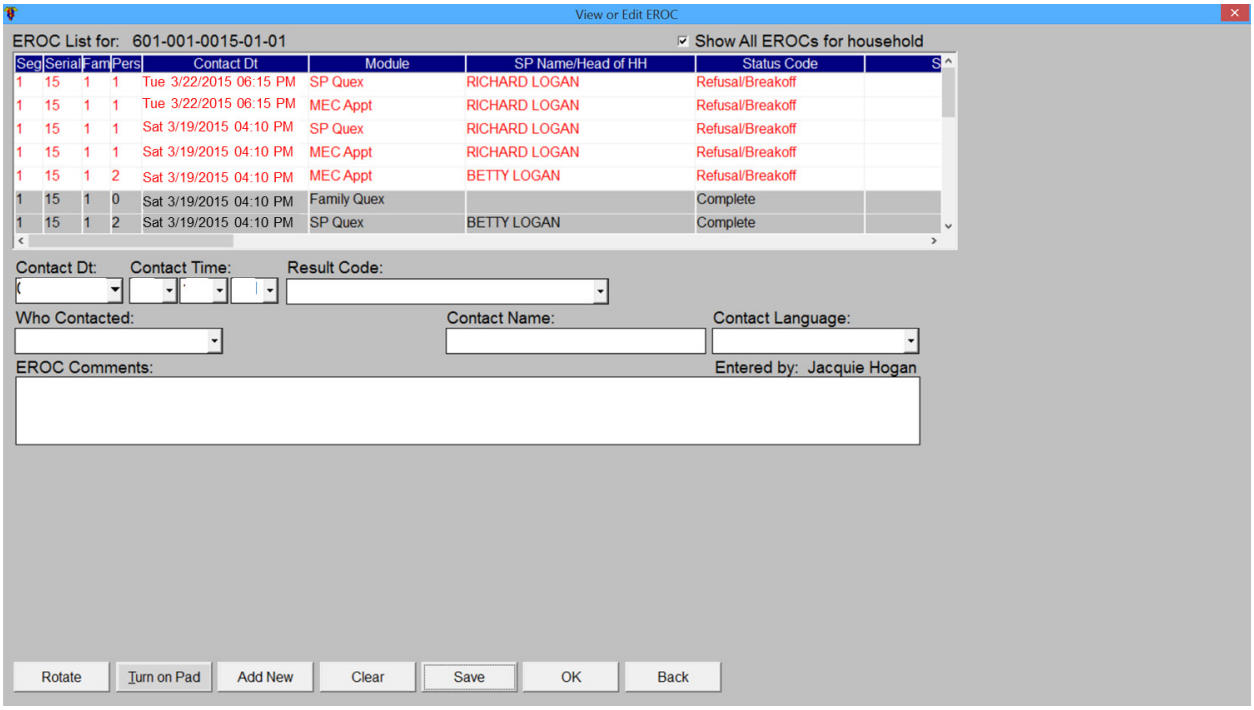
☐					AM PM																					

FOR OFFICE USE ONLY: NONRESPONSE LETTER SENT? ☐ YES → DATE SENT ____ → TO ____ FED EX? ☐ | DATE SENT ____ → TO ____ FED EX? ☐ | DATE SENT ____ → TO ____ FED EX? ☐



View or Edit EROC

EROC List for: 601-001-0015-01-01 ☑ Show All EROCs for household

Seg	Serial	Fam	Pers	Contact Dt	Module	SP Name/Head of HH	Status Code	S
1	15	1	1	Tue 3/22/2015 06:15 PM	SP Quex	RICHARD LOGAN	Refusal/Breakoff	
1	15	1	1	Tue 3/22/2015 06:15 PM	MEC Appt	RICHARD LOGAN	Refusal/Breakoff	
1	15	1	1	Sat 3/19/2015 04:10 PM	SP Quex	RICHARD LOGAN	Refusal/Breakoff	
1	15	1	1	Sat 3/19/2015 04:10 PM	MEC Appt	RICHARD LOGAN	Refusal/Breakoff	
1	15	1	2	Sat 3/19/2015 04:10 PM	MEC Appt	BETTY LOGAN	Refusal/Breakoff	
1	15	1	0	Sat 3/19/2015 04:10 PM	Family Quex		Complete	
1	15	1	2	Sat 3/19/2015 04:10 PM	SP Quex	BETTY LOGAN	Complete	

Contact Dt: Contact Time: Result Code:

Who Contacted: Contact Name: Contact Language:

EROC Comments: Entered by: Jacquie Hogan

Rotate | Turn on Pad | Add New | Clear | Save | OK | Back

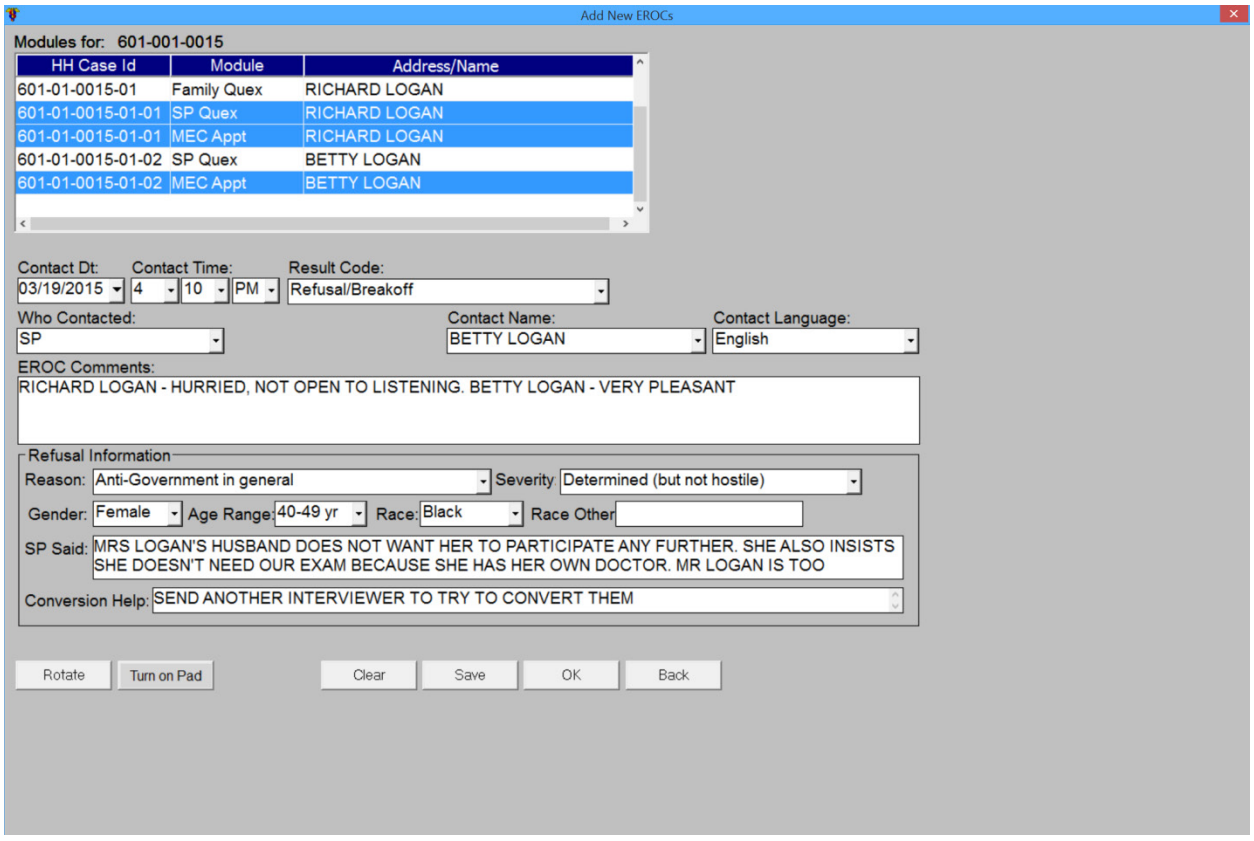
NONRESPONSE CARD **INFORMATION ONLY** ☐

STAND #	SEG #	SERIAL #	FAM #
555	02	54	01

CODES FOR TYPE OF NONRESPONSE: SCREENER NONRESPONSE = SCR SP QUEX NONRESPONSE = SP MEC APPOINTMENT NONRESPONSE = MEC FAMILY NONRESPONSE = FAM

NAME	GENERAL DESCRIPTION	AGE	GENDER	RACE/ETHNICITY	SP ID	PER #
Mr. Richard Logan	Hurried, not open to listening	42	M	Black	369482	01
Mrs. Betty Logan	very pleasant	43	F	Black	189245	02

REFUSAL ATTEMPT # FROM ROC	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
3	KIS	Sat	3/19	4PM	22	65/64	MEC	02	Mrs Logan's husband, Richard does not want her to participate any further. She also insists that she doesn't need our exam because she has her own doctor.
"	"	"	"	"	22	50/76/	SP/MEC	01	Mr. Logan is too busy and distrusts the government.
4	ADW	Tue	3/22	6:15PM	22	52	SP/MEC	02	Mr. Logan would not speak to me. May be interested after his wife's exam is complete.



10.5 Contacting Neighbors and Completing the Neighbor Information Form-Overview

Neighbor contacts should be made for two general reasons. The first is to obtain information about when someone is likely to be home at a sample DU or to determine if the DU is vacant or not a dwell unit and to close a screener after multiple "not at home" contacts. This kind of neighbor contact is discussed in detail in previous sections of this manual (Section 6.1.3 and Section 10.1.1). The second reason for contacting neighbors is to close out an ineligible screener when multiple unsuccessful contact attempts have been made to the selected dwelling unit. In this section we will discuss contacting neighbors to close out a screener and completing the Neighbor Information Form.

10.5.1 Definition of Neighbor Information

As mentioned in Chapter 6 of this manual, "neighbors" can be defined as the people next door, building managers, gate keepers, mail carriers and anyone in the vicinity of the dwelling unit who knows the household **and can be contacted for validation.** For this reason it may be more useful for you to think about neighbor information as information obtained from a secondary source.

10.5.2 The Importance of Neighbor Information on NHANES

NHANES screens out as ineligible more DUs than most other household surveys – about 75% of addresses do not yield eligible SPs. NHANES also has a very limited and fixed timeline in every study location. Using neighbor information or "secondary information sources (SIS)" has enabled NHANES to close about 10% or more DUs each year, the vast majority as ineligible. Eliminating the use of neighbor information would have a significant negative impact on NHANES data quality as it would lower overall screener response rates and increase non response bias. However, household surveys are operating in an environment of more suspicion, privacy concerns and antigovernment sentiments and complaints from respondents and neighbors can have serious consequences for NHANES and NCHS. It is therefore important that the use of neighbor information be completed following strict protocols. Following these strict protocols may have an impact on screener response rates, but it will not be as great an impact as losing the ability to contact neighbors at all.

10.5.3 Important Rules for Completing Neighbor Information

- Only interviewers who are authorized by the NHANES home office and have the approval of the SM may contact neighbors to complete the screener information (Questions 3 and 4).
- **Never contact a neighbor after you have made contact with a household member.**
- You must have your supervisor's approval to close a screener using neighbor information.

10.5.4 Protocol for Collecting Neighbor Information

- Begin collecting neighbor information after 2 unsuccessful contacts to a dwelling unit. 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.
- Do not close a screener using neighbor information until you have made 4 unsuccessful attempts to contact a household on various days and at various times of the day.
- Record all neighbor contacts on the Record of Calls, the TROC, and on the Neighbor Information Form (NIF). Instructions on how to complete this NIF are in section 10.5.5 of this Chapter.
- Do not contact neighbors unless you are sure they do not live in an NHANES DU that you have not screened. Do not attempt a neighbor contact at an address you will be contacting later for an interview. However, once you complete the interviews, you may use that household as a neighbor contact.
- Use an appropriate introduction at the door by introducing yourself, showing your ID badge, telling them that you work on a study for the Centers for Disease Control and Prevention but do not name the study. Instead just explain the general purpose of the study, "I am working on a health study of people living in the U.S."
- Be sure the neighbor knows exactly what address about which you are asking.
- Record all neighbor contacts, whether successful or not, on the Household Folder Record of Contacts and TROC.
- Know the sampling message before you knock on the door and ask only the necessary information to determine eligibility.
- Follow the script and procedures as outlined on the NIF.
- Do not leave study literature with neighbors.

10.5.5 Item Specifications for Completing the Neighbor Information Form (Exhibit 10-4)

Sampling Box. The information in this box indicates which persons in the household will be selected as SPs. The information is organized by race/ethnicity followed by 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. (All interviewers can complete.)
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.). (All interviewers can complete.)
3. Obtain the total number of people who **usually** live at the dwelling unit. **(Only approved interviewers can complete.)**
4. **Household Demographic Information—**Record as much information as you need to apply the sampling message from neighbor #1 and #2 on this grid. **(Only approved interviewers can complete.)**

   - **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.

   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.

Exhibit 10-4. Neighbor Information Form

Household ID (Stand-Seg-Serial): _____ Interviewer ID: _____

Sample Dwelling Unit Address: _____

_____

NHANES NIF

SAMPLING MESSAGES

INTRODUCTION: Hello, I'm (NAME) and we are conducting a survey for the Centers for Disease Control (SHOW ID BADGE). I have tried to contact the people who live at (ADDRESS).

	NEIGHBOR #1	NEIGHBOR #2
1. Is (ADDRESS) currently occupied?	YES.....1 NO .....2 (GO TO PAGE 2) DK (GO TO ANOTHER NEIGHBOR)	YES ...1 NO .....2 (GO TO PAGE 2) DK (GO TO ANOTHER NEIGHBOR)
2. When is the best day and time to reach them at home?	_____	_____
3. How many people usually live at (ADDRESS)? (Include babies, small children, relatives, lodgers, boarders, and any other persons who usually live there but are now away from home.)	|___|___| NUMBER	|___|___| NUMBER

4. RECORD AS MUCH INFORMATION ABOUT THE SAMPLE HOUSEHOLD AS POSSIBLE FROM NEIGHBOR #1 AND #2 ON GRID BELOW.

Neighbor #1					Neighbor #2				
PERSONS IN HH (NAME OR #)	GENDER	AGE (OR AGE RANGE)	HISPANIC (Y/N)	RACE (B, A, W, O)	PERSONS IN HH (NAME OR #)	GENDER	AGE (OR AGE RANGE)	HISPANIC (Y/N)	RACE (B, A, W, 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

CONFIDENTIAL

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. (All interviewers can complete.)

6. After the form is completed and you have obtained **equivalent** information for the DU, check with your supervisor for further instruction.

Equivalent or comparable data does not need to be exactly the same, but similar enough to know that the people reported as living in the household are eligible or not. Two examples of comparable neighbor reported screener information are as follows:

Sampling Message
Select only AAs

Neighbor 1		
Jane	50	W/O
John	55	W/O
Sam	15	W/O

Neighbor 2		
Mother	50	W/O
Father	55	W/O
Son	15	W/O

Sampling Message
Select only 60 + W/Os

Neighbor 1		
Female	20-30	H
Female	20-30	H

Neighbor 2		
Maria	25	H
Lily	28	H

Remember: **Never contact a neighbor to obtain NIF screener information (Questions 3 and 4) after having made contact with the household especially after you have received a refusal from the household in question**. Examples of household screener refusals when you should not go to a neighbor include:

- A household member says:
  - "We refuse to answer these questions."
  - "If you come back here we will call the police/mayor/senator."
- A household member slams the door or undertakes another strong action indicating they do not want to participate.
- The household member(s) are avoiding contact. Examples include:
  - Someone is home, e.g., you see a person at the window, but that person does not answer the door;
  - A non-household member gatekeeper, such as an adult child of an elderly parent, says that no one is home; or
  - A child opens the door and says no one else is home.

After we receive a refusal from a household as described above, interviewers cannot contact neighbors, but interviewers will be asked to continue contacting the household to convert the refusal, if appropriate.

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 Results of Contacts on the back of the Household Folder and TROC 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; an overview on the survey, and, if available, a story about the study from a local newspaper and the Screener Brochure. This package is usually sent using a mail express service to ensure timely delivery. Your supervisor may ask you to make an in-person follow-up visit to the manager a few days after the package is sent.

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

If you cannot gain entry by making contact with the sampled DU or resident manager, complete code the Household Folder with the one-digit code (6) and return the case to your supervisor during your next scheduled conference.

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

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.

In addition, you will be provided with feedback on an ongoing basis using two methods:

- Audio recording reviews; and
- Key data item quality reviews.

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 obtain cooperation for all modules, explain the study, answer questions, and maintain rapport with the respondent.

The observer typically meets the interviewer prior to the appointment. The interviewer will introduce the observer as a colleague who is coming along to observe interviewer procedures. 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 tablet.

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;
- Neighbor Information Form/Screener Interview Non Response form; and
- TROC on the tablet – TROC information should mirror or be as complete as your paper documentation.

If the household has Sample Persons:

- Appropriate Home Interview Consent Forms.

If the household has an SP 16-17 years old:

- Parental Permission to Audio Record the Home Interview

If SPs have been appointed:

- Appropriate Consent/Assent Forms for each SP.

If there are children under 18 years old who need to be transported to the MEC:

- Authorization for Transportation Form.

If the case involves SP or MEC appointment non response:

- Nonresponse Card.

11.2.2 Editing Hard-copy Materials

During your edit, review each hard-copy form associated with a case (Household Folder, the Nonresponse Card, the Neighbor Information Form, the Screener Non-Interview Form, Consent Forms, 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);
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 Tablet

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

- Each finalized **module** (Screener, Relationship Module, SP Questionnaire, Family Questionnaire, Appointment) of the case must have a finalized deposition entered on your tablet case assignment screen (see Chapter 6).
- If MEC appointments have been made, the MEC Appointment/Consent Module must be completed **for each SP** (see Chapter 8).
- If you have discovered a missed dwelling unit, a new case must be created in your tablet for each unit discovered (see Chapter 12).
- The TROC should have entries for each non-complete contact attempt for the case (see Attachment B).

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 if 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 Audio Recording Reviews

The Home Office reviews a minimum of one of your SP and Family recordings per quarter and provides detailed feedback, using the Westat NHANES Household Interviewer Audio-Recording

Evaluation Form (Exhibit 11-1). You will be provided with information on what you are doing well and what areas, if any, need improvement. The Home Office reviews are also used to determine if there are common problem areas among interviewers that may require additional training. If there are issues found in a recording, after you receive feedback, we may review another recording from the same quarter to see if you have improved.

NCHS will also provide feedback on the audio recordings. Sometimes NCHS reviewers listen to and provide feedback on entire recordings or only on specific sections of the questionnaire. You will receive the feedback regardless of whether it is a full or partial review. NCHS reviews the recordings for performance, but also to see how well questions are working; for example, if all respondents are confused by a particular question, it may need to be reworded or a hand card added.

11.6 Key Data Item Quality Reviews

Twice a year, you will be given feedback on your work on collecting key data items in the SP and Family Questionnaires. Key data items include: seeing prescription medication containers, seeing cigarette packs, obtaining tracking and tracing references, and obtaining Social Security Numbers. Your performance across those items is provided to you using the Field Interviewer Quality Control Report (Exhibit 11-2), which shows your rates compared to your rates from the previous review period and the average rates for all interviewers for the current review period. This form will also include additional feedback on other quality control items from NCHS, such as your rate for seeing dietary supplement containers and your performance on coding occupation information.

11.7 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 first and last name, and address. This information is used to ensure that SPs are administered appropriate examination modules, sign appropriate consent forms, 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.

Exhibit 11-1. Westat NHANES Household Interviewer Audio-Recording Evaluation Form

Westat NHANES Household Interviewer Audio-Recording Evaluation Form

Household ID: **Employee ID:**

SPID: **Employee Name:**

Component: ☐ SP ☐ Family **Interview Date:**

Proxy Respondent Used? ☐ Yes ☐ No **Evaluator Name:**

Interview Language: ☐ English ☐ Spanish **Review Date:**

SP Rating: ☐ Excellent ☐ Very Good ☐ Good ☐ Poor

Family Rating: ☐ Excellent ☐ Very Good ☐ Good ☐ Poor

Recording Quality: ☐ Good ☐ Poor (What could have been done to improve quality?)

Respondent Characteristics: (If applicable, describe respondent characteristics or household circumstances that may have affected the quality of the interview or hindered the interviewer's work. Include respondent cooperation, attentiveness, cognitive ability, literacy ability, household distractions. Describe how the FI handled the situation – positive or constructive.)

Interviewer Characteristics: On each row, mark one rating to reflect how often the interviewer performed the listed behavior. If you select Sometimes or Rarely/Never, provide details and suggestions for retraining in the Rating box (e.g., review manual sections, practice pronunciation, etc.). If necessary, reference the relevant item number from the Item Specific Comments section.			
RAPPORT	RATING		
Displays friendly yet professional manner and maintains rapport.	☐ Always/Often	☐ Sometimes	☐ Rarely/Never
Remains neutral when addressing respondent questions or comments	☐ Always/Often	☐ Sometimes	☐ Rarely/Never
GENERAL ADMINISTRATION			
Reads questions clearly as written	☐ Always/Often	☐ Sometimes	☐ Rarely/Never
Adjusts pace of interview to accommodate respondent	☐ Always/Often	☐ Sometimes	☐ Rarely/Never
Backs up and corrects/clarifies responses as appropriate	☐ Always/Often	☐ Sometimes	☐ Rarely/Never
Refers to handcards/materials appropriately	☐ Always/Often	☐ Sometimes	☐ Rarely/Never
Reads Help Screen as needed	☐ Always/Often	☐ Sometimes	☐ Rarely/Never

Revised: 8-22-2016

Exhibit 11-1. Westat NHANES Household Interviewer Audio-Recording Evaluation Form (continued)

Provides appropriate feedback to respondent questions	☐ Always/Often	☐ Sometimes	☐ Rarely/Never
Limits non-interview related conversations	☐ Always/Often	☐ Sometimes	☐ Rarely/Never
PROBING			
Probes to verify unusual responses when needed and required	☐ Always/Often	☐ Sometimes	☐ Rarely/Never
Responds appropriately to edit checks	☐ Always/Often	☐ Sometimes	☐ Rarely/Never
Uses nondirective probes	☐ Always/Often	☐ Sometimes	☐ Rarely/Never

Item Specific Comments: (Copy question number and question text (response options, if necessary) and give specific feedback on issue, e.g., did not read explanatory text, did not read response options in lower case, should have used soft edit text to verify unusual response.)

Revised: 8-22-2016

Exhibit 11-2. Field Interviewer Quality Control Report

Interviewer Name
Field Interviewer Quality Control Report
2016 – Stands 353-360

Container Seen:

Not Seen	Rx Printout	Total Not Seen (Not Seen + Rx Printout)	Average Not Seen for All FIs Stands 353-360	Not Seen Stands 346-352
4.76%	0.00%	4.76%‡	9.35%	30.99%‡

Cigarette Pack Seen:

	Not Seen	Not Seen for All FIs Stands 353-360	Not Seen Stands 346-352
All Smokers (N=16)	0.00%‡	24.16%	0.00%
Everyday Smokers (N=14)	0.00%‡	10.61%	0.00%
Pack a Day Smokers (N=4)	0.00%‡	13.33%	0.00%

Tracking References:

	DK + RF	DK+RF for All FIs Stands 353-360	DK + RF Stands 346-352
First Reference	23.73%†	17.36%	8.33%†
Second Reference	25.42%†	16.12%	8.33%†

SSN:

Refused	Overall Refused for All FIs Stands 353-360	Refused Stands 346-352
32.43%†	29.85%	27.40%†

SSN Obtained:

Obtained in Home	Obtained in MEC	Obtained in Home + MEC
53.15%†	2.70%	55.86%

NCHS Occupation Feedback (Stands 352-360 – 32 Respondents):

Current Assessment	Examples	2015 Assessment
Good: Usually collects adequate information. Concerns/Issues: 1) Multiple job titles/occupations listed; 2) Info collected does not match across all fields; 3) Vague information on job titles/occupation. Trend: Improvement from 2015 end-of-year review.	1) Job title, "cashier, greeter, runner" 2) SP said they were an insurance agent, but their activities were primarily to supervise other employees 3) Job title, "outside vehicle entry-"	Fair

Total SP Questionnaires Completed: 111
Total Family Questionnaires Completed: 59

Exhibit 11-2. Field Interviewer Quality Control Report (continued)

Container Seen – columns from left to right

- FI current % containers not seen
- FI current % saw pharmacy print out
- FI current % total not seen (not seen + pharmacy print out)
    - Red (†) means the FI's current % is lower than the overall rate.
    - Green (‡) means the FI's current % is higher than the overall rate.
- Overall (all FIs) % average not seen for this review period
- FI % not seen for the last review period
    - Red (†) means the FI's current % is worse than the last review rate.
    - Green (‡) means the FI's current % is better than the last review rate.

Cigarette Pack Seen – columns left to right

- FI current % cigarette packs not seen
    - Red (†) means the FI's current % is lower than the overall rate.
    - Green (‡) means the FI's current % is higher than the overall rate.
- Overall (all FIs) % not seen for this review period
- FI % not seen for the last review period
    - Red (†) means the FI's current % is worse than the last review rate.
    - Green (‡) means the FI's current % is better than the last review rate.

**The "N" is the number of smoking cases for each category (all smokers, every day smokers, pack a day smokers). If N=0, N/A will appear in the Not Seen column

Tracking References – columns left to right

- % Don't Know and Refused for this review period
    - Red (†) means the FI's current % is lower than the overall rate.
    - Green (‡) means the FI's current % is higher than the overall rate.
- Overall (all FIs) % Don't Know and Refused for this review period
- FI % Don't Know and Refused for last review period
    - Red (†) means the FI's current % is worse than the last review rate.
    - Green (‡) means the FI's current % is better than the last review rate.

SSN – columns left to right

- % Refused for this review period
    - Red (†) means the FI's current % is lower than the overall rate.
    - Green (‡) means the FI's current % is higher than the overall rate.
- Overall (all FIs) % Refused for this review period
- FI % Refused for last review period
    - Red (†) means the FI's current % is worse than the last review rate.
    - Green (‡) means the FI's current % is better than the last review rate.

SSN Obtained – columns left to right

- % obtained in the home
    - Red (†) means the FI's % SSN obtained in home is **below** 60%. As we typically obtain 60% or more of SSNs on average, we want that to be a goal for FIs.
- % obtained in the MEC – % SSNs obtained in the MEC that were originally coded as Refused, Don't Know, or Do Not Have

% obtained in home + MEC – overall success in obtaining SSNs from the home and MEC

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. The name recorded in the SP questionnaire is used on all documents mailed to SPs, including the Report of Findings. It is important to confirm the spelling and get as complete a name as possible. The age and gender is important as it determines eligibility, what questions are asked during the questionnaire, and what exam components the SP will receive on the MEC. 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.

11.8 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.

11.9 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 Procedures 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 recorded 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;
- The listers could not gain access to an apartment building and thus some units are missed;
- The DU is difficult to find or "hidden" within the structure; or
- 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 required 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). This procedure appears 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 in Chapter 4.

> **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.

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 de que cada hogar en esta área ha tenido la oportunidad de participar en esta importante encuesta. En esta dirección tenemos anotados ____ hogares en su estructura. ¿Hay algunas otras unidades de vivienda aquí que pudiésemos haber pasado por alto?

2. ALSO, CHECK IN THE LOBBY AND AROUND THE OUTSIDE OF THIS (HOUSE/BUILDING) FOR ADDITIONAL UNITS OR ENTRANCES IN THIS STRUCTURE.

3. RECORD ALL DISCOVERED DU ADDRESSES. NUMBER CONSECUTIVELY (I.E., 1, 2, 3) ON FORM BELOW. IF NO ADDITIONAL DU'S, PLACE A CHECK IN THE BOX BELOW.

4. IF 1 TO 4 MISSED DU'S ARE DISCOVERED, CREATE A NEW MISSED DU CASE ON YOUR LAPTOP AND FILL OUT A CASE ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH (INSTRUCTIONS FOR HOW TO DO THIS ARE IN THE INTERVIEWER MANUAL). CONDUCT SCREENER INTERVIEW.

5. IF 5 OR MORE MISSED DU'S ARE DISCOVERED, CALL SUPERVISOR FOR INSTRUCTIONS BEFORE YOU DO ANY ADDITIONAL SCREENER INTERVIEWS. CREATE A NEW MISSED DU CASE FOR THE SELECTED CASES ON YOUR LAPTOP AND THEN FILL OUT A CASE ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH SELECTED SAMPLE DU AND CONDUCT SCREENER INTERVIEW.

CHECK HERE WHEN MISSED DU PROCEDURE IS COMPLETED ☐

MISSED DU FORM

NUMBER (1, 2, 3)	ADDRESS OF DISCOVERED DU	CAPI SEGMENT & SERIAL #
	CONTACT FIELD OFFICE BEFORE ADDING 5+ DUs TO CAPI	

TOTAL ADDITIONAL DU'S: ☐

TOTAL SELECTED DUs TO ADD IN CAPI: ☐

OFFICE USE ONLY:
FOLDERS MADE FOR MISSED DUs
LISTING SHEET UPDATED
INITIALS_____ DATE _____

INTERPRETER OR READER (CIRCLE ONE)

INTERPRETER'S/ READER'S NAME _____

ADDRESS _____

_____

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

PHONE NO. |___|___|___| - |___|___|___| - |___|___|___|___|

TRANSPORTATION _____

☐ Recorded in EVM?

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 on 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:

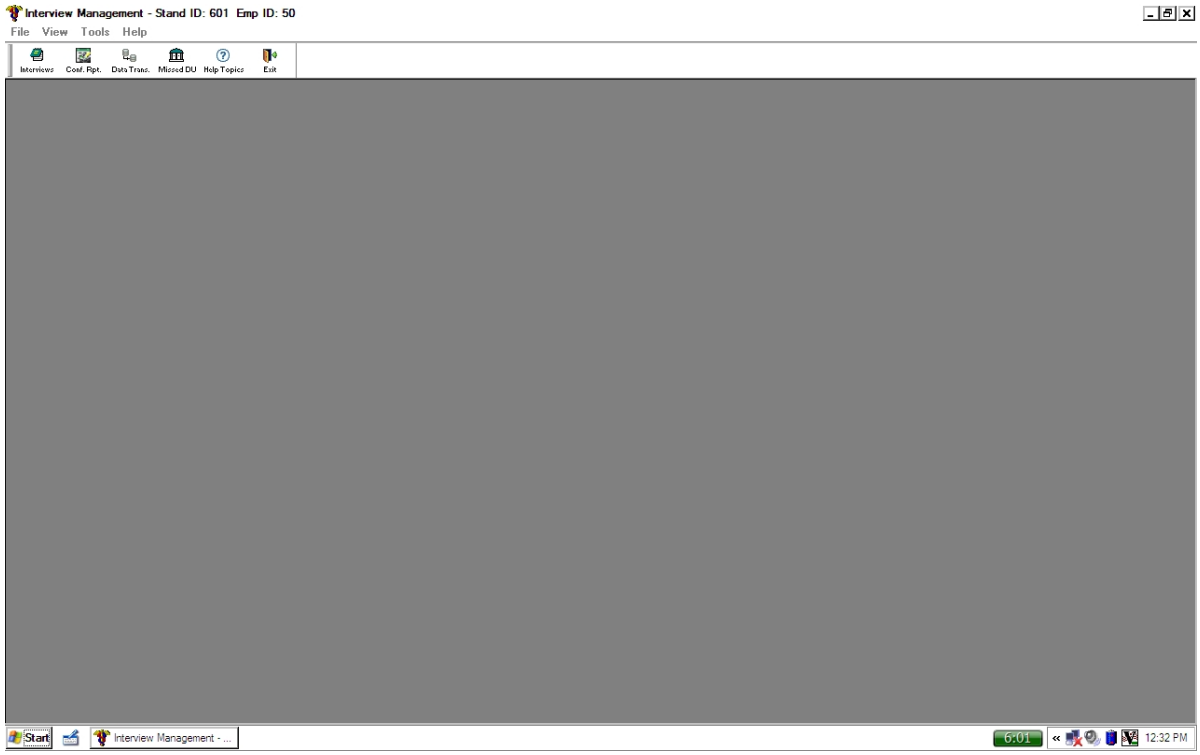
   - Bottom floor to top floor; and
   - Right to left in relationship to the main door within each floor.

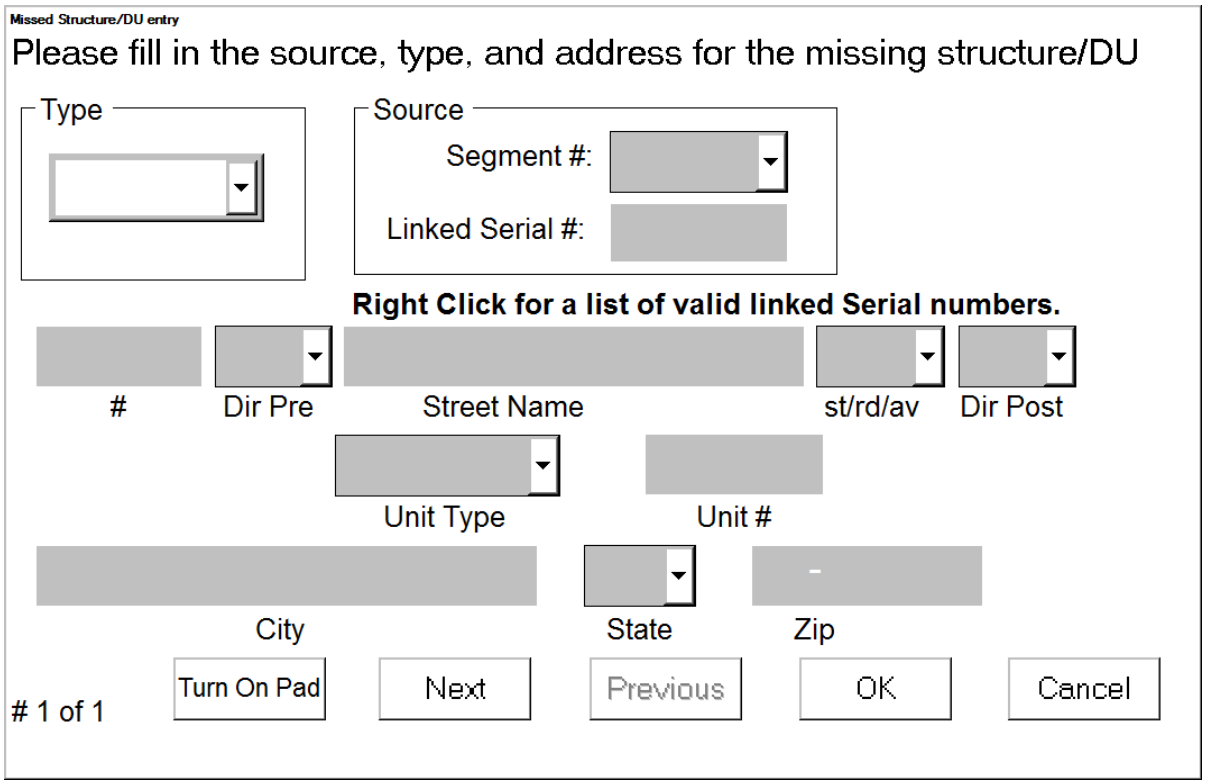
2. Number each case consecutively (i.e., 1, 2, 3, . . .).

3. If four or fewer missed DUs are discovered in a particular structure, enter the address of each DU in your tablet, using the Missed DU Screen (see Exhibit 12-2). The procedure for entering addresses in your tablet appears below:

   - Tap on the Interview Manager Icon;
   - Tap on the "MISSED DU" tab;
   - Indicate whether the new dwelling unit was discovered as a result of a Missed DU or Missed Structure procedure message;
   - Enter the Segment;
   - For missed DUs, enter the serial number of the DU at which you discovered the missed DU;
   - 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 "OK" button to accept your entries and exit the Missed DU screen.

Exhibit 12-2. Missed DU Screen





This will create a separate case on your tablet for each DU. Next:

- CAPI will create a new case for the new unit;
- The case will be added to the bottom of your case assignment list on your tablet. It will always be assigned a 5000 serial number;
- Using the information on your tablet, 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; and
- 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:
   - List all addresses on the lines provided;
   - Call the field office before entering any addresses in CAPI. The field office will select those DUs that should be entered in CAPI 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 tablet; and
   - Using the information on your tablet, create a Household Folder for each new case (see Section 12.2).
5. After you have completed steps #1 through #4, enter the number of additional dwelling units you have recorded and the number selected to be added in CAPI in the appropriate boxes provided on the Missed DU Form.
6. After cases have been entered in CAPI and given a segment and serial number, record this information in the CAPI SEGMENT AND SERIAL # column on the Missed DU Form.

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 tablet;
- Locate the address of the newly created unit at the bottom of the screen;
- Record the stand number, segment number and newly assigned serial number in the Household Assignment area; and
- Record the address and/or location description in the Household Assignment area.

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

12.3 Sampling Messages for Missed DUs

When screening Missed DUs, you should use the sampling message associated with the assigned address where you were instructed to perform the Missed DU procedure.

12.4 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 HERE WHEN MISSED DU PROCEDURE IS COMPLETED ☑

MISSED DU FORM

NUMBER (1, 2, 3)	ADDRESS OF DISCOVERED DU	CAPI SEGMENT & SERIAL #
1	1140 Jonas Avenue - apt B	12-5100
2	1140 Jonas Avenue - Apt C	12-5101
3	1140 Jonas Avenue - Apt D	12-5102
	CONTACT FIELD OFFICE BEFORE ADDING 5+ DUs TO CAPI	

TOTAL ADDITIONAL DU'S: 3

TOTAL SELECTED DUs TO ADD IN CAPI: 3

OFFICE USE ONLY:
FOLDERS MADE FOR MISSED DUs
LISTING SHEET UPDATED
INITIALS_____ DATE _____

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 HERE WHEN MISSED DU PROCEDURE IS COMPLETED ☐

MISSED DU FORM

NUMBER (1, 2, 3)	ADDRESS OF DISCOVERED DU	CAPI SEGMENT & SERIAL #
1	123 Smith Street - Basement Right Door	20-5100
2	123 Smith Street - Basement Left Door	20-5101
	CONTACT FIELD OFFICE BEFORE ADDING 5+ DUs TO CAPI	

TOTAL ADDITIONAL DU'S: 2

TOTAL SELECTED DUs TO ADD IN CAPI: 2

OFFICE USE ONLY:
FOLDERS MADE FOR MISSED DUs
LISTING SHEET UPDATED
INITIALS_____ DATE _____

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.

12.5 Creating a Missed Structure or Dwelling Unit

Your supervisor may ask you to perform the Missed Structure procedure in certain segments. When you discover a missed DU (defined as a single room or groups of rooms that is intended for separate living quarters and has a separate entrance directly from the outside of the building or through a common hall), you can create these cases on your tablet and proceed with screening and interviewing.

When a missed structure (defined as a building that contains one or more dwelling units), is discovered you can create these cases on your tablet as well. However, not all missed structures are selected to be part of the sample. The case/s will appear in the screener module of CAPI if the case is available for screening and interviewing.

In the event that you are working in a segment in which the missed structure procedure is being applied and you discover five or more missed structures, you will have to call the FO in order to proceed and the FO will contact the HO.

When the HO receives a call from the field to report an interviewer having identified five or more missed DUs, information will be collected about the missed DUs (including the number identified) and a sampling algorithm will be run. The end result of this process will be the identification of those households that should be added to the sample (e.g., of the 20 missed DUs, select 2, 5, 7, 9, 12, 14, 16 to be screened).

Until the screener(s) associated with the missed DU/structure procedure have been uploaded to ISIS, it will not be possible to schedule a MEC exam appointment in the Appointment Management module. In the event that you call the FO to schedule an SP from a missed DU/structure before you have done a data transfer, the details of this appointment must be recorded on hard copy.

13. REPORTING

To monitor the results of your work and assign you new work, it is necessary for you to report to your study manager, in person at the Field Office, a minimum of two times per week. In addition to the various records to be kept in connection with entering eROCs, filling out household folders, completing forms, setting up examination appointments, obtaining informed consent and completing nonresponse reports, it will be necessary to complete the electronic timesheet, the Trip Expense Report, and print the Computer Assisted Personal Interview (CAPI) Conference Report from your tablet. The procedures for completing these forms and for preparing for your conference at the Field Office are discussed in this chapter.

13.1 Report Forms

13.1.1 Overview

It will be necessary for you to produce two forms and make sure your electronic timesheet is up to date for reporting purposes. These two forms are the:

- Trip Expense Report, and
- CAPI Conference Report.

The electronic timesheet and the Trip Expense Report will always cover a 1-week period. This 1-week period always begins on Monday morning and ends on Sunday evening 1 week later. The CAPI Conference Report does not cover any fixed time period but should be produced each time you report to your study manager during a stand.

The study manager will use these forms in addition to other reports at his/her disposal to monitor your progress, the status of your assigned 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 Electronic Timesheet and Expense Report

You are required to use Westat's electronic timesheet to report hours worked. Please refer to the "User Guide for the Electronic Timesheet and Field Expense Form" for instructions.

13.1.3 The CAPI Conference Report

The CAPI 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 tablet by using the following procedure:

1. Turn on your machine,
2. Access Interview Management,
3. Close your case list, and
4. Tap on the "Conf Rpt" button in the icon panel at the top of the 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 three sections of the CAPI Conference Report are Completed, with SPs; Other Completed Screeners; and Incomplete Screeners:

1. **Completed, With SPs:** This section includes all the cases currently on your machine with identified SPs. Cases on the report are automatically sorted and appear in segment and serial number order. Each case is divided by a solid, bold line and each SP and his/her corresponding modules are separated by a thin, solid line (Exhibit 13-1). The total number of Households with SPs is noted on the bottom of the last page of this section – this number should match the number of household folders in your possession with a disposition of "2," or Completed, With SPs.

2. **Other Completed Screeners:** This section includes all cases that have been closed with a disposition of "1," or Complete, No SPs. Cases in this section are also automatically sorted and appear in segment and serial number order. The total number of cases closed with no SPs is noted at the bottom of the last page of this section – this number should match the number of household folders in your possession with a disposition of "1" or Complete, No SPs.

Exhibit 13-1. CAPI Conference Report

Completed, With SPs

Stand #: 601 Stand Name: Baltimore, MD

Interviewer - 50: Hogan, Jacquie

01/18/2017 08:52 AM

Participant ID/Name	Question Type	Question Disposition	Date Case Assigned	Date Case Completed	Audio Recorded	HH Consents	
601-01-0008-00-0(							DU Desc No
	Screener	Complete, with SPs (final)	07/17/2014	07/17/2014			
	Relationships	Complete (final)	02/21/2007	02/21/2007			
601-01-0008-01-0(							DU Desc No
	Family	Not Worked	02/09/2007	02/09/2007			
601-01-0008-01-01SP ID 576805 HARRIS, TED	Gender Male	Age 30 Ethnicity Not Hispanic Race White Selection Status Selected				Sampled Race-Ethn Other	DU Desc No
	Person	Not Worked	02/09/2007	02/09/2007			
	Appointment	Not Worked	02/09/2007	02/09/2007		Consents: No - MEC Consent/Assent Signed By SP? / No - FR Consent Signed By SP or REF? / No - Agree my blood and urine may be kept?	
601-01-0008-01-02SP ID 535399 HARRIS, JESSE OSCAR	Gender Male	Age 3 Ethnicity Not Hispanic Race White Selection Status Selected				Sampled Race-Ethn Other	DU Desc No
	Person	Partially Worked	02/09/2007	01/12/2017	Recorded	HH Intv: E Mail: N	
	Appointment	Not Worked	02/09/2007	02/09/2007		Consents: No - MEC Consent/Assent Signed By Parent? / No - FR Consent Signed By Parent or REF? / No - Agree my child's blood and urine may be kept? / No - Authorization for Transportation Form Signed?	
601-01-0008-02-0(							DU Desc No
	Family	Not Worked	02/09/2007	02/09/2007			

3. **Incomplete Screeners:** This section includes all cases that have not yet been closed with a complete disposition, such as "1" or "2." The status of a case without a complete disposition remains open until the Study Manager approves closing it with the appropriate final disposition. Incomplete Screener cases will continue to appear in this section of the report until the Study Manager approves changing the disposition to a final or to reassign the case to another interviewer. The last page of this section will include the total number of Incomplete Screeners. The sum of the number of household folders in your possession that you have identified as "7 – Vacant," "8 – Not a Dwelling Unit," and "3 – Neighbor Complete, No SPs" or that have yet to be closed should match the number of Incomplete Screeners on your report.

The report is printed from your tablet at the Field Office immediately prior to your conference with the study manager, although you can view it at any time. To print the report:

1. Access your Conference Report on your tablet using the steps described above, and
2. Tap on the "PRINT ALL" button at the Conference Report screen.

13.2 Field Office Reporting

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.

  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 Nonresponse Cards.

- **Check to make sure your TROC is up to date, includes all contact attempts, and matches the level of detail found on your hard copy documentation.**

- **Bring in all of your assignments—**This includes cases you have not worked as well as cases you have worked and your tablet computer.

- **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 tablet 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.)

13.2.2 Meeting with Field Office Staff

Field Office staff members assure that policy and procedures are followed and that quality control standards are met. This entails an in-depth review of all hardcopy and electronic files. In order to complete the process in a timely manner it is crucial that all materials be ready for submission and that Household Folders are sorted by disposition and segment and serial number. Field Office staff will review all materials, hardcopy and electronic, for accuracy and completeness and keep all complete and final cases for processing and filing. S/he will also make note of upcoming interview appointments and any special comments.

Field Office staff may also review quality control items, such as questionnaire editing, audio recording feedback, critical data item quality control reports, and policy and procedure updates.

13.2.3 Study Manager Conference

After meeting with a member of the Field Office staff, you will have a conference with the Study Manager. S/he will review the CAPI Conference Report and talk with you in-depth about each case you currently have assigned, including any upcoming appointments and your assessment of the case, The Study Manager will give final approval on Vacant, Not a Dwelling Unit, and Neighbor Complete, No SPs dispositions and s/he may pull cases from you and/or assign new cases. The Study Manager will also discuss with you the best use of field work hours, production and strategies for gaining cooperation and finding respondents at home.

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.

13.3 Field Office Data Transfer

The final step in the Reporting Process is to complete a Field Office Data Transfer. Successfully completing a FO Data Transfer will cause all finalized and re-assigned cases to be removed from your machine. As a result, it is necessary to make sure that all TROC entries are up to date. Once the case is removed from your tablet, you will no longer be able to enter eROCs for that case. Additionally, if the Study Manager assigned you new cases, the necessary modules to complete those cases will now be on your machine. Field Office data transfers should be performed using the following procedure:

1. Access Interview Management,
2. Close your case list,
3. Tap the “Data Trans” button on the icon panel at the top of your screen,

4. Tap the green FO Execute button,

5. Wait for the Data Transfer complete message, and

6. Tap “OK.”

More specific data transfer information and troubleshooting information is found in Attachment B.

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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 27 sections that collect information about the SP's health and nutrition. 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, anywhere from 15 minutes for a healthy child to an hour and a half for an older adult with many health experiences and prescription medications.

14.1.2 Family Questionnaire

One Family questionnaire will be administered to each family containing at least 1 SP. The 9 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
RESPONDENT SELECTION	Birth +
EARLY CHILDHOOD	Birth to 15
HOSPITAL UTILIZATION AND ACCESS TO CARE	Birth +
IMMUNIZATION	Birth +
PHYSICAL FUNCTIONING	3+
MEDICAL CONDITIONS	1+
HEPATITIS	6+
KIDNEY CONDITIONS	20+
DISABILITY	1+
DIABETES	1+
BLOOD PRESSURE	16+
CARDIOVASCULAR DISEASE	40+
OSTEOPOROSIS	50+
AUDIOMETRY	1+
DERMATOLOGY	20-59
ORAL HEALTH	1+
PHYSICAL ACTIVITY AND PHYSICAL FITNESS	2-11, 16+
SLEEP DISORDERS	16+
DIETARY BEHAVIOR AND NUTRITION	Birth +
WEIGHT HISTORY	16+
SMOKING AND TOBACCO USE	0-11, 18+
OCCUPATION	16+
ACCULTURATION	3+
DEMOGRAPHIC INFORMATION	Birth +
HEALTH INSURANCE	Birth +
DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION	Birth +
MAILING ADDRESS	Birth +

Exhibit 14-2. Sections in the Family Questionnaire

Section	Target Group
RESPONDENT SELECTION	Respondent
DEMOGRAPHIC BACKGROUND/OCCUPATION	Non-SPs Heads of Household & Spouses
OCCUPATION	Non-SPs Heads of Household & Spouses 16+
HOUSING CHARACTERISTICS	SP's Family
SMOKING	Household
CONSUMER BEHAVIOR	Family
INCOME	SP/Family/Household
FOOD SECURITY	Household
TRACKING AND TRACING	Family

14.2 General Questionnaire Specifications

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

- The questionnaires do not contain written survey introductions. Whenever you switch respondents, for example, after completing a Screener or on a return visit to the household, introduce yourself to the new respondent. Use the advance letter and the Screener brochure to introduce the study.

- Use the introductory sentences throughout the questionnaire to smooth the transition from one section to another.

- You should encourage the respondent to take the time necessary to think about his/her answers and emphasize the importance to the research of obtaining accurate information.

- There are a number of long questions in the questionnaire. Be sensitive; if you sense that the respondent has not grasped the question (e.g., there is a long pause), re-read the question almost immediately.

- Brackets and parentheses indicate optional reading. Introductions to questions in brackets or phrases in parentheses are to be read when the respondent has lost the meaning of the question or does not understand the intent of the question.

- Words/statements in all capital letters are interviewer instructions or response categories that are not to be read to the respondent.

- Highlighted or bolded words or phrases in a question should be stressed when read.

- Unless indicated next to the question, only one answer should be coded for each question.

- Reference periods vary frequently throughout all of the NHANES questionnaires (i.e., in the past year, during the past month, ever, during your lifetime, in the last 2 weeks, etc.). Be sure to stress all reference periods when reading the questions. When necessary re-read the time frame.

- Answers to questions requiring a number, a date, or an age ideally should reflect actual numbers. If the respondent is unable to provide an exact number, always probe for a best estimate. If a range is given, try to narrow it down as much as possible.

- Be alert for inconsistencies. If the respondent's comments indicate that s/he has forgotten or overlooked a fact or date s/he has given previously, you may remind him/her by saying: "I want to make sure I've recorded everything correctly. I believe

you mentioned earlier...” If the respondent provides an explanation for the inconsistency, be sure to record his/her comments verbatim (probed for clarity). At no time, however, should you question a response s/he provides simply because it does not seem reasonable to you.

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

14.3 Using Remarks

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

- The respondent corrects a previous response and it is too far back in the interview for you to back up through screens to correct the answer. Be sure to explain clearly the information that is being changed.

- The respondent provides a response that is “invalid” in a question with a **hard** range check (invalid answers). Using comments to enter the response is the only way to capture the information. Remember, comments are **not** made in soft range checks (unlikely answers).

- You don’t know how to record a response. Record the comment, explaining clearly the problem you encountered and sufficient detail to allow the data preparation staff to categorize the response.

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

14.4 Detailed Specifications

14.4.1 The SP Questionnaire

The SP questionnaire will be administered to each eligible SP. It is divided into 27 sections that collect information about the SP's health 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, "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.

RESPONDENT INFORMATION (RIQ) & INTRODUCTION AND VERIFICATION (DMQ – SPIV)

The RIQ section asks interviewer only questions and contains electronic Household consent screens. Within this section, questions from the DMQ section are asked to verify respondent information.

The first question, from RIQ, asks you to select the respondent for the questionnaire which is either the SP name or the proxy name. Next, the DMQ section begins with screens that verify date of birth, age, and gender which were collected in the screener. Confirming this information with the SP, as it came from the screener respondent, is critical because it confirms eligibility, and determines the flow of the SP questionnaire and subsequent MEC exam components. In addition, this section collects the complete name of the SP, including a prefix, the first, middle, and last name and a suffix, if relevant. It is important to collect as complete a name as possible as it is used on all documents mailed to the SP, including the Report of Findings.

The next few RIQ screens guide you through obtaining Household consent for this interview and permission to link the SP's data with other vital statistics. Depending on the respondent's preference, these screens will guide you through collecting consent either electronically or using the hardcopy consent form. If consent is obtained electronically, you will also indicate whether the respondent requested to immediately be mailed a copy of the consent form with his/her signature. Finally, as part of the quality control process, there is a question that asks if the interviewer wants to offer audio-recording to the SP (see

Section 4.3.4). If the interviewer does offer audio-recording, there is a short series of questions to obtain the SP's permission.

INTERPRETER (INT)

This section has a series of questions about whether an interpreter was used, and, if so, the interpreter type and interpreter's name, contact information, gender and age range.

EARLY CHILDHOOD (ECQ)

This section contains a question about the smoking habits of the mother of the SP while she was pregnant with the SP. It also collects information about the SP's birth weight and weight history. 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?

YES 1
NO 2

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

ECQ.071 How much did John Smith weigh at birth?

ENTER WEIGHT IN POUNDS, KILOGRAMS OR GRAMS.

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

1. ENTER NUMBER OF POUNDS AND OUNCES.
2. ENTER NUMBER IN KILOGRAMS.
3. ENTER NUMBER IN GRAMS

This is a gate question. Select the measurement you will use to record and then follow these general rules when recording birth weight.

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

If the response is reported in exact pounds (for example, "exactly 6 pounds"), enter the number of pounds in the corresponding field and a "0" in the ounces 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 corresponding field and "DK" in the ounces 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, but the type of questions asked depends 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?

YES	1
THERE IS **NO** PLACE	2
THERE IS **MORE THAN ONE** PLACE	3

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

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

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

Consider the following examples:

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

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

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

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

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

HUQ.071	During the **past 12 months**, were {you/SP} a patient in a hospital **overnight**? Do not include an overnight stay in the emergency room.
	YES ..... 1 NO 2

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.

IMMUNIZATION (IMQ)

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

PHYSICAL FUNCTIONING (PFQ)

The Physical Functioning section of the interview collects information about the **overall physical and mental wellbeing** of the SP. This section is asked of all SPs who are at least three years old. It has been designed to determine if the SP is limited, 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 this 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, intellectual disability, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included.

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

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

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

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

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

The response option 'DO NOT DO THE ACTIVITY' was added to resolve questions and problems SPs had answering this series of questions when the activity did not apply and in order to make this section more compatible with other surveys. Remember you are still required to probe when a SP responds 'I do not do that' to a specific activity before you code this response as 'DO NOT DO THIS ACTIVITY'. As indicated on the help screen for this question, the probe should be, "Do you not do this activity because of a health problem?"

If the respondent answers that he does not do the activity because of a health problem, the follow-up probe would be, "If you did do this activity, how much difficulty would you have?"

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

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

Walking for a quarter of a mile/up 10 steps/from one room…: Walking is defined as using one's legs for locomotion, without the help of another person, special equipment or an aid, 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 count 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, 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.

Going 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.

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 and 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.

Hay Fever Question (AGQ030)

Hay fever is a collection of symptoms in the nose and eyes, caused by particles of plant pollen in the air. This happens in people who are allergic to these substances. Hay fever typically occurs in the Spring, Summer, or Fall when plant pollen is in the air (from trees, grasses, flowers, ragweed, etc.).

MCQ.520	During the past 12 months have you had pain in the area shaded on the diagram? FOR FEMALES DO NOT INCLUDE MENSTRUAL PAIN. HAND CARD MCQ1 YES ..... 1 NO 2

SPs 20 years and older are asked a series of questions on gallbladder conditions, beginning with this question. Refer the SP to the hand card that highlights the upper abdomen, which is the area to be considered when answering this question. Do not include menstrual pain. That is, if a female SP reports experiencing pain in the shaded area of the hand card during her menstrual cycle, probe to understand if she has had pain in the shaded area during the last12 months, when she was not menstruating. Do **NOT** probe a simple "YES" response to determine if reported pain was due to menstruation.

SPs who answer "YES" to this question, are asked two follow-up questions about other types of pain in the upper abdomen area and whether the SP has seen doctor about this pain. Then, the SP will be asked specifically about gallstones and gallbladder surgery.

MCQ.220	Have you **ever** been told by a doctor or other health professional that you had cancer or a malignancy of any kind? YES ..... 1 NO 2

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, coding uterine cancer for a male SP will trigger a soft edit message.

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 affected (e.g., bladder, breast, kidney, lung, etc.).

MCQ.300c Including living and deceased, **were any of your close biological** that is, blood **relatives**, including father, mother, sisters or brothers, **ever told by a health professional that they had diabetes**?

YES 1
NO 2

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.

OSQ.230	The following question is about metal objects you may have inside your body. Do you have any artificial joints, pins, plates, metal suture material, or other types of metal objects in your body? Some common examples are on the hand card. INTERVIEWER INSTRUCTION: Do not include piercings, crowns, dental braces or retainers, shrapnel, or bullets. The metal object should NOT be visible on the outside of the body or in the mouth. HAND CARD OSQ3 YES ..... 1 NO 2

This question asks about metal objects inside SP's bodies because blood drawn in the MEC is tested for cobalt and chromium. These two metals are frequently used in joint replacements, but there is some concern that they can get into a person's blood stream and cause health problems. Some metal items, such as shrapnel or bullets, are excluded because they are usually too small to leak metals into blood. There are currently no reference standards to know what level is high compared to the general population, so inclusion on NHANES will allow for the development of reference standards in the future.

HEPATITIS (HEQ)

The Hepatitis section was designed to obtain nationally representative data on awareness of Hepatitis B and C infections and the number of people who have been treated for each of these infections. It is a very short section asked of SPs age 6 or older.

KIDNEY CONDITIONS (KIQ)

The Kidney Conditions section asks about various diseases and conditions of the kidney, including kidney stones. It is a very short section asked of SPs age 20 or older.

DISABILITY (DLQ)

The first part of this section is comprised of 6 questions about various disabilities, such as difficulty seeing, hearing, and walking, that cause serious difficulties with daily activities. The questions in this section may sound similar to those in the Physical Functioning section, but are different.

There are age skips in this section. The younger the SP, the fewer questions asked. SPs aged 1 and over are asked the first two questions, over 5 years old are asked the third, fourth, and fifth questions, and over 15 are asked the final question about difficulty with daily activities.

SPs 18 years and older also asked questions about depression and anxiety, including how often they felt that way, if they take medication for those feelings, and the severity of the feelings.

DIABETES (DIQ)

The Diabetes section has a series of questions asked of non-diabetic SPs to determine their awareness of preventive measures and risk factors for diabetes and prediabetes. Diabetic SPs are asked questions about how they are being treated for the disease and about the measures they are using to control it.

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

DIQ.010	Have you **ever** been told by a doctor or other health professional that you have diabetes or sugar diabetes?
	YES ..... 1 NO ..... 2 BORDERLINE OR PREDIABETES 3

Do **not** include self-diagnosed diabetes, high sugar, or any conditions other than "diabetes" or "sugar diabetes" for the 'YES' response. If the respondent reports "high sugar" select '3'. If a female reports "diabetes but only during pregnancy," select '2'.

DIQ.300 S/D Blood pressure is usually given as one number over another. What was {your/SP's} most recent blood pressure in numbers?

|___|___|___|__OVER___|___|___|___|
SYSTOLIC DIASTOLIC
ENTER VALUES

CAPI INSTRUCTION:
SYSTOLIC RANGE: 0-776 SOFT EDIT: 80-200
DIASTOLIC RANGE: 0-776 SOFT EDIT: 0-150.

REFUSED 777
DON'T KNOW..... 999

DIQ.310 G/S/D What does {your/SP's} doctor or other health professional say {your/his/her} blood pressure should be?

|___|
PROVIDER DID NOT SPECIFY GOAL..... 2 (DIQ.320)
REFUSED 7 (DIQ.320)
DON'T' KNOW..... 9 (DIG.320)

|___|___|___|__OVER___|___|___|___|
SYSTOLIC DIASTOLIC
ENTER VALUES

INTERVIEWER INSTRUCTION:
IF RANGE GIVEN, RECORD UPPER VALUE OF RANGE.

CAPI INSTRUCTION:
SYSTOLIC RANGE: 0-776 SOFT EDIT: 80-200
DIASTOLIC RANGE: 0-776 SOFT EDIT: 0-150.
REFUSED 777
DON'T KNOW..... 999

Systolic blood pressure is the **top** blood pressure reading (the **larger** number). This is a measure of blood pressure when the heart is contracting to pump blood. **Diastolic** blood pressure is the **bottom** blood pressure reading (the **smaller** number). This is a measure of blood pressure when the heart is resting to refill blood.

DIQ.341	During the past 12 months, about how many times has a doctor or other health professional checked your feet for any sores or irritations?	
	ENTER NUMBER OF TIMES	1
	NONE	2
	BOTH FEET AMPUTATED	3

Vascular and circulation problems due to unchecked diabetes may cause sores on the feet and may gradually result in amputation of the feet. If you observe that the SP has had both feet amputated, code 3 without asking this question.

BLOOD PRESSURE (BPQ)

This section focuses on **high blood pressure (hypertension)** and another major risk factor for cardiovascular disease, **blood cholesterol level**. Specifically, the questions seek information on awareness of high blood pressure and/or blood cholesterol level, measurements of these conditions, visits to a doctor or health profession about these conditions, and treatment. These questions are asked of SPs age 16 or older. There is also a corresponding MEC component.

BPQ.020	Have you **ever** been told by a doctor or other health professional that you had hypertension, also called high blood pressure?	
	YES	1
	NO	2

In some parts of the United States, the term "high blood" is used instead of "high blood pressure" or "hypertension."

If a female indicates that she has had high blood pressure or hypertension but **only** during pregnancy, code 2 – "NO."

BPQ.035 G/Q	How old {were you/was SP} when {you were/he/she was} **first** told that {you/he/she} had hypertension or high blood pressure? |___|___| ENTER AGE IN YEARS REFUSED ..... 777 DON'T' KNOW..... 999

This question asks **how old** the SP was when the SP was first told she/he had hypertension or high blood pressure. Please make sure the respondent gives you the age, not the number of years ago.

BPQ.040a	Because of your (high blood pressure/hypertension), have you **ever** been told to **take prescribed medicine**? YES ..... 1 NO 2

A "prescribed medicine" may include pills, powder or liquids and **must** be purchased by prescription.

CARDIOVASCULAR (CDQ)

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

CDQ.010	Have you had shortness of breath either when hurrying on the level or walking up a slight hill? YES ..... 1 NO 2

"On the level" refers to walking on level ground.

OSTEOPOROSIS (OSQ)

Osteoporosis is 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. Questions in this section are asked of SPs 50 years and older.

OSQ.010a	Has a doctor or other health professional **ever** told {you/SP} that {you/SP} had broken or fractured {your/his/her} hip?	
	YES	1
	NO	2 (b)
OSQ.020a	How many times {have you/has SP} broken or fractured {your/his/her} hip?	
	|___|___|	
	ENTER NUMBER OF TIMES	
OSQ.030	How old {were you/was SP} when {you/s/he} fractured {your/his/her} hip {the {1st/2nd/10th or more recent time . . .} time}?	
	|___|___|___|	
	ENTER AGE IN YEARS	
OSQ.040a	{Were you/Was SP} . . .	
	under 50 years old, or.....	1
	50 years old or older?	2

This section asks questions about whether the SP has broken or fractured any bones and the ages when the fractures occurred. SPs are asked if a doctor or health professional has ever told him/her that he/she had broken or fractured the hip, wrist, and spine, as these are common fracture cites for people with Osteoporosis. For OSQ.010, include only the bone fractures and brakes diagnosed by a doctor or health professional. If an SP suspects a bone fracture or break, which has not yet been diagnosed by a doctor or health professional, the response entered should be "NO".

If a hip, wrist, or spine fracture or break is reported at OSQ.010, the SP will be asked to report the number of times he/she fractured or broke the bone and the age at the time of each fracture. An SP will be asked if a fracture occurred before or after 50 years old when he/she does not know the exact age in which the fracture occurred, as the most common fractures resulting from Osteoporosis happen after age 50.

OSQ.080 Has a doctor or other health professional ever told {you/SP} that {you/s/he} had broken or fractured any other bone **after** {you were/s/he was} 20 years of age?

YES	1	
NO	2	(OSQ.060)

OSQ.090 Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?

YES	1	(OSQ.120)
NO	2	

OSQ.100 Please look at this card and tell me where the fracture occurred.

HAND CARD OSQ 1

HEAD/FACE	10
UPPER ARM (HUMERUS)	11
LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST)	12
ELBOW	13
HAND	14
FINGERS	15
SHOULDER	16
COLLAR BONE	17
RIBS (EITHER SIDE)	18
PELVIS (NOT HIP)	19
UPPER LEG (THIGH EXCLUDING HIP)	20
LOWER LEG (BETWEEN ANKLE AND KNEE)	21
KNEE (PATELLA)	22
ANKLE	23
HEEL	24
FOOT	25
TOES	26
OTHER (DO NOT SPECIFY)	27

OSQ.110 How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ.100) for the **first** time after age 20?

|___|___|___|
ENTER AGE IN YEARS

OSQ.120 Has a doctor or other health professional ever told {you/SP} that {you/s/he} had broken or fractured **any other bones after** {you were/s/he was} 20 years of age?

YES	1	
NO	2	(OSQ.060)

Beginning with OSQ.080, a series of questions about broken or fractured bones after the age of 20 are on a loop. Each time the SP reports a break or fracture after the age of 20, he/she will be asked OSQ.090 to determine whether the fracture was as result of severe trauma, such as a card accident, hard fall, etc. Do **not** include a fall from standing height or less, for example, if the SP tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair. If the bone break or fracture was a result of a severe trauma, the computer will move to OSQ.120 to ask about any other fractures or breaks after the age of 20, not yet reported.

If the bone break or fracture was not a result of severe trauma, the SP will be asked to report the location of the fracture and age at the time of the incident (OSQ.100 and OSQ.110). After this series of questions, the computer will move to OSQ.120. The computer will end the loop once you have entered all bone fractures and breaks after the age of 20, that is, once you enter "NO" at OSQ.120.

The remaining questions ask if the SP has been diagnosed with osteoporosis, use of prednisone and cortisone, and family history of osteoporosis and broken bones.

Additionally, DXA scans to measure bone density are conducted in the MEC.

AUDIOMETRY (AUQ)

This section is concerned with **hearing problems.** Questions asked include the SP's self-reported hearing status (called the Gallaudet Self-Rating Scale), measurement of hearing and some investigation into the cause of hearing problems, including noise exposure. SPs aged 1 year and older will be asked the first question, AUQ054. Only SPs aged 6 to 19 and 70 years and older will receive additional questions in this section. The Audiometry section will provide data to better estimate the overall scope of hearing loss in the United States.

AUQ.054 These next questions are about {your/SP's} hearing.

Which statement best describes {your/SP's} hearing (without a hearing aid or other listening devices)? Would you say {your/his/her} hearing is excellent, good, that {you have/s/he has} a little trouble, moderate trouble, a lot of trouble, or {are you/is s/he} deaf?

EXCELLENT	1
GOOD	2
A LITTLE TROUBLE	3
MODERATE HEARING TROUBLE	4
A LOT OF TROUBLE	5
DEAF	6

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."

SPs are asked questions about ear infections as well as questions about their use of hearing aids and/or cochlear implants. Questionnaire data on assistive listening devices (FM systems, closed-captioned television, or amplified telephone or relay services) is captured. Tinnitus, or ringing in the ears, can be a disabling condition that cannot be identified by the Audiometry MEC exam, and questions in this section will help identify this condition. Questions are also asked about noise exposure while shooting firearms and at work and use of protective hearing devices in those situations. **Protective Hearing Devices** are devices to help prevent hazardous noise levels from damaging one's hearing by serving as a barrier between noise and the inner ear. Examples are special headphones, ear plugs, and protective earmuffs.

AUQ.330 These next questions are about noise exposure {you/SP} may have had at work.

{Have you/Has SP} **ever had a job, or combination of jobs where** {you were/s/he was} exposed to loud sounds or noise for **4 or more hours a day, several days a week**?

(Loud means so loud that {you/s/he} must speak in a raised voice to be heard.)

YES	1
NO	2
NEVER WORKED	3
REFUSED	7
DON'T KNOW	9

AUQ.350	In {your/SP's} work {were you/was he/was she} exposed to **very loud noise**? (**Very loud noise** is noise that is so loud {you have/he has/she has} to shout in order to be understood by someone standing 3 feet away from {you/him/her}.)		
	YES	1	
	NO	2	(AUQ.370)
	REFUSED	7	(AUQ.370)
	DON'T KNOW	9	(AUQ.370)
AUQ.370	**Outside of a job,** {have you/has SP} **ever** been exposed to **very loud noise or music** for **10 or more hours a week**? This is noise so loud that {you have/s/he has} to shout to be **understood or heard 3 feet away**. Examples are noise from power tools, lawn mowers, farm machinery, cars, trucks, motorcycles, motor boats or loud music.		
	YES	1	
	NO	2	(AUQ.380)
	REFUSED	7	(AUQ.380)
	DON'T KNOW	9	(AUQ.380)

Respondents will be asked about two levels of noise exposure, loud and very loud noise. The louder the sound, the shorter the amount of time it takes for noise induced hearing loss to happen. First, respondents will be asked about loud noise, AUQ.330. If the SP has been exposed to loud noise at work, he/she will be asked a follow up question to determine how many months or years the SP has been exposed to loud noise. Then, the respondent will be asked similar questions about exposure to very loud noise both at work and outside of a job setting.

Read these questions slowly so that respondents understand which noise level you are asking about and the definition of each noise level. If respondents are confused, you could further explain: Loud noise – "you must speak in a **raised** voice to be heard". Very loud noise – "you have to **shout** in order to be understood".

The following table provides information on sound, sound intensity, and recommended exposure limits.

Table 14-1. Sound, Sound Intensity, and Recommended Exposure Limits

Safe Sound Level ~ Use "Normal" Voice to be Heard and Understood			
Sound Source Examples	Sound Intensity (Decibels)	Recommended Exposure Limits For Repeated Exposures*	Comments
Quietest sound heard by person with normal healthy hearing	0	Any duration	None
Quiet, empty class-room that meets U.S. acoustical standard	35-40	Any duration	None
Typical library sounds	40	Any duration	None
Normal conversational speech	60	Any duration	None
Battery-powered pencil sharpener	71	Any duration	None

Potentially Hazardous Sound Level ~ Must Speak in "Raised" or "Loud" Voice to be Heard and Understood			
Sound Source Examples	Sound Intensity (Decibels)	Recommended Exposure Limits For Repeated Exposures*	Comments
School cafeteria	85	8 hours	Prolonged exposures might cause slight hearing loss. Hearing protection should be used if regularly exposed to this sound level beyond the exposure time limit.
Band class	90	2 hours	Hearing protection should be used if regularly exposed to this sound level beyond the exposure time limit.
Wood or metal shop, power tools, snowmobile	100	15 minutes	Hearing protection should be used if regularly exposed to this sound level beyond the exposure time limit.

Table 14-1. Sound, Sound Intensity, and Recommended Exposure Limits (continued)

Hazardous Sound Level ~ Must Use "Very Loud" Voice or "SHOUT" to be Heard and Understood			
Sound Source Examples	Sound Intensity (Decibels)	Recommended Exposure Limits For Repeated Exposures*	Comments
Personal stereo system at high volume	105	5 minutes	Hearing protection should be used if regularly exposed to this sound level beyond the exposure time limit.
Chainsaw, loud rock concert	110	1.5 minutes	Hearing protection should be used if regularly exposed to this sound level beyond the exposure time limit.
Firecrackers, guns, firearms	140 to 165	Immediate hearing damage possible	Hearing protection should be used if regularly exposed to this sound level beyond the exposure time limit.

DERMATOLOGY (DEQ)

This section asks questions about the SP's skin, sun exposure and sun protective behavior. The questions are asked of SPs age 20 to 59. Please note that questions DEQ.120 and DEQ125 ask about time spent outdoors in order to assess sun exposure between 9 in the morning and 5 in the afternoon **only**. Therefore the maximum number of hours that can ever be entered for these questions is 8 hours. Even if the respondent is outdoors more than that (for example they work outside 12 hours a day), these questions are only asking about the 8 hour period of time between 9 a.m. and 5 p.m.

ORAL HEALTH (OHQ)

The Oral Health section was revised with all new questions for 2009. In 2011 and 2013, additional questions were added. It is asked of SPs age one and older. NHANES continues to have an oral health MEC component, which assesses the prevalence of oral health conditions and diseases, and dental caries. The response to questions in this section will be compared to the oral health exam in the MEC to determine if the questions themselves can be used to estimate the prevalence of oral health disease in the

U.S. In addition, the section asks about dental visits, care, dental cancer screenings, dental utilization and oral health quality of life.

The section begins by asking when the SP last saw a dentist, dental care utilization and access to dental care. It then asks a series of questions about dental health education the SP may have received from his/her dental care provider and oral health quality of life. SPs between 3 and 15 years old are asked additional questions about the ages in which she/he started brushing his/her teeth and using toothpaste as well as use of prescription fluoride drops and tablets. SPs between 3 and 19 years old are also asked about how many times he/she brushes his/her teeth in one day and how much toothpaste he/she uses.

OHQ.033 What was the main reason {you/SP} **last** visited the dentist?

WENT IN ON OWN FOR CHECK-UP, EXAMINATION OR CLEANING	1
WAS CALLED IN BY THE DENTIST FOR CHECK-UP, EXAMINATION OR CLEANING	2
SOMETHING WAS WRONG, BOTHERING OR HURTING {ME/SP}	3
WENT FOR TREATMENT OF A CONDITION THAT DENTIST DISCOVERED AT EARLIER CHECK-UP OR EXAMINATION	4
OTHER	5

1. Went in on own for check-up, examination or cleaning: Use this response option when the SP went because they had not had a regular dental visit or check-up in a while, if ever, and so, they made an appointment to be seen – these are called initial exam visits. "Went in on own" should be used because the SP went to a dental provider for a check-up, regular examination, or cleaning without being reminded or prompted to do so by the dental provider.

2. Was called in by the dentist for check-up, examination, or cleaning: Use this response option when the SP went because their last dental visit was part of a regular follow-up for exam/cleaning and it was time for another check-up visit— these are called recall visits. "Was called in" should be used because the SP received a reminder that it was time for them to have a check-up, regular examination, or cleaning because the dental provider prompted or reminded them to do so.

3. Something was wrong, bothering, or hurting me: The SP went because they have some type of oral-facial pain, they broke something, or they noticed something that didn't look normal, and were worried about it— these are called urgent/emergency dental visits.

4. Went for treatment of a condition that dentist discovered at earlier check-up or examination: The SP went because they returned for treatment to have something fixed, to have something removed, or to have ongoing work done. For this response option, the SP might have received a reminder that they had an upcoming appointment to have some type of dental work done.

OHQ.835 The next questions will ask about the condition of your teeth and some factors related to gum health.

Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. Do you think you might have gum disease?

YES 1
NO 2

This question asks about the SP's gum and teeth health.

OHQ.870 Aside from brushing your teeth with a toothbrush, in the last seven days, how many days did you use dental floss or any other device to clean between your teeth?

|___|
ENTER NUMBER OF DAYS

This question asks about the frequency of use of dental floss or other devices used to clean between the teeth, a factor related to gum health. Note that the question begins with the phrase, "Aside from brushing your teeth with a toothbrush…" The SP's answers to this question should **not** include a toothbrush. OHQ.870 is asking about other devices that might be used to clean the teeth such as a toothpick or a tip stimulator. Also, you want to make sure the respondent gives you the number of **days**, not the number of times in the last seven days.

PHYSICAL ACTIVITY (PAQ)

The Physical Activity section is concerned with the physical activity – including transportation, work and leisure activities, exercise and sedentary behavior of the SP over a typical week or day. The section is asked of SPs 2-11 years old and 16 years old and older.

The section is based on the Global Physical Activity Questionnaire developed by the World Health Organization to survey physical activity in countries around the world.

The section asks about the following kinds of activities:

1. Vigorous and moderate activities done at work;
2. Walking or bicycling to get to and from places;
3. Vigorous and moderate sports, fitness and recreational activities; and
4. Sedentary behavior.

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 may be some overlap between vigorous and moderate activities if the activity is sometimes "vigorous" and sometimes "moderate."

For work vigorous and moderate activities reported, there are follow-up questions to further assess the frequency and duration of the activity. Frequency is asked in number of days in a typical week. Duration is asked in terms of minutes or hours of each occurrence.

PAQ.605 Next I am going to ask you about the time {you spend/SP spends} doing different types of physical activity in a typical week.

Think first about the time {you spend/SP spends} doing work. Think of work as the things that {you have/SP has} to do such as paid or unpaid work, studying or training, household chores, and yard work.

Does {your/SP's} work involve **vigorous**-intensity activity that causes **large increases** in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for **at least 10 minutes continuously**?

YES 1
NO 2

Note that work on this question means both paid and unpaid work, and work around the house. Paid work includes jobs such as construction worker or cashier at the grocery store. Unpaid work includes things such as household chores and yard work. There is no specific reference period in this question, it does not ask about the last 30 days or seven days, instead it asks about a typical week. Let the respondent define what a typical week is. Activities reported should be those done regularly and not just occasionally. We are only interested in activities that produce large increases in breathing or heart rate. Some respondents have difficulty answering this question because they do the listed activities but do not experience large increases in breathing or heart rate when they do them. For these people the answer to this question should be NO.

PAQ.650 The next questions exclude the work and transportation activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities.

In a typical week, {do you/does SP} do any **vigorous**-intensity sports, fitness, or recreational activities that cause **large increases** in breathing or heart rate like running or basketball for **at least 10 minutes continuously**?

YES 1
NO 2

This question asks if the individual typically does any **vigorous-intensity** sports, fitness or recreational activities for **at least 10 minutes** that caused **large increases** in breathing or heart rate. 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 breathing or large increases in breathing or heart rate.

PAQ.670 In a typical week, on how many days {do you/does SP} do **moderate**-intensity sports, fitness or recreational activities?

ENTER NUMBER OF DAYS

This question asks about **moderate** activities. If the individual is uncertain as to whether or not the physical activity engaged in was moderate, emphasize that this activity should have been performed for **at least a 10 minute period**, and should have resulted in **small increases** in breathing or heart rate. The respondent should determine what a "typical week" means for him/her.

PAQ.680 Q/U	The following question is about sitting at work, at home, getting to and from places, or with friends, including time spent sitting at a desk, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping. How much time {do you/does SP} usually spend sitting on a typical day? ENTER NUMBER OF MINUTES OR HOURS

This question is designed to account for how much time the SP spends not moving about, even when the SP is doing something while seated such as knitting, writing, sewing, scrapbooking, etc.

PAQ.706	Now I'd like to ask you some questions about {your/SP's} activities. During the **past 7 days**, on how many days was {you/he/she} physically active for a total of **at least 60 minutes per day**? Add up all the time Maggie Jones spent in any kind of physical activity that increased {your/his/her} heart rate and made {you/him/her} breathe hard some of the time. 0 days ..... 0 1 day ..... 1 2 days ..... 2 3 days ..... 3 4 days ..... 4 5 days ..... 5 6 days ..... 6 7 days 7

SPs 2-11 and 16-17 receive this question, which reflects one of the recommendations for children and adolescents from the Dietary Guidelines for Americans 2005. The remaining two questions ask about television watching and computer use.

SLEEP (SLQ)

Sleep disorders and insufficient sleep are pervasive public health problems. An estimated fifty-seven million Americans have a sleep-related problem. Sleep-related problems are likely to be inter-related with multiple disease risk factors, lifestyle choices and other medical conditions. The purpose of the Sleep section in NHANES is to assess sleep habits and determine the proportion of persons with sleep apnea who sought medical evaluation.

SLQ.300	The next set of questions is about {your/SP's} sleep and work behavior What time {do you/does SP} usually fall asleep on weekdays or workdays? |__|__| : |__|__| ENTER AM OR PM HH MM THIS IS NOT THE TIME SP GETS INTO BED. ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE "MIDNIGHT" CODE AS 12:00 AM.
SLQ.310	What time {do you/does SP} usually wake up on weekdays or workdays? |__|__| : |__|__| ENTER AM OR PM HH MM THIS IS NOT THE TIME SP GETS OUT OF BED. ENTER TIME AS HH:MM AM OR PM.

In these two questions (SLQ.300 and SLQ.310), we are asking for the times the SP falls asleep and wakes up on weekdays or workdays.

SLQ.320	What time {do you/does SP} usually fall asleep on weekends or non-workdays? |__|__| : |__|__| ENTER AM OR PM HH MM THIS IS NOT THE TIME SP GETS INTO BED. ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE "MIDNIGHT" CODE AS 12:00 **AM**. IF RESPONDENT SAYS DOES NOT WORK, ASK IF THE TIME THAT THE RESPONDENT FALLS ASLEEP IS DIFFERENT ON WEEKENDS. IF NOT, ENTER SAME TIME AS SLQ.300.
SLQ.330	What time {do you/does SP} usually wake up on weekends or non-workdays? |__|__| : |__|__| ENTER AM OR PM HH MM THIS IS NOT THE TIME SP GETS OUT OF BED. ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS DOES NOT WORK, ASK IF THE TIME THAT THE RESPONDENT WAKES UP IS DIFFERENT ON WEEKENDS. IF NOT, ENTER SAME TIME AS SLQ.310.

In these two questions (SLQ.320 and SLQ.330), we are asking for the times the SP falls asleep and wakes up on weekends or non-workdays. If the respondent says that he/she does not work, ask if the time he/she falls asleep or wakes up on weekdays is different than the time he/she falls asleep or wakes up on weekends. If not, enter the same times entered at SLQ.300 and SLQ.310.

Please consider that everyone does not work, or work the typical Monday-Friday, 9 to 5 workweek. Confirm sleep hours that are outside of what most would consider "usual" so as to ensure that you are correctly coding AM and PM along with the time.

If sleeping is erratic, meaning the respondent has difficulty falling asleep, staying asleep throughout the night, or waking too early in the morning, ask the respondent to provide a best estimate as to the time when he or she falls asleep. It's ok to let the respondent know that there will be other questions in this section that capture sleeping problems.

"Short sleepers" are persons who need less than 4 hours of sleep. They are estimated to be only about 1% of the population. So please carefully probe persons who provide times of falling asleep and waking that would amount to less than four hours. Note that a soft edit is also in place for persons reporting 12 or more hours.

Be reluctant to accept "don't know" as a response. Probe and ask them not to worry if they are not sure; a best guess here is fine.

SLQ.030 **In the past 12 months,** how often did {you/SP} snore while {you were/s/he was} sleeping?

INTERVIEWER INSTRUCTION: IF R SAYS "DON'T KNOW", PROBE IF ANYONE HAS TOLD THEM THAT THEY SNORE.

Never	0
Rarely 1-2 nights/week	1
Occasionally 3-4 nights/week	2
Frequently 5 or more nights/week	3

SLQ.040	**In the past 12 months,** how often did {you/SP} snort, gasp, or stop breathing while {you were/s/he was} asleep? INTERVIEWER INSTRUCTION: IF THE RESPONDENT ASKS "HOW WOULD I KNOW IF I SNORT, GASP OR STOP BREATHING WHEN I AM SLEEPING? PROBE IF ANYONE TOLD THEM THAT THEY DO THIS. Never ..... 0 Rarely 1-2 nights/week ..... 1 Occasionally 3-4 nights/week ..... 2 Frequently 5 or more nights/week..... 3

These are the questions about sleep apnea symptoms. Don't know responses may be common for these questions, if the respondent sleeps by him/herself, so there is an interviewer instruction to probe if anyone has told them they snore, snort, gasp, or stop breathing while sleeping. Remember to emphasize in the past 12 months when probing.

DIET BEHAVIOR AND NUTRITION (DBQ)

This section contains questions about the SP's general eating habits, milk consumption over his or her lifetime, and meals or food provided by various community or government programs. For SPs under the age of six, there are questions about breastfeeding, use of formula, use of regular milk, the ages at which eating habits changed and the Women, Infants, and Children (WIC) program. 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, as it changes from "ever" to "past month" to "over your lifetime".

DBQ.010	Now I am going to ask you some general questions about Maggie Jones's eating habits. Was Anna **ever** breastfed or fed breastmilk? YES ..... 1 NO 2

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.041 How old was Maggie Jones when she was **first** fed formula?

ENTER NUMBER AND UNIT	1
NEVER	2

Code 1 – and enter the child's age even if the child was still breastfed most of the time.

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

DBQ.055 This next question is about the first thing that Maggie Jones was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that Maggie Jones might have been given, even water.

How old was Maggie Jones when she was first fed anything other than breast milk or formula?

This question asks for the age a child was first given something to eat other than breast milk or formula, including both solid and liquid foods.

HAND CARD DBQ1

DBQ.197 Next I'm going to ask a few questions about **milk products**. Do not include their use in cooking.

In the **past 30 days**, how often did you have milk to drink or on your cereal? Please include chocolate and other flavored milks as well as hot cocoa made with milk. Do not count small amounts of milk added to your coffee or tea. Would you say . . .

never,.....	0
rarely – less than once a week, ...	1
sometimes – once a week or more, but less than once a day, or.....	2
often – once a day or more?.....	3
VARIED	4

The intent of this question is to determine the SP's frequency of milk consumption, **including flavored milk**. Note that the response option "VARIED" is in all caps and should not be read.

HAND CARD DBQ3

DBQ.235a-c Now, I'm going to ask you how often you drank **milk** at different times in your **life**.

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

a child (5 – 12)
a teenager (13 – 17)
a young adult (18 – 35)

IF NECESSARY, PROBE FOR USUAL OR MOST COMMON AMOUNT FOR THIS TIME PERIOD.

never,.....	0
rarely – less than once a week, ...	1
sometimes – once a week or more, but less than once a day, or.....	2
often – once a day or more?.....	3
VARIED	4

Unlike the preceding questions in this section, the time frame for this question is **over the SP's lifetime** rather than past month. The option categories, however, remain the same. Refer the SP to the hand card when answering this question.

FSQ.673 Is {SP} **now** receiving benefits from the WIC program?

YES	1
NO	2
REFUSED	7
DON'T KNOW.....	9

FSQ.675 Did {SP} receive benefits from WIC when {he/she} was less than one year old?

YES	1
NO	2
REFUSED	7
DON'T KNOW.....	9

FSQ.682	Did {SP} receive benefits from WIC when {he/she} {was/is} between the ages of {1 to {SP AGE/4} years old/12 to {SP AGE} months old}? YES ..... 1 NO ..... 2 REFUSED ..... 7 DON'T KNOW..... 9

These are the questions about WIC asked of 0-5 year olds. 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.

DBQ.895	Next I'm going to ask you about meals. By meal, I mean **breakfast, lunch and dinner**. During the **past 7 days**, how many meals {did you/did SP} get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines? {Please do not include meals provided as part of the school lunch or school breakfast./Please do not include meals provided as part of the community programs you reported earlier.} ENTER NUMBER

For this question, the definition of meals not prepared at home includes places that provide commercially prepared foods. Only food consumed as meals should be included, not snacks. School lunches or breakfasts and meals prepared in a program such as "Meals on Wheels" should not be included as meals not prepared at home. There is a soft edit for a number larger than 21: "Unusually large number entered – Please verify – this is more than 3 meals per day, each day during the past 7 days."

DBQ.900	How many of those meals {did you/did SP} get from a fast-food or pizza place? ENTER NUMBER

This is a follow-up question on the meals previously reported as "prepared away from home." It's a gate question. If the SP says they did not get any meals from fast food or pizza place, enter 2.

DBQ.905	Some grocery stores sell "ready to eat" foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters. During the **past 30 days**, how often did {you/SP} eat "ready to eat" foods from the grocery store? Please do not include sliced meat or cheese you buy for sandwiches and frozen or canned foods. ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH) NEVER 2

This question refers to the SP having eaten ready to eat foods from a grocery store, such as picking up a BBQ chicken, potato salad, or cooked vegetables to bring home and eat right away without cooking. This question will help better profile consumers who make use of convenience foods and their overall diet quality. Note that the question does not refer to the number of different dishes she bought at the grocery store, but how often the SP eats these types of foods. If the SP ate several times from a ready-to-eat item from the grocery store – such as a roasted chicken – enter the number of meals the SP got from the chicken. Enter the number of times per day, per week or per month over the past 30 days. There is a soft edit for responses greater than 6 times a day because that is an unusually large number of times per day.

DBQ.910	During the **past 30 days**, how often did {you/SP} eat frozen meals or frozen pizzas? Here are some examples of frozen meals and frozen pizzas. HAND CARD DBQ4 ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH) NEVER 2

This question requires the use of a hand card that features pictures of frozen meals and frozen pizzas so that the SP is aware of what is meant by "frozen meals" or "frozen pizzas", since some SPs may not be as familiar with the concept as others. This is a gate question. Enter 2 for NEVER if an SP says s/he never eats these types of meals. The same soft edit for DBQ.905 also appears in this question.

CBQ.596 Next I'm going to ask a few questions about the nutritional guidelines recommended for Americans by the federal government.

Have you heard of **My Plate**?

YES 1
NO 2

This is the first in a series of three questions about the SP's knowledge and use of nutritional guidelines. Note that this question asks about My Plate, which is bolded. My Plate is a more recent set of guidelines than the Food Pyramid or My Pyramid. Do NOT explain what these guidelines are; just take the SP's answer as to whether or not they have heard of them.

DBQ.930 {Are you/Is SP} the person who does **most** of the planning **or** preparing of meals in {your/SP's} family?

IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES.

YES 1
NO 2

DBQ.940 {Are you/Is SP} the person who does **most** of the shopping for food in {your/SP's} family?

IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES.

YES 1
NO 2

These questions are related to the Family and Consumer Behavior Survey (FCBS) and were added to enable NHANES to identify the food preparation and food shopping role SPs hold in their family. If an SP reports that he/she does the food preparation or shopping "sometimes" or splits either responsibility "50/50" with someone else, code this response as 1-Yes. Data from these questions, and questions in the FCBS, will allow NHANES to collect information on the relationship between food preparation and shopping roles and knowledge, attitudes, and perceptions toward nutrition.

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. There is also a question about bariatric surgery, which is used as a safety exclusion for the Oral Glucose Tolerance Test (OGTT) in the MEC. Weight History is asked of SPs age 16 and older.

WHQ.010	These next questions are about your height and weight at different times in your life. How tall are you without shoes? ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS 01. ENTER HEIGHT IN FEET AND INCHES 02. ENTER HEIGHT IN METERS AND CENTIMETERS

The first question is a "gate" question that requires you to indicate whether you will enter the response in feet and inches or meters and centimeters. If the response is entered in feet and inches, the recording rules for this question are as follows:

- If the respondent answers in feet only, probe for inches.
- If the respondent still states height in feet (for example, "exactly 5 feet"), record the answer as 5 feet, 0 inches.
- If the height is stated in terms of feet only (for example, "6 and ½ feet"), record in feet and inches – 6 feet, 6 inches.
- If inches are given as a fraction measurement, use the rounding rule and drop the fraction.
- Probe a DK response by saying, "The last time SP was measured, how tall was he/she?" A best estimate is sufficient.

Please note that the WHQ section contains several "gate" questions that require the interviewer to indicate whether the height response will be entered in feet and inches or in meters and centimeters and whether the weight response will be entered in pounds or kilograms.

Care must be taken in entering the response to the "gate" questions. For example, if the interviewer mistakenly enters a "2" in a "gate" question indicating that the weight response will be entered

in kilograms, and actually enters the weight as 150 pounds, the SP's final calculated weight will be 2.2 x 150 or 330 pounds.

WHQ.025 How much do you weigh without clothes or shoes? [If you are currently pregnant, how much did you weigh **before** your pregnancy?]

RECORD **CURRENT** WEIGHT
ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If you are currently pregnant . . .] **ONLY** IF SP IS FEMALE **AND** AGE IS 16 THROUGH 59.

01. ENTER NUMBER OF POUNDS
02. ENTER NUMBER OF KILOGRAMS

WHQ.030 {Do you/Does SP} consider {your/his/her}self now to be . . . [If {you are/she is} currently pregnant, what did {you/she} consider {your/her}self to be before {you were/she was} pregnant?]

overweight,	1
underweight, or	2
about the right weight?	3

WHQ.040 Would {you/SP} like to weigh . . .

more,	1
less, or	2
stay about the same?	3

Desired weight will provide valuable information on weight goals and whether people have realistic goals. The information will be used with Body Measurements data and other weight data to assess an SP's weight self-image. With prevention and treatment of obesity an issue for CDC and other organizations, the additional information will be useful.

WHQ.053 How much did you weigh **a year ago**? [If you were pregnant a year ago, how much did you weigh **before** your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If you were pregnant . . .] **ONLY** IF SP IS FEMALE **AND** SP AGE IS 16 THROUGH 60.

01. ENTER NUMBER OF POUNDS
02. ENTER NUMBER OF KILOGRAMS

WHQ.111 How much did you weigh **10 years ago**? [If you don't know your exact weight, please make your best guess.] [If you were pregnant, how much did you weigh before your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If you were . . .] **ONLY** IF SP IS FEMALE **AND** AGE IS LESS THAN 69.

01. ENTER NUMBER OF POUNDS
02. ENTER NUMBER OF KILOGRAMS

WHQ.121 How much did you weigh at **age 25**? [If you don't know your exact weight, please make your best guess.] [If you were pregnant, how much did you weigh before your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If you were . . .] **ONLY** IF SP IS FEMALE.

01. ENTER NUMBER OF POUNDS
02. ENTER NUMBER OF KILOGRAMS

WHQ.147	What is the most you have **ever** weighed? [Do not include any times when you were pregnant.] ENTER WEIGHT IN POUNDS OR KILOGRAMS CAPI INSTRUCTION: DISPLAY OPTIONAL SENTENCE {Do not include . . .} **ONLY** IF SP IS FEMALE. 01. ENTER NUMBER OF POUNDS 02. ENTER NUMBER OF KILOGRAMS

As indicated on the screen, weight may be entered in pounds or kilograms. First you will be asked a "gate" question, which requires you to indicate how you will answer the question.

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

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

The statement that directs the SP to count her weight before pregnancy will appear for all females who were age 16-59 during the time period referenced. For example, for item WHQ.053, it will appear for females 17-60 when asking how much the SP weighed **a year ago**.

SMOKING AND TOBACCO USE (SMQ)

The next section has three parts: questions on lifetime cigarette smoking, questions about use of other tobacco products, and questions on indoor secondhand smoke exposure. The questions on cigarette smoking include regularity of use, starting and quitting experiences, and usual cigarette brand. Additional questions are asked about use of cigars, e-cigarettes, and smokeless tobacco. The questions on cigarette use and other tobacco product are asked of all SPs age 18 and older. The questions about secondhand smoke include exposure to all tobacco products smoked in indoor locations, and are asked of SPs 18+ years and 0-11 years old (by proxy). Youths 12-17 are asked questions on tobacco use and secondhand smoke exposure during the MEC interview.

All SPs are first asked if they have smoked at least 100 cigarettes over their lifetime. Reference the hand card that shows what to include as a "cigarette" when asking this question. Note that hand-rolled cigarettes are included – small filtered cigars and e-cigarettes are not included. Respondents who answer "yes" are either current or former smokers. They are asked additional questions in this series about cigarettes, and then go on to answer questions on other tobacco products and secondhand smoke exposure. If a respondent never smoked 100 cigarettes, he/she will skip to questions about cigar use and other tobacco products, followed by questions on second hand smoke exposure.

These next questions are about cigarette smoking. Then I will ask about other tobacco products.

SMQ.022 Have you smoked at least 100 **cigarettes** in {your/his/her} entire life? This hand card shows you the products we would like you to include and not include when answering this question.

HAND CARD SMQ1

YES	1
NO	2

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

1. ENTER AGE
2. NEVER SMOKED 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…

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

Now" is somewhat ambiguous, but it doesn't mean "today," especially if someone is an occasional smoker. 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.

"Every day" and "someday" current smokers are asked about the brand of cigarettes smoked:

SMQ.093	May I please see the pack for the brand of cigarettes {you **usually** smoke/SP **usually** smokes}. TO OBTAIN ACCURATE PRODUCT INFORMATION, IT IS IMPORTANT THAT YOU SEE THE CIGARETTE PACK. PACK SEEN ..... 1 PACK NOT SEEN..... 2 NO USUAL BRAND..... 3 ROLLS OWN CIGARETTES 4

It is extremely important that you make every effort to see the cigarette pack so that you can record the Universal Product Code (UPC) number from the side of the pack. Not surprising, entering the UPC shortens the data collection process and elicits the best information possible about the brand. If the respondent says he left the pack in his car, ask him to retrieve it. All everyday smokers should have a cigarette pack on hand, unless they are rolling their own. The option of "no usual brand" should be limited to the occasional smoker who tells you he only "bums", or buys "singles", and does not smoke any one brand.

SMQ.310 ENTER THE UNIVERSAL PRODUCT CODE FROM THE BARCODE ON THE CIGARETTE PACK. UPC MUST CONTAIN **8 OR 12** DIGITS.

SELECT ONE OPTION.

ENTERING 8 DIGIT UPC	1
ENTERING 12 DIGIT UPC	2
UNABLE TO READ CODE-PACK DAMAGED.	3

Cigarettes manufactured in the U.S. have either an 8 or 12 digit UPC. At this screen, look at the barcode on the side of the pack and indicate whether the numeric series is an 8 or 12 digit UPC. If for any reason you do not see either 8 or 12 digits on the side of the pack, or it is a foreign cigarette that does not have the standard barcode, you will use code #3 (UNABLE TO READ CODE/PACK DAMAGED).

SMQ.320 ENTER THE 8 DIGIT UPC CODE.

To ensure accuracy, you will be required to enter the UPC number a second time.

SMQ.098 YOU HAVE SELECTED

MARLBORO GOLD, KINGS

CORRECT	1
NOT CORRECT	2

Please check to see that the name of the cigarette on the data base matches the name on the cigarette pack.

If the respondent does not provide a pack but reports smoking a usual brand, show hand card (SMQ5) to assist the SP in recognizing the cigarette.

SMQ.100k	What brand of cigarettes do you **usually** smoke? This hand card has pictures with names of many popular brands. HAND CARD SMQ5 CAPI INSTRUCTION: FOLLOW THE BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW INTERVIEWER TO ENTER 1 BRAND OF CIGARETTES OR 'NO USUAL BRAND'. REGULAR (68-72 MM), KING (79-88 MM), LONG (94-101 MM), ULTRA LONG (110-121 MM). REFER TO PRODUCT LABEL IF AVAILABLE. ENTER **BRAND** NAME OF CIGARETTE.

This and the next screen facilitate the lookup function in this section of the questionnaire. That is, the text entered on this screen will be used as search criteria on the next screen, SMQ.111.

While asking this question, reference the hand card which includes 30 of the most popular brands of cigarettes. The first page shows Marlboro types and the second shows other cigarette brands.

The computer will not accept F5 for don't know or F6 for refused for this question. You must enter the name of a cigarette brand in this field to move to the next question. 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 or rolls his/her own cigarettes, back up to SMQ.093 and select "NO USUAL BRAND" or "ROLLS OWN CIGARETTES" as appropriate. Then, press "enter" to move to the next screen.

Notice that the screen displays various cigarette sizes in millimeters (mm). If an SP mentions a number along with the cigarette brand name, for example Marlboro 100s, you can review this instruction to identify the size. You will not enter the cigarette size on this screen, but information about cigarette size will help you select the appropriate product on the next screen.

Enter the brand name (for example, Marlboro) as reported by the respondent or as it is displayed on the pack provided or picture selected from the hand card. Also, if appropriate, enter a qualifier such as menthol or gold to limit the lookup list on the next screen. Note that the word "filtered" is not included in the lookup list for filtered products. Entering the word "filtered" at SMQ.100k will produce a list of non-filtered or multi-filtered cigarettes at SMQ.111.

SMQ.111 PRESS BACKSPACE KEY TO START THE LOOKUP.

SELECT PRODUCT FROM LIST OR TYPE NAME IDENTIFIED FROM THE HAND CARD.

REGULAR (68-72 MM), KING (79-88 MM), LONG (94-101 MM), ULTRA LONG (110-121 MM).

IF PRODUCT **NOT** ON LIST.
PRESS BS KEY TO DELETE ENTRY
TYPE '**'
PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
DISPLAY CAPI CIGARETTE PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONE PRODUCT NAME FROM LIST.. IN ADDITION, INTERVIEWER SHOULD
BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN SMQ.100 BY TYPING IN '**'.

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. Scroll through the list to find the best match for the **full brand** and any descriptors about the brand that the respondent provides. 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 menthol. The data contained on the lookup list includes size of the cigarette. Often, the size will be listed by label (e.g., King), not by number (e.g., 85). Note that Kings are the most popular size for cigarettes. Even though the word "Kings" is not usually displayed on the pack, you should know that Kings are typically 79 to 88 millimeters. The lookup list also displays whether the brand is filtered (1 = "filtered", 0 = "non-filtered") and whether it is menthol (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.

Please make sure that the brand you are entering is not a little cigar or cigarillo (see images on hand card SMQ2). Little cigars are packaged much like cigarettes (with 20 in a pack), and cigarette users often switch to these products because they are taxed at a much lower rate and therefore cost a fraction of what cigarettes now cost. And users of these products think of them as cigarettes. As an example: Cheyenne Full Flavor 100s sounds like the name of a cigarette and is packaged identically except that on the flip lid of the box it says "little cigars". If you have come this far and realize that the SP is now smoking little cigars, you must go back to the first question in SMQ where you show hand card SMQ1. More than likely, the respondent has been a former cigarette smoker but now smokes little cigars.

If the cigarette brand name does **not** appear on the list, that is there are no matches, first double check the spelling of the name you entered. If necessary, 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

SMQ.110b ASK IF NECESSARY:

IS THE CIGARETTE PRODUCT MENTHOL OR NON-MENTHOL

ENTER '1' FOR **MENTHOL**
ENTER '0' FOR **NON-MENTHOL**

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

MENTHOL	1
NON-MENTHOL	2

SMQ.110h ASK IF NECESSARY:

WHAT IS THE CIGARETTE PRODUCT SIZE?

KINGS ARE THE MOST POPULAR SIZE AND NOT USUALLY SHOWN ON THE PACK.

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

REGULARS (68-72 MM)	1
KINGS (79-88 MM)	2
LONGS (94-101 MM)	3
ULTRA LONGS (110-121 MM)	4

All respondents are asked a series of questions about ever use of other tobacco products, beginning with cigars, and including e-cigarettes and smokeless products. Hand cards go along with each tobacco product.

SMQ.890 Have you **ever** smoked a regular cigar, cigarillo or little filtered cigar **even one time**? This hand card shows examples of some cigars; however there are others not included here.

HAND CARD SMQ2

YES	1
NO	2

SMQ.900 The next question is about e-cigarettes. These are battery-powered devices that usually contain liquid nicotine, and don't produce smoke

Have you **ever** used an e-cigarette **even one time**? This hand card shows examples of some e-cigarettes and other devices used to inhale liquid nicotine; however there are others not included here.

HAND CARD SMQ3

YES	1
NO	2

SMQ.910	Smokeless tobacco products are placed in the mouth and nose and include chewing tobacco, snuff, dip, snus (pronounced as “snoose”) and dissolvable tobacco. Have you **ever** used smokeless tobacco **even one time**? This hand card shows examples of smokeless products; however there are others not included here. HAND CARD SMQ4 YES ..... 1 NO 2

If the respondent answers yes to any of these questions, s/he is then asked on how many days in the past 30 days, s/he used the product. If the respondent has problems recalling the number of days, ask for a best estimate.

The remaining questions in the Smoking and Tobacco Use section are about exposure to tobacco smoke in several environments over the last 7 days. Prior to each question on exposure, the SP is first asked if he/she has spent time in each environment. If the answer is “Yes” to any of these questions, a follow-up question asks if someone else smoked cigarettes or other tobacco products while in that place. These are the only questions in the tobacco sections that parents (or proxy respondents) will answer for youths who are 11 years and younger.

OCCUPATION (OCQ)

Overview

This section of the questionnaire obtains information about the current and/or longest held job of SPs aged 16 years and older. The general flow of the questions is illustrated on page 14-57.

The occupation section contains questions about employment status, type of work (if employed) and work conditions. The purpose of these questions is to provide occupation coders who work with NCHS with enough detail to classify the SP's job with distinct occupation and industry codes from the U.S. Census's Occupation and Industry Handbook. These codes allow researchers to examine how exposure to workplace hazards affects people's health.

Note the following definitions with respect to Question **OCQ.152:**

1. Work

- Include the following as "work":

  (1) Working for pay (wages, salary, commission, piecework rates, tips, or "pay-in-kind" such as meals, living quarters, or supplies provided in place of cash wages).

  (2) Working for profit or fees in one's own business, professional practice, partnership, or farm even though the efforts may produce a financial loss.

  (3) Working without pay in a business or farm operated by a related household member.

  (4) Working as an employee of the National Guard or Department of Defense.

  (5) Serving on paid jury duty.

  (6) Participating in "exchange work" or "share work" on a farm.

- Do not include as "work":

  (1) Unpaid work which does not contribute to the operation of a family business or farm (e.g., home housework).

  (2) Unpaid work for a related household member who is a salaried employee and does not operate a farm or business (e.g., typing for a husband who is a lawyer for a corporation).

  (3) Unpaid work for an unrelated household member or for a relative who is not a household member.

  (4) Volunteer or other unpaid work for a church, charity, political candidate, club, or other organization, such as the Red Cross, Community Fund, etc.

(5) Service in the Armed Forces, including time while on temporary duty with the National Guard or Reserves. (NOTE – Persons on active duty with the Armed Forces should have been excluded by the Screener Questionnaire. They should not be administered the SP questionnaire. For longest-held job data collection, work in the Armed Forces should be included.)

(6) Owning a business solely as an investment to which no contribution is made to the management or actual operation (e.g., owning a grocery store which someone else manages and operates).

2. Job – A job exists if there is a definite arrangement for regular work for pay every week or every month. This includes arrangements for either regular part-time or regular full-time work. A formal, definite arrangement with one or more employers to work a specified number of hours per week or day per month, but on an irregular schedule during the week or month, is also considered a job.

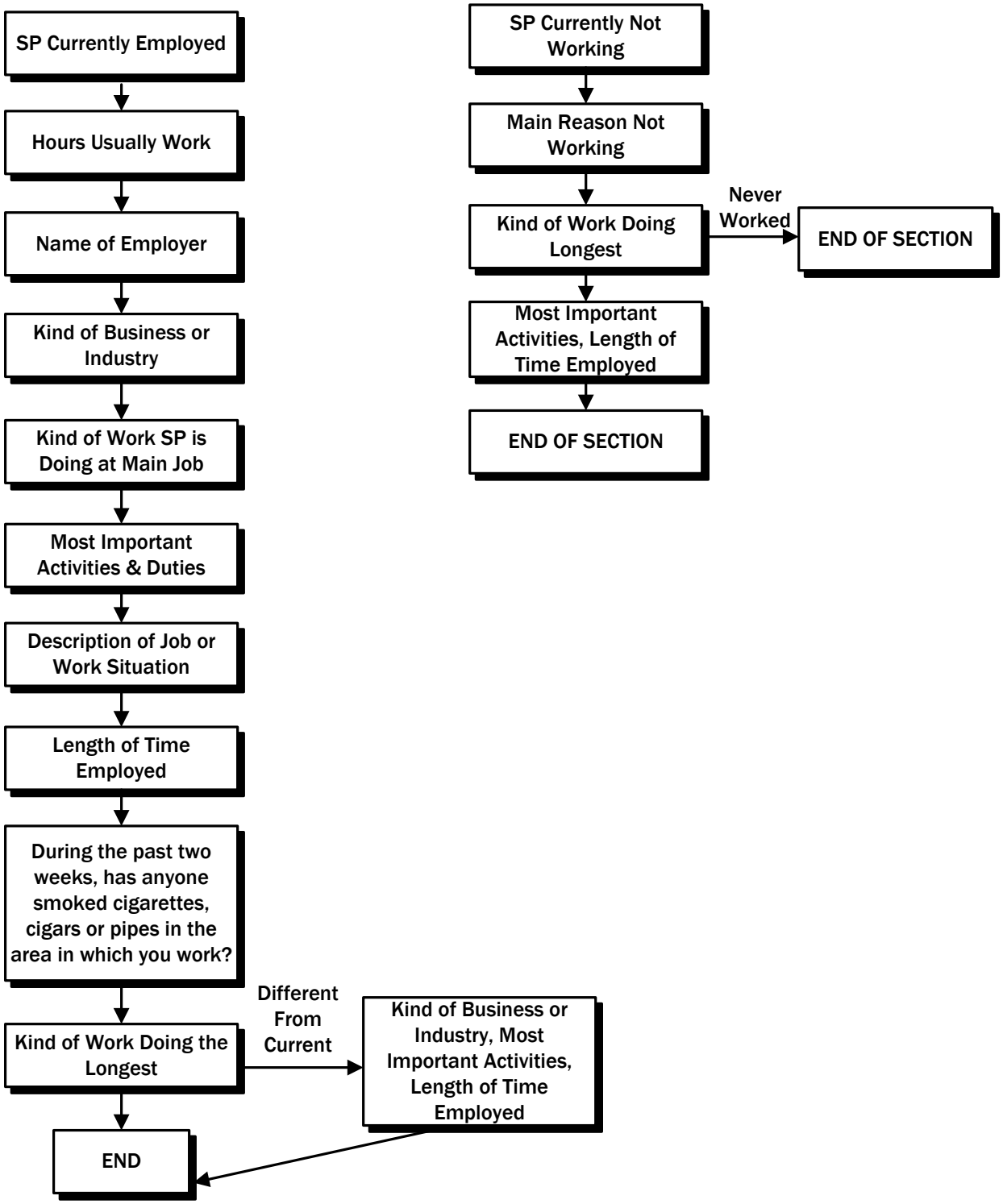
- Do not consider a person who is "on call" and works only when his/her services are needed as having a job during the week in which s/he does not work. An example of a person "on call" is a substitute teacher who was not called to work during the last week.
- Consider seasonal employment as a job only during the season and not during the off-season. For example, a ski instructor would not be considered as having a "job" during the off-season.
- Consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work in the fall as having a "job" even though they may be on summer vacation.
- Consider persons who have definite arrangements to receive pay while on leave of absence from their regular jobs to attend school, travel, etc., as having a "job". This may be referred to as a "sabbatical leave." Probe to determine if the person is receiving pay if this is not volunteered.
- Do not consider a person who did not work at an unpaid job on a family farm or in a family business during the past week as having a "job."
- Do not consider people who do not have a definite job to which they can return as having a "job." For example, do not consider a person to have a job if his/her job has been phased out or abolished, or if the company has closed down operations.

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

- Machinery or equipment of substantial value is used in conducting the business, or
- An office, store, or other place of business is maintained, or
- The business is advertised to the public. (Some 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 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.


SP Currently Employed
Hours Usually Work
Name of Employer
Kind of Business or Industry
Kind of Work SP is Doing at Main Job
Most Important Activities & Duties
Description of Job or Work Situation
Length of Time Employed
During the past two weeks, has anyone smoked cigarettes, cigars or pipes in the area in which you work?
Kind of Work Doing the Longest
Different From Current
Kind of Business or Industry, Most Important Activities, Length of Time Employed
END
SP Currently Not Working
Main Reason Not Working
Kind of Work Doing Longest
Never Worked
END OF SECTION
Most Important Activities, Length of Time Employed
END OF SECTION

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 include:

- 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 (AmeriCorps 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. Welfare-to-Work Programs– These state programs require most persons receiving Temporary Assistance for Needy Families (TANF) to participate in work activities.

- Consider persons receiving public assistance or welfare who are referred to the State Employment Service and placed in a regular job as working.
- Consider persons receiving public assistance or welfare who are placed in an on-the-job or skill training program as working only if receiving on-the-job training.
- Do not consider persons receiving public assistance or welfare who are placed on special work projects, which involve no pay, other than the welfare itself, as working or with a job.

j. Older Americans Community Service Employment and Operation Mainstream – These programs provide employment to chronically unemployed or older persons from poverty families. Consider persons in either program as working.

k. Veterans Apprenticeship and On-the-Job Training Programs – These programs encourage unions and private companies to set up programs to train veterans for jobs that will be available to them after completion of the program. Consider veterans in such programs as working.

l. Work Experience and Related Programs – See "General Guidelines."

6. On Leave – An uncompensated leave of absence from a job. The absence must be at least one week or longer. Count this response as "with a job but not at work."

OCQ.180

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 job or business within the last week. 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 examine the relationships among jobs, workplace hazards, and health outcomes.

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 specific kind of 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. Please state it as a job title or occupation (i.e., registered nurse) rather than an activity (i.e., nursing). 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 for government agencies.

   B. **Federal Government**: Federal employees include 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. Do not include persons who work as contractors for the government as Federal employees even if they work in a government building. Contractors are considered to work for private companies.

   C. **State Government Employees**: State employees include individuals working for agencies of state governments, as well as paid state officials, the state police, employees of state universities and colleges and statewide JTPP administrators. Contractors working for state governments should be classified as working for a Private Company or Business.

   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 bus lines, electric power companies, water and sewer services, etc. Employees of public elementary and secondary schools who worked for the local government

should also be included here. Contractors working for local governments should be classified as working for a Private Company or Business.

E. **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.

F. **Working without Pay in a Family Business or Farm**. Working on a farm or in a business operated by a related member of the household, without receiving wages or salary for work performed. Room and board and a cash allowance are not considered as pay for these family workers.

2. Ask question OCQ.220 through OCQ.260 in the following situations:

   a. For persons who had a job or business in the past week, whether they worked at it or not, including persons on layoff.

   b. For all other persons who were looking for work during the past week.

3. All entries in this series must refer to the same job or business and must present a consistent picture since you are describing only one job, business, or profession. When you get an inconsistency, probe to obtain adequate and consistent entries.

   Example: A respondent reports

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

   This is obviously inconsistent. Correct entries might be:

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

4. For persons who <u>worked</u> 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 <u>most hours</u>. If the person worked the same number of hours of all jobs, enter the one job at which s/he has been <u>employed the longest</u>. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the <u>main</u> 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. For example, if a person works as a contractor for the government, then they work for a private company and not for the government.

   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 "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.
- 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 or Industry

a. In order to give a clear and exact description of the industry, **the entry must indicate both a general and specific function** for the employer; for example, copper mine, fountain pen manufacturer, wholesale grocery, retail bookstore, road construction, and shoe repair service. The words "mine," "manufacturer," "wholesale," "retail," "construction," and "repair service" show the general function. The words "copper," "fountain pen," "grocery," "bookstore," "road," and "shoe" indicate the specific function.

b. Do not use the word "company" in this entry. It does not give useful information. If the respondent reports that s/he works for a metal furniture company, ask "What does the company do?" If they sell the furniture, ask, "Do they sell to other stores (which would be wholesale) or to individuals (which would be retail)?" In this example, the possible replies would be "metal furniture manufacturer," "furniture wholesales," or "furniture retailer." Note that, where possible, you should specify for furniture manufacturers the major 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.

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 for what part of the organization the person works and then report that activity. For example, for a city department of Public Works, a correct entry might be one of the following: "city street repair," "city garbage collection," "city sewage disposal," or "city water supply."

g. Persons who do not work at one specific location: Some people's work is done "on the spot" rather than in a specific store, factory, or office. In these cases report the employer for whom they work in item OCQ.220 and the employer's business or industry in OCQ.230. Among those who normally work at different locations at different times are Census interviewers, building painters, and refrigeration mechanics. Their industry entries might be the U.S. Census Bureau, building contractor, or refrigeration repair services. For example, a local retail chain is doing remodeling of several stores, one at a time. They have a contract with a building contractor to furnish a small crew each day for the several months needed to do the work. Even though these people report to a retail store each day, they work for the building contractor.

h. Business in own home: Some people carry on businesses in <u>their own homes</u>. Report these businesses as if they were carried on in regular stores or shops. For example, dressmaking shop, lending library, retail antique furniture story, insurance agency, piano teaching, boarding house, rest home, boarding children (for a foster home), etc.

i. Domestic and other private household workers: When the name of a single individual is given as the employer, find out whether the person works at a place of business or in a private home. The proper Industry entry for a domestic worker employed in the home of another person is "private home." For a person cleaning a doctor's office which is in the doctor's own home, the property entry is "doctor's office." This also applies to other types of offices, such as dentists or lawyers.

j. Persons placed on jobs through union hiring halls or other similar registers often report working for the union. In this situation probe to determine who pays the person – the union or the site employer – and complete OCQ.220 through OCQ.260 for the one who pays.

k. Examples of adequate entries for question OCQ.230: The following are examples of inadequate and adequate entries for kind of business or industry (OCQ.230). Study them carefully and refer to them periodically to familiarize yourself with the types of entries that are proper and adequate.

INADEQUATE	**ADEQUATE**
Agency	Collection agency, advertising agency, travel agency, insurance agency.
Aircraft components: Aircraft parts	Airplane engine parts factory, propeller manufacturing, electronic instruments factory, wholesale aircraft parts, etc.
Auto or automobile components; auto or automobile parts	Auto clutch manufacturing, wholesale auto accessories, automobile tire manufacturing, retail sales and installation of mufflers, battery factory, etc.
Bakery	Bakery plant (makes and sells to wholesalers, retail stores, restaurants, or home delivery), wholesale bakery (buys from manufacturers or sells to grocers, restaurants, hotels, etc.), retail bakery (sells only on premises to private individuals; may bake its own goods on premises).
Box factory	Paper box factory, wooden box factory, metal box factory.
City or City government	City street repair department, City Board of Health, City Board of Education.
Private club	Golf club, fraternal club, night club, residence club.
Coal company	Coal mine, retail coal yard, and wholesale coal yard.
Credit company	Credit rating service, loan service, retail clothing store (sometimes called a credit company).

INADEQUATE	**ADEQUATE**
Dairy	Dairy farm, dairy depot, dairy bar, wholesale dairy products, retail dairy products, and dairy products manufacturing
Discount house; Discount store	Retail drug store, retail electrical appliances retail general merchandise, retail clothing store, etc.
Electrical components Manufacturers Electrical parts manufacturer	Electronic tube factory, memory core manufacturing, transistor factory, manufacturer of tape readers, etc.
Engineering company	Engineering consulting firm, general contracting, wholesale heating equipment, and construction machinery factory.
Express company	Motor freight, railway express agency, railroad car rental (for Union Tank car Company, etc.), armored car service.
Factory, mill or plant	Steel rolling mill, hardware factory, aircraft factory, flour mill, hosiery mill, commercial print plant, cotton textile mill.
Foundry	Iron foundry, brass foundry, aluminum foundry.
Freight company	Motor freight, air freight, railway, water transportation, etc.
Fur company	Fur dressing plant, fur garment factory, retail fur store, wholesale fur store, fur repair shop.
Laundry	Own home laundry (for a person doing laundry for pay in own home), laundering for private family (for a person working in the home of a private family), commercial laundry (for a person working in a steam laundry, hand laundry, or similar establishment).
Lumber company	Sawmill, retail lumber yard, planning mill, logging camp, wholesale lumber, lumber manufacturer.

INADEQUATE	**ADEQUATE**
Manufacturer's agent; Manufacturer's Representative	Specify product being sold, such as jewelry manufacturer's representative, lumber manufacturer's agent, electric appliance manufacturer's representative, chemical manufacturer's agent, etc.
Mine	Coal mine, gold mine, bauxite mine, iron mine, copper mine, lead mine, marble quarry, sand, and gravel pit.
Nylon or Rayon Factory	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.
Office	Dentist's office, physician's office, public stenographer's office.
Oil company; Oil Industry, Oil Plant	Oil drilling, petroleum refinery, retail gasoline station, petroleum pipeline, wholesale oil distributor, retail fuel oil.
Packing house	Meat packing plant, fruit cannery, fruit packing shed (wholesale packers and shippers).
Pipeline	Natural gas pipeline, gasoline pipeline, petroleum pipeline, pipeline construction.
Plastic factory	Plastic materials factory where plastic materials are made, plastic products plant (where articles are actually manufactured from plastic materials)
Public utility	Electric light and power utility, gas utility, telephone company, 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.
Railroad car shop	Railroad car factory, diesel railroad repair shop, locomotive manufacturing plant.
Repair shop	Shoe repair shop, radio repair shop. blacksmith shop, welding shop, auto repair shop, machine repair shop.

INADEQUATE	**ADEQUATE**
Research	(1) Permanent-press dresses (product of the company for which research is done, when the company or organization does research for its own use), Brandeis University (name of University at which research is done for its own use), St. Elizabeth's Hospital (name of hospital at which medical research is done for its own use). (2) Commercial research (if research is the main service which the company sells, and the research is done under contract to another company). (3) National Geographic, Cancer Association, Brooking Institution (name of the nonprofit organization.)
School	City elementary school, private kindergarten, private college, state university. Distinguish between public and private, including parochial, and identify the highest level of instruction provided, such as junior college, senior high school, etc.
Tailor	Dry cleaning shop (provides valet service), customer tailor shop (makes clothes to customer's order), men's retail clothing store.
Terminal	Bus terminal, railroad terminal, boat terminal, airport terminal.
Textile mill	Cotton cloth mill, woolen cloth mill, cotton yarn mill, nylon thread mill,
Transportation Company	Motor trucking, moving and storage, water transportation, air transportation, airline, taxicab service, subway, elevated railway, railroad, petroleum pipeline, car loading service.
Water company	Water supply irrigation system, water filtration plant.
Well	Oil drilling, oil well, salt well, water well.

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. Thus, it is crucial to collect as much detailed information about the activities that people do at their job as possible.

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.

Inadequate	**Adequate**	**Adequate**
OCQ.240 – Mechanic	OCQ.240 – Mechanic	OCQ.240 – Mechanic, Autobody repair
OCQ.250 – Repairs Cars	OCQ.250 – Fixes dents, replaces fenders and other repairs to auto bodies	OCQ.250 – 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 examples, accept them as being adequate.

INADEQUATE	**ADEQUATE**
Accounting; Accounting work	Certified public accountant, accountant, accounting machine operator, tax auditor, accounts-payable clerk, etc.
Adjuster	Brake adjuster, machine adjuster, merchandise complaint adjuster, insurance adjuster.
Agent	Freight agent, insurance agent, sales agent, advertising agent, and purchasing agent.

INADEQUATE	**ADEQUATE**

Analyst; Analyzer	Cement analyst, food analyst, budget analyst, computer systems analyst, etc.
Caretaker; Custodian	Janitor, guard, building superintendent, gardener, groundskeeper, sexton, property clerk, locker attendant, etc.,
Claim examiner; Claim investigator; Claims adjuster Adjuster Claims; Analyst; Claims Authorizer	Unemployment benefits claim taker, insurance adjuster, right-of-way claims agent, merchandise complaint, etc.
Clerical; Clerical work; Clerk	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.
Data Processing	Computer programmer, data typist, keypunch operator, computer operator, coding clerk, card tape converter operator.
Doctor	Physician, dentist, veterinarian, osteopath, chiropractor.
Engineer	Civil engineer, locomotive engineer, mechanical engineer, and aeronautical engineer.
Entertainer	Singer, dancer, acrobat, musician
Equipment operator	Road grade operator, bulldozer operator, trench operator.
Factory Worker	Electric motor assembler, forge heater, turret lathe operator, weaver, loom fixer, knitter, stitcher, punch-press operator, spray painter, riveter.
Farmworker	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.

INADEQUATE	ADEQUATE
Farmworker (continued)	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.
Firefighter	Locomotive fire stoker, city fire fighter, (city fire department), stationary fire engineer, fire boss.
Foreman/ Forewoman	Specify the craft of activity involved: foreman/forewoman carpenter, and foreman/ forewoman truck driver.
Graphic Arts	Illustrator, commercial artist, poster artist, art layout specialist, etc.
Group Leader	Group leader on assembly line, harvest crew boss, clerical group leader, labor gang leader, recreation group leader, etc.
Heavy equipment operator	Specify the type of equipment, such as: clam-shovel operator, derrick operator, monorail crane operator, dragline operator, Euclid operator
Helper	Baker's helper, carpenter's helper, janitor's helper.
IBM Clerk; IBM machine operator; IBM operator	IBM card puncher, IBM tabulator, sorting machine operator, proof machine operator, etc.
Interior decorator	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.
Investigator	Insurance claim investigator, income tax investigator, financial examiner, detective, social welfare investigator, etc.

INADEQUATE	ADEQUATE
Laborer	Sweeper, cleaning person, baggage porter janitor, stevedore, window washer, car cleaner, section hand, hand trucker.
Layout worker	Pattern maker, sheet-metal worker, compositor, commercial artist, structural steel worker, boilermaker, draftsperson, coppersmith.
Maintenance Worker	Groundskeeper, janitor, carpenter, electrician.
Mechanic	Auto engine mechanic, dental mechanic, radio mechanic, airplane structure mechanic, or office machine mechanic.
Nun	Specify the type of work done, if possible, such as grammar school teacher, housekeeper, art teacher, organist, cook, laundress, or registered nurse.
Nurse; Nursing	Registered nurse, nursemaid, practical nurse, nurse's aide, student nurse, professional nurse.
Office clerk; Office work; Officer worker	Typist, secretary, receptionist, comptometer operator, file clerk, bookkeeper, physician's attendant.
Program analyst	Computer-systems analyst, procedure analyst, vocational director, manufacturing liaison planner, etc.
Program specialist	Program scheduler, data processing systems supervisor, metal-flow coordinator, etc.
Programmer	Computer programmer, electronics data programmer, radio or TV program director, senior computer programmer, production planner, etc.
Research: Research and Development; Research and testing; Research assistant; Research specialist; Research work	Specify field of research, as research chemist, research mathematicians, research biologist etc. Also, if associate or assistant, research associate chemist, assistant research physicist, research associate geologist.

INADEQUATE	ADEQUATE
Salesperson	Advertising sales, insurance sales, bond sales, canvasser, driver-sales (route-person), fruit peddler, or newspaper sales.
Scientist	Specify field, for example, political scientist, physicist, sociologist, home economist, oceanographer, soil scientist, etc.
Specialist	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".
Shipping Department	What does the worker do? Shipping and receiving clerk, crater, order picker, typist, wraps parcels, etc.
Supervisor	Typing supervisor, chief bookkeeper, steward, kitchen supervisor, buyer, cutting and sewing foreman/ forewoman, sales instructor, and route foreman/forewoman.
Teacher	Teachers should report the level of school they teach and the subject. Those below high school who teach many subjects may just report level. College teachers should report title. The following are some illustrations:

Level	Subject
Preschool	---
Kindergarten	---
Elementary	---
Elementary	Music
Junior High	English
High School	Physical Education
College	Mathematics professor

Technician	Medical laboratory technician, dental laboratory technician, x-ray

INADEQUATE	ADEQUATE
Tester	Cement tester, instrument tester, engine tester, or battery tester.
Trucker	Truck driver, trucking contractor, electric trucker, hand trucker.
Works in stock room, bakery, office, etc.	Names of departments or places of work are unsatisfactory. The entry must specify what the worker does; for example, "shipping clerk" or "truck loader", not "works in shipping department", or "cost accountant " or "filing clerk", not "works in cost control".

d. When a person is self-employed, ask the occupation question as worded: "What kind of work was _____ doing?" Do not enter "manager" as the occupation unless the person actually spends most of the time in the management of the business. If the person spends most of the time in his/her trade or craft, record that as the occupation, that is, shoe repair, beautician, or carpenter, as the case may be.

e. Professional, technical, and skilled occupations usually require lengthy periods of training or education, which a young person normally cannot achieve. By probing, you may find that the young person is really only a trainee, apprentice, or helper (for example, accountant trainee, electrician trainee, apprentice electrician, electrician's helper).

f. You may encounter occupations that sound strange to you. Accept such entries if the respondent is sure the title is correct. For example, "sand hog" is the title for a certain worker engaged in the construction of underwater tunnels, and "printer's devil" is sometimes used for an apprentice printer. When these or any other unusual occupation title is entered, add a few words of description if the combined entries are not sufficiently clear.

g. Some special situations are:

(1) Apprentice versus Trainee – An apprentice is under written contract during the training period, but a trainee may not be. Include both the occupation and the word "apprentice" or "trainee," as the case may be, in the description, for example, "apprentice plumber" or "buyer trainee."

(2) Baby-sitter versus boarding children – A baby sitter usually cares for children in the home of the employer. However, when the children are cared for in the worker's own home, the occupation is "boarding children."

(3) Contractor versus skilled worker – A contractor is engaged principally in obtaining building or other contracts and supervising the work. Classify a skilled worker, who works with his/her own tools, as a carpenter, plasterer, plumber, electrician, and the like, even though s/he hires others to work for him/her.

(4) Paid housekeeper versus housemaid – A paid housekeeper employed in a private home for wages has the full responsibility for the management of the household. A housemaid (general housework), hired helper, or kitchen help does not.

(5) Interior decorator versus painter or paperhanger – An interior decorator designs the decoration plans for an interior of homes, hotels, offices, etc., and supervises the placement of the furniture and other decorations. A house painter or paperhanger only does painting or hangs paper.

(6) Machinist versus mechanic versus machine operator – A machinist is a skilled craftsman who constructs metal parts, tools, and machines through the use of blueprints, machines and hand tools, and precise measuring instruments. A mechanic inspects, services, repairs, or overhauls machinery. A machine operator operates a factory machine (drill press operator, winder, etc.)

(7) Secretary versus official secretary – Use the title "secretary" for secretarial work in an office; report a secretary who is an elected or appointed officer of a business, lodge, or other organization as an "official secretary."

(8) Names of departments or places of work – Occupation entries which give only the name of the department of a place of work are unsatisfactory. Examples of such unsatisfactory entries are "works in warehouse," "works in shipping department," "works in cost control." The occupation entry must tell what the worker does, not what the department does.

OCQ.250

The responses to the activity question (OCQ.250) are very important for coding purposes. Although the question may seem redundant in some cases, the response often permits more accurate coding of the occupation. We cannot provide you with a complete list showing when an activity response together with the job title is adequate or when additional probing is necessary. However, we would like to stress the importance of being as specific and detailed as possible. For example, instead of "paper work," an acceptable entry would be "write job performance reports for employees." Instead of "work on computer," a better entry is "write computer code to operate machinery." Here are some additional examples.

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.

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 persons who consider themselves as working for profit and who provide childcare facilities in their own place and are furnishing the shelter and meals for certain time periods are to be considered as operating their own business; Enter Code 5 (self-employed).

(11) Boarding housekeepers – Record boarding housekeepers who consider themselves as working and who perform this work in their own homes as "own home" for industry with Code 5 as class of workers. Record those who do this work for someone else for wages or salary or pay in kind as "boarding house" for industry with Code 1 (private) for class of worker.

(12) Sales or merchandise employees –Report persons who own a sales franchise and are responsible for their own merchandise and personnel as "Retail or Wholesale Sales" for industry; Code 5 (self-employed) for class of worker. Report persons who do sales work for someone else (such as an Avon or Tupperware representative) as Code 1 (private). Also for such people, indicate whether they sell door-to-door or use the party plan method.

(13) Post Office and TVA employees – Report persons who work for the Postal Service and Tennessee Valley Authority as Federal employees and enter a code 2 (federal government employee).

(14) Comsat, Amtrak, and Conrail – Comsat, Amtrak, and Conrail are private companies and you should report the employees of these companies as Code 1 (private).

If necessary, refer to the definition of terms in the introduction to questions in this series (OCQ.220 through OCQ.250).

Examples of adequate and inadequate occupation entries can be found in the reference section of your hand card book.

OCQ.380

For the unemployed, this question collects data on the reason for unemployment. Definitions pertinent to OCQ380 are:

Retired – Respondent defined.
Unable to Work for Health Reasons – Respondent defined.

OCQ385/OCQ389/OCQ392/OCQ393/OCQ394/OCQ395 collect data on the participant's longest occupation, if this is different from the participant's current occupation. The data collection standards are the same as for the current job fields (OCQ240/ OCQ250).

OCQ.670 Which of the following best describes your overall work schedule (include all jobs) for the last three months?

Traditional 9 AM to 5 PM day	1
Evening or nights	2
Early mornings	3
Variable (early mornings, days, and nights)	5

SPs are asked to describe their overall work schedule. Some may report working two jobs with different shifts, for example, working from 9 am to 5 pm as a Barista on weekdays and a baby sitter on weekend nights. Any seven day work schedule with more than one shift, should be coded as variable, since variable is the only response category that represents someone working both days and nights. If the SP is employed, but does not work one of the listed shifts, the answer should be variable. You should not need to code a response as "Don't Know." Data from this question and questions in the Sleep Disorder section, about usual hours of sleep during the week and on weekends, will be used to learn about sleep patterns and behaviors.

ACCULTURATION (ACQ)

The Acculturation section asks three question of all SPs: what language the SP speaks at home and in what country his/her father and mother were born. SPs get one of the three language questions below, depending on whether the SP was identified as Hispanic or Asian or neither in the Screener.

ACQ.011 Now I'm going to ask you about language use.

What language(s) {do you/does SP} usually speak at home?

CODE ALL THAT APPLY

ENGLISH	1
SPANISH	8
OTHER	9

ACQ.042 Now I'm going to ask you about language use.

What language(s) {do you/does SP} usually speak at home? Do you speak only **Spanish**, more **Spanish** than English, both equally, more English than **Spanish**, or only English?

HAND CARD ACQ1

ONLY SPANISH	1
MORE SPANISH THAN ENGLISH	2
BOTH EQUALLY	3
MORE ENGLISH THAN SPANISH	4
ONLY ENGLISH	5

ACQ.049 Now I'm going to ask you about language use.

What language(s) {do you/does SP} usually speak at home?

CODE ALL THAT APPLY

HAND CARD ACQ2

ENGLISH	10
CHINESE	11
FARSI/PERSIAN	12
HINDI	13
JAPANESE	14
KHMER/CAMBODIAN	15
KOREAN	16
TAGALOG/FILIPINO	17
URDU	18
VIETNAMESE	19
OTHER (SPECIFY)	20

In ACQ.049, if the SP chooses a language other than English and English, two other questions are asked to obtain what language the SP speaks more of at home, similar to ACQ.042.

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 immigrated 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 all SPs. The questions that are asked are dependent on the SP's age.

DMQ.141 What is the **highest** grade or level of school you have **completed** or the **highest degree** you have **received**?

HAND CARD DMQ1
READ HAND CARD CATEGORIES IF NECESSARY.
ENTER HIGHEST LEVEL OF SCHOOL.

{DISPLAY EDUCATION LEVELS FROM "NEVER ATTENDED THROUGH DOCTORAL DEGREE}

This question is designed to find out about **formal** education. Use the hand card and pay attention to the respondent's answer. Probe the response if it seems that the respondent's answer is reporting the highest level of school **attended**, not necessarily **completed**. For example, if the response is "I went to college," probe to determine whether or not the person received a degree and code the appropriate category.

DMQ.107 In what country {were you/was SP} born?

UNITED STATES	1
OTHER COUNTRY	2

DMQ.112 SELECT COUNTRY OF BIRTH

ARGENTINA	1
BELIZE	2
BOLIVIA	3
BRAZIL	4
CHILE	5
COLOMBIA	6
COSTA RICA	7
CUBA	8
DOMINICAN REPUBLIC	9
ECUADOR	10
EL SALVADOR	11
GUATEMALA	12
HONDURAS	13
MEXICO	14
NICARAGUA	15
PANAMA	16
PARAGUAY	17
PERU	18
PHILIPPINES	19
PUERTO RICO	20
SPAIN	21
URUGUAY	22
VENEZUELA	23
OTHER (CAPI INSTRUCTION: DISPLAY DMQ.112 COUNTRY LIST.)	40

DMQ.125 SELECT COUNTRY OF BIRTH

BANGLADESH	1
BHUTAN	2
BURMA/MYANMAR	3
CAMBODIA	4
CHINA	5
HONG KONG	6
INDIA	7
INDONESIA	8
JAPAN	9
KOREA	10
LAOS	11
MACAU	12
MADAGASCAR	13
MALAYSIA	14
MALDIVES	15
NEPAL	16
PAKISTAN	17
PHILIPPINES	18
SINGAPORE	19
SRI LANKA	20
TAIWAN	21
THAILAND	22
TIBET	23
VIETNAM	24
OTHER (CAPI INSTRUCTION: DISPLAY DMQ.125 COUNTRY LIST.)	25

All SPs are asked DMQ.107. If the SP reports that he/she was not born in the U.S., those SPs who identified themselves as Hispanic go to DMQ.112; those who identified themselves as Asian go to DMQ.125. For questions DMQ.112 and DMQ.125, if the SP was born in one of the listed countries, select the country. If the SP was not born in one of the listed countries, code OTHER COUNTRY (code 40 for DMQ.112 or code 25 for DMQ.125). A Country Look Up list will appear. Select the country from the look up list.

DMQ.241 {Do you/Does SP} consider {yourself/himself/herself} to be Hispanic, Latino, or of Spanish origin?

READ IF NECESSARY: Where {do your/ his/ her} ancestors come from?
- Puerto Rican
- Cuban/Cuban American
- Dominican Republic
- Mexican/Mexican American
- Central/South American
- Other Latin American
- Other Hispanic or Latino

YES 1
NO 2

HELP SCREEN:
SPANISH, HISPANIC OR LATINO PEOPLE MAY BE OF ANY RACE. LISTED BELOW ARE HISPANIC OR LATINO CATEGORIES/COUNTRIES.

MEXICAN
PUERTO RICAN
CUBAN
DOMINICAN REPUBLIC
CENTRAL AMERICAN:
- COSTA RICAN
- GUATEMALAN
- HONDURAN
- NICARAGUAN
- PANAMANIAN
- SALVADORAN
- OTHER CENTRAL AMERICAN

SOUTH AMERICAN:
- ARGENTINEAN
- BOLIVIAN
- CHILEAN
- COLOMBIAN
- ECUADORIAN
- PARAGUAYAN
- PERUVIAN
- URUGUAYAN
- VENEZUELAN
- OTHER SOUTH AMERICAN

OTHER HISPANIC OR LATINO:
- SPANIARD
- SPANISH
- SPANISH AMERICAN

This is exactly the same question that is asked in the screener. It also has the same help screen with the list of Spanish-speaking countries.

Note that if the SP response to this question conflicts with what is coded in the screener, a soft error message will come up to alert that either an error in coding (either in the screener or the questionnaire) was made or that the inconsistency needs to be addressed with the SP. Bypassing this message without reconciling the information with the SP can cause SPs to become desampled. If an SP was coded Hispanic in the screener and Not Hispanic here—the SP will be coded as Not Hispanic and will probably be desampled.

In case of discrepancy, the country coded in DMQ112 can be used to reconcile the answers with the SP. For instance, an SP may state that she is not Hispanic, yet she named her country of birth as one of the Hispanic countries on this list. Close attention and careful coding are needed in these questions to avoid error and possible desampling.

DMQ.253 Please give me the number of the group that represents {your/SP's} **Hispanic/Latino** or Spanish origin or ancestry. Please select 1 or more of these categories.

Probe: Where do you/your ancestors come from?

HAND CARD DMQ3
SELECT 1 OR MORE

MEXICAN	10
PUERTO RICAN	11
CUBAN	12
DOMINICAN REPUBLIC	13
CENTRAL AMERICAN:	
COSTA RICAN	14
GUATEMALAN	15
HONDURAN	16
NICARAGUAN	17
PANAMANIAN	18
SALVADORAN	19
OTHER CENTRAL AMERICAN	20
SOUTH AMERICAN:	
ARGENTINEAN	21
BOLIVIAN	22
CHILEAN	23
COLOMBIAN	24
ECUADORIAN	25
PARAGUAYAN	26
PERUVIAN	27
URUGUAYAN	28
VENEZUELAN	29
OTHER SOUTH AMERICAN	30
OTHER HISPANIC OR LATINO:	
FILIPINO	31
SPANIARD	32
SPANISH	33
SPANISH AMERICAN	34
HISPANO/HISPANA	35
HISPANIC/LATINO	36
OTHER HISPANIC/LATINO (SPECIFY)	40
CHICANA/CHICANO	41
REFUSED	77
DON'T KNOW	99

SPs who reported themselves as Hispanic will get a question (DMQ.253) to ascertain their Hispanic origin. A hand card is used with this question. The list of origins is extensive to minimize having to code OTHER. Never use code 40 (Other Hispanic/Latino Specify) if the SP's response/responses are listed as coded responses; for instance, PERUVIAN should not be typed in 'OTHER SPECIFY" since it's on the list.

DMQ.263 Please look at the categories on this card. What race or races {do you/does SP} consider {yourself/himself/herself} to be? Please select one or more.

HAND CARD DMQ4

CHECK ALL THAT APPLY.

AMERICAN INDIAN OR ALASKAN NATIVE	1
ASIAN	2
BLACK OR AFRICAN AMERICAN	3
NATIVE HAWAIIAN OR PACIFIC ISLANDER	4
WHITE	5
OTHER	6
DK	9
RF	7

This is exactly the same question that is asked in the screener. It is very important that you show the respondent the hand card for DMQ263. These are the race categories from which the respondent can choose. If the respondent says that his/her race is not on the list, select "OTHER".

Note that if the SP response to this question conflicts with what is coded in the screener, a soft error message will come up to alert that either an error in coding (either in the screener or the questionnaire) was made or that the inconsistency needs to be addressed with the SP. Bypassing this message without reconciling the information with the SP can cause SPs to become desampled after the questionnaire is completed. For example, if an SP was coded Asian in the screener and not here—the SP will be coded as the race category chosen and will probably be desampled.

DMQ.266 CODE SP ANSWER TO 'OTHER RACE'.

MEXICAN	10
PUERTO RICAN	11
CUBAN	12
DOMINICAN REPUBLIC	13
CENTRAL AMERICAN:	
COSTA RICAN	14
GUATEMALAN	15
HONDURAN	16
NICARAGUAN	17
PANAMANIAN	18
SALVADORAN	19
OTHER CENTRAL AMERICAN	20
SOUTH AMERICAN:	
ARGENTINEAN	21
BOLIVIAN	22
CHILEAN	23
COLOMBIAN	24
ECUADORIAN	25
PARAGUAYAN	26
PERUVIAN	27
URUGUAYAN	28
VENEZUELAN	29
OTHER SOUTH AMERICAN	30
OTHER HISPANIC OR LATINO:	
SPANIARD	32
SPANISH	33
SPANISH AMERICAN	34
HISPANO/HISPANA	35
HISPANIC/LATINO	36
OTHER (SPECIFY)	40
REFUSED	77
DON'T KNOW	99

If the respondent considers him/herself Hispanic and answers "OTHER" race, DMQ.266 appears. This question lists the most common answers from the text entries to the OTHER RACE question in 2006 questionnaires. Do not enter anything as OTHER SPECIFY if a code can be used.

DMQ.336 Please give me the number of the group that represents {your/SP's} Asian origin or ancestry. Please select one or more of these categories.

HAND CARD DMQ6

PROBE: Where do your ancestors come from?

ASIAN INDIAN	10
BANGLADESHI	11
BENGALESE	12
BHARAT	13
BHUTANESE	14
BURMESE	15
CAMBODIAN	16
CANTONESE	17
CHINESE	18
DRAVIDIAN	19
EAST INDIAN	20
FILIPINO	21
GOANESE	22
HMONG	23
INDOCHINESE	24
INDONESIAN	25
IWO JIMAN	26
JAPANESE	27
KOREAN	28
LAOHMONG	29
LAOTIAN	30
MADAGASCAR/MALAGASY	31
MALAYSIAN	32
MALDIVIAN	33
MONG	34
NEPALESE	35
NIPPONESE	36
OKINAWAN	37
PAKISTANI	38
SIAMESE	39
SINGAPOREAN	40
SRI LANKAN	41
TAIWANESE	42
THAI	43
VIETNAMESE	44
REFUSED	77
DON'T KNOW	99

If an SP reports that his/her race is Asian in DMQ.325, you will ask for the group or groups that best represents his/her Asian ancestry (DMQ.336). Be sure to use the corresponding Hand Card.

DMQ.350 Please give me the number of the group that represents {your/SP's} Native Hawaiian or Pacific Islander origin or ancestry. Please select one or more of these categories.

HAND CARD DMQ5

PROBE: Where do your ancestors come from?

NATIVE HAWAIIAN	1
GUAMANIAN OR CHAMORRO	2
SAMOAN	3
OTHER PACIFIC ISLANDER	4
REFUSED	7
DON'T KNOW	9

If an SP reports that his/her race is Native Hawaiian or Pacific Islander in DMQ.325, you will ask for the group or groups that best represents his/her ancestry (DMQ.350). Be sure to use the corresponding Hand Card.

DMQ.281a The National Center for Health Statistics will conduct statistical research by combining {your/his/her} survey data with vital, health, nutrition and other related records. {Your/SP's} social security number is used only for these purposes. Providing this information is voluntary and is collected under the authority of Section 306 of the Public Health Service Act. There will be no effect on {your/his/her} benefits if you do not provide it.

INTERVIEWER INSTRUCTION—ONLY READ IF ASKED. [Public Health Service Act is title 42, United States Code, section 242k.]

What is {your/SP's} Social Security Number?

IF RESPONDENT CANNOT RECALL FROM MEMORY ASK {HIM/HER} TO GET CARD AT THIS TIME.

IF RESPONDENT IS RELUCTANT OR NEEDS MORE INFORMATION OR REFUSES, 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. Here are other examples (HAND CARD DMQ8) of things we have learned when we matched records from different sources. May I please have {your/SP's} Social Security Number?

ENTER SOCIAL SECURITY NUMBER	1
DOES NOT HAVE SOCIAL SECURITY NUMBER	2

The Social Security number question (DMQ.281a) focuses on how the number will be used. It only includes the text required by the Institutional Review Board, and a Social Security number is not asked for until after the statement is read. The introduction text is not required reading for a respondent who has already completed one interview (e.g., a parent responds to their own interview and is a proxy for their child's interview). The question must be read in full during the first interview completed with that respondent. Additionally, the interviewer must state on the audio recordings for subsequent interviews that the same respondent has already completed at least one interview. There is a set of interviewer instructions

and a hand card (DMQ8) to assist you with reluctant respondents. This text must be read for all respondents who refuse to provide their Social Security Number.

Social Security Numbers must include all 9 digits. The last 4 digits do not provide enough information.

The NHANES SP questionnaire includes of variety of information on diet, smoking, exposure, medication use, physical activity, access to health care and demographics. Physical exams may include body composition, oral health and blood pressure in addition to blood and urine. Linking NHANES data with other health, nutrition, and related records, will help increase the scientific value of NHANES without the cost or time burden associated with doing a separate study. Possible data applications include comparing vital statistics or Medicare claims information with NHANES information about disease or condition prevalence, risk factors, nutrition, growth and development.

HEALTH INSURANCE (HIQ)

The Health Insurance section is asked of every SP.

Definitions of the different types of health insurance are contained in the Glossary of terms (Chapter 15 of this manual).

HIQ.260	{Do you/Does SP} have Medicare? This is a health insurance program that virtually all persons 65 and older are eligible for. A card is automatically mailed to you shortly before your 65th birthday, it looks like this. SHOW HAND CARD HIQ2 OF MEDICARE CARD YES ..... 1 NO 2

SPs who are 65 and older will get this question if they did not report having Medicare on the first question about having health insurance.

HIQ.502 May I please see {your/SP's} Medicare card to record the Health Insurance Claim Number? This number is needed to allow Medicare records of the Center for Medicare and Medicaid Services to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact {you/SP}. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on {your/his/her} benefits. This number will be held confidential. [The Public Health Service Act is Title 42, United States Code, Section 242K.]

CAPI INSTRUCTION:
REQUIRE DOUBLE ENTRY OF NUMBER.
ALLOW UP TO 11 CHARACTERS (LETTERS OR NUMBERS)

|___|___|___|___|___|___|___|___|___|___|___|
ENTER CLAIM NUMBER

If an SP reports having Medicare, you will ask for his/her Medicare Health Insurance Claim Number. You must get the claim number from the SP. In some cases it may be the same as the SP's Social Security Number and in other cases it is not. Do NOT assume that the SP's Social Security number is the Medicare number.

DIETARY SUPPLEMENTS, NONPRESCRIPTION ANTACIDS, AND PRESCRIPTION MEDICATIONS (DSQ)

The DSQ section covers the use of dietary supplements (vitamins, minerals, herbals, and other dietary supplements), nonprescription antacids, and prescription medications. This section is administered to SPs from birth on.

DSQ.012 The next questions are about {your/SP's} use of dietary supplements, nonprescription antacids, and prescription medications during the **past 30 days**.

{Have you/Has SP} used or taken any **vitamins, minerals, herbals or other dietary supplements** in the **past 30 days**? Include prescription and non-prescription supplements.

This card lists some examples of different types of dietary supplements.

HAND CARD DSQ1a

YES 1
NO 2

RXQ.021	Have you used or taken any nonprescription **antacids** in the **past 30 days**? HAND CARD DSQ1b YES ..... 1 NO 2

RXQ.033	In the **past 30 days**, have you used or taken medication for which a **prescription** is needed? Include only those products prescribed by a health professional such as a doctor or dentist. Do not include prescription vitamins, or minerals you may have already told me about. YES ..... 1 NO 2

You will first ask if the respondent has taken or used any of these products in the **past 30 days**. Specific definitions of each general product category are contained later in this section. You should become thoroughly familiar with these product definitions in order to know what to include or ignore. The SP does not need to select one of the categories listed on DSQ1; if s/he is trying to identify the correct category, just say that these are examples and at this point we just want to know if any supplement was taken.

RXQ.033 has edit checks programmed to make sure that medications that the SP reported taking in the last 30 days earlier in the questionnaire are captured here. If an SP reports that he/she took insulin or a diabetic pill (DIQ.050 and DIQ.070) and answers "no" to having taken medications (RXQ.033) an error message will appear. You should use the information on the error message to confirm with the SP the appropriate responses to these questions. There are similar edit checks for high blood pressure medication (BPQ.050a) and cholesterol medication (BPQ.100d). Finally, there are also checks for depression and anxiety medication, if the SP reported taking it in DLQ.110 and/or DLQ.150. The SP will be asked if the medication is a prescription and if so, if it was taken in the last 30 days. For female SPs age 16-49 years, RXQ.033 will display the following sentence: "Please remember to include prescription birth control products that you are taking or using, such as pills or patches."

DSQ.042	May I please see the containers for **all** the vitamins, minerals, herbals, and other dietary supplements, nonprescription antacids and prescription medicines that you used or took in the **past 30 days**? PRESS ENTER TO CONTINUE

If "yes" is recorded to any of the initial usage questions, you will ask to see all product containers. You will then record information from the product container label into CAPI. It is **very important** that you **see the containers** for all products. If the respondent is reluctant to gather the containers, explain as tactfully as possible that in order for this survey to effectively monitor the nation's health, we must record specific information. In order to get accurate and complete information, we must record information from the product label. Before you begin to record product information, arrange the containers into the general categories (dietary supplements, nonprescription antacids, and prescription medications). Make sure that if the respondent said he or she took products from all three types, you have at least one container for each type.

I. Dietary Supplements

If the SP has taken at least one dietary supplement in the past 30 days, you will start by recording specific information about each supplement from the container label.

A. Dietary Supplements: General Guidelines

- If you are in doubt about whether to record a product as a dietary supplement, check the product label carefully. Most non-prescription dietary supplement products are labeled as "dietary supplement" or "supplement" products. If this is not stated on the front of the label, check the back of the label. There should be a "Supplement Facts" box, although some are labeled "Nutrition Facts." Most products have the word "supplement" on them somewhere. If you are still in doubt, record it.

- Collect information on dietary supplements that are **taken orally or given by injection**. **Omit** creams and ointments applied to the skin.

- **Prescription dietary supplement products** are **included** as dietary supplements. Some examples of prescription products are vitamin and mineral drops for infants, prenatal dietary supplements, products to treat osteoporosis, and fluoride or iron (ferrous) products. . Prescription supplement labels may not explicitly state "dietary supplement".

- Remember that dietary supplements are marketed in many forms—pills, capsules, drops, powders, softgels, gelcaps, tablets, wafers, and liquids in forms such as oils, suspensions, extracts, tinctures, sprays, and elixirs.

B. What Should be Included and Excluded as a Dietary Supplement?

The following types of products are **included**:

- **Vitamins:** Single and multivitamin supplements; Examples: Vitamin C, Vitamin E, B Vitamins, Vitamin A/beta carotene, niacin, folic acid, multivitamin formulas.
- **Minerals:** Single and multi-mineral supplements; Examples: calcium, magnesium, chromium, zinc, selenium, iron, potassium, phosphorous, multi-mineral formulas.
- **Botanicals and Herbals:** Single and multi-herb supplements; Examples: echinacea, garlic, ginseng, gingko biloba.
- **Specialty Supplements:** Examples: glucosamine, chondroitin, melatonin, SAMe, DHEA, bee pollen, choline, probiotics.
- **Enzymes:** Example: CoQ10, Bromelain.
- **Proteins and Amino Acids:** Single or combination amino acid supplements products and protein powders. Examples: lysine, valine, and leucine, whey protein and soy protein powders.
- **Fiber supplements:** Products that are eaten alone or mixed with foods or beverages and say "dietary supplement." Include Metamucil, bulk laxatives, oat bran, and pectin. Do not include foods such as fiber food bars.
- **Fatty acids:** Fish oils and other oils; Example: Cod liver oil.
- **Glandulars:** Animal organ extracts such as dried/desiccated liver or pancreas.
- **Multi-vitamin and/or mineral combinations, plus other substances:** Combinations of vitamins, minerals, or other compounds that may include herbs, botanicals, such as ginseng and gingko biloba, and other substances.
- **Throat drops that contain vitamins (e.g., vitamin C), minerals (e.g., zinc) or herbs (e.g., echinacea).**

The following types of products are **excluded**:

- **Foods: Products that are consumed as meals, meal replacements, part of meals, snacks, or beverages**

  Below are some examples of products that are considered foods rather than dietary supplements.

  - **Liquid food supplement products:** Formula type food products that are eaten in place of regular food. Examples: Ensure, Sustacal, and Instant Breakfast.
  - **Other food supplements:** Fortified meal or snack bars, granola bars, and puddings that are eaten as snacks or meal supplements are not dietary supplements.

- **Weight reduction diet formulas and beverages that are consumed as foods or drinks*:** Foods that are formulated for the purpose of promoting weight reduction when used alone or in combination with other foods. Examples: Slim Fast and Herbalife.

- **Athletic training and muscle-building formulations that are consumed as foods or drinks*:** Food products that are marketed as foods to enhance athletic performance and muscle strength. These products are typically sold ready-to-drink and are considered to be foods, not dietary supplements.

- **Sports drinks:** such as Gatorade and Powerade, which contain many nutrients but are drinks, not supplements.

- **Teas:** Teas, including herbal teas, are foods and should be reported in the 24-hour recall in the MEC.

  *Note: Weight reduction diets and athletic training programs sold as a "total package" or "kit" may include **dietary supplements** which should be recorded as supplements.

- **Creams containing vitamins, minerals, or other substances:** for example, Vitamin E or Vitamin A creams.

- **Fluid replacers and rehydration formulas for adults and infants** such as Pedialyte, and Lytren.

- **All antacids:** These will be included in the set of antacid questions.

C. Recording Information About Dietary Supplement Products: Question Specifications

DSQ.012 The next questions are about {your/SP's} use of dietary supplements, nonprescription antacids, and prescription medications during the **past 30 days**.

{Have you/Has SP} used or taken any **vitamins, minerals, herbals or other dietary supplements** in the **past 30 days**? Include prescription and non-prescription supplements.

This card lists some examples of different types of dietary supplements.

HAND CARD DSQ1a

YES 1
NO 2

Always use Hand Card DSQ1a when asking this question. The card lists specific examples of the kinds of products that should be counted as dietary supplements.

DSQ.042 May I please see the containers for **all** the vitamins, minerals, herbals, and other dietary supplements, nonprescription antacids and prescription medicines that you used or took in the **past 30 days**?

PRESS ENTER TO CONTINUE

Because the dietary supplement market is extremely large and new products are being introduced almost daily, it is crucial to collect as much information possible so that staff at NCHS can locate the exact product taken by participants. In order to get a complete picture of the supplements taken, you will ask the respondent to show you the containers of all products used in the past 30 days and record specific information from the supplement container. Use the dietary supplement reference card in your hand card book to assist you in coding these responses.

If the SP cannot provide the containers, you will have to ask him or her for the names of all dietary supplements/vitamins/minerals, nonprescription antacids, and prescription medications taken in the past 30 days.

DSQ.055 I will start with the vitamins, minerals, herbals and other dietary supplements. Please show me any you have taken in the **past 30 days**.

CHECK PRODUCT LABEL OR ASK PRODUCT NAME.
IS THIS PRODUCT ON THE LIST BELOW?

10. VITAMIN A
12. VITAMIN B6
13. VITAMIN B12
14. VITAMIN C (WITH OR WITHOUT ROSE HIPS)
15. VITAMIN D (D3)
16. VITAMIN E
18. CALCIUM
19. CHROMIUM (CHROMIUM PICOLINATE)
20. FOLATE (FOLIC ACID)
21. IRON (FERROUS XXXATE)
27. MAGNESIUM
28. POTASSIUM
29. SELENIUM
40. ZINC (ZINC GLUCONATE)

YES 1
NO 2
DON'T KNOW..... 9

First you will determine if the supplement is on this special list of 14 products meaning it is a single nutrient supplement. If you are unsure whether the product is on the list, look at the back of the label in the Supplement Facts Box. If there is only one nutrient listed and it is on the list, you must enter 1 for yes on this screen, NOT the number of the supplement – that is on the next screen.

Special cases: Record "yes" whether Vitamin C is listed with or without rose hips. Also record "yes" if iron is listed as ferrous plus any word ending in "ate", as in Ferrous sulfate, gluconate, fumerate, etc. Code "yes" if the product is any type of Vitamin D, e.g., D2 (ergocalciferol) and D3 (cholecocalciferol).

DSQ.056 WHICH PRODUCT IS IT?
ENTER 1 PRODUCT CODE

10. VITAMIN A
12. VITAMIN B6
13. VITAMIN B12
14. VITAMIN C (WITH OR WITHOUT ROSE HIPS)
15. VITAMIN D (D3)
16. VITAMIN E
18. CALCIUM
19. CHROMIUM (CHROMIUM PICOLINATE)
20. FOLATE (FOLIC ACID)
21. IRON (FERROUS XXXATE)
27. MAGNESIUM
28. POTASSIUM
29. SELENIUM
40. ZINC (ZINC GLUCONATE)

YES 1
NO 2
REFUSED 77
DON'T KNOW..... 99

If any of the supplements you see are on the special products list, type in the number of the product. You will then see the following screen.

DSQ.071 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.

CONTAINER SEEN..... 1
CONTAINER NOT SEEN 2

Note if the container for the product was seen. If the container was seen, you will be asked to record the strength of the product.

DSQ.066A	**SELECT STRENGTH FOR VITAMIN B12** IF STRENGTH NOT ON FRONT OR UNCLEAR, TURN CONTAINER AROUND AND GET STRENGTH FROM FACTS BOX. PRESS BS TO START THE LOOKUP. PRESS ENTER TO SELECT.

The product you select will appear at the top of the screen (example: Vitamin B12). Follow the instructions on the screen and select strength from the list of strengths on the lookup list. If the strength is not on the front of the label or unclear, turn the container around and obtain the strength from the Facts Box.

Typing of the strength should be exact. If 1000 mg is noted on the container, be careful not to type or select 10000mg from the look up list.

It is very important to get the correct strength(s) of these vitamins.

Note that you are not asked for the manufacturer. This is not required for these products.

DSQ.052	REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF DIETARY SUPPLEMENTS USED. ENTER **FULL** NAME OF SUPPLEMENT, INCLUDING BRAND. ENTER SUPPLEMENT NAME

If the product is not on the list, you will be asked to enter the full brand name of the supplement.

Recording Brand Names: Rules

- Begin recording the brand name with words at or near the top, and then continue to type in the rest of the name starting at the top of the label and moving down. Put in important

qualifying words that will distinguish this product from others like it. If the strength of the product is on the front of the label, it is very important to include this in the name.

- It is extremely important to enter the complete name of the product when collecting this information. That way, if the name of the manufacturer is unavailable, recording the exact product name will make it easier for data processing to locate the manufacturer and to determine the exact components and their strengths.

- It is not necessary to enter health claims or the word "supplement".

- **Do enter** specific terms about the product:

  - Extract;
  - Chewable;
  - Complete, Vitamin and Mineral Formula;
  - Multi-vitamin and multi-mineral;
  - Time-release;
  - Mega, super, high potency; and
  - Strength

DSQ.077 WHAT IS THE FORM OF THIS PRODUCT?
OS

CAPSULES	1
TABLETS	2
CHEWABLE TABLETS	3
PILLS	4
CAPLETS	5
SOFT GELS	6
GEL CAPS	7
VEGICAPS	8
PACKAGE/PACKETS	9
LIQUID	10
POWDER	11
WAFERS	12
CHEWS/GUMMIES	13
DOTS	14
GRANULES	15
LOZENGES/COUGH DROPS	16
GEL	17
OTHER FORM (SPECIFY)	91

Knowing the form of the product will enable us to retrieve the right label from the manufacturer. On this list of **forms,** tablets, gelcaps, softgels, caplets, etc., are **separate response categories**. Later, you will be asked about dosage. For example, the **product form** may be liquid but the **dosage form** may be a spray, teaspoon, milliliter, ounce, or even a shot. There is an option of OTHER FORM, which requires a specific entry. Review items carefully before you interview.

DSQ.081K ENTER **MANUFACTURER/DISTRIBUTOR/STORE** BRAND NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

For all dietary supplements not found on the "special list of products", you will attempt to collect information about the manufacturer. This information will be used in post-processing and data editing. This information can usually be found on the product label. Sometimes the manufacturer may be the distributor or even the store brand name. Record as much information as possible. A lookup of manufacturer names is used for dietary supplements.

Only select the name on this list if **it is identical or nearly identical to yours**. E.g., If the list says Lederle Laboratories and the label says Lederle Laboratories, Inc., select it. If the label says Lederle-Anderson Laboratories, don't select it.

If you do not find the manufacturer or distributor on the lookup list, select "manufacturer not on list", and you will be prompted to enter the city and state address. A street address is generally not available, but if it is on the label, please include it. Record the street address in the "City" field. If the product was made in another country, enter the city and country in the "City" field, and a 'DK' in the "State" field.

DSQ.096 For how long have you been taking {PRODUCT NAME} or a similar type of product?

YES 1
NO 2

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

ENTER UNIT

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

Ask and record how long the person has been taking the product or a similar type of product. Fill in the number of days and the unit very carefully. A small error made while recording the unit, e.g., picking years instead of months, can cause a big error in the amount of time it appears the person took the product.

DSQ.103 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did you take {PRODUCT NAME}?

ENTER NUMBER OF DAYS FROM 1-30

Ask and record on how many of the last 30 days the person took this product. If they say "don't know", probe by saying, "Just give me your best estimate." Do not accept an answer of don't know. If the respondent answers by saying "everyday", record 30 days. If the respondent answers by week (e.g., 4 times a week), assume 4 weeks in a month, and do the math (e.g., 4x4=16). Always confirm the response by repeating it back to the person, "So, about 16 times a month." Obtain the respondent's **best guess**.

DSQ.123 Q/U/OS On the days that {you/SP} took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

|___|___|___|
ENTER NUMBER

|___|___|
ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/ SOFTGELS/GEL CAPS/VEGICAPS/ CHEWABLE TABLETS	1
DROPPERS	2
DROPS	3
INJECTIONS/SHOTS	5
LOZENGES/COUGH DROPS	6
MILLILITERS	7
TABLESPOONS	11
TEASPOONS	12
WAFERS	13
CANS	15
GRAMS	16
DOTS	17
CUPS	18
SPRAYS/SQUIRTS	19
CHEWS/GUMMIES	20
SCOOPS	21
CAPFULS	23
OUNCES	27
PACKAGES/PACKETS	28
VIALS	29
GUMBALLS	30
OTHER FORM (SPECIFY)	91

Ask and record how much of the product the person usually took on the days they took it. This means how much they took on a single day. There is no option of amount varied: if they say this, probe by saying, "Give me your best guess about how much you **usually** took." Enter the number and the unit if necessary. If you have seen the container, and you coded 1-8 (hard or soft pill type forms), 12 (wafers), 13 (chew/gummies), 14 (dots), or 16 (lozenges/cough drops) at DSQ.077, CAPI will automatically code the unit for you and go to the next question. Otherwise, you will receive a full or partial list of units from which to choose. Besides hard or soft pill type forms, the other options provided are mainly actual measures (e.g., drops, teaspoons, cups, sprays, and milliliters) or some less usual forms (e.g., shots, lozenges, and wafers).

Note: The list options for **dosage** are different from those of the **product form**. For example, the product form may be liquid but the dosage may be a spray, teaspoon, milliliter, ounce, or even a shot. Select "Other Form" only when you are sure the dosage is not listed as a category option.

DSQ.125 Did {you/SP} take an **entire** packet of {PRODUCT NAME} each time?

YES	1
NO	2

If the person took a packet or package, you will be prompted to ask if they took the entire package, since some people do not take all of the pills in a package.

DSQ.124 HAND CARD DSQ2

Looking at this card, what is the reason {you take/SP takes} {PRODUCT NAME}?

(Did {you/SP NAME} decide to take it for reasons of your own or did a doctor or other health provider tell you to take it?)

DECIDED TO TAKE IT FOR REASONS OF MY OWN	1
A DOCTOR OR OTHER HEALTH PROVIDER TOLD ME TO	2
REFUSED	7
DON'T KNOW	9

Select the reason the SP is taking the product.

DSQ.136 {For what reason or reasons {do you/does SP} take {PRODUCT NAME}?}
{For what reason or reasons did the doctor or other health professional tell {you/SP} to take {PRODUCT}?}

HAND CARD DSQ3

CODE ALL THAT APPLY.

TO:		**FOR:**	
GET MORE ENERGY	25	ANEMIA, SUCH AS LOW IRON	27
IMPROVE DIGESTION	31	BONE HEALTH, BUILD STRONG BONES, OSTEOPOROSIS	24
IMPROVE MY OVERALL HEALTH	14	EYE HEALTH	20
MAINTAIN HEALTH (TO STAY HEALTHY)	17	GOOD BOWEL/COLON HEALTH	10
MAINTAIN HEALTHY BLOOD SUGAR LEVEL, DIABETES	29	HEALTHY JOINTS, ARTHRITIS	21
PREVENT COLDS, BOOST IMMUNE SYSTEM	18	HEALTHY SKIN, HAIR, AND NAILS	22
PREVENT HEALTH PROBLEMS	13	HEART HEALTH, CHOLESTEROL	19
SUPPLEMENT MY DIET (BECAUSE I DON'T GET ENOUGH FROM FOOD)	16	KIDNEY AND BLADDER HEALTH, URINARY TRACT HEALTH	30
BUILD MUSCLE	35	LIVER HEALTH, DETOXIFICATION, CLEANSE SYSTEM	34
GAIN WEIGHT	36	MENOPAUSE, HOT FLASHES	28
		MENTAL HEALTH	12
		MUSCLE RELATED ISSUES, MUSCLE CRAMPS	32
		PREGNANCY/BREASTFEEDING	26
		PROSTATE HEALTH	11
		RELAXATION, DECREASE STRESS, IMPROVE SLEEP	33
		TEETH, PREVENT CAVITIES	15
		WEIGHT LOSS	23

OTHER SPECIFY	91
REFUSED	77
DON'T KNOW	99

In DSQ.136, you are asking the reason the SP takes the product. Notice that the response options are organized in a column for reasons that begin with "to", e.g., to get more energy, and "for", e.g., for anemia. Allow the SP time to look over the card and select all the reasons that apply to this product. If the SP answers only one reason, this is fine. Please do not over probe and encourage him or her to pick many reasons.

DSQ.127 ARE THERE ANY OTHER VITAMINS, MINERALS, HERBALS OR DIETARY SUPPLEMENTS?

YES 1
NO 2

HELP SCREEN:
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.

DSQ.131 REVIEW TOTAL NUMBER OF DIETARY SUPPLEMENTS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} vitamin(s), mineral(s), herbals or dietary supplement(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME (STRENGTH)}

PRESS ENTER TO CONTINUE

DSQ.127 and DSQ.131 are confirmation questions to make sure that you have entered information on all vitamins, minerals, herbals or dietary supplements. When you see question DSQ.127and respond "yes", the computer will take you back to the beginning of the series (DSQ.127) and you then ask about the next product. When you have looped back and entered information on all vitamin, mineral, herbal and dietary supplements, answer "no" to DSQ.127. You will then be prompted to ask DSQ.131. Be sure to confirm with the SP the number and names of vitamins, minerals, herbals or dietary supplements before moving forward.

II. Nonprescription Antacids

You will ask a series of questions about antacids if the respondent has taken nonprescription antacids in the past 30 days.

RXQ.021 Have you used or taken any non-prescription **antacids** in the **past 30 days**?

YES 1
NO 2

This question refers to nonprescription antacids in tablet, chewable or liquid form. Record **only nonprescription** antacids in this section. If 'Yes' is recorded to this initial question, CAPI will cycle through a series of questions about each nonprescription antacid taken.

A. Recording Information About Nonprescription Antacids: Question Specifications

RXQ.141	Now I would like to ask you some questions about your use of **non-prescription antacids** in the **past 30 days**. [First I will record some information about an antacid, then I will ask you some questions about it.] REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF NONPRESCRIPTION ANTACIDS USED. ENTER **FULL** BRAND NAME OF ANTACID. ENTER ANTACID NAME

It is important that you make **every effort to see the antacid product** in order to record the most complete and accurate information about the product. If the container is seen, enter the product name exactly as it appears on the label. If the container is not seen, enter what the respondent reports verbatim.

RXQ.150s	PRESS BS TO START THE LOOKUP. SELECT ANTACID FROM LIST. IF ANTACID **NOT** ON LIST – PRESS BS TO DELETE ENTRY. TYPE '**'. PRESS ENTER TO SELECT.

Select only an exact match from the look up file when the container has been seen or when verbally reported by the respondent.

It is not necessary to give consideration to the RX/OTC designation when selecting from the look up file. Remember that you are asking participants to report only nonprescription (OTC) antacids in

this section. So, if no container is seen and Pepcid is reported, you should explain to the respondent that there are multiple Pepcid products with a similar name (e.g., Pepcid, Pepcid AC, Pepcid Complete) and ask him/her if s/he remembers the specific product s/he was using. If the SP does not remember any further details, you may select Pepcid from the list with the Rx designation because there is no Pepcid with an OTC designation on the database and it is an exact match. Selecting an exact drug name match is what is important. But be sure to confirm that the reported product is a **nonprescription antacid**. Selecting an exact drug name match is what is important. But be sure to confirm that the reported product is a **nonprescription antacid**.

Assuming the container is not seen, it is also not necessary to read products off the look up file if there are multiple products with a similar name (e.g., Tums, Tums EX, Tums Ultra, etc.). In this instance, you should explain to the respondent that there are multiple Tums products available and ask them if they remember the specific product they were using. If the SP reports Tums but does not remember any further details, select Tums from the list.

If you see the container and the product is a prescription antacid, do not record it here. Record it in the prescription medication section.

RXQ.180Q/U For how long have you been using or taking {PRODUCT NAME}?

|___|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

ENTER UNIT

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

Ask and record how long the person has been taking the product. Fill in the number of days and the unit very carefully. A small error made while recording the unit, e.g., picking years instead of months, can cause a big error in the amount of time it appears the person took the product.

RXQ.191 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did you take {PRODUCT NAME}?

|___|___|
ENTER NUMBER OF DAYS FROM 1-30

Ask and record on how many of the last 30 days the person took this product. If they say "don't know", probe by saying, "Just give me your best estimate." Do not accept an answer of don't know. If the respondent answers by saying "everyday", record 30 days. If the respondent answers by week (e.g., 4 times a week), assume 4 weeks in a month, and do the math (e.g., 4x4=16). Always confirm the response by repeating back to the person, "So, about 16 times a month." Always obtain the respondent's best guess.

RXQ.195 On those days that you used or took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?
Q/U/OS

ENTER NUMBER

ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/ SOFTGELS/GEL CAPS/VEGICAPS/ CHEWABLE TABLETS	1
DROPPERS	2
DROPS	3
INJECTIONS/SHOTS	5
LOZENGES/COUGH DROPS	6
MILLILITERS	7
TABLESPOONS	11
TEASPOONS	12
WAFERS	13
CANS	15
GRAMS	16
DOTS	17
CUPS	18
SPRAYS/SQUIRTS	19
CHEWS/GUMMIES	20
SCOOPS	21
CAPFULS	23
OUNCES	27
PACKAGES/PACKETS	28
VIALS	29
GUMBALLS	30
OTHER FORM (SPECIFY)	91

Ask and record how much of the product the person usually took on the days they took it. There is no option of amount varied: if the respondent says this, probe by saying, "Give me your best guess

of how much you **usually** took." Enter the number and the unit. Most hard or soft pill type forms are combined: these are listed under option #1, since they are most common. The other options provided are mainly actual measures (e.g., drops, teaspoons, cups, sprays, and milliliters) or some less usual forms (e.g., shots, lozenges, and wafers).

Select "Other Form" only when you are sure the dosage is not listed as a category option.

RXQ.216 CHECK CONTAINERS. ARE THERE ANY OTHER NONPRESCRIPTION ANTACIDS?

OR ASK RESPONDENT:
[Are there any other nonprescription antacids that {you/SP} used in the past 30 days?]

YES 1
NO 2

HELP SCREEN:
Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

RXQ.221 REVIEW TOTAL NUMBER OF ANTACIDS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} nonprescription antacid(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

RXQ.216 and RXQ.221 are confirmation questions to make sure that you have entered information on all nonprescription antacids. When you see question RXQ.216 and respond "yes", the computer will take you back to the beginning of the series (RXQ.141) and you then ask about the next product. When you have looped back and entered information on all vitamin, mineral, herbal and dietary supplements, answer "no" to RXQ.216. You will then be prompted to ask RXQ.221. Be sure to confirm with the SP the number and names of nonprescription antacids before moving forward.

III. Prescription Medications

A. Recording Information About Prescription Medication: Question Specifications

RXQ.231	Now I would like to talk about **prescription medication** you have used in the **past 30 days**. Again, these are products prescribed by a health professional such as a doctor or dentist [First I will record some information about the medication, then I will ask you some questions about it.] REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF PRESCRIPTION MEDICATIONS USED. ENTER MEDICATION NAME

If the SP has taken at least one prescription medication in the past 30 days, you will begin by entering the **product name** exactly as it appears on the label of the container. If the container is not seen, enter what the respondent reports verbatim.

Note: All prescription drugs including prescription antacids or prescription aspirin, should be recorded in the prescription medication section. Please also record OCT insulin products, such as Humulin N, Humulin R, Humulin 70/30, Novolin N, Novolin R, and Novolin 70/30, in the prescription medication section.

RXQ.240s	PRESS BS TO START THE LOOKUP. SELECT MEDICATION FROM LIST. IF MEDICATION **NOT** ON LIST – PRESS BS TO DELETE ENTRY. TYPE '**'. PRESS ENTER TO SELECT

Type in the complete product name and select only an exact match.

The suffixes **"Nasal", "Topical", "Ophthalmic"** and **"OTIC"** might be the part of product name on the lookup list. If you are in doubt about whether to select a product name with a suffix, check the route of administration for the product labeling on the container or ask the SP "how do you take this drug?" if the container is not seen. The following table provides some examples.

*Note: If a product name with a suffix is selected, you should add this suffix as the part of entered product name to be an exact match.

Product Name	Route of administration		Enter and Select Generic Name
	Seen on container	Response from the SP	
CIPROFLOXACIN	Oral, or injection Ophthalmic Otic	Oral, or injection Applied to eye Applied to ear	CIPROFLOXACIN CIPROFLOXACIN OPHTHALMIC CIPROFLOXACIN OTIC
FLUTICASONE	Inhalation Nasal Topical	Inhalation Nasal spray or applied to nose Applied to skin	FLUTICASONE FLUTICASONE NASAL FLUTICASONE TOPICAL
TRIAMCINOLONE	Oral, or injection Nasal Topical	Oral, or injection Nasal spray or applied to nose Applied to skin	TRIAMCINOLONE TRIAMCINOLONE NASAL TRIAMCINOLONE TOPICAL

*Note: If a salt/chemical/ester name is included as the part of product name seen in the container, you should type drug name without the part of salt/chemical/ester name to be an exact match.

Product Name	Enter and Select Product Name	Suffix
CIPROFLOXACIN HYDROCHLORIDE	CIPROFLOXACIN	OPHTHALMIC, OTIC, or without a Suffix
FLUTICASONE FUROATE FLUTICASONE PROPIONATE	FLUTICASONE	NASAL, TOPICAL, or without a suffix
TRIAMCINOLONE ACETONIDE TRIAMCINOLONE HEXACETONIDE	TRIAMCINOLONE	NASAL, TOPICAL, or without a suffix

If possible, type a brand name and select an exact match so you don't need to know the route of administration. The brand name will be automatically linked to the generic name without or with an appropriate suffix. The following table provides some examples.

Enter Brand Name	Select Brand Name	Link to Generic Name
CIPRO CILOXAN CETRAXAL	CIPRO CILOXAN CETRAXAL	CIPROFLOXACIN CIPROFLOXACIN OPHTHALMIC CIPROFLOXACIN OTIC
FLOVENT HFA FLONASE CUTIVATE	FLOVENT HFA FLONASE CUTIVATE	FLUTICASONE FLUTICASONE NASAL FLUTICASONE TOPICAL
TRIESENCE NASACORT TRIDERM	TRIESENCE NASACORT TRIDERM	TRIAMCINOLONE TRIAMCINOLONE NASAL TRIAMCINOLONE TOPICAL

The following table contains a list of abbreviations and their full text name. The product abbreviation **and** the full text name equivalent are considered to be an exact match if either is entered as part of the product name **and** is part of the product name on the lookup.

Note: You are not expected to memorize this information nor will you be held accountable for matching a product to the lookup based on this table. It is provided as an informational tool to be used when questions arise.

Abbreviation	**Full text name**
HCl, HCL, hcl	Hydrochloride
Na, na	Sodium
NaCl	Sodium chloride
HCTZ, hctz	Hydrochlorothiazide
APAP, apap	Acetaminophen
PPA	Phenylpropanolamine

Select the "**" option if the prescription product is not on the list. The remaining questions are different than those asked about dietary supplements and antacids. For prescribed medicines, there are **no** questions about form, strength, dosage or manufacturer as there were for other reported products. The only other information collected about prescribed medication is if the prescription container or pharmacy printout was seen, the length of time the SP has been using the product and the main reason for taking it. If CAPI recognizes a prescription, it will populate reasons for taking it in RXQ.289 for the interviewer to choose among. The interviewer can select up to three reasons. If CAPI does not recognize the prescription and/or the interviewer chooses "OTHER SPECIFY" in RXQ.289, there will be the opportunity to enter text describing the reason in RXQ.290.

It is not necessary to give consideration to the Rx/OTC designation when selecting from the lookup file. Remember that you are asking participants to report only prescription medications in this section. If no container is seen and Claritin is reported, you may select Claritin with the OTC designation. However, be sure to confirm that the reported product is a **prescription drug** except for OTC insulin products.

RXQ.260Q/U For how long have you been using or taking {PRODUCT NAME}?

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

ENTER UNIT

DAYS	1
WEEKS	2
MONTHS	3
YEARS	4

RXQ.289 What is the **main** reason for which (you use/SP uses) {PRODUCT NAME}?
INTERVIEWER: IF NECESSARY, READ REASONS FROM LIST. SELECT UP TO 3 REASONS.

{REASON TEXT}	10	(RXQ.294)
{REASON TEXT}	11	(RXQ.294)
{REASON TEXT}	12	(RXQ.294)
{REASON TEXT}	13	(RXQ.294)
{REASON TEXT}	14	(RXQ.294)
{REASON TEXT}	15	(RXQ.294)
{REASON TEXT}	16	(RXQ.294)
{REASON TEXT}	17	(RXQ.294)
{REASON TEXT}	18	(RXQ.294)
{REASON TEXT}	19	(RXQ.294)
{REASON TEXT}	20	(RXQ.294)
{REASON TEXT}	21	(RXQ.294)
{REASON TEXT}	22	(RXQ.294)
{REASON TEXT}	23	(RXQ.294)
{REASON TEXT}	24	(RXQ.294)
{REASON TEXT}	25	(RXQ.294)
{REASON TEXT}	26	(RXQ.294)
{REASON TEXT}	27	(RXQ.294)
{REASON TEXT}	28	(RXQ.294)
{REASON TEXT}	29	(RXQ.294)
{REASON TEXT}	30	(RXQ.294)
{REASON TEXT}	31	(RXQ.294)
{REASON TEXT}	22	(RXQ.294)
{REASON TEXT}	33	(RXQ.294)
{REASON TEXT}	34	(RXQ.294)
OTHER SPECIFY	97	
RF	777	(RXQ.294)
DK	999	(RXQ.294)

RXQ.290 What is the **main** reason for which you use {PRODUCT NAME}?

ENTER TEXT

The reason texts from the pickup list are based on the official FDA and off-label indications specified for each individual drug. Some drugs may be very specific for treating one medication condition. Some drugs may be used for multiple medical conditions. You could select one or up-to-three reasons based on the response from the SP. The medication may be prescribed or used for any other reasons. If none of these on the list is appropriate, select "Other specify" in RXQ.289 and then enter text describing the reason in RXQ.290. In addition, if product is not on the drug lookup list or not linked to the **"Reason for Use"** pickup list, you need to enter text describing the reason in RXQ.290.

Be as specific as possible when entering information about the reason the respondent is taking the medication. If the respondent answers "diabetes," ask him or her to be more specific (e.g., Type I diabetes or Type 2 diabetes). If the respondent answers "pain", ask him or her to be more specific. (Example: "Where is the pain located?" or "What kind of pain is it?"). If the respondent does not know what the prescription is used for, you can read him/her the reason list. If s/he still does not know, enter it as DK. Do not suggest a reason to the SP.

RXQ.294 CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?

OR ASK RESPONDENT:
[Are there any other prescription medications that {you/SP} used in the past 30 days?]

YES 1
NO 2

When you see question RXQ.294 and respond "yes", the computer will take you back to the beginning of the series (RXQ.231) and you then ask about the next medication. When you have looped back and entered information on the SP's prescriptions, answer "no" to RXQ.294. The computer will then check the prescriptions entered with previous answers about medications in the questionnaire.

RXQ.372 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one is insulin?

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY

OR SELECT OTHER-NEW MEDICATION

RXQ.378 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking for diabetes or blood sugar?

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

RXQ.384 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking to lower {your/his/her} blood pressure?

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

RXQ.390 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking to lower {your/his/her} cholesterol?

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

The computer checks the class of the medication to confirm if an SP has said that he/she is taking a prescription in the past 30 days for diabetes, insulin (DIQ.050 = Yes) or a pill (DIQ.070 = Yes), for blood pressure (BPQ.050a = Yes), and for cholesterol (BPQ.100d = Yes). If you have not entered a medication that is usually prescribed for a medical condition, questions RXQ.372, RXQ.378, RXQ.384 and/or RXQ.390 will appear. The medications that you have entered will appear as the response options, as well as a response of "Other". If the SP reports that one or more of the medications on the list of response options is taken for the medical condition, select it. If the medication is not on the response option list and the SP has forgotten it, ask him/her to find the prescription so that you can enter it. Selecting "other" will loop the computer back to RXQ.231 so that you can enter the forgotten prescription.

RXQ.550 Earlier in the interview you reported that {you have/he has/she has} taken medication for depression. Is this medication for depression a **prescription** medication?

YES 1
NO 2

RXQ.560 Did {you/SP} take it in the last 30 days?

YES 1
NO 2

RXQ.590 Earlier in the interview you reported that {you have/he has/she has} taken medication for feeling worried, nervous or anxious. Is this medication for feeling worried, nervous or anxious a **prescription** medication?

YES 1
NO 2

RXQ.600 Did {you/SP} take it in the last 30 days?

YES 1
NO 2

If the SP reported taking medication for depression (DLQ.150 = Yes) or anxiety (DLQ.110 = Yes) earlier in the interview, but you did not enter a medication that is usually used prescribed for depression and/or anxiety, this series of questions will appear.

RXQ.570	I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking for depression (feeling depressed)? CODE ALL THAT APPLY. SELECT MEDICATION FROM DISPLAY OR SELECT OTHER-NEW MEDICATION
RXQ.610	I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking for feeling worried, nervous or anxious? CODE ALL THAT APPLY. SELECT MEDICATION FROM DISPLAY OR SELECT OTHER-NEW MEDICATION

If the SP received the series of checks after reporting taking medication for depression and/or anxiety earlier in the interview and responding "no" to RXQ.033 (In the past 30 days, have you used or taken medication for which a prescription is needed?), and then said "yes" to taking depression (RXQ.100 = Yes) and/or anxiety (RXQ.120 = Yes) in the past 30 days, s/he will receive these questions. If the SP reports that one or more of the medications on the list of response options is taken for depression and/or anxiety, select it. If the medication is not on the response option list and the SP has forgotten it, ask him/her to find the prescription so that you can enter it. Selecting "other" will loop the computer back to RXQ.231 so that you can enter the forgotten prescription.

RXQ.510 Doctors and other health care providers sometimes recommend that {you take/SP takes) a low-dose aspirin each day to prevent heart attacks, strokes, or cancer. {Have you/Has SP} ever been told to do this?

YES	1	
NO	2	(RXQ.520)
REFUSED	7	(RXQ.520)
DON'T KNOW	9	(RXQ.520)

INTERVIEWER INSTRUCTION:
IF THE RESPONDENT VOLUNTEERS THEY HAVE BEEN TOLD TO TAKE AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE "YES".

RXQ.515 {Are you/Is SP} now following this advice?

YES	1	(RXQ.525)
NO	2	(BOX 18)
SOMETIMES	3	(RXQ.525)
STOPPED ASPIRIN USE DUE TO SIDE EFFECTS	4	(BOX 18)

HELP SCREEN:
Side Effect: is an unexpected health problem that is caused by a medicine. Some side effects of aspirin are stomach problems, easy bruising or bleeding, runny nose, wheezing and skin rashes.

RXQ.520 **On {your/SP's} own,** {are you/is SP} now taking a low-dose aspirin each day to prevent heart attacks, strokes, or cancer?

YES	1	
NO	2	(BOX 18)

INTERVIEWER INSTRUCTION:
IF THE RESPONDENT VOLUNTEERS THEY ARE TAKING AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE "YES".

RXQ.525 How often {do you/does SP} take an aspirin?
G/Q/U

ONE EVERY DAY	1
ONE EVERY OTHER DAY	2
OTHER, ENTER NUMBER/UNIT	3

|___|
ENTER NUMBER

PER DAY	1
PER WEEK	2
REFUSED	7
DON'T KNOW	9

RXQ.530 What is the size or dose that {you take/SP takes}?

81 MG	1
325 MG	2
500 MG	3
OTHER (SPECIFY)	4
REFUSED	7
DON'T KNOW	9

|___|___|___|___| MG
ENTER NUMBER

There are five questions about taking preventive low dose aspirin asked of SPs aged 40 years old or older as well as SPs younger than 40 who reported having coronary heart disease, angina, a myocardial infarction, and/or stroke. Prevention of cardiovascular disease is an important public health issue. These questions will gather data on the prevalence of prophylactic aspirin use.

Additional information on how to enter international prescriptions and how to avoid common entry mistakes are included in the reference section of your hand card book.

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. You will also ask how well the SP speaks English.

If the SP gives you a different mailing address, you will record the new information. Notice the cursor rests 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. Be aware, 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 corrections 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 <u>exactly</u> as it would appear on an address label** (or as close as possible).

EMAIL ADDRESS

You will ask each respondent if he/she has an email account. For those who report having an email account, you will first ask for his/her email address and then verify the email address by reading it back to the respondent.

When entering the respondent's email address, be sure to include the @ symbol followed by the domain name. Never include space between the characters in the email address. If the email address does not meet these criteria, you will receive an error message reminding you that the @ symbol and domain name are required, and that spaces are not allowed.

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 and a second number where he/she can be reached (work, cell, relative's, etc.). 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 4.1.3.12 to see the screens for these questions.

NHANES is designed for a future 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.

PERMISSION TO TEXT AND CELL PHONE NUMBER

The last series of questions in the SP questionnaire are asked of proxy respondents for SPs aged 12 to 15 years old and SPs themselves aged 16 or older. If a cell phone has not been reported by the SP, you will ask if the SP has a cell phone. If SP does have a cell phone, you will ask if the study can send short text messages about the exam. These text messages will remind SPs with morning exam appointments to fast and, after the MEC exam, remind SPs to call in for certain test results. The exact texts sent can be found in the SP Hand Cards behind the MEC section.

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 nine sections comprising the Family Questionnaire and question by question specifications for each.

RESPONDENT INFORMATION (RIQ-FAM)

This section is comprised of interviewer only questions and contains electronic Household consent screens. You will be required to select the name of the respondent from the screener roster. The next few screens guide you through obtaining consent to conduct the family interview. As with the SP interview, depending on the respondent's preference, these screens will guide you through collecting consent either electronically or using the hardcopy consent form. If consent is obtained electronically, you will also indicate whether the respondent requested to immediately be mailed a copy of the consent form with his/her signature. You will also indicate whether you want to offer audio-recording and answer questions about whether an interpreter was used, how the interpreter was identified, his/her name, contact information, age range and gender.

DEMOGRAPHIC BACKGROUND/OCCUPATION (DMQ – FAM)

This section is asked of the head of the family **if he or she is not an SP** and of 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 (Q by Q) specifications for all of the questions in this section of the Family Questionnaire can be found in the Q by Q specifications for the SP questionnaire in the Demographics (DMQ – SP) and Occupation (OCQ) sections.

HOUSING CHARACTERISTICS (HOQ)

The housing characteristics section asks questions about the dwelling unit in which the family resides. Information collected in this section will provide social and economic data to aid in the analysis of health data.

HOQ.065 Is this home owned, being bought, rented, or occupied by some other arrangement by {you/you or someone else in your family}?

OWNED OR BEING BOUGHT	1
RENTED	2
OTHER ARRANGEMENT	3

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.

SMOKING (SMQ)

The smoking section asks about how many members of the household – both SPs and non-SPs, regardless of their relationships – smoke. Unlike the questions on cigarette use that are asked only of adults 18+ years in the SP questionnaire, these questions ask about the use of all tobacco products that are smoked, including cigarettes, cigars, little cigars, water pipes, hookah, or any other tobacco product, excluding marijuana or other drugs that may be smoked. However, do not include persons who use e-cigarettes or other electronic nicotine delivery systems. These questions apply to **all** people who live in the household, even if they are not related to a family containing SPs. The questions capture data that can be used in the analysis of exposure to secondhand smoke.

The first question, SMQ.460, asks how many people who live in the home smoke cigarettes or other tobacco products without regard to whether or not they smoke at home. So, if a respondent offers that his spouse smokes, but only in the car or on the back porch, she would still be counted as a "smoker".

SMQ.460 Now I would like to ask you a few questions about smoking in this home.

How many people who live here **smoke** cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product?

INTERVIEWER INSTRUCTION: IF RESPONSE IS NO ONE, ENTER ZERO

|___|___|
ENTER NUMBER OF PERSONS

REFUSED 777
DON'T KNOW 999

SMQ.470 Not counting decks, porches, or detached garages, how many people who live here **smoke** cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product **inside** this home?

|___|___|
ENTER NUMBER OF PERSONS

REFUSED 777
DON'T KNOW 999

SMQ.480 (Not counting decks, porches, or detached garages) During the past 7 days, that is since last [TODAY'S DAY OF WEEK], on how many days did {anyone who lives here/you}, smoke tobacco **inside** this home?

|___|
ENTER NUMBER OF DAYS FROM 0 TO 7.

REFUSED 77
DON'T KNOW 99

The second question is specific to where the smokers reported in SMQ.460 smoke. For SMQ.470, count only those persons who smoke **inside** the home. This number should be equal to or fewer than the number reported in SMQ.460.

The final question in this section asks for a count of the number of days anyone smoked inside the home. Please record the maximum number of days that any of the smokers smoked inside the home. If the respondent smoked for one day, but his spouse smoked everyday inside the home, then the number of days that ANYONE who lived in the home smoked would be recorded as "7".

CONSUMER BEHAVIOR (CBQ)

The questions in the Consumer Behavior section gather data on respondents' habits regarding purchasing food to eat in, eating out or carry out.

CBQ.071 Q/U	The next questions are about how much money {your family spends/you spend} on food. First I'll ask you about money spent at supermarkets or grocery stores. Then we will talk about money spent at other types of stores. When you answer these questions, please **do not** include money spent on **alcoholic beverages**. During the **past 30 days**, how much money {did your family/did you} spend at **supermarkets** or **grocery stores**? Please include purchases made with food stamps. (You can tell me per week or per month.) INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT. $ |___|___|___|___|___|___|___|___|___| NO MONEY SPENT 0

This is the first question of the series about food expenditures. The information gathered in this series will be used to study how household characteristics such as income, participation in food programs and food choices are related to the amount of money a household spends on food. Information about money spent on food prepared at home and food obtained away from home would be useful to understand differences in diet quality due to differing dining habits.

Note the interviewer instruction to enter zero if the SP said his household spent no money at this type of store in the past 30 days.

CBQ.101	During the **past 30 days**, {did your family/did you} spend money on **food** at stores **other** than grocery stores? Please do not include money that you have already told me about. Here are some examples of stores other than grocery stores where you might buy food. HAND CARD CBQ1 YES ..... 1 NO 2

If the SP reported a store like Costco as a grocery store on the previous question, it is not necessary to return to the previous question to change the answer. However, the interviewer should make sure that the store is not reported on this question again.

CBQ.121 Q/U	During the **past 30 days**, how much money {did your family/did you} spend on **eating out**? Please include money spent in cafeterias at work or at school or on vending machines, **for all family members**. (You can tell me per week or per month.) INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK. INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT. $ |___|___|___|___|___|___|___|___|___|

In this question, eating out means meals **obtained** and **eaten** outside of the home, including lunch bought at work or school cafeterias, Saturday night dinner at the local restaurant, fast food meals eaten while at the shopping mall, or a sandwich grabbed at the vending machine on a long day at work. It's important to make emphasis on "for all family members" so that the SP takes all family members into account when coming up with an amount.

If a respondent insists s/he only knows what s/he spends, code this question as a DON'T KNOW. Do not enter the amount for the SP because then it will be interpreted as the amount for the entire family.

CBQ.131 Q/U	During the **past 30 days**, how much money {did your family/did you} spend on food **carried out** or **delivered**? Please do not include money you have already told me about. (You can tell me per week or per month.) INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK. INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT. $ |___|___|___|___|___|___|___|___|___|

Carried out or delivered in this question means from a food establishment such as a restaurant when you call and order a meal to pick up on the way home or get pizza delivered at home from a pizza place or Chinese delivered at home from a Chinese food restaurant.

The remaining questions identify the adult family member who is responsible for the meal planning and food shopping for the family, and are asked only if the household includes at least one SP between the ages of one and fifteen years old. The family's main meal planner or shopper will be asked to answer the FCBS phone follow-up interview for any child SPs between the ages of one and fifteen in the family.

CBQ.210	Who is the person who does **most** of the planning or preparing of meals in your family? INTERVIEWER INSTRUCTION: SELECT NAME FROM ROSTER SELECT ..... 1 NOT SELECT 2

For the first question, a list of all household members will be displayed and you will select the person identified as responsible for most of the planning and preparing of meals in the SP's family. For this question, and similar questions in this series, you may select only those household members who are 11 years and older. If you attempt to select a child who is 10 years old or younger, you will receive an error message indicating that anyone less than eleven years old cannot be selected.

If a respondent reports that their family does not prepare or cook food at home, for example, the family usually eats restaurant food, probe to understand who makes most of the decisions about how and what the family will eat and select this person from the roster.

If a respondent reports that he or she splits the food planning and preparing about 50/50 with someone else in the household, probe to understand if one person does a little bit more of the food planning and preparing than the other. If the respondent maintains that these responsibilities are shared 50/50, tell the respondent that you can select only one person, and ask which person the respondent prefers to select.

In the rare case that the respondent cannot decide who is responsible for the planning and preparing of meals in the family, enter F5 for "don't know" for each person listed on the household roster. If all listed household members are coded "Not Selected" or "Don't Know," you will receive a soft edit message asking you to verify the response for each household member. In most cases, we expect that the respondent will be able to identify the household's main meal planner.

CBQ.220	{Do you/Does he/she} share in the planning or preparing of meals with someone else?	
	YES	1
	NO	2 (CBQ.240)
CBQ.230	Who is the person who shares in the planning or preparing of meals with {you/him/her}?	
	SELECT	1
	NOT SELECT	2

Next, the respondent will be asked if the person selected for CBQ.210 shares the meal planning or preparing with someone else. If so, the respondent will be asked CBQ.230 to identify the person who shares in the planning or preparing of meals.

Then, a similar series of questions will be asked to identify the person who does most of the shopping for food in the SP's family and, if applicable, the person who shares in the food shopping.

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, you will ask the respondent to identify those family members.

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.020 The next questions are about {your/your combined family} income. When answering these questions, please remember that by {"income/combined family income"}, I mean {your income/your income **plus** the income of {NAMES OF OTHER **NHANES** FAMILY MEMBERS} for {LAST CALENDAR YEAR}. Did {you/you and OTHER NHANES FAMILY MEMBERS 16+} receive income in {LAST CALENDAR YEAR} from **wages and salaries**?

[Did {you/you or OTHER FAMILY MEMBERS 16+} get paid for work in {LAST CALENDAR YEAR}.]

YES 1
NO 2

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 income** for {you/NAME(S) OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} in {LAST CALENDAR YEAR}, 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? CAPI INSTRUCTIONS: ■ DISPLAY "YOU" IF ONLY 1 PERSON IN THE FAMILY. ■ DISPLAY "NAMES OF FIRST/NEXT FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY. $ _____

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 in the household to complete the family questionnaire, this question is also asked for the **whole** household, regardless of relationships.

Notice that the question asks about the last calendar year, so in 2017, the question will be asking about income during 2016.

INQ.235	What is the total income received last month, {LAST CALENDAR MONTH & CURRENT CALENDAR YEAR} by {you/NAMES OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS}} before taxes? [Please include income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth.] [INTERVIEWER INSTRUCTION: IF SP DOES NOT KNOW INCOME OF OTHER FAMILY MEMBERS, ENTER DON'T KNOW.] $ |___|___|___|___|___|___|___|___|___|

Family income in the last month will be useful for assessing current eligibility for food assistance programs. Many food assistance programs often use monthly income rather than annual income when assessing eligibility. Also, a person's economic status may have changed between last month and the

last calendar year. As with the yearly income question, if the respondent refuses, there are follow up questions to obtain a range of income.

INQ.300	Do {you/NAMES OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} have more than $20,000 in savings at this time? Please include money in all types of accounts {you/your family} may have. Here are some examples of the types of accounts. HAND CARD INQ3 YES ..... 1 NO 2

INQ.310	Which letter on this card best represents the total savings or cash assets at this time for {you/NAMES OF OTHER FAMILY/your family}? HAND CARD INQ4 |___| ENTER LETTER A: $0 - $3,000 B: $3,001 - $5,000 C: $5,001 - $10,000 D: $10,001 - $15,000 E: $15,001 - $20,000

These questions help to better identify the monetary assets of families, in particular, how having monetary assets relates to a family's health. Together with the income question, these questions allow analysts to study the dietary choices a family makes in light of information about their income and savings.

INQ.320 Now I will ask you a question about how your household usually travels to the store for your grocery shopping.

Please look at this card. How do {you/you or anyone who lives in the household} **usually** get to the store (or stores) where you do **most** of your grocery shopping?

HAND CARD INQ5

INTERVIEWER INSTRUCTION:
1. IF THE RESPONDENT CANNOT DECIDE ON ONE SINGLE ANSWER, PROBE FOR THE "**USUAL/MOST COMMON**" WAY.
2. SELECT "NO USUAL MODE OF TRAVELING TO STORE" ONLY WHEN THE RESPONDENT CANNOT REPORT A SINGLE USUAL MODE FOR THE QUESTION.
3. IF THE RESPONDENT USES DIFFERENT MODES FOR GETTING TO AND RETURNING FROM STORE, ENTER THE MODE OF "GETTING TO" THE STORE.

IN MY CAR	1
IN A CAR THAT BELONGS TO SOMEONE I LIVE WITH	2
IN A CAR THAT BELONGS TO SOMEONE WHO LIVES ELSEWHERE	3
WALK	4
RIDE BICYCLE	5
BUS, SUBWAY OR OTHER PUBLIC TRANSIT	6
TAXI OR OTHER PAID DRIVER	7
SOMEONE ELSE DELIVERS GROCERIES	8
OTHER	9
NO USUAL MODE OF TRAVELING TO STORE	66

This question assesses whether a household has access to a vehicle for food shopping. Limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food may make it harder for some Americans to eat a healthy diet. One key indicator of food store access is whether or not the household has a vehicle that can be used to access stores. This question will be used to further understand how food store access and the food environment affect dietary and healthy outcomes.

FOOD SECURITY (FSQ)

The food security section addresses food availability and food sufficiency in the household, including receiving WIC and SNAP, or Food Stamps, benefits. Some questions are directed toward the household in general, and some questions are directed only toward households with children.

FSQ.760	Next are a few questions about the WIC program, that is, the Women, Infants and Children program Did {you/you or anyone who lives here} receive WIC benefits in the **past 30 days**? {Here is the list of children 5 years and younger and women ages 12 to 59 years who live here, let me read it to you.} YES ..... 1 NO 2
FSQ.770	Who in the household has received WIC benefits in the past 30 days? **PROBE:** Anyone else? SELECT..... 1 NOT SELECT 2
FSQ.162	In the **last 12 months**, did {you/you or any member of your household} receive benefits from the WIC program? YES ..... 1 NO 2

FSQ.760, FSQ.770, and FSQ.162 are about the Women, Infants, and Children program and are only asked for households with a child 5 years and younger and/or a woman between the ages of 12 and 59. If the respondent answers "Yes" to FSQ.760, s/he must then identify which member(s) of the household is receiving WIC. If the respondent answers "No" to FSQ.760, s/he is asked FSQ.162.

FSQ.755 The next questions are about SNAP, the Supplemental Nutrition Assistance Program, also known as the Food Stamp Program. SNAP benefits are provided on a food stamp benefit card {called the {DISPLAY STATE NAME FOR EBT CARD} card in STATE}/or EBT card}.

Do {you/you or anyone in your household} **currently** get SNAP or Food Stamps? This includes any SNAP benefits or Food Stamps, even if the amount is small and even if the benefits are received on behalf of children in the household.

YES 1
NO 2

FSQ.790 Who in the household is currently on the {DISPLAY STATE NAME FOR EBT CARD} card}/or EBT card} to get Food Stamps? Here is the list of people who live here, let me read it to you.
PROBE: Is anyone else on the card?

SELECT..... 1
NOT SELECT 2

These questions are part of a series about current participation in SNAP, the Supplemental Nutrition Assistance Program. If the respondent reports someone in household currently receiving SNAP, s/he is asked to specify who is receiving SNAP. Note that all Food Stamps benefits are put on an electronic benefits transfer, or EBT, card. CAPI has a list of the names of the cards in each state, so the computer will fill in the correct card name.

FSQ.805 Are {you and NAME(S) OF ALL HH MEMBER WITH "SELECTED" IN FSQ.790/ NAME(S) OF ALL HH MEMBER WITH "SELECTED" IN FSQ.790} getting Food Stamps on the same {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

YES 1
NO 2

FSQ.825 Among {you and NAME(S) OF ALL HH MEMBER WITH "SELECTED" IN FSQ.790/ NAME(S) OF ALL HH MEMBER WITH "SELECT" IN FSQ.790}, how many {DISPLAY STATE NAME FOR EBT CARD} /EBT} cards are there?

|___|___|
NUMBER OF CARDS

FSQ.835 Can you tell me who is on card {#}?

FSQ.805 and FSQ.825 are used to determine how many EBT cards there are in a household with members currently receiving SNAP. If the number of cards entered in FSQ.825 does not match the number of household members currently participating in SNAP, FSQ.835 will appear with a grid to identify which person(s) is on which card(s).

FSQ.855	Have {you/you or NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN FSQ.790/ NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN FSQ.790} recently been notified that {you/you or she, you or he, you or they/he, she, they} will start to get Food Stamps later this month or next month? YES ..... 1 NO 2
FSQ.860 FSQ.861 FSQ.862	On what date {do you/ do you, NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN FSQ.790/ does {/NAME(S) OF HH MEMBERS WHO ARE NOT THE RESPONDENT AND WITH "NOT SELECTED (CODE "2")" IN FSQ.790}} think {you/you or she, you or he, you or they/he, she, they} will start getting Food Stamps? INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE. IF THERE ARE MULTIPLE ANTICIPATED STARTING DATES, ENTER THE ONE CLOSEST TO THE CURRENT DATE. |___|___| - |___|___| - |___|___|___|___| MONTH DAY YEAR
FSQ.865	What amount in Food Stamps {do you/do you or she, do you or he, do you or they/does he, does she/do they} expect to get at that time? |___|___|___|___| ENTER DOLLAR AMOUNT

These questions are part of a series about future participation in SNAP. Some households might not be receiving SNAP at the time of questionnaire, but will be by the time of the dietary recall and medical exams, which provide key outcomes of interest for SNAP research that are unique to the NHANES. As a result, these questions asking respondents if they anticipate receiving SNAP benefits within the next month (i.e., the household has applied, has been notified/approved, and is waiting for benefits) will help collect information to fill this gap.

FSQ.870 In the **last 12 months**, did {you/you or NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN FSQ.790/ NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN FSQ.790} get Food Stamps, even if only for one month? This includes any SNAP benefits or Food Stamps received in the past year, even if the amount was small or if they were received on behalf of children in the household.

YES 1
NO 2

FSQ.870 is part of a series of questions about past 12 months participation in SNAP. This series is asked for any household members who were not reported as currently receiving SNAP earlier in the questionnaire. Similar to the current participation questions, respondents are asked to select which household member(s) received SNAP in the last 12 months as well as specify the number of cards in the household and which household member(s) is on which card(s).

FSQ.945 Have/Has {you/you or NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN BOTH FSQ.790 AND FSQ.880/NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN BOTH FSQ.790 AND FSQ.880} **ever** gotten Food Stamps?

YES 1
NO 2

FSQ.955 Among {you and NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN BOTH FSQ.790 AND FSQ.880/NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN BOTH FSQ.790 AND FSQ.880}, who has **ever** gotten Food Stamps?

PROBE: Anyone else?

INTERVIEWER INSTRUCTION:
READ NAMES OF ALL HOUSEHOLD MEMBERS WITH "NOT SELECTED (CODE "2")" IN BOTH FSQ.790 AND FSQ.880 TO THE RESPONDENT
SELECT NAME(S) FROM ROSTER

SELECT..... 1
NOT SELECT 2

FSQ.945 and FSQ.955 appear for any household members who were not selected as currently receiving SNAP or receiving SNAP in the last 12 months.

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 with the potential to be the baseline for a future longitudinal study of the U.S. population. All identified SPs can 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 information that is as complete and accurate 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).

International references can only be entered if the SP has absolutely no contacts in the United States. Enter international references by including both the city name and country in the City field and putting Don't Know in the State field.

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. Active duty does **not** include training for the Reserves or National Guard, but **does** include activation, for example, for service in the U.S. or in a foreign country in support of military or humanitarian operations.

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 condition in which a person's blood has a lower than normal number of red blood cells (RBCs).

Angina (Angina Pectoris): Angina is chest pain or discomfort that occurs when the heart does not get enough blood.

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: Is a disease that causes pain, swelling or stiffness in joints, for example the hand, the knee, or neck. Common kinds of arthritis are osteoarthritis and rheumatoid arthritis.

Assisted Listening Devices: Any device used to help improve hearing. Some examples include:

- FM system, which provides direct input to your hearing aid or another earpiece.
- Closed-captioned television, which displays the audio portion of a television program as text on the TV screen.
- Instant or text messages, when used because {you have/SP has} difficulty hearing on the telephone.
- Live video streaming, for example, video on computers or phones using sign language or other means to communicate. Amplified telephone, which improves telephone communication through amplified volume, loud ringers, light signalers, voice enhancers, etc.
- Relay services, in which a third party transmits messages between {you/SP} and another person.
- Sign language interpreter, translate from spoken to signed language.

Asthma: Is a disease of the airways that carry air in and out of your lungs. It causes wheezing or whistling sounds when you breathe and can make you short of breath.

Attack: Occurrence of a symptom where there is an identifiable beginning and end point. For asthma, when your asthma symptoms become worse than usual it is called an asthma episode or attack.

Aunt: The sister of a person's mother or father.

Authorized Person: The person whose name appears on a certification card.

Bachelor's Degree: An educational degree given by a college or university to a person who has completed a 4-year course or its equivalent in the humanities or related studies (B.A.) or in the sciences (B.S.).

Bed: Anything used for lying down or sleeping, including a sofa, cot, or mattress.

Bedroom: A bedroom is the room in which person(s) sleeps (i.e., there is usually a bed present in the room) on most nights. NOTE: Rooms that are designed as bedrooms when constructed, but are now being used for another purpose, e.g., as a guestroom, office, playroom, sewing room or storage room, are **not** included as bedrooms. Treat these rooms as the room type for which they are being used.

Benign: A cancer (growth) that does not spread to the rest of the body. Not recurrent or progressive. The opposite of malignant.

Biological Mother: The person who gave birth to the child.

Biological or Blood Relative: Relatives related by blood. Biological relatives do not include "step" or "foster" relatives or persons related by marriage or adoption.

Blind: Refers to persons who cannot see at all or who only have light perception. It also includes persons who are considered legally blind. Legal blindness is defined as visual acuity of 20/200 or less in the better eye (with the best possible correction) or as a visual field of 20 degrees or less.

Borderline Diabetes (Impaired Glucose Tolerance, Impaired Fasting Glucose, Prediabetes): Conditions that occur when blood sugar (glucose) levels are higher than normal but not high enough to be diabetes.

Breastfed: To feed (a baby) mother's milk from the breast. Breastfeeding includes feeding from the biological mother and also by a wet nurse (someone other than the biological mother who feeds the child). The term also includes feeding mother's milk through a bottle.

Bronchitis: A condition affecting the respiratory system. An inflammation of the bronchial (breathing) tubes, generally accompanied by coughing, chest pain, or shortness of breath.

Brother: Includes biological, adoptive, step, foster and half brothers, and brothers-in-law. A brother is one's male sibling who shares both of the same biological or adoptive parents. A stepbrother is one's stepparent's son by a previous relationship. A half brother is one's male sibling who shares one of the same biological or adoptive parents. A brother-in-law is one's sister's husband. A foster brother is the foster son of one or both of one's parents or the son of one's foster parent(s).

Brother-in-Law: The husband of a person's sister or the brother of a person's spouse.

Business: A business exists when one or more of the following conditions are met:

1. Machinery or equipment of substantial value is used in conducting the business;

2. An office, store, or other place of business is maintained; or

3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:

- Sewing performed in the sewer's house using his/her own equipment.

- Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

- Yard sales; the sale of personal property is not a business or work.

- Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.

- Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

Cancer: Is an abnormal growth that can spread to other parts of the body. This causes damage and even death. Most cancers are named for where they start: for example lung cancer or breast cancer. A cancer is also called a "malignancy" or a "malignant tumor."

Celiac Disease: Is a disease where your bowels and stomach can't tolerate Gluten. Gluten is a protein found in wheat, rye, and barley flour. When people with this disease eat bread products, it makes them sick.

CHAMPUS/TRICARE/CHAMP-VA: CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. TRICARE is the "managed care" version of CHAMPUS. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

Child: Male or female child through birth or adoption, regardless of age. Also include stepchildren, foster children and sons/daughters-in-law. Do not include an unmarried partner's children. A stepchild is one's spouse's male or female child by a previous relationship. A foster child is not one's biological child, but lives with one's family as one's son or daughter. A son/daughter-in-law is the spouse of one's child.

Child of Partner: Any son or daughter of a person's unmarried partner that is not the person's biological child.

Child Support: Money received from parents for the support of their children. In some cases, child support payments may be delivered to recipients by a government office, court office, or welfare agency.

CHIP (Children's Health Insurance Program, also called SCHIP): A joint federal and state program, administered by each state, that offers health care coverage to low-income, uninsured children. This law was passed in 1997. In some states, CHIP programs have distinct names.

Cholesterol: Cholesterol is a type of fat in the bloodstream and is measured with a blood test, usually done in the morning before you've eaten. High levels of cholesterol are a major risk factor for heart disease, which leads to heart attack.

Chronic Bronchitis: Is a long lasting breathing problem where you constantly cough up phlegm. Often there is a daily cough with phlegm for several months at a time for two or more years and you are short of breath. It is often due to smoking.

Cigar: For tax purposes, a cigar is defined as: Any roll of tobacco wrapped in leaf tobacco or in any substance containing tobacco.

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.

Cochlear Implant: A cochlear implant is an electrical device that a surgeon puts in your ear. It helps you hear by sending sounds directly to the brain. It is used only when you are almost totally deaf.

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.

Community Kitchen: A place you went to eat because you didn't have money for food. Do not include a place you went to for social reasons, such as, as senior center or a place you went to for shelter because of something like a hurricane or flood.

Condition: Respondent's perception of a departure from physical or mental well-being. Any response describing a health problem of any kind.

Confidentiality and Public Reporting Burden Statement:
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 2002 (CIPSEA, Title 5 of Public Law 107-347). 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, NCHS complies with the Federal Cybersecurity Act of 2015 (6 U.S.C. §§ 151 & 151 note). This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. If information sent through government networks triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf of, the government.

Public reporting burden for this collection of information is estimated to average 6.7 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-74, Atlanta, GA 30333, ATTN: PRA (0920-0950).

Congestive Heart Failure: Is when the heart can't pump enough blood to the body. Blood and fluid "back up" into the lungs, which makes you short of breath. Heart failure causes fluid buildup in and swelling of the feet, legs and ankles. Do <u>not</u> count heart murmurs, irregular heartbeats, chest pain or heart attacks.

Contact Lenses: A curved shell of glass or plastic worn directly against the eye to correct vision problems.

Coronary Heart Disease: Is when the blood vessels that bring blood to the heart muscle become narrow and hardened due to plaque (plak). Plaque buildup is called atherosclerosis (ATH-er-o-skler-O-sis).

Blocked blood vessels to the heart can cause chest pain or a heart attack. If the respondent reports chest pain, probe if a doctor told them that they had blocked blood vessels or coronary heart disease.

COPD: Abbreviation for "Chronic Obstructive Pulmonary Disease." It includes both Emphysema and Chronic Bronchitis. It is a lung problem where you have trouble getting air in and out of your lungs. You may have constant cough and phlegm.

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: Deaf means that you can't hear in both ears **without** the use of hearing aids or other devices to help you hear. If you can hear in one ear, you are not deaf.

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 Cleaning: 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.

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.

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 <u>not</u> include gestational diabetes or diabetes that was only present during pregnancy. Also, do <u>not</u> include self-diagnosed diabetes, pre-diabetes or high sugar.

Diabetes Nurse Educator: A diabetes nurse educator is a nurse who teaches people with diabetes and who is knowledgeable about the day-to-day aspects of diabetes self-care, such as, use of diabetes medications, checking and controlling blood glucose levels, managing weight through diet and physical activity, and maintaining a healthy pregnancy if diabetes is present.

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used <u>in addition</u> to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, 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 <u>not</u> include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered <u>foods</u>, 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.

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: Is disease where the tiny air sacs in the lungs become damaged so less air goes in and out. As a result, the body does not get the oxygen it needs. Emphysema makes it hard to catch your breath. It is often due to smoking.

Episode: Occurrence of a symptom where there is an identifiable beginning and end point. When your asthma symptoms become worse than usual it is called an asthma episode or attack.

Eye Doctor: A person who specializes in the study of the eye. Also known as an ophthalmologist, a physician who specializes in the structure, function and diseases of the eye. An optometrist specializes in examining the eye for defects and faults of refraction and prescribing correctional lenses, glasses or eye exercises.

Fall From Standing Height or Less: Additional examples include tripped, slipped, leg gave away, was dizzy, fell bending over or fell out of a chair.

Family: One or more people within a household related to each other by blood, marriage, or adoption constitute a family. Some examples of families include: 1) a single individual living alone (single person family), 2) a family comprised of the reference person, the reference person's spouse and their two children; 3) unmarried partners living together with their biological child; 4) two married adults and their adopted child; and 5) a married couple, their son, daughter-in-law and grandchild. Additional persons living in the household who are related to each other, but not to the reference person, are considered to be separate families. For example, a lodger and his/her family, or a household employee such as a nanny and his/her spouse. Therefore, more than one family may live in a single household.

Family Income: Family income includes wages, salaries, rents from property, interest, dividends, profits and fees from family-owned businesses, pensions, and help from relatives. Family income data are used to compute poverty statistics for the U.S. population.

Father: One's male parent, including biological, adoptive, step, and foster fathers and fathers-in-law. A stepfather is the spouse of one's biological or adoptive mother. A foster father is the father in one's foster family.

Father-in-Law: The father of a person's spouse.

Federal Government: Include individuals working for any branch of the federal government, as well as paid elected officials, civilian employees of the Armed Forces and some members of the National Guard. Include employees of international organizations like the United Nations and employees of foreign governments such as persons employed by the French embassy.

Food Stamps: Government issued coupons or vouchers that can be used to purchase food. They also come in the form of electronic benefit transfers (EBT). The food stamp program is jointly funded by state and federal governments and is administered at the state and local level.

Food Supplement: A beverage, candy bar or pudding that is intended to supply a major part of a person's calorie or nutrient needs and is consumed in place of or along with conventional foods.

Formula: A milk mixture or milk substitute that is fed to babies.

Foster Brother: The foster son of one or both of a person's parents or the son of a person's foster parent(s).

Foster Care Relationship (Foster Child/Foster Parent): A relationship between a substitute family and a minor child who is unable to live with his/her biological parent(s). The minor living in this relationship is considered a "foster child."

Foster Child: A minor who lives with a substitute family because he/she is unable to live with his/her biological parents.

Foster Daughter: An unrelated female child in a person's foster care.

Foster Sister: The foster daughter of one or both of a person's parents or the daughter of a person's foster parent(s).

Foster Son: An unrelated male child in a person's foster care.

Gallstones: Gallstones are hard particles that develop in the gallbladder. The gallbladder is a small, pear-shaped organ located in the upper right abdomen—the area between the chest and hips—below the liver.

GED (General Educational Development): An exam certified equivalent of a high school diploma.

Glasses: Includes prescription eyeglasses as well as nonprescription reading glasses purchased at drug stores or variety stores. **Do <u>not</u> include safety glasses, which are worn for protection only. Do not include non prescription sunglasses or glasses or contact lenses worn for cosmetic purposes.**

Gluten-free diet: A gluten-free diet means not eating foods that contain wheat, rye, and barley.

Going to School: Attending any type of public or private educational establishment both in and out of the regular school system.

Gout: Gout attacks are the sudden onset of pain, redness and swelling in a joint. The big toe is the most common joint attacked, but knee and wrist attacks are also common. Gout is caused by uric acid crystal build up in the body.

Government Assistance for Housing: Federal, state, or local government housing programs for persons with a low income may take many forms. Government housing assistance could be: monetary assistance to help pay rent, a program called "Section 8," direct payments to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

Government Payments (Welfare, Public Assistance, AFDC, Some Other Program): Aid to Families with Dependent Children (AFDC) or Aid for Dependent Children (ADC) are the old welfare program names. AFDC and ADC have been replaced by Temporary Assistance to Needy Families (TANF; pronounced "tan'iff"). TANF is administered by state and local governments. Each TANF program has a unique name depending on the state or local area.

Eligibility for TANF programs varies from state to state, but usually depends on having low-income. Services provided through TANF programs also vary from state to state. Where AFDC primarily provided cash benefits, TANF provides a wide range of services such as job training, child care, and subsidies to employers.

Grandchild: A child of one's daughter or son.

Grandfather: The male parent of one's mother or father.

Grandmother: The female parent of one's mother or father.

Half Brothers: Brothers that have only one biological parent in common.

Half Sisters: Sisters that have only one biological parent in common.

Hard Fall: Examples include falling off a ladder or step stool, down stairs, or being forcibly knocked down by another person or bicycle.

Hat (that shades face, ears and neck): Include any wide-brimmed hat that shades one's face, ears and neck from the sun. Do NOT include visors, baseball caps, or hats that do not shade the ears and neck.

Hay fever: Hay fever is a collection of symptoms in the nose and eyes, caused by particles of plant pollen in the air. This happens in people who are allergic to these substances. The pollens that cause hay fever vary from person to person and from region to region. Hay fever typically occurs in the Spring, Summer, or Fall when plant pollen is in the air. Examples of plants commonly responsible for hay fever include Trees, Grasses, Flowers, and Ragweed.

Head Start Programs: Programs that are designed to provide services for children living in families with incomes below poverty. These services may include but are not limited to: medical, dental, social, and educational services. If a child who is eligible for these services has "special needs" or "disabilities," the child may receive both Head Start and Early Intervention Services or Special Education Services. Although many children begin Head Start at age three or four, in some areas Early Head Start begins with prenatal and infant care.

Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do <u>not</u> include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturapaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Health Center: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals that is not located at a hospital.

Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.

Health Problem: Respondent defined, should be limited to chronic conditions.

Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

Hearing Protection Device: A device such as an earplug or earmuff designed to protect you from noise that is so loud that it might damage your hearing.

Heart Attack (Myocardial Infarction): A heart attack happens when there is narrowing of a blood vessel that supplies the heart. A blood clot can form and suddenly cut off the blood supply to the heart muscle. This damage causes crushing chest pain that may also be felt in the arms or neck. There can also be nausea, sweating, or shortness of breath.

Hepatitis: An inflammation of the liver which may be caused by drugs, alcohol use, and certain medical conditions or by a virus. When hepatitis is caused by a virus, it is called viral hepatitis with the most common being hepatitis A, B, and C.

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/Latino/Spanish: Spanish, Hispanic or Latino people may be of any race. Listed below are Hispanic or Latino categories/countries.

Mexican
Puerto Rican
Cuban
Dominican Republic
Central American:
- Costa Rican
- Guatemalan
- Honduran
- Nicaraguan
- Panamanian
- Salvadoran
- Other Central American

South American:
- Argentinean
- Bolivian
- Chilean
- Colombian
- Ecuadorian

Paraguayan
Peruvian
Uruguayan
Venezuelan
Other South American

Other Hispanic or Latino:

Filipino
Spaniard
Spanish
Spanish American
Hispano/Hispana
Hispanic/Latino
Other Hispanic/Latino
Chicana/Chicano

Hispanic Names: Some conventions for recording Hispanic names:

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

   Place the first last name, with hyphen (e.g., Sanchez-), in the first "Last Name" field and the second last name (e.g., Gomez) in the second "Last Name" field.

2. Father's last name followed by mother's maiden name with no hyphen (e.g., Sanchez Gomez).

   Place the first last name (e.g., Sanchez) in the first "Last Name" field and the second last name (e.g., Gomez) in the second "Last Name" field.

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

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

   In the case of two last names separated by "del", "de" or "de la", place the first last name (e.g., Vacario) in the first "Last Name" field and the second last name, with the "del", "de" or "de la" (e.g., de Sanchez) in the second "Last Name" field. In the case of one last name with "del", "de" or "de la" in it (e.g., de la Puente), place all parts of the last name in the first "Last Name" field. Remember to leave appropriate spacing between name parts.

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

   In some cases a woman may have a middle name (e.g., Maria del Carmen Sanchez, Maria de la Concepcion Sanchez) that is preceded by "del", "de" or "de la". In these cases, place the full middle name (e.g., del Carmen) in the first "Middle Name" field. When you are uncertain about the correct recording of such names, probe to determine whether to record a name as a middle or last name. Space names appropriately.

5. In a few cases female respondents will use their father's, mother's and husband's surnames (e.g., Maria Luisa Gonzales-Rodriquez de Martinez).

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

HMO (Health Maintenance Organization): A health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis. There are three basic types of HMOs:

1. A group or staff HMO delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO.

2. An Individual Practice Association (IPA) makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices.

3. A network HMO contracts with two or more group practices to provide health services.

HMOs and IPAs require plan members to use only those doctors who work for or in association with the plan. Sometimes members may choose to go to doctors not associated with the plan, but usually at greater cost to the member. Generally, members do not have to submit claims for costs of medical care services. Visits to specialists usually require a referral or authorization from the member's primary care physician.

HMO Clinic: A medical facility sponsored by an HMO that typically includes a group of doctors on staff.

Hospital: A health care organization that has a governing body, an organized medical staff and professional staff, and inpatient facilities. Hospitals provide medical, nursing, and related services for ill and injured patients 24 hours per day, 7 days per week.

Hospital Outpatient Department: A unit of a hospital providing health and medical services to individuals who receive services from the hospital but do not require hospitalization overnight, such as outpatient surgery centers. Examples of outpatient departments include the following:

- Well-baby clinics/pediatric OPD;
- Obesity clinics;
- Eye, ear, nose, and throat clinics;
- Cardiology clinic;
- Internal medicine department;
- Family planning clinics;
- Alcohol and drug abuse clinics;
- Physical therapy clinics; and
- Radiation therapy clinics.

Hospital outpatient departments may also provide general primary care.

Hot Cocoa: Only include hot cocoa that was made by adding milk. Do not include hot cocoa that was made by adding water, even if the hot cocoa was supposed to be made with water instead of milk.

Hours Spent Away from Home: This is the time that a child spends out of the dwelling unit (e.g., house, apartment, mobile home) where he/she resides. During these hours the child may be at a child care center, preschool, or somewhere else and may or may not be with a parent.

Hours Worked Last Week: The number of hours actually worked last week. Hours worked will include overtime if the person worked overtime last week. The actual hours worked is often not the same as the hours on which the person's salary is based. We want the actual hours spent working on the job, whether the hours were paid or not. However, unpaid hours spent traveling to and from work are not included in hours worked last week.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

Household Member: Consider the following two categories of persons in a housing unit as members of the household.

- Persons, whether present or temporarily absent, whose usual place of residence at the time of the interview is the housing unit.

- Persons staying in the sample unit who have no usual place of residence elsewhere. Usual place of residence is the place where a person lives or sleeps the majority of the time. A usual place of residence must be specific living quarters held by the person to which he/she is free to return at any time. Living quarters which a person rents or lends to someone else cannot be considered his/her usual place of residence during the time these quarters are occupied by someone else. Also, vacant living quarters which a person offers for rent or sale during his/her absence should not be considered his/her usual place of residence while he/she is away.

Housemate/Roommate: Unrelated persons of either sex who share living quarters primarily to share expenses or reduce costs.

Hypertension (High Blood Pressure): A repeatedly increased blood pressure with the first number 140 or higher and the second number 90 or higher.

Impaired Fasting Glucose (Impaired Glucose Tolerance, Prediabetes, Borderline Diabetes): A condition that occurs when blood sugar (glucose) levels are higher than normal, but not high enough to be diabetes.

Impaired Glucose Tolerance (Impaired Fasting Glucose, Prediabetes, Borderline Diabetes): A condition that occurs when blood sugar (glucose) levels are higher than normal but not high enough to be diabetes.

Impairment: An objective assessment of anatomical, physiological or mental losses "as a result of injuries, health conditions or birth defects". Impairments may or may not interfere with physical or mental

functioning. Examples include missing limbs, digits or other body parts; partial paralysis from an early case of polio, accident or war wound; stiff joints, deformed fingers or other physical evidence of arthritis; and vision or hearing loss.

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 hormone produced by the body that can be given as a medication to treat diabetes. Typically, insulin is administered with a syringe by the patient to control blood sugar.

Intellectual Disability (previously called Mental Retardation): Someone who is intellectually disabled is significantly below average in intellectual functioning and has problems in adaptive behavior.

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.

Jaundice: Jaundice is not a disease but a sign that can occur in many different diseases. Jaundice is the yellowish staining of the skin and whites of the eyes that is caused by high levels in blood of a chemical bilirubin.

Job: Work (Working) for pay, tips or in exchange for meals, living quarters, or supplies provided in place of pay.

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?).

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.

Liver Condition: The liver is located under your rib cage on your right side. The liver helps your body digest food, store energy, and remove poisons. Liver conditions include viral diseases, autoimmune diseases, liver cancer, and liver disease from medications, poisons or drinking too much alcohol. If the liver forms scar tissue because of an illness, it's called fibrosis or cirrhosis.

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 a cancer. (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 Center for Medicare and Medicaid Services 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.

Migraines: A condition affecting the nervous system. Severe attacks of headache, frequently unilateral (one side of the head), usually accompanied by disordered vision and gastrointestinal disturbance.

Military Health Care/VA: Refers to health care available to active duty personnel and their dependents, in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

Mother: One's female parent, including biological, adoptive, step and foster mothers and mothers-in-law. A stepmother is the spouse of one's biological or adoptive father. A foster mother is the mother in one's foster family.

Mother-in-Law: The mother of a person's spouse.

Names: Enter the SP's full legal name, including middle name(s). Do not assume that members of the same family have the same last name. If 2 people in the household have the same first, middle and last names, they must be further identified by recording "Jr", Sr", etc. in the "Suffix" field. Do not enter a suffix in the "Last Name" field. Do not record parts of the last name in the "Middle Name" field.

Some people have hyphenated last names (e.g., Sperry-Hendricks). Record the first part of the last name, with hyphen (e.g., Sperry-), in the first "Last Name" field and the second part of the last name (e.g., Hendricks) in the second "Last Name" field. Some last names have "of" in them (e.g., Van in Van Gogh, D' in D'Amico). Record both parts of these last names in the first "Last Name" field.

Verify the spelling of all parts of the name. If unsure how to enter a name, ask the Respondent how it should be recorded.

Naturalization: The process of granting full citizenship to a person of foreign birth.

Nephew: The son of a person's brother or sister.

Never Married: A person who has never been legally married or whose only marriage(s) has(have) been legally annulled. (For an annulment to be legal, it must have been granted by the court, not through a religious decree.) If the person has had informal unions in the past but has never had a legal marriage, he/she is never married even if he/she considered his/herself as living with someone as married.

Niece: The daughter of a person's brother or sister.

Non-Relative: Refers to the relationship between two people when there is no family relationship through blood, marriage, adoption, fostership or partnership (i.e., living together as married). Also refers to more ambiguous relationships. For example, a man and woman live together as married and the woman's sister lives with them. The relationship of the sister to the male partner would be sister-in-law if they were married, but since they are not married, she is "non-related."

Number of Rooms in House: Do not count bathrooms, laundry rooms, or unfinished basements.

Occupational/Technical/Vocational Programs: Includes secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered and other trade and business schools outside the regular school system.

On Layoff: Is when a person is waiting to be called back to a job from which they were temporarily laid-off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his or her place of employment as being in layoff.

On Leave: An uncompensated leave of absence from a job. The absence must be at least 1 week or longer. Count this response as "with a job but not at work".

Ophthalmologist: A physician who specializes in the structure, function and diseases of the eye.

Optometrist: A person who has a Doctor of Optometry degree. Optometrists specialize in examining the eye for defects and faults of refraction and prescribing correctional lenses (glasses) or eye exercises.

Osteoarthritis: Is the most common kind of arthritis older persons. It is also called degenerative joint disease. Most often, it affects the knees, the hips, the hands, the feet, and the spine. There is usually bony joint enlargement. There can be joint deformity or pain..

Osteoporosis: A disease in which bones become less dense, which makes them more fragile and likely to break. In fact, many people don't know they have osteoporosis unless a bone breaks. A doctor may tell you that you have osteoporosis after you have had a broken bone or a bone density test.

Other Government Program: A catch-all category for any public program providing health care coverage other than those programs in specific categories.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturapaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Other Listening Devices: Other listening devices are any device you use to help you hear. They are also called assistive listening devices. These are:

A pocket talker
An amplified telephone
An amplified or vibrating alarm clock
A light signaler for your doorbell
A TV headset
Closed-captioned TV
TTY (teletypewriter)
TDD (telecommunications device for the deaf)
A telephone relay service
A video relay service
A sign language interpreter

Overnight Stay in a Hospital: 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 outpatient clinics or stays for non-medical reasons, such as staying with a family member.

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.

Personal Sound Amplifier: A wearable electronic product that is intended to amplify sounds for people with normal hearing who need a little "boost" in some situations. They are sold direct to the consumer over-the-counter or online, and are not customized for individuals' hearing loss. Although not designed for people with hearing loss, they are frequently used by hearing impaired individuals as a low-cost alternative to hearing aids.

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.

Prediabetes (Impaired Glucose Tolerance, Impaired Fasting Glucose, Borderline Diabetes): A conditions that occurs when blood sugar (glucose) levels are higher than normal but not high enough to be diabetes.

Prehypertension: Having a blood pressure reading of 120 to 139 for the first reading and the second reading of 80 to 89 millimeters.

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 <u>not</u> include:

- Medication administered to the patient <u>during the event</u> in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) <u>unless</u> 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 <u>written</u> 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 <u>any</u> 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.

Psoriasis: Psoriasis is an itchy red skin rash. It has very sore patches of itchy, thickened red skin with white or silvery scales. It is usually on the elbows, knees, scalp, trunk, hands or feet, but it can be anywhere. It sometimes runs in families.

Psoriatic Arthritis: Is arthritis caused by the skin rash Psoriasis. Most often it causes redness and swelling of joints such as the spine, knees, hips and hands.

Psychiatrist: A physician who specializes in dealing with the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders, such as psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions and adjustment reactions.

Psychologist: A non-physician who specializes in the counseling and testing of persons with mental, addictive or emotional disorders.

Public Housing: Count Public Housing and other types of low income housing.

Race: Respondent defined.

Railroad Retirement: U.S. Government Railroad Retirement Benefits are based on a person's long-term employment in the railroad industry.

Reference Person (Householder): The first household member 18 years or older mentioned by the Screener respondent in answer to the question about who owns or rents the dwelling unit.

Related: All common relationships that occur through blood (grandfather, daughter), marriage (wife, stepson), or adoption (adopted son or daughter). Include foster relationships and guardian/ward relationships.

Relative: All common relationships that occur through blood (grandfather, daughter), marriage (wife, stepson), or adoption (adopted son or daughter). Include foster relationships and guardian/ward relationships. Also refers to extended relationships by legal marriage. For example, a man and woman are married. The woman's cousin's husband would also be counted as a "relative" of the man.

Rents or Owns Home: A person rents the home if s/he pays on a continuing basis without gaining any rights to ownership. A person owns the home if even if s/he is still paying on a mortgage.

Restaurant Meals: Include meals that are prepared at the grocery store, such as salad from the salad bar or pre-made deli items like sandwiches, rotisserie chicken, macaroni and cheese, etc. Do not include school lunches, school breakfasts or home-delivered meals for senior citizens.

Retinopathy: Any disorder of the retina (back of inside part of eye).

Retirement Benefits: 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: Causes inflammation, redness and swelling of both hands and knees, but it can affect joints anywhere in the body. You may feel sick and tired, and sometimes there are fevers.

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.

Side Effect: Side Effect: is an unexpected health problem that is caused by a medicine. Some side effects of aspirin are stomach problems, easy bruising or bleeding, runny nose, wheezing and skin rashes.

Single Service Plan (SSP): Health insurance coverage paid for by an individual that provides for only one type of service or treatment for a specific condition. These plans are usually bought to supplement a more comprehensive health insurance plan. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization.

Sister: A sister includes biological, adoptive, step, foster, half sisters and sisters-in-law. A sister is one's female sibling who shares both of the same biological or adoptive parents. A stepsister is one's stepparent's daughter by a previous relationship. A half sister is one's female sibling who shares one of the same biological or adoptive parents. A sister-in-law is one's brother's wife. A foster sister is the foster daughter of one or both of one's parents or the daughter of one's foster parent(s).

Sister-in-Law: The wife of a person's brother or the sister of a person's spouse.

Skin Rash: An eruption or inflammation of the skin that can include hives, bumps, or reddened areas of the skin. Do not include warts or skin tags..

Social Security: Social Security (SS) payments are received by persons who have worked long enough in employment that had SS deductions taken from their salary in order to be entitled to payments.

SS payments may be made to the spouse or dependent children of a covered worker. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.

Social Worker: A person who assists patients and their families in handling social, environmental and emotional problems associated with illness or injury. Can include social work specialists, such as a medical or psychiatric social worker.

Son-in-Law: The husband of a person's daughter.

Special Care Facility: A place within a hospital that offers extra medical care or intervention to an infant after birth because of some medical condition.

Special Consideration Codes for the MEC Appointment:

NB = No Blood	MI = Mental Impairment
CB = Convert Blood	OB = Obese
BL = Blind	OP = Other Physical Impairment
CR = Crutches	SA = Substance Abuse
DF = Deaf	WL = Walker
HI = Hearing Impaired	WC = Wheelchair

Special Education: Teaching designed to meet the needs of a child with special needs and/or disabilities. It is designed for children and youths aged 3 to 21. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

Special Equipment: Any device, tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult "diapers" for incontinence. However, ordinary eyeglasses and hearing aids should not be considered "special equipment." For example: a spoon is not normally considered as "special equipment;" however, a uniquely designed or functioning one used for eating by a person because of physical, mental or emotional problems is considered "special equipment."

SPF (Sun Protection Factor): The number on the label of the sunscreen that tells you how much protection against the sun it has.

Spouse (Husband/Wife): Persons who are legally married or have a common-law marriage.

SSI: Also known as Supplemental Security Income (SSI), this federal program provides monthly cash payments in accordance with uniform, nationwide eligibility requirements to persons who are both needy and aged (65 years or older), blind, or disabled. A person may be eligible for SSI payments even if they

have never worked. SSI is NOT the same as Social Security. A person can get SSI in addition to Social Security. The SSI program is issued by the Social Security Administration. Each state may add to the federal payment from it's own funds. This additional money may be included in the federal payment or it may be received as a separate check. If it is combined with the federal payment, the words "STATE PAYMENT INCLUDED" will appear on the federal check. A few states make SSI payments to individuals who do not receive a federal payment.

State or Federal Government Employees' Health Insurance: Most government employees have a private health insurance plan from their employer or workplace.

State Government: Include individuals working for agencies of state governments, as well as paid state officials, the state police, employees of state universities and colleges, and statewide JTPP administrators.

State-Sponsored Health Plan: Any other health care coverage run by a specific state, including public assistance programs other than "Medicaid" that pay for health care.

Stepbrother: Brothers who have no biological or adoptive parents in common, but whose parents are married to each other.

Stepdaughter: The female child of a person's spouse, who is not the person's biological or adopted child.

Stepfather: Someone who has become a person's father through marriage to the person's biological or adopted mother.

Stepmother: Someone who has become a person's mother through marriage to the person's biological or adopted father.

Stepsister: Sisters who have no biological or adoptive parents in common, but whose parents are married to each other.

Stepson: The male child of a person's spouse, who is not the person's biological or adoptive child.

Stroke: Is when the blood supply to a part of the brain is suddenly cut off by a blood clot or a burst blood vessel in the brain. The part of the brain affected can no longer do its job. There can be numbness or weakness on one side of the body; trouble speaking or understanding speech; loss of eyesight; trouble with walking, dizziness, loss of balance or coordination; or severe headache.

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".

Supplemental Nutrition Assistance Program (SNAP): A government program that offers nutrition assistance to millions of eligible, low income individuals and families.

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.

Thyroid Problem: The thyroid is a gland in the neck that makes thyroid hormone. The thyroid sets your body's energy level: the temperature and heart rate. Thyroid problems include thyroid levels that are too high or too low, an inflamed or enlarged gland, and thyroid lumps or cancer. Include hyperthyroid (overactive thyroid); hypothyroid (underactive thyroid); graves disease (hyperthyroid and/or thyroid eye disease); hashimoto's thyroditis (inflamed thyroid); postpartum thyroiditis (inflamed thyroid that happens after delivery of a baby); goiter (enlarged thyroid); thyroid nodule (lump in thyroid- not cancer); and thyroid cancer.

Tinnitus (tin-uh-tus): is the medical term for ringing, roaring or buzzing in the ears or head.

Traveled Outside of the U.S. or Canada: Do not count stopping at an airport in a country, for example, a layover flight, 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.

Wheezing: To breathe with difficulty, producing a hoarse whistling sound.

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 performe.