



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 introduces you to the National Health and Nutrition Examination Survey (NHANES).

This chapter provides:

- A brief history of the initial health examination surveys conducted by NCHS and the more recent ongoing NHANES conducted from 1971 through to the present;
- The overall goals and brief description of the current NHANES;
- The organization of the field; and
- 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), 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.

NCHS began conducting health surveys in 1960.

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 years. NHES II and NHES III focused on the growth and development of children. The NHES II sample included children aged 6-11 years, while NHES III focused on youths aged 12-17 years. All three surveys had an approximate sample size of 7,500.

In 1970, a new surveillance system was added to the study. 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, 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. Hispanic HANES (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 and Mexican-American persons were oversampled. 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 (aged 1-5 years) and older persons (aged 60+ years) were sampled at a higher rate. NHANES III also placed an additional emphasis on collecting data to assess the effects of environment exposures on 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.

NHANES became a continuous survey in 1999.

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.

Approximately 5,000 people are examined each year by NHANES.

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 nutritional status 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 genetic testing for liver health.

Each year, a nationally representative sample of the civilian, non-institutionalized U.S. population is interviewed and examined. People of all ages are eligible to participate in the study. NHANES data are released in two-year cycles. Data from completed two-year cycles of NHANES are posted on the NHANES website (<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 them.

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 white persons and those of 'other' race/ethnic groups (i.e., multi-racial, Pacific Islanders, Middle Eastern) persons as well as an oversample of Black, Hispanic, and Asian persons. The study design also includes a representative sample of these groups by age, sex, and income level. Older persons, 60 years and older, are also oversampled.

Selected persons are invited to take part in the survey by being interviewed in their homes.

Household interview data are 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).

The MEC is composed of four trailers, and it 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, bone density scans, and other health measurements and interviews conducted by highly trained health professionals. The household interviews and MEC exams collect data on the following important health-related areas:

- Heart disease;
- Diabetes;

Participants are asked to complete an in-home survey and participate in a physical examination at the Mobile Examination Center.

- Oral health;
- Infectious diseases and immunization status;
- Obesity, growth and development;
- Bone health;
- Dietary intake and behavior;
- Nutritional status;
- Hearing;
- Physical activity;
- Mental health;
- Environmental exposures;
- Liver health;
- Balance; 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 has consists of three groups of employees: The survey support staff, the interviewers, and the MEC staff.
 - *Field Support Staff*—Each stand is headed by a study manager (SM) and assigned a Site Coordinator (SC) and Facility Equipment Specialist (FES). Survey Support staff (SS) and the Travel Support Team support all active stands.

The Study Manager (SM) is responsible for the overall management of operations at a stand. S/he also has primary responsibility for supervision of the household interviewers (health representatives). Management is conducted remotely. The study manager travels and is present for the opening of a new stand, MEC Dry Run day, and as needed to address issues.

The Site Coordinator is a new position phasing in for 2019 which is a primarily field-based, traveling position that will support staff onsite, working out of a room in stand lodging. This position will coordinate supplies, interpreters, car issues, and hotel issues; will assist with community outreach; and will provide general onsite troubleshooting. Ideally, the Site Coordinator will travel home at the end of each stand for 2-3 weeks and will work remotely to begin outreach and preparations for the next stand.

Survey Support (SS) is a primarily home-based, non-traveling position that supports all stands simultaneously. Survey Support staff perform some or all of the following tasks: scheduling MEC appointments; making reminder calls; monitoring MEC check-in; editing questionnaires; completing validations; assisting with hotel and car logistics; and other support tasks as needed.

- The Travel Support team is responsible for managing hotel reservations and issues with the home office housing coordinator, field staff travel arrangements with the Travel Office, and oversight of the fleet cars.
- *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 are in contact with the study manager. During the course of the study interviewers also interact with the other field supervisor 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 are 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 **list 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; set-up the MEC; assist with community outreach; and
5. Just before data collection begins, a postcard followed by 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 Case Cards and the appropriate Segment Folder. The corresponding cases are loaded onto the tablet;
2. Using addresses on the Case Cards and listing/mapping materials in the Segment Folder, interviewers will **locate these dwelling units (DUs)**;
3. The **DU Observation Module** should be completed on the phone on the first visit by the first interviewer to a dwelling unit, even if s/he is unable to make contact;
4. **If a selected address is not a dwelling unit or is not occupied**, interviewers will record information about the situation in the Electronic Record of Calls (EROC). An EROC entry can be made using mFOS on the phone or as a Tablet Record of Calls (TROC) entry on the tablet;
5. **In an occupied residential dwelling** unit, interviewers will contact an adult (aged 18 years or older) who lives in the selected household and administer the **Screener** on the tablet;

Interviewers use tablets and phones to complete the majority of their interviewing tasks.

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;

6. Interviewers will **complete the Hidden DU check** if prompted by CAPI during the Screener questionnaire. If any are found, the Hidden DU or Hidden Structure Procedures are implemented and appropriate forms completed;
7. If all persons in a household are **ineligible**, no further work is completed. When **eligible** household members are identified, interviewers continue to conduct all the necessary tasks associated with the case;
8. In eligible households, a **signed interview consent form** for the Sample Person Questionnaire and/or the Family questionnaire is obtained electronically (or hardcopy) for each eligible respondent;
9. Next, the appropriate **Sample Person Questionnaire is administered** to eligible respondents or SPs. The questions asked depend on the age of the SP;
10. A **Family questionnaire** is also administered to one adult family member from each eligible family in the household. In most cases, there is only one family in a household;
11. Once the questionnaires are completed, interviewers conduct the MEC Appointment Module also located on the tablet. During this module, interviewers obtain **signed consent electronically (or hardcopy) for each SP for the examination**. If applicable, interviewers also obtain consent for Specimen Storage and Continuing Studies as well as the Authorization for Transportation Arrangements for Person Under 18 Years of Age;
12. Interviewers explain examination instructions, such as fasting, and give each SP a completed appointment slip. The FI then calls Survey Support to schedule MEC appointments for the SPs in the family and/or household while attempting to coordinate appointments that conform to the examination center schedule and are also convenient for the SPs;
13. Finally, interviewers administer the Collect Module on their tablet for each household. This should be completed on the first visit to the household, if possible. During this module, the questionnaire evaluates responses to determine if salt and/or water should be collected from the household. If eligible, salt and/or water is be collected at that time;

Eligible families will be asked to complete the Screener/Relationship, SP, and Family Questionnaires.

14. Interviewers **record the result of each contact or attempted contact** with the household in the EROC located in either the phone mFOS app or TROC in the tablet. Any time interviewers are unable to complete any of the questionnaires or procedures, this is also recorded in detail in the EROC;
15. Interviewers also support the survey by conducting some **field reminders** prior to MEC appointments and assist with **rescheduling broken** (cancelled or no-show) **appointments** for the MEC examinations;
16. When an interview has been completed, interviewers **edit** any completed hardcopy forms before turning them in to the office;
17. Interviewers data transmit remotely each day that they work or before beginning work the next day in order to copy their contact attempt information and completed work to the office system;
18. Interviewers **report to the SM** at the stand office or by telephone for a regularly scheduled conference once a week. During these conferences, interviewers discuss completed cases, discuss problems with incomplete cases, receive new case assignments, and report on time, expenses, and production. While in the field, interviewers are also in regular communication with the SM and survey support team via email, text, and/or phone calls;
19. To insure the accuracy and completeness of the survey, **interviewer work is edited by the supervisor staff, and then validated** by recontacting respondents. A random review of audio-recorded interviews is also conducted by Westat supervisors and NCHS staff. After this review, supervisors provide interviewers with feedback concerning the quality of the work; and
20. At the end of each stand field period, interviewers **return all interviewing materials** to the office.

Interviewers report to the Study Manager once a week but are in regular contact with the survey support team and must transmit their data daily.

2. Field Materials

This chapter provides you with an overview of the field materials you will use in your job as an interviewer. These are discussed in more detail in later chapters.

Field materials discussed here include:

- Reference materials to help you prepare for your job;
- Assignment materials to be used to locate DUs and interview respondents in the field;
- Administrative materials for organization and recordkeeping; and
- Outreach materials to encourage respondent cooperation.

2.1 Reference Materials

These materials are designed both as study guides for new interviewer training sessions and as reference documents for use throughout the field period.

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

The IPM is available electronically on your tablet, allowing you to quickly and easily search for information!

Part I

- **Field Procedures (Chapter 2, 3, 7, 8, 10, 11, 12, 14)**—These chapters provide the specific procedures which must be followed for this survey.
- **Specifications for Household Interviews (Chapter 4, 5, 6, 9, 13)**—These chapters contain instructions and explanations for administering the Sample Person (SP) and Family questionnaires and for collecting Salt and Water samples.
- **Glossary**—Chapter 14 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's help screens.

Part II

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

- **Hand Cards**—This booklet serves as a quick reference for obtaining consent for the household interview and MEC appointment, steps and information for making the MEC appointment, instructions for collecting salt and water samples from households, procedures for using interpreters, tips for entering infant formulas, dietary supplements, and prescriptions in the SP questionnaire, and information for handling prepaid VISA® cards containing respondent incentives.

2.2 Assignment Materials

2.2.1 Receiving and Reviewing Your Assignments

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

- A **Case Card** for each case in your assignment, prefilled with information to identify the location of the dwelling unit to be contacted.
- 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.

When you receive an assignment:

- Check the address on the Case Card 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 Case Card with those listed on your tablet List of Cases to ensure you have the correct number of cases and that all identifying information for each case matches.

If you encounter any discrepancies, notify your supervisor immediately.

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 Case Card. Once a document is used, that document should be kept with the corresponding Case Card. To protect the privacy of respondents, please keep track of all documents that you use and do not leave them unattended in your car.

2.2.2 List of Assignment Materials

The assignment 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:
 - **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.
 - **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.
 - **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.
 - **Listing Sheets**—This is a printout from the electronic listing system that shows addresses of all dwelling units in the segment. It will help you locate the sampled dwelling unit. These sheets also contain information from the listers on inaccessible DUs, such as locked buildings or gated properties.
 - **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.
- **Case Card**—This card contains the following:
 - Case ID (3-digit stand number, 2-digit segment number, 4-digit serial number), used to identify the DU. This ID is referred to as the ‘stand-seg-serial.’
 - Address information to use to locate the DU;
 - An indication to complete the Hidden DU check when appropriate;
 - The DU’s assigned MEC appointment session (morning or afternoon/evening);
 - The line number from the Listing Sheets;
 - The assigned transportation incentive;
 - The subsample to which this DU belongs;
 - Space for the interviewer to indicate the number of families in the household;

Writing information on the Case Card is optional! All information must be recorded electronically.

- Space for the interviewer to document salt and water sample collection;
 - A Contacts box where the interviewer may document contact attempt time windows;
 - The Record of Calls, where the interviewer may choose to record contacts and results of contacts with the household, along with comments and appointment information; and
 - A list of the Result Codes and Refusal Reason Codes used to record the dispositions of the survey modules.
- Never write personally identifying information (PII) on the Case Card.**
- **Hidden Dwelling Unit (DU) Form**—This form provides instructions for completing the Hidden DU procedure. The Case Card and the Screener Interview will instruct you for which cases and when to complete the Hidden DU procedure and form. Keep several blank copies of this form on hand in case you need to use it. Turn completed forms in to the Site Coordinator.
 - **Tablet computer and carrying case**—All of the screening, informed consent and household interviewing will be conducted using a tablet computer. The tablet is also used to enter records of calls and look up case specific information. The case helps you carry your equipment and materials safely.
 - **NHANES phone**—Each field interviewer is provided a Westat-issued smartphone. The mFOS application on your phone allows you to track activities and time spent working cases (myDay), directly input EROC entries (myCases), track appointments (myAppointments), record DU Observations (DU Obs), and view the current MEC appointment calendar at your assigned stand. The mFOS app also includes built-in functions such as maps and directions, a dedicated work phone line, and provides your working location. You can also use your phone to make business calls and text messages, access your NHANES email, and map directions to sampled addresses. A pronunciation app is available to assist with correct pronunciation of terms in the questionnaires. The Westat-issued phone is for business use only; do not download any apps without instruction from your supervisor and/or the home office.
 - **Hand Cards (English and Spanish)**—There are two sets of hand cards: one contains information for your use during the screening interview, and the other contains information you will use during the Sample Person (SP) and Family interview.
 - **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.
 - **MEC Appointment 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 and Brochures (English and Spanish):
 - **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, either electronically or on hard copy, by each eligible respondent to the SP and the Family questionnaire.
 - **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.
 - **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 pockets of the brochures contain the appropriate MEC examination consent or assent forms. The Examination Consent/Assent Brochure also contains the Health Measurements List and the MEC diagram. The Examination Assent brochure also contains the Authorization for Transportation Arrangements for Persons Birth to 17 years of Age. These brochures 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), either electronically or on hard copy, prior to being examined.
 - **Examination Consent/Assent Form**—This form, included with the MEC Consent/Assent Brochure, must be completed, either electronically or on hard copy, at the time of the interview, for all SPs. A signature is required by all SPs 12 and older and a Parent/Guardian signature is also required for all SPs under 18 years of age.
 - **Health Measurements List (Spanish, Chinese Simplified, Chinese Traditional, Korean, and Vietnamese)**—This form must be presented to the SP and/or SP's proxy with the Sample Person MEC Consent/Assent Brochures as part of the informed consent process. This lists the MEC examination components conducted at the stand along with the eligible ages for each component and whether the SP will receive a report of the findings for that component.
 - **MEC Diagram**—A floorplan of the Medical Examination Center trailers. This can be used as part of the examination informed consent process.

- **Examination Assent Form**—This form, included with the MEC Assent Brochure, must be completed and signed, either electronically or on hard copy, at the time of the interview, by all SP’s 7-11 years of age.
- **Authorization for Transportation Arrangements for Persons Birth to 17 Years of Age**—This form, included with the MEC Assent Brochure for children 7-11 years old, must be completed, either electronically or on hard copy, at the time of interview, by a parent or guardian of any SP under 18 who will attend the MEC exam.
- **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. There is one consent/assent form. This form should be signed, either electronically or on hard copy, for each SP receiving an exam.
- **CDC Car Magnet**—This magnet should be placed on the door of the interviewer’s car and is used to identify him/her as a representative of the study.
- **Salt and Water Collection kits**—These kits include the supplies needed to properly collect salt and/or water in each household that is eligible for the collection.

The car magnets help raise awareness of NHANES’ presence in the community, helping to legitimize your household visits!

2.3 Administrative Materials

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 electronic 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.
- **Field Expense Form**—This electronic report is your means of reporting miscellaneous expenses not directly related to your travel. You will submit it to your supervisor on a monthly basis.

2.4 Outreach Materials

These materials are designed to introduce the survey to respondents and to encourage them to participate in the interview and/or exam. The language(s) in which these materials are available is noted below. Note that several of these materials will be redesigned in 2020.

- **Advance Postcard**—This postcard is mailed one week prior to the advance letter, two weeks prior to the start of interviewing. It alerts the household to expect the advance letter containing more information about the study.
- **Advance Letter (English, Arabic, Chinese-Simplified, Chinese-Traditional, French, Haitian-Creole, Korean, Russian, Spanish, Tagalog, and Vietnamese)**—This letter, mailed one week prior to the start of interviewing, 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.
- **An 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.
- **Identification Badge**—The study photo ID verifies that you are a health representative working on the study.
- **Door Card**—This individualized laminated card can be used to introduce yourself to a video doorbell. It includes the study name and brief description, a copy of your ID badge, the name of the client, the NHANES website address, and a request for the respondent to call the project’s 800 number if s/he has questions.
- **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.

- **Confidentiality Flyer (Our Promise To You)**—This letter must be accompanied by the Confidentiality Brochure. It outlines guarantees made by NHANES to the participant including a free exam, payment, free transportation, free report of findings, assurance that the participant’s personal information will not be shared with anyone outside of the study, and assurance his/her participation will not affect benefits such as Medicare, Medicaid, etc.
- **SP Color Brochure: Let’s Improve Our Health (English and Spanish)**—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 Findings Brochure (English and Spanish)**—This brochure highlights some of NHANES most important findings including research on the prevalence of diabetes and hypertension, secondhand smoke exposure, and composition of the U.S. diet.
- **Sample Selection Brochure (English and Spanish)**—This brochure discusses the process by which NHANES selects its participants. It emphasizes why the participation of each person that is selected is critical to the success of the study.
- **Who Uses the Data Flyer**—This flyer lists some of the institutions that use data collected by NHANES as well as the various news agencies that report NHANES data.
- **Who Endorses the Survey Flyer**—This flyer lists some of the institutions and organizations that endorse the survey.
- **NHANES and Your Environment Flyer**—This flyer, currently in development, highlights some of the lab blood and urine tests participants may receive that indirectly measure environmental exposures.
- **Data Uses Flyer (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.
- **Overview Brochure (English)**—This brochure highlights the survey purpose, methodology, and data uses more thoroughly than other brochures available.
- **NHANES Data Briefs 2019**—This colorful brochure displays infographics related to recent NCHS publications based on NHANES data.
- **Outreach Folders**—These colorful two-pocket folders are designed for NHANES and they can be left with eligible households to hold informational materials, consent form copies, etc. at the conclusion of interviews.

- **National Endorsement Letters**—National organizations supply letters in support of the survey and to encourage study participation. The following organizations have provided letters:
 - ACCESS Community Health;
 - American Association for Retired Persons (AARP);
 - American Nurses Association (ANA) (English/Spanish);
 - Arthur Ashe Institute for Urban Health;
 - Center for Medicare and Medicaid Services (CMS) (English/Spanish);
 - Disabled American Veterans (DAV);
 - National Asian Pacific Center on Aging (NAPCA).
 - National Council of La Raza (NCR) (English/Spanish);
 - National Osteoporosis Foundation (NOF);
 - South Asian Public Health Association (SAPHA);
 - Unidos U.S. (previously named La Raza) (English/Spanish); and
 - Young Men’s Christian Association (YMCA).

- **Older American Flyer (English and Spanish)**—This flyer provides seniors with information about elderly health issues that NHANES addresses, lists participation facts and benefits, and includes several endorsements from organizations and agencies that support and advocate for older Americans.

- **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.

- **Asian Family Health Flyer**—This flyer provides Asian-Americans with information about the benefits of participation in NHANES.

- **Hispanic-American Flyer (English and Spanish)**—This flyer provides Hispanic and Latino Americans with information about benefits of their participation in NHANES.

- **Growth Charts (English and Spanish)**—These are the growth charts used by pediatricians. They were created using NHANES data. They include height and weight percentiles for males and females birth to 20 years of age.
- **Community Service Letter**—An example of a letter that all participants receive when they complete the MEC exam documenting participation for 5 volunteer service hours.
- **School Excuse Letter**—This letter, upon request, will be prepared by your supervisor and the home office. It can be presented to the SP's school, explaining the nature of the survey and the need to examine the SP.
- **Work Excuse Letter**—This letter, upon request, will be prepared by your supervisor and the home office. It can be presented to an SP's employer, explaining the nature of the survey and the need to examine the SP.
- **Nonresponse Letters (English and Spanish)**—Interviewers may request one of nine different letters, which address different concerns by different types of respondents, to be sent to a household that has expressed reluctance to participate. Nonresponse letters are requested by your supervisor and sent from the home office.
- **Laboratory Blood Tests Flyer (English and Spanish)**—A double-sided flyer briefly describing laboratory exams run on the blood samples obtained during the exam.
- **Lab Tests Value Flyer (English, Spanish, Chinese-Simplified, Chinese-Traditional, Korean, Vietnamese)**—This flyer estimates the value of the lab tests the participant will receive after completing the medical examination.
- **Exam Cost Flyer (English, Spanish, Chinese-Simplified, Chinese-Traditional, Korean, Vietnamese)**—This flyer estimates the value of all of the possible exams and tests the participant may receive after completing the medical examination.
- **Adult and Child Blood Draw Flyers (English and Spanish)**—These flyers answer some basic questions participants may have about the blood draw.
- **Audiometry Flyer (English and Spanish)**—This flyer reviews the Audiometry component of the medical exam.
- **Osteoporosis Flyer (English, Spanish, Chinese-Simplified, Chinese-Traditional, Korean, Vietnamese)**—This flyer reviews the DXA scan component of the medical examination.
- **Appointment Card (English)**—Use these cards when scheduling appointments with SPs to complete the SP and Family interviews.
- **Make A Plan to Participate in NHANES (English and Spanish)**—Use these colorful cards to encourage SPs to follow through with each step of the NHANES experience. They contain space for the SP to write interview and MEC appointment dates and times and serve as a job aid for interviewers to provide information about

benefits and incentives. There are three different versions available. They are accompanied by NHANES magnets to affix the card to the SP's refrigerator (or other central location), where they will hopefully serve as an encouragement to follow through with all aspects of the survey.

- **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.

2.5 Preparing for the Field

Your supervisor will provide you with case-specific assignment materials as well as two “Grab-and-Go” folders containing outreach and consent materials and salt and water collection kits when you begin work in a stand. It is your responsibility to obtain additional materials (e.g., local newspaper articles, endorsement letters, appointment cards) you need from the stand office when you start your assignment. Check your supplies regularly so that you can pick up additional materials before you run out.

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 items. 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.

- Appropriate Segment Folder(s) for cases you plan to work on that day;
- Case Cards for cases you plan to work on that day;
- ID badge;
- Video door bell card;
- Hand Cards (2 sets: Screener and SP/Family);

- Salt and water collection kits;
- Tablet computer and carrying case;
- Black ink pen;
- Interviewer Procedures Manual (available electronically on tablet for reference); and
- NHANES phone and charger.

The following is a list of the contents of the Outreach Grab-and-Go folder.

- Advance letters;
- Screener Brochures;
- Confidentiality Brochures;
- Our Promise to You Flyers;
- Blank Hidden DU Forms;
- NHANES Data Uses Flyers;
- NHANES Data Findings Brochures;
- Sample Selection Brochures;
- NHANES Data Briefs 2019;
- Growth Charts (four different versions);
- Special population flyers (i.e., Older American flyer, Asian-American flyer, African-American flyer, Hispanic-American flyer); and
- SP Color Brochures.

The following is a list of the contents of the Consent Grab-and-Go folders.

- Home Interview Consent Forms;
- Parental Permission to Audio Record the Home Interview Forms;
- Make A Plan Cards and Magnets (three different versions of each);
- Blue MEC Examination Consent/Assent Brochures including MEC Consent/Assent Forms, MEC diagram, and Health Measurements Lists;

- Green Examination Consent/Assent Brochures, including MEC Child Assent Form and Authorization for Transportation Arrangements Forms for Persons Birth to 17 Years of Age;
- Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies;
- MEC Appointment Slips (four versions);
- Lab Tests on Blood Flyers;
- Lab Value Flyers; and
- Exam Cost Flyers.

If you are a bilingual interviewer and expect to encounter Spanish-speaking respondents in your current assignment, you will receive a Spanish version of the Grab-and Go folders.

Whenever you are in the field and leave your car, make sure it is locked. Keep all materials (case cards, 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 household or respondent data to your room (including your phone and tablet) and place them in a secure place. At the end of the stand, make sure that all hard copies of documents that you used while completing cases are turned in to your supervisor.

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3. Locating the Dwelling Unit and Making Contact

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

Interviewers learn:

- The definition of a DU, including examples (Section 3.1);
- How to locate the DU using the Listing Sheets, maps, and Case Cards (Section 3.2);
- How the Listing sheets are created (Section 3.2);
- How to use the maps located in the segment folder (Section 3.2);
- How to complete the DU Observation Module (Section 3.3); and
- How to introduce NHANES at the door (Section 3.4).

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 is easy for you to define, that is, a DU is an apartment, a detached house, one house in a row of houses, half a duplex, etc. Sometimes, however, you 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.

3.1.1 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 all 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.

3.1.2 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 Study Manager 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 not a DU according to the guidelines here, record an entry in the Electronic Record of Calls (EROC) and assign an EROC result code of 'vacant' or 'Not a DU'. Your Study Manager will confirm and assign a final result code. Instructions for completing EROCs are discussed in Chapter 7.

If you find that the assigned address includes **more than one DU**, you may need to follow special procedures. These are the Hidden DU Check Procedures discussed in Chapter 11.

3.2 Locating the Dwelling Unit (DU)

Your assignment usually consists of one or more segments. A segment is a geographical area with definite boundaries within a county or Primary Sampling Unit (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, identify the exact location of the segment.
- Step 2: Locate the Selected Address:** The address of the selected DU appears at the top of the Case Card. The addresses for all selected DUs within your assigned segment appears 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 fall into the sample and in others only some of the addresses are 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 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 are copies of the original maps used by the listers when they recorded the addresses of all DUs in the segment. The Listing Sheets 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.

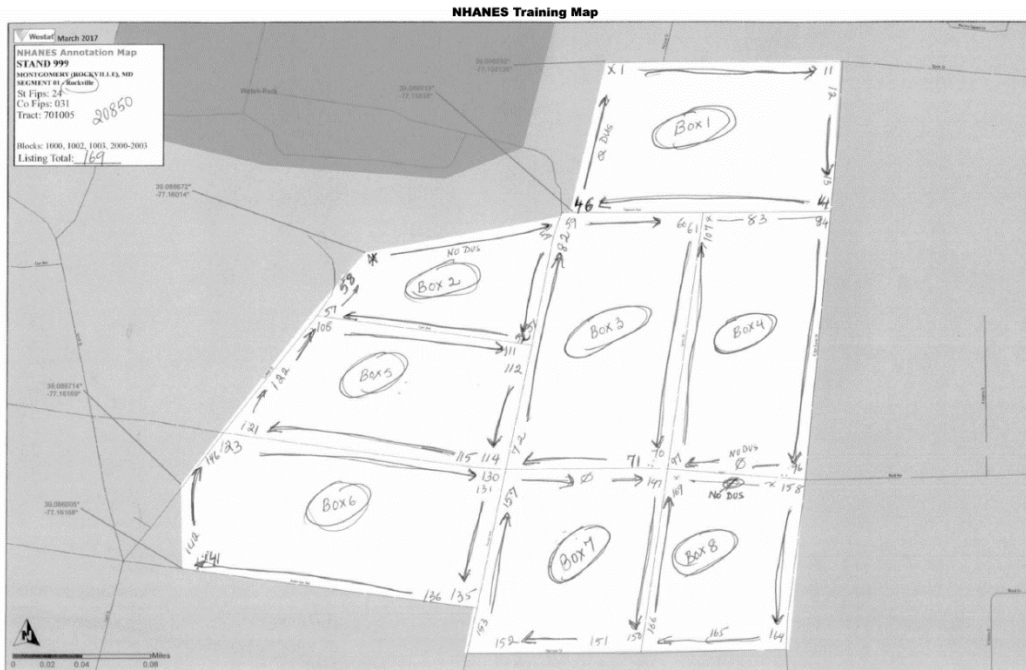
3.2.1 How Listing Sheets are Created

An understanding of how addresses were entered on the sheets by the listers helps 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.

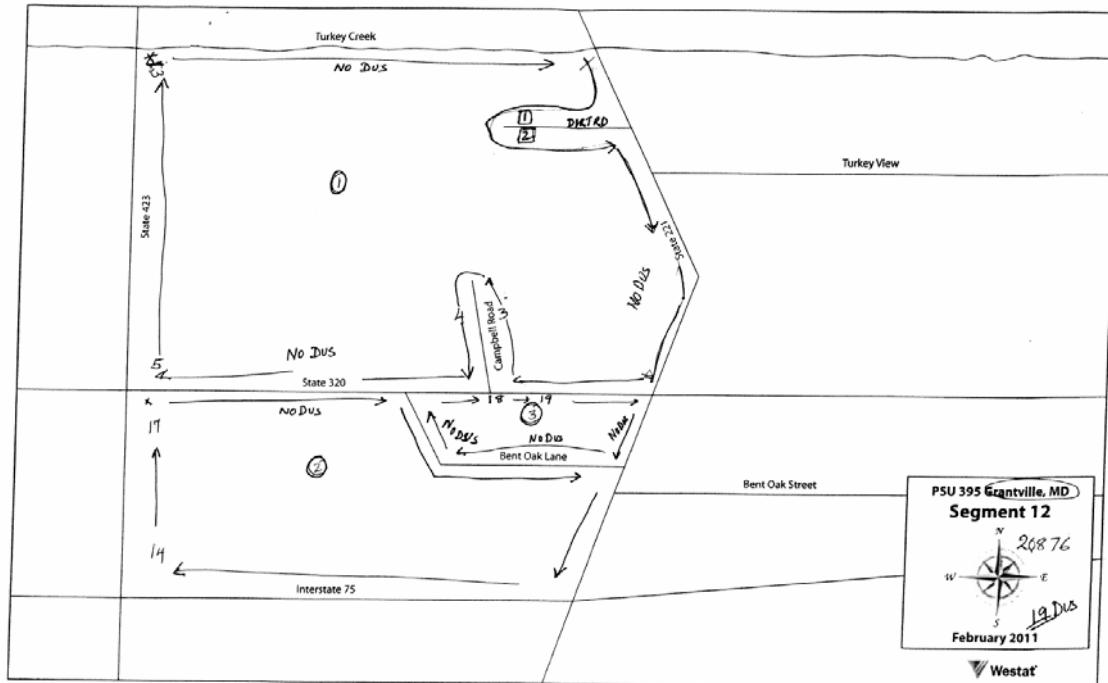
Exhibit 3-1. Typical urban segment



Lister Addresses #199
 Stand 999 Montgomery (Aoc/w/ile), MD
 Segment 1

Line #	House #	Pre Dir	Street Name	Street Type	Post Dir	Unit Type	Unit #	Address Details	Access	Comments
1	120		NORTH	ST						Box 1
2	118		NORTH	ST						
3	116		NORTH	ST						
4	114		NORTH	ST						
5	112		NORTH	ST						
6	110		NORTH	ST						
7	108		NORTH	ST						
8	DK00001		NORTH	ST				2 story, single family, brick/block, Other right of 108		Stone Steps Shed in back. Hello sign on door
9	104		NORTH	ST						
10	102		NORTH	ST						
11	100		NORTH	ST						Maybe also business, certified wildlife habitat sign by house
12	314	N	VAN BUREN	ST						
13	310	N	VAN BUREN	ST						
14	201A		DAWSON	AVE						Walkway on Dawson to front door so listing on Dawson
15	201B		DAWSON	AVE						PRIVATE PROPERTY SIGN
16	203B		DAWSON	AVE						PRIVATE PROPERTY SIGN
17	203A		DAWSON	AVE						
18	205A		DAWSON	AVE						
19	205B		DAWSON	AVE						
20	207B		DAWSON	AVE						
21	207A		DAWSON	AVE						
22	209A		DAWSON	AVE						
23	209B		DAWSON	AVE						
24	211B		DAWSON	AVE						
25	211A		DAWSON	AVE						
26	213A		DAWSON	AVE						
27	213B		DAWSON	AVE						
28	301B		DAWSON	AVE						
29	301A		DAWSON	AVE						
30	303A		DAWSON	AVE						
31	303B		DAWSON	AVE						
32	305B		DAWSON	AVE						
33	305A		DAWSON	AVE						
34	307A		DAWSON	AVE						PRIVATE PROPERTY SIGN
35	307B		DAWSON	AVE						PRIVATE PROPERTY SIGN

Exhibit 3-2. Typical rural segment



Lister Addresses # 999
Stand 395-Garrett, (Grantville), MD
Segment 12

Line #	House #	Pre Dir	Street Name	Street Type	Post Dir	Unit Type	Unit #	Address Details	Access	Comments
1			Dirt	RD		Box	1			2 story with Picket Fence Box 1
2			Dirt	Rd		Box	2			Shingle house with barn
3	1		Campbell	RD						
4	2		Campbell	RD						
5	DK00001		State Road 423	Hwy		TRL	A			VACANT
6	DK00002		State Road 423	Hwy		TRL	B			TRL
7	DK00003		State Road 423	Hwy		TRL	C			TRL
8	DK00004		State Road 423	Hwy		TRL	D			TRL
9	DK00005		State Road 423	Hwy		TRL	E			TRL
10	DK00006		State Road 423	Hwy		TRL	F			VACANT
11	DK00007		State Road 423	Hwy		TRL	G			VACANT
12	DK00008		State Road 423	Hwy		TRL	H			VACANT
13	DK00009		State Road 423	Hwy		TRL	I			VACANT, Box 1
14	DK00010		State Road 423	Hwy		TRL	DK00001			Rock Creek MHP Tan Winnebago Box 2
15	DK00011		State Road 423	Hwy		TRL	DK00002			Rock Creek MHP Grey Air Stream
16	DK00012		State Road 423	Hwy		TRL	DK00003			Rock Creek MHP Red Allied
17	DK00013		State Road 423	Hwy		TRL	DK00004			Rock Creek MHP Pink and white National Box 2
18	DK00001		State Road 320	HWY						Main House I.P Morrow estate Box 3
19	DK00002		State Road 320	HWY						Cottage on estate Box 3

3.2.2 Using the Case Card 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 are to contact. During this process, sample DUs were assigned Household ID numbers. The Household ID appears at the top of the Case Card. This Household ID number can also be found on the Listing Sheet. The Household ID consists of 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 Case Card 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 that 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, on the top right corner of the label, and on the right-most side of the Screener case list on the laptop.

You will receive a Case Card only for the **sampled DUs**, that is, those with a serial number on the listing sheets.

Exhibit 3-3. Example of case card addresses

Stand: 601 Seg: 1 Serial: 11	Stand: 601 Seg: 1 Serial: 32																								
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Address:</td> <td style="width: 40%;">Appt: M A/E</td> </tr> <tr> <td>DK0001 HADLEY WAY</td> <td>Ln#:</td> </tr> <tr> <td>BALITMORE, MD 20707</td> <td>Sub:</td> </tr> <tr> <td>601-1-0011</td> <td>Transport: \$</td> </tr> <tr> <td></td> <td>Hidden DU: Y N</td> </tr> <tr> <td></td> <td>Check for any DUs in this building that are not on the listing sheet.</td> </tr> </table>	Address:	Appt: M A/E	DK0001 HADLEY WAY	Ln#:	BALITMORE, MD 20707	Sub:	601-1-0011	Transport: \$		Hidden DU: Y N		Check for any DUs in this building that are not on the listing sheet.	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Address:</td> <td style="width: 40%;">Appt: M A/E</td> </tr> <tr> <td>1 LIVE INTERVIEW ST</td> <td>Ln#:</td> </tr> <tr> <td>BALITMORE, MD 20707</td> <td>Sub:</td> </tr> <tr> <td>601-1-0032</td> <td>Transport: \$</td> </tr> <tr> <td></td> <td>Hidden DU: Y N</td> </tr> <tr> <td></td> <td>Check for any DUs in this building that are not on the listing sheet.</td> </tr> </table>	Address:	Appt: M A/E	1 LIVE INTERVIEW ST	Ln#:	BALITMORE, MD 20707	Sub:	601-1-0032	Transport: \$		Hidden DU: Y N		Check for any DUs in this building that are not on the listing sheet.
Address:	Appt: M A/E																								
DK0001 HADLEY WAY	Ln#:																								
BALITMORE, MD 20707	Sub:																								
601-1-0011	Transport: \$																								
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601-1-0032	Transport: \$																								
	Hidden DU: Y N																								
	Check for any DUs in this building that are not on the listing sheet.																								
Stand: 601 Seg: 1 Serial: 33	Stand: 601 Seg: 1 Serial: 34																								
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Address:</td> <td style="width: 40%;">Appt: M A/E</td> </tr> <tr> <td>2 LIVE INTERVIEW ST</td> <td>Ln#:</td> </tr> <tr> <td>BALITMORE, MD 20707</td> <td>Sub:</td> </tr> <tr> <td>601-1-0033</td> <td>Transport: \$</td> </tr> <tr> <td></td> <td>Hidden DU: Y N</td> </tr> <tr> <td></td> <td>Check for any DUs in this building that are not on the listing sheet.</td> </tr> </table>	Address:	Appt: M A/E	2 LIVE INTERVIEW ST	Ln#:	BALITMORE, MD 20707	Sub:	601-1-0033	Transport: \$		Hidden DU: Y N		Check for any DUs in this building that are not on the listing sheet.	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Address:</td> <td style="width: 40%;">Appt: M A/E</td> </tr> <tr> <td>1 SP INTERVIEW ST</td> <td>Ln#:</td> </tr> <tr> <td>BALITMORE, MD 20707</td> <td>Sub:</td> </tr> <tr> <td>601-1-0034</td> <td>Transport: \$</td> </tr> <tr> <td></td> <td>Hidden DU: Y N</td> </tr> <tr> <td></td> <td>Check for any DUs in this building that are not on the listing sheet.</td> </tr> </table>	Address:	Appt: M A/E	1 SP INTERVIEW ST	Ln#:	BALITMORE, MD 20707	Sub:	601-1-0034	Transport: \$		Hidden DU: Y N		Check for any DUs in this building that are not on the listing sheet.
Address:	Appt: M A/E																								
2 LIVE INTERVIEW ST	Ln#:																								
BALITMORE, MD 20707	Sub:																								
601-1-0033	Transport: \$																								
	Hidden DU: Y N																								
	Check for any DUs in this building that are not on the listing sheet.																								
Address:	Appt: M A/E																								
1 SP INTERVIEW ST	Ln#:																								
BALITMORE, MD 20707	Sub:																								
601-1-0034	Transport: \$																								
	Hidden DU: Y N																								
	Check for any DUs in this building that are not on the listing sheet.																								

The address of the sample DU that appears on the Listing Sheet also appears at the top of the Case Card, below the Household ID. (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 Case Card agree. If there is any discrepancy, notify your Study Manager before working on the case.

3.2.3 Using the Lister's Materials to Locate a DU

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

In such a situation, refer to the Listing Sheets and the maps in the Segment Folder to locate the DU. By referring to the Listing Sheet, you know the addresses of those DUs that are located on either side of the sampled unit. Listed DUs may also come with notes on issues accessing the DU, as well as any other comments the listers thought would be helpful to the FIs.

If 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 are given maps that were used during the listing phase. There are three types of maps:

- 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 (see Exhibits 3-4, 3-5, and 3-6) and the Segment Profile Form (Exhibit 3-7) included in the Segment Folder.

Exhibit 3-4. Annotation map with directional arrows

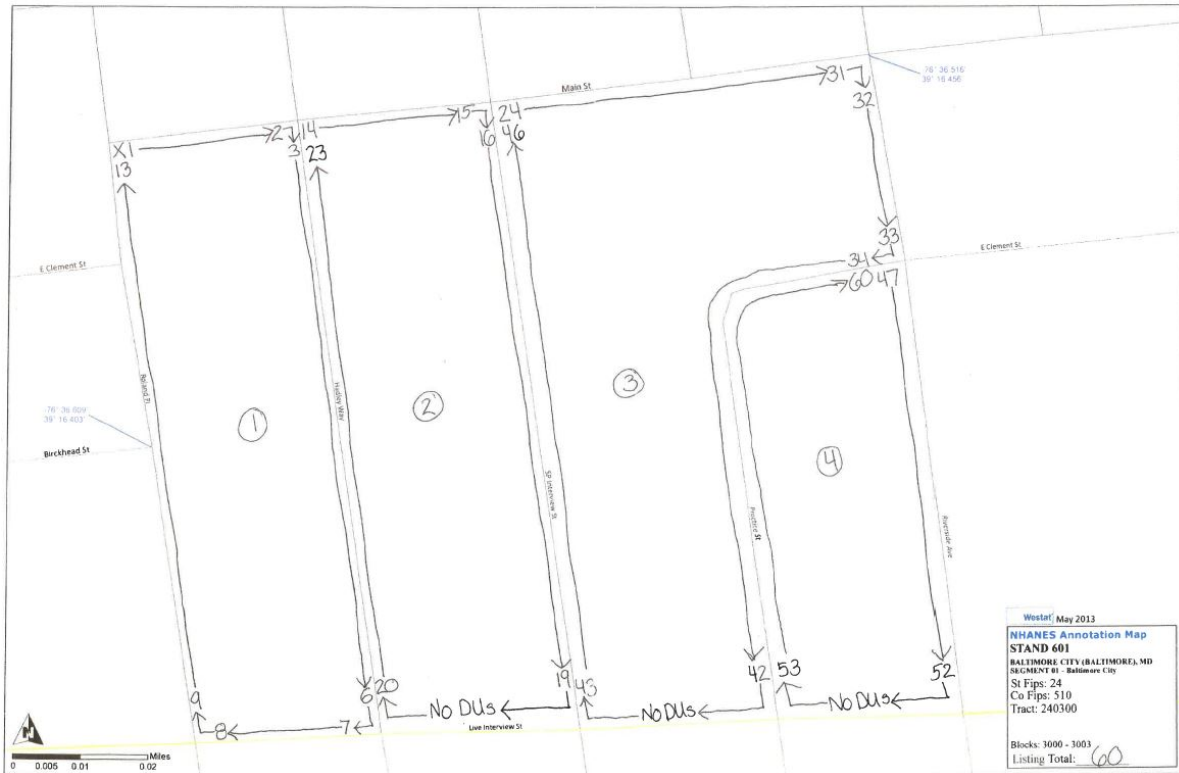


Exhibit 3-5. Segment map

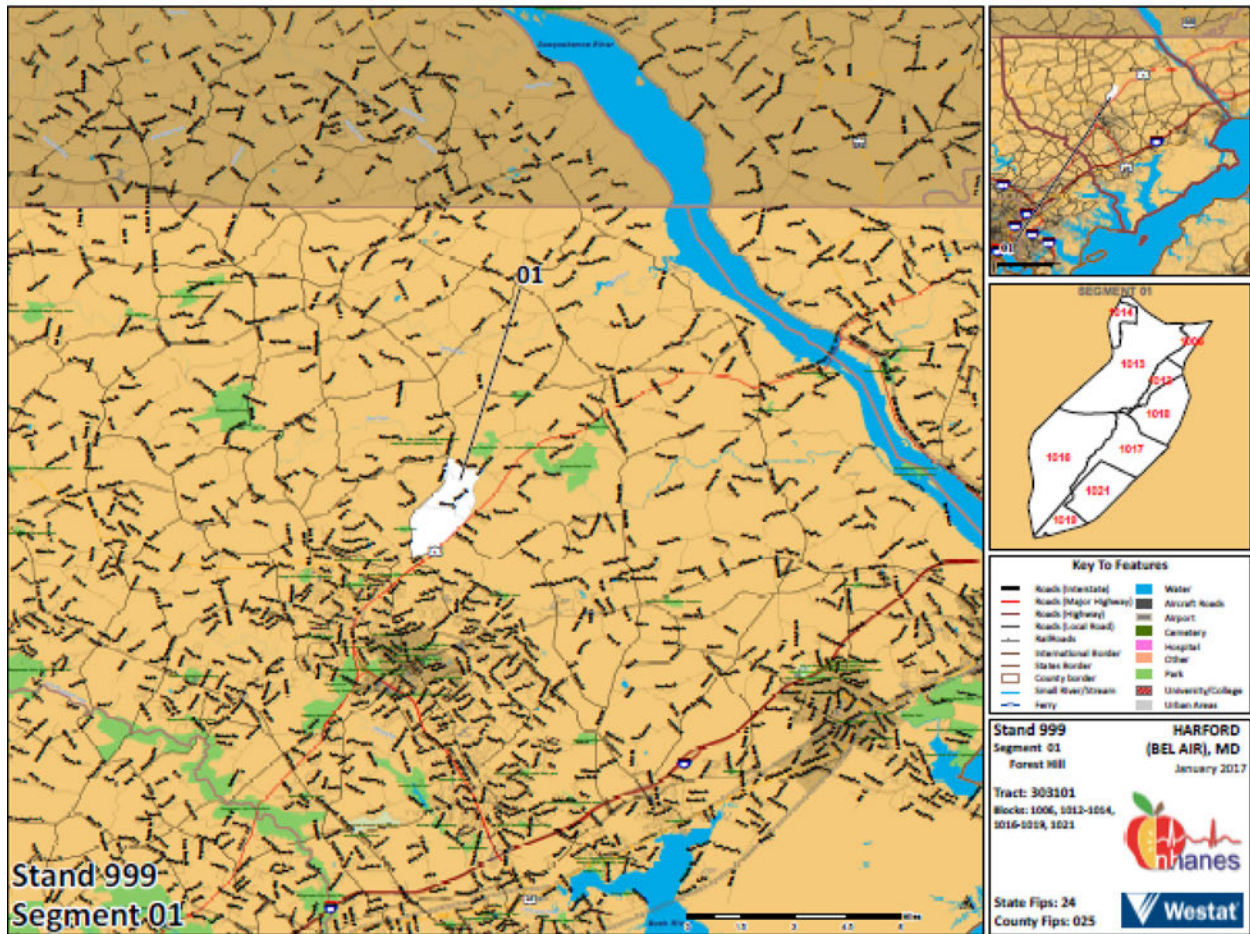


Exhibit 3-6. Lister's maps

N
↑ 998-01

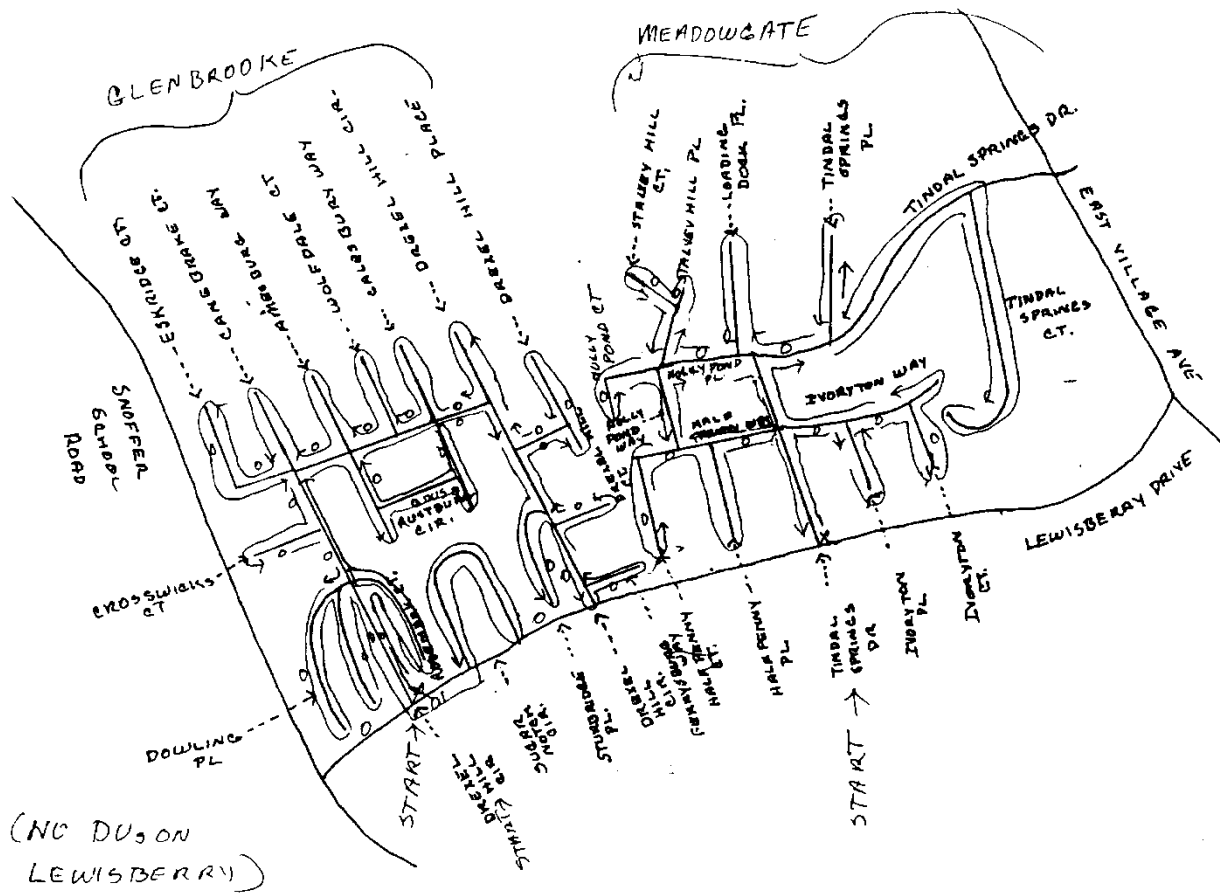



Exhibit 3-7. Segment Profile Form

 National Health and Nutrition Examination Survey (NHANES) Report: Segment Profile Form #197 Stand: 603 – Atlanta, WV Segment: 1															
<p>1. Racial Mix</p> <table> <tr><td>White</td><td>100%</td></tr> <tr><td>Black</td><td>%</td></tr> <tr><td>Asian</td><td>%</td></tr> <tr><td>Other</td><td>%</td></tr> </table>		White	100%	Black	%	Asian	%	Other	%	<p>4. Ethnicity Mix</p> <table> <tr><td>Hispanic</td><td>%</td></tr> <tr><td>Non-Hispanic</td><td>100%</td></tr> </table>		Hispanic	%	Non-Hispanic	100%
White	100%														
Black	%														
Asian	%														
Other	%														
Hispanic	%														
Non-Hispanic	100%														
<p>2. Language Spoken</p> <table> <tr><td>English</td><td>100%</td></tr> <tr><td>Spanish</td><td>%</td></tr> <tr><td>Asian</td><td>%</td></tr> <tr><td>Other</td><td>%</td></tr> </table>		English	100%	Spanish	%	Asian	%	Other	%	<p>5. Age Mix</p> <table> <tr><td>Elderly</td><td>20%</td></tr> <tr><td>Families with Young Children</td><td>80%</td></tr> </table>		Elderly	20%	Families with Young Children	80%
English	100%														
Spanish	%														
Asian	%														
Other	%														
Elderly	20%														
Families with Young Children	80%														
<p>3. Income Level</p> <table> <tr><td>High</td><td>%</td></tr> <tr><td>Medium</td><td>100%</td></tr> <tr><td>Low</td><td>%</td></tr> </table>		High	%	Medium	100%	Low	%								
High	%														
Medium	100%														
Low	%														
<p>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.</p>															
<p>Home Office Segment Comments</p>															
<p>6/3/2014 11:04 AM</p>															

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 are 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 usually can help you. If this fails, call your Site Coordinator or Study Manager. 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 Completing the DU Observation Module

The DU Observation Module is a 16-question program within the mFOS application on each Westat-assigned iPhone. This module allows field interviewers to record their observations about the DU or building containing it. Observations include, for example, income level of DU residents, the physical condition of the DU exterior, indicators of handicap access, barriers to accessing the DU, and any evidence of children living at the DU.

NHANES collects these observations to identify and adjust for potential nonresponse bias. Nonresponse bias occurs when people who do not participate in the examination differ significantly from the people who do participate. The lower the response rate, the greater the risk that a nonresponsive DU will bias the results. A key mission of NHANES is to obtain an accurate estimate of the healthcare needs for this country. Collecting data only from healthy people (who can most conveniently participate) may result in health condition estimates that are too low.

For these DU Observations to be effective at addressing nonresponse bias, they:

- Must be recorded for both responding and nonresponding DUs (by completing the module for every DU, the observations may help explain why some DUs are easier to contact or more likely to participate than others); and
- Must be related to key survey outcomes, such as diagnosed health conditions (for example, oxygen tanks on the porch or a wheelchair ramp in the front yard).

With the DU Observation Data, NHANES can modify their approach to meet the needs of different households. These efforts can bring more people into the study and better capture the health needs of the U.S.

3.3.1 DU Observation Protocol

Complete the DU Observation Module on your very first visit to the DU, as soon as you can observe the DU or the building containing it. Complete the module even if you did not make contact with the people living there.

Complete the DU Observation module on your very first visit to the household, before you complete the screener.

If you record an EROC for a screener, and the DU Observation module is not complete, the system will prompt you to complete the DU Observation Module after submitting the EROC.

Once you open the DU Observation Module, and you can see the DU or building containing the DU, you must answer all the questions before saving and submitting.

You will not be able to open the DU Observations Module after it is completed.

Try to complete the screener on the first attempt after completing the DU Observation Module; however, you will not be prohibited from completing the screener if the DU Observation Module has not been completed. For example, if someone is out in the yard and sees you when you arrive, you may need to complete the screener right away.

Once the screener is complete, you will not be able to open the DU Observation Module.

Observations must be recorded before the screener is complete to ensure that the DU observations are not biased by what you heard from the screener respondent. Differences between responding and nonresponding households should be the result of true differences and not from your ability to make more informed observations on repeated visits or following conversation with household members.

Because you cannot re-open the DU Observation Module, you may discover new information that contradicts your original observations. This is fine. Also, if the case is transferred to another interviewer after the DU Observation Module has been completed, the second interviewer will not be able to record new observations, even if they are different from the original one. NHANES is only interested in your first impressions of a DU and that it is often based on limited information. Please record these observations as accurately and discreetly as possible. The DU Observation Module takes about 2 minutes to complete.

Complete the DU Observation module only once, using your first impressions, based on your training and experience.

3.3.2 Working With the DU Observation Module

The mFOS User Guide in the Appendix (Attachment H) has detailed instructions on how to access the DU Observation Module. It shows how the DU Observation cases are listed for every screener and where to find the disposition codes. Please remember that the DU observations should be completed before the screener.

3.3.3 DU Observation Module Questions

Question 1 (Able to Observe): On this contact attempt, are you able to observe the dwelling unit or building containing it? (Exhibit 3-8)

- Yes
- No

If the DU is located within a larger building, such as an apartment, then focus your observations on the entire building. If the DU is a stand-alone building (such as a house), then focus on the house. Observations of the front of the DU or building are typically sufficient; however, if you can observe the back of the building, then include those observations as well. Do not make an extra effort to see the back of any building and do not trespass on private property.

Answer “Yes” to this question when you are able to observe the exterior of the DU or the building containing it. When determining how to answer this question, consider whether you would be able to see details like chipped or peeling paint or damaged exterior walls. Answer “No” if the DU is located within a gated community that you are unable to enter, or if the DU is a rural home located far from the road with a gate or fence that prevents you from getting close enough to make observations. Answering “No” brings you to the Summary Screen at the end of the module, and when you tap Submit, the case will be coded “Partially Worked.” You will have a chance to perform the DU Observation Module on the next attempt.

Exhibit 3-8. Question 1

Verizon LTE 2:40 PM 100%

DU Observation 1/16 [Next](#)

291 LIBERTY ST APT 68, ALAMO, TX 12345

On this contact attempt, are you able to observe the dwelling unit or building containing it?

Yes

No

Question 2 (Building Type): Is the dwelling unit or building a... (Exhibit 3-9)

- Detached/single family home
- Townhouse/rowhouse/duplex/triplex/quad-plex
- Apartment or condo
- Mobile home/trailer/recreational vehicle
- Student housing (apartments and dormitories)
- Some other type of residential structure
- Non-residential/Not a DU

This question has different routing depending on the response.

Answering “apartment or condo” or “some other type of residential structure” will route to a question that asks for more detail about the unit. Answering “non-residential” or “not a

DU” routes interviewers to the summary screen. When the latter happens, the DU observation is complete, because structures that are not DUs are ineligible for the sample and thus do not require observation data.

You must complete the DU Observation module for all sampled screener cases in your assignment, including those that are vacant or not a DU.

Question 2a (Apartment/Condo Type): Describe the apartment/condo type. Is it a... (Exhibit 3-10)

- Garden apartment/condo
- Midrise apartment/condo
- High rise apartment/condo
- Detached/single family home converted into apartments

The module will route to this question when you select “apartment or condo” or “some other type of residential structure.”

For NHANES purposes, garden apartment complexes are a cluster of low-rise buildings, one to four stories high, on a single piece of property. Any lawns, landscaping, and pathways are considered common areas for apartment residents, and some have amenities such as pools, laundry rooms, gyms, clubhouses, and playgrounds on the property. Each building usually has its own address. A midrise apartment or condominium has around five to ten stories and may be equipped with an elevator. A high rise apartment or condominium building is more than ten stories tall and is equipped with an elevator. Single-family homes converted into apartments can usually be identified by multiple mailboxes at or around a single entryway.

Exhibit 3-9. Question 2

Verizon LTE 2:40 PM 100%

Back DU Observation 2/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

Is the dwelling unit or building a..

Detached/single family home

Townhouse/rowhouse/duplex/triplex/
quad-plex

Apartment or condo ✓

Mobile home/trailer/recreational vehicle

Student housing (apartments and
dormitories)

Some other type of residential structure

Exhibit 3-10. Question 2a

Verizon LTE 2:40 PM 100%

Back DU Observation 3/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

Describe the apartment/condo type. Is it a...

Garden apartment/condo

Midrise apartment/condo

High rise apartment/condo

Detached/single family home converted into apartments

Question 2b (Other Type): Describe the other type of residential structure. Is it a...
(Exhibit 3-11)

- Hotel/motel room
- Rooming or boarding house
- Military (on base) housing – not barracks
- Assisted living
- Group home
- Other

The module will route to this question when an interviewer selects, “Some other type of residential structure.” It lists some less common DU types that you may encounter in the field.

Question 3 (Dwelling Income): Relative to the general population, would you judge this dwelling unit to be... (Exhibit 3-12)

- Low income
- Lower-middle income
- Middle income
- Upper-middle income
- High income

Consider the local area (city, county, township) when thinking about the “general population.” The cost of living will vary from place to place, so use your knowledge of the area and your best judgment. Consider size, construction, location, and overall presentation of the home or neighborhood. It may be helpful to look at the number of cars parked at the DU, as well as their condition and type. Check for an in-ground swimming pool or a tennis court. Check for luxury items in the driveway, such as boats, trailers or RVs. The DU may even have an alarm system.

Exhibit 3-11. Question 2b

Verizon LTE 2:41 PM 100%

Back DU Observation 4/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

Describe the other type of residential structure. It is a...

Hotel/motel room

Rooming or boarding house

Military (on base) housing – not barracks

Assisted living

Group home

Other

Exhibit 3-12. Question 3

Verizon LTE 2:47 PM 100%

Back DU Observation 5/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

Relative to the general population, would you judge this dwelling unit to be...

low income

lower-middle income

middle income

upper-middle income ✓

high income

Question 4 (Dwelling Condition): How would you describe the overall condition of the dwelling unit or building containing it? (Exhibit 3-13)

- Very poor
- Poor
- Fair
- Good
- Excellent

For further context on these distinctions: “Very poor” refers to unacceptable living conditions; “Poor” refers to easily observable problems with the structure, as well as many smaller problems; “Fair” refers to a few minor problems; “Good” refers to well-kept properties with no observable problems other than aging; and “Excellent” would have no observable problems. It may be a recently built or completely renovated (exterior) structure, but that is not required for this rating.

Look for sagging roofs, missing roof shingles or other roof materials. Check for broken or boarded up windows. Look for damage to exterior walls, broken plaster, or peeling paint.

Answer this question based on the current condition of the DU. Do not make exceptions for damage from storms, fire damage, or historic neighborhoods with strict repair regulations. Those issues still describe the DU’s current condition. Limit your assessment of overall condition to the structure. An “Excellent” building on poorly maintained land would still be considered “Excellent.”

Exhibit 3-13. Question 4

Verizon LTE 2:47 PM 100%

Back DU Observation 6/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

How would you describe the overall condition of the dwelling unit or building containing it?

Very poor

Poor

Fair

Good ✓

Excellent

Question 5 (Yard or Garden): Based on your observation, does the dwelling unit or building containing it have a well-tended yard or garden? (Exhibit 3-14)

- Yes
- No

Assess lawns by their evidence of upkeep. The grass's height should indicate if it is mowed regularly, as a lawn that goes unattended will be overgrown with weeds, dead flowers, or foliage. Bushes and hedges should be trimmed, and trees should have healthy leaves with no dead branches. If the DU is part of a larger building, then answer this question based on the landscape around the entire building. Desert-scaping would also count as "Yes," even though there may not be green grass. For DUs without a lawn, garden, or other landscaping, choose "No."

Question 6 (Paint and Wall Condition): Does the dwelling unit or building containing it have peeling paint or damaged exterior walls? (Exhibit 3-15)

- Yes
- No

To answer "Yes" for this question, you should be able to see the paint peeling from the street, and paint damage should cover a large area of the building exterior. Check for any cracks or holes in the wall as well. As with Question 4, please include storm damage, fire damage, and any disrepair that you suspect may be the result of historical society regulations in your assessment of the building's condition.

Question 7 (Number Locks): Does the dwelling unit or building containing it have 3 or more door locks? (Exhibit 3-16)

- Yes
- No

For this question, focus on the outside of the door that goes into the DU or the building containing it. Do not count the locks on screen doors or the locks on gated doors that appear just in front of the door.

Exhibit 3-14. Question 5

Verizon LTE 2:47 PM 100%

Back DU Observation 7/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

Based on your observation, does the dwelling unit or building containing it have a well-tended yard or garden?

Yes

No

Exhibit 3-15. Question 6

Verizon LTE 2:48 PM 100%

Back DU Observation 8/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

Does the dwelling unit or building containing it have peeling paint or damaged exterior walls?

Yes

No

Exhibit 3-16. Question 7

Verizon LTE 2:48 PM 100%

Back DU Observation 9/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

Does the dwelling unit or building containing it have 3 or more door locks?

Yes

No

Question 8 (Disabled Residents): Does the dwelling unit or building containing it have a wheel chair ramp or other indicator that any residents are handicapped or disabled?

(Exhibit 3-17)

- Yes
- No

In addition to ramps, lifts, and other assistance devices, there may be handicapped signs on rearview mirrors or license plates, indicating the presence of a disabled person.

Question 9 (Chronic Health Conditions): Does the dwelling unit or building containing it have anything suggesting residents may have a chronic health condition (deaf, blind, use oxygen, etc.)? (Exhibit 3-18)

- Yes
- No

Check for asthma inhalers, service animals stickers on house or car windows, “oxygen in use, no smoking” signs, or deaf doorbells. Some chronic conditions are not easy to observe (e.g., irritable bowel syndrome), so answer “No” if you do not have any evidence that one or more residents is handicapped, disabled, or suffers from a chronic health condition.

Question 10 (Sidewalk Condition): How would you describe the condition of sidewalks around the dwelling unit or building containing it? (Exhibit 3-19)

- Rough
- Average
- Excellent
- No sidewalks

Consider only paved sidewalks. Choose “no sidewalks” for dirt or gravel sidewalks. Include any paved paths through communities, even if they do not run alongside a street. If there are multiple paved pathways around the DU, then rate them all together based on the worse one’s condition.

Exhibit 3-17. Question 8

Verizon LTE 2:48 PM 100%

Back DU Observation 10/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

Does the dwelling unit or building containing it have a wheel chair ramp or other indicator that any residents are handicapped, or disabled?

Yes

No

Exhibit 3-18. Question 9

Verizon LTE 2:48 PM 100%

Back DU Observation 11/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

Does the dwelling unit or building containing it have anything suggesting residents may have a chronic health condition (deaf, blind, use oxygen, etc.)?

Yes

No

Exhibit 3-19. Question 10

Verizon LTE 2:48 PM 100%

Back DU Observation 12/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

How would you describe the condition of sidewalks around the dwelling unit or building containing it?

Rough

Average

Excellent ✓

No sidewalks

Follow these guidelines for sidewalk condition assessment. Rough sidewalks may have crumbling concrete or asphalt that is visibly in need of repair, concrete slabs that are not level, overgrowth or weeds growing between the slabs, tree root damage, or evidence of sinking, such as puddles forming and mud or dirt collecting on the pavement. Average sidewalks have slabs that are mostly level and might have evidence of correction, such as asphalt filler. These sidewalks may have a few cracks with weeds or minor tree root damage. Excellent sidewalks should have no cracks, no overgrowth, no tree damage. Each of the slabs should be level.

Question 11 (Access Barriers): Does the dwelling unit or building containing it have a security buzzer, key code, doorman, or any other barrier that may prevent access (e.g., dogs, locked gate, etc.)? (Exhibit 3-20)

- Yes
- No

For this question, the key phrase is “may prevent.” Even if it is possible to circumvent or overcome the barrier, the answer to this question should still be “Yes.” Please note that “No Trespassing” and “Beware of Dog” signs are not considered barriers to access. This question applies only to physical barriers that prevent access to the front door of the building or DU.

Accurately recording the presence of entry barriers will help us work these cases effectively.

Question 11a (Barrier Difficulty): How difficult was it for you to get past any barriers? (Exhibit 3-21)

- Unable to get past
- Very difficult
- Somewhat difficult
- A little difficult
- Not at all difficult

The module routes to this question when you select “Yes.” Report the difficulty of getting through this barrier using your best judgment. Record “Unable to get past” if you were not able to gain entry.

Exhibit 3-20. Question 11

Verizon LTE 2:48 PM 100%

Back DU Observation 13/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

D
C
C

13/16

Y
N

Does the dwelling unit or building that contains it have a security buzzer, key code, doorman, or any other barrier that may prevent access (e.g., dogs, locked gate, etc.)?

Exhibit 3-21. Question 11a

Verizon LTE 8:50 AM 100%

Back DU Observation 14/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

How difficult was it for you to get past any barriers?

Unable to get past

Very difficult

Somewhat difficult

A little difficult

Not at all difficult ✓

Question 12 (Indication of Children): Is there any indication that children or babies under age 6 are likely to live at the dwelling unit (e.g. toys, car seat, strollers, outdoor swing/play set)? (Exhibit 3-22)

- Yes
- No
- Unable to guess

Look for toys in the yard or on the porch, playsets, swing sets, or “Baby on Board” stickers on the car or windows. Listen for the sounds of babies and children who may be crying or shouting. Mark “unable to guess” if you were not able to see the DU. Please note that this question refers specifically to the dwelling unit, not the building containing it.

Question 13 (Number of Residents): What is your best guess of the total number of people living in the dwelling unit? (Exhibit 3-23)

- One or two
- Three or more
- Unable to guess

Clues for the number of people living in the DU include the number or type of cars in the driveway. Mark “unable to guess” if you were not able to see the DU. Please note, again, that this is in reference to the DU and not the building containing the DU.

Summary Screen (Exhibit 3-24)

You should review all responses carefully on the summary screen, then tap Submit to save the answers. To address any discrepancies, return to the appropriate questions and correct any incorrect items. After making changes, return to the summary screen and review the responses again. Remember that after pressing Submit, the DU Observation module cannot be opened again.

Exhibit 3-22. Question 12

Verizon LTE 2:49 PM 100%

Back DU Observation 15/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

Is there any indication that children or babies under age 6 are likely to live at the dwelling unit (e.g., toys, car seat, strollers, outdoor swing/play set)?

Yes

No

Unable to guess

Exhibit 3-23. Question 13

Verizon LTE 2:49 PM 100%

Back DU Observation 16/16 Next

291 LIBERTY ST APT 68, ALAMO, TX 12345

What is your best guess of the total number of people living in the dwelling unit?

One to two

Three or more

Unable to guess

Exhibit 3-24. Summary screen

The screenshot shows a mobile application interface. At the top, the status bar displays 'Verizon LTE', '8:49 AM', and '100%' battery. Below the status bar is a dark header with a blue back arrow and the text '< Back' on the left, and 'DU Observation' in the center. The main content area has a white background. It starts with a paragraph: 'Please review DU Obs details below and press Submit button to save and transmit your DU Obs.' Below this is a large blue button with the text 'Submit'. Underneath the button is a grey rectangular box containing the question: 'On this contact attempt, are you able to observe the dwelling unit or building containing it?'. Below the question is the text 'Yes'. This is followed by a white horizontal bar, then a grey rectangular box containing the text 'Is the dwelling unit or building a...'. Below this is the text 'Apartment or condo'. This is followed by another white horizontal bar, then a grey rectangular box containing the text 'Describe the apartment/condo type. Is it a...'. The bottom of the screen is partially obscured by a white bar.

Accessing the DU Observation Report on the Tablet

A read-only version of the DU Observations report, as well as the answers interviewers have recorded in mFOS, can be accessed through the tablet. The report is viewable, but interviewers cannot complete it or make edits through the tablet. They can find it in Interviewer Management by tapping the Tools menu and selecting “DU Observations” from the drop-down list (Exhibit 3-25). A window will pop up containing the DU Obs report.

3.4 Introduction at the Door

Once you have located the DU and completed the DU Observation module, you are ready to contact the household. How you present yourself at the door usually determines success or failure in obtaining an interview. Since this is your first opportunity to describe the survey to the respondent in order to convince them 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 views 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

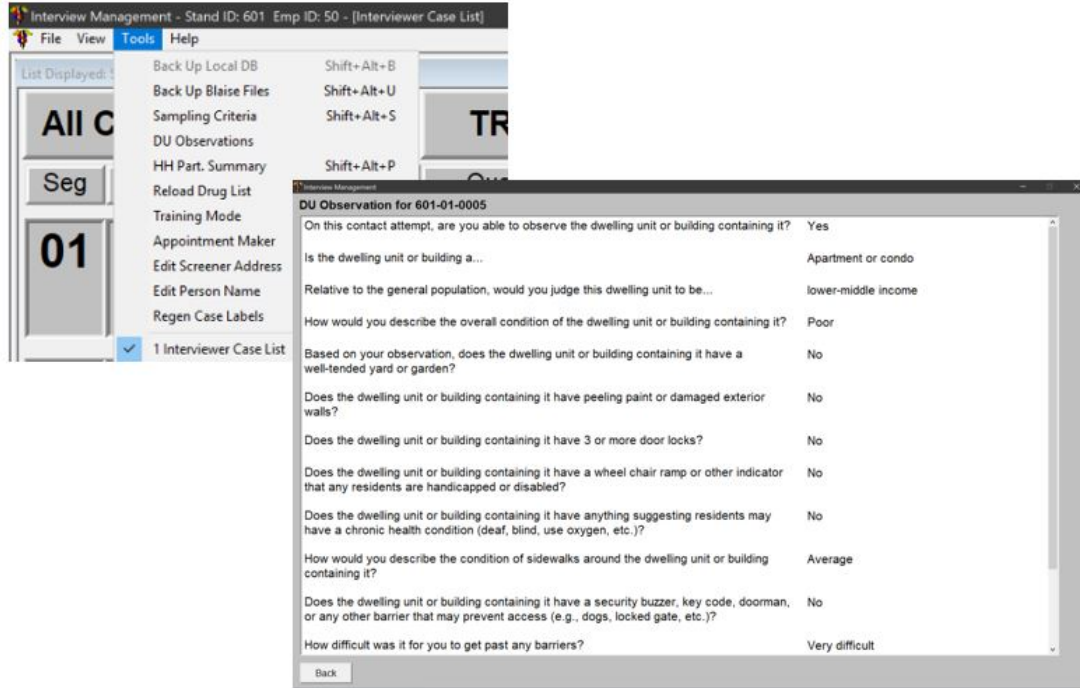
- Who you are
- Who you represent; and
- Why you are there.

Your introduction must include:

- **Who you are;**
- **Who you represent; 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.

Exhibit 3-25. DU Observation Report on the tablet



While you introduce yourself, show your ID badge to confirm your affiliation with NCHS and the CDC. 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. 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).

You also have several outreach materials that help confer the legitimacy of the study and address common respondent concerns. You may choose to show them the Confidentiality Brochure (Exhibit 3-26), which contains information about the data protection laws holding us accountable for their privacy. You have a Door Card (Exhibit 3-27) for use when introducing yourself at the door. These are individualized, laminated cards with the name and a brief description of the study, a copy of your ID badge, the name of the client, the NHANES website address, and the project’s 800 number if the respondent has any questions. The ID Badge and Door Card are especially useful at households with video doorbells, since they allow you to easily deliver information about who you are, who you work for, and why you are there to someone who may be reluctant to open their door.

Always wear your ID badge while you are working.

When reading the introduction, you should have a copy of the Advance Letter (see Exhibit 3-28) and the Screener Brochure (see Exhibit 3-29) ready to give to the respondent. The respondent should have also received the Advance Postcard (Exhibit 3-30) two weeks prior to the start of interviewing, letting them know that they should expect the Advance Letter. It arrives to their home in an envelope with logos for the CDC and the Department of Health and Human Services (Exhibit 3-31). These will help offset possible suspicions about your identity or purpose by providing some forewarning about the study and your arrival to their home. With these materials, the respondent may overcome any reservations about being interviewed.

Exhibit 3-26. Confidentiality Brochure

Data from the National Center for Health Statistics (NCHS) are released in printed reports and on the NCHS website at <https://www.cdc.gov/nchs>.

For more information on NHANES, visit the NHANES website at <https://www.cdc.gov/nhanes>.

For any questions regarding NCHS or NHANES, contact:

National Center for Health Statistics
Information Dissemination Staff
3311 Toledo Road, Room 4551, MS P08
Hyattsville, MD 20782-2064

Telephone:
1-800-CDC-INFO (1-800-232-4636)
TTY:
1-888-232-6348
Online request form:
<https://www.cdc.gov/info>
Internet:
<https://www.cdc.gov/nchs>

For specific questions about how NCHS protects the information you provide, contact:

Confidentiality Office, NCHS
Telephone:
1-888-642-4159
E-mail:
NCHSconfidentiality@cdc.gov

NATIONAL CENTER FOR HEALTH STATISTICS



How the National Health and Nutrition Examination Survey Keeps Your Information

CONFIDENTIAL



Centers for Disease Control and Prevention
National Center for Health Statistics

CSD26919-A

2019 Confidentiality Brochure

Protecting the public's privacy

NCHS and NHANES

Our promise

The National Center for Health Statistics (NCHS) carried out the first National Health and Nutrition Examination Survey (NHANES) in 1960. Today, more than 50 years later, the promise to protect the privacy of everyone remains our top priority. We believe this record is an important reason why so many people are willing to take part in the survey.

There's safety in numbers, especially our numbers!

The law...

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.

The pledge...

Anyone working on the NHANES must sign a pledge. As specified in this written pledge, disclosing your private information is punishable by law.

The penalties...

People who break these laws can be fined up to \$250,000, lose their job, or go to jail.

Other ways we protect your privacy

Those working for NCHS must also follow special rules for handling private information. These rules are meant to ensure that the privacy of the people taking part in NHANES is fully respected.

- Anything that could reveal who you are is removed. This includes, but is not limited to, your or your families' names, addresses, phone numbers, and places of work.
- Data are not released if they are for a geographical location so small that the numbers might identify someone.
- All computers are password protected. Data are encrypted for transmission using secure data networks and housed on secure servers with access restricted to authorized users.

NCHS and NHANES have a strong record for maintaining privacy during data collection processing.

Exhibit 3-27. Door card



Centers for Disease Control and Prevention
National Health and Nutrition Examination Survey

My name is **FI Name** .

We are not selling anything.

I PROMISE.

You should have received an advance letter.

Please, I just need 5 minutes of your time.

Can you help me?

Thank you for your time.

HAVE A NICE DAY!

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Exhibit 3-28. Advance letter



National Health and Nutrition Examination Survey

Your household has been selected to take part in an important national health study. This is the National Health and Nutrition Examination Survey or NHANES. NHANES provides important information about the health and diets of people in the United States. The National Center for Health Statistics, which is a part of the Centers for Disease Control and Prevention (CDC), conducts this important survey. Over the years, this survey has helped us understand the impact of changes in the foods we eat and the health care we receive.

In the next few weeks, one of our study representatives will make a personal visit to your home. They will see if you or a member of your family will be invited to take part in this study. Here is what to expect:

- She or he will show you official Centers for Disease Control and Prevention (CDC) identification and ask some easy questions about you and other family members.
- Answering the questions only takes a few minutes and is voluntary. You may choose not to answer any question. There will be no penalties or loss of benefits of any kind from refusing to answer.
- If you or other household members are chosen, you'll represent thousands of people in the U.S. and your community to help us better understand the health of people like you in the United States.
- If you have questions, please call me toll-free at 1-800-452-6115.

We ask that you take a few minutes to speak with our interviewer when they visit. Thank you in advance for helping this important study.



Sincerely,

Duong (Tony) Nguyen, DO, FAAP
Commander, U.S. Public Health Service
Chief Medical Officer, Division of Health and Nutrition Examination Surveys
National Center for Health Statistics, Centers for Disease Control and Prevention

This survey is a Federal program authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). All of your answers will be kept in strict confidence according to Section 308(d) of the Public Health Service Act (Title 42, U.S. Code, 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). We will use your information only for statistical research and reports. Your answers will be added to others, so no one can identify which are yours.



Centers for Disease
Control and Prevention
National Center for
Health Statistics

Exhibit 3-29. Screener Brochure

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 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.

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 <https://www.cdc.gov/nhanes>

CS29/0916-A



National Health and Nutrition Examination Survey



Centers for Disease Control and Prevention
National Center for Health Statistics

Exhibit 3-29. Screener Brochure (continued)

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.

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Exhibit 3-30. Advance postcard

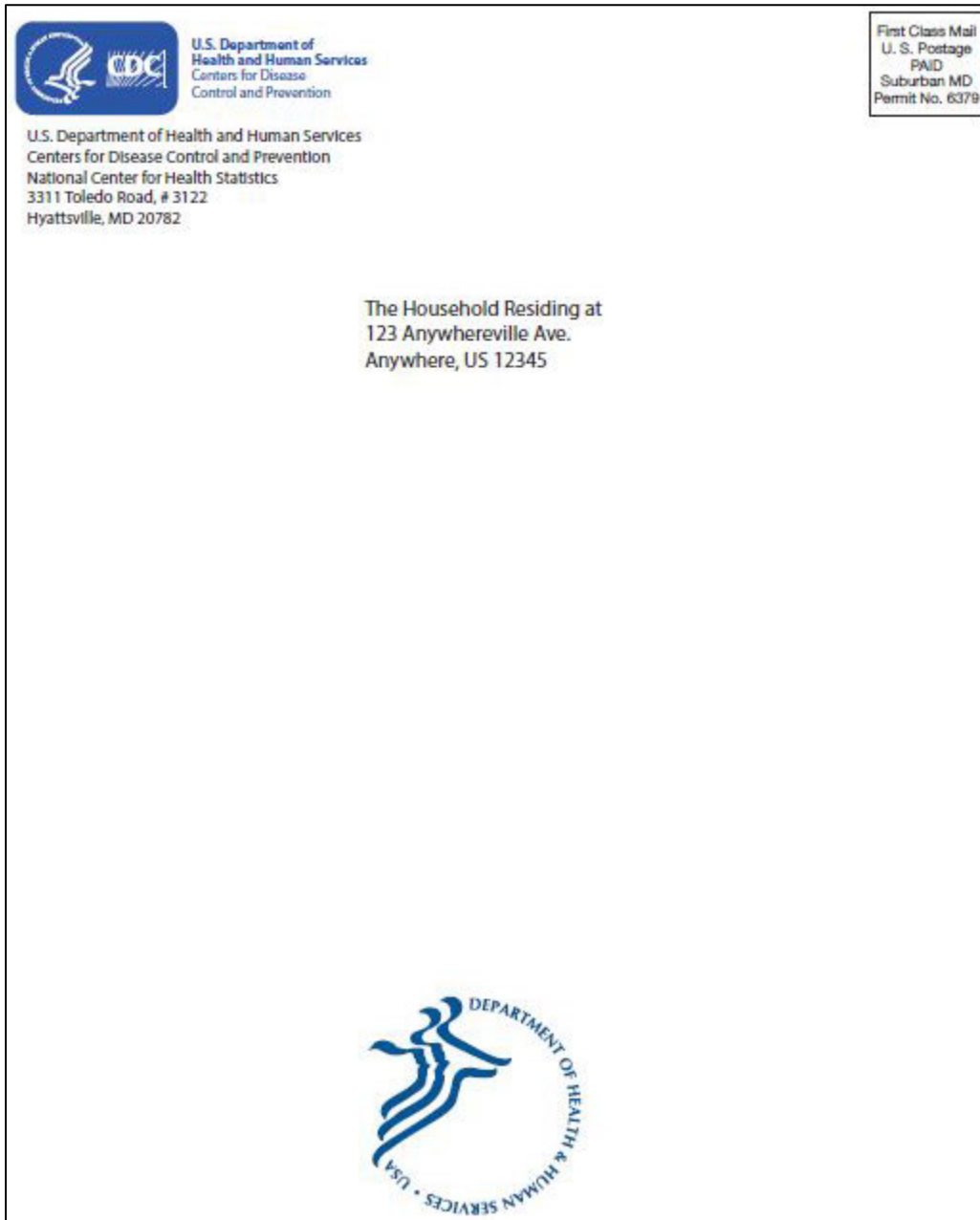


Exhibit 3-30. Advance postcard (continued)



The National Health and Nutrition Examination Survey (NHANES) is in your neighborhood and your household has been selected for an important first step.

In the next week you will receive a letter with more information about what to expect. Please watch for this letter.

Conducted by the National Center for Health Statistics (part of the CDC), information from NHANES has been used to solve health problems, develop health programs, and improve the quality of health care in the United States.



For more information visit: www.cdc.gov/NHANES

Photo is for illustrative purposes only. Any person depicted in the photo is a model.

Exhibit 3-31. Advance envelope (front)

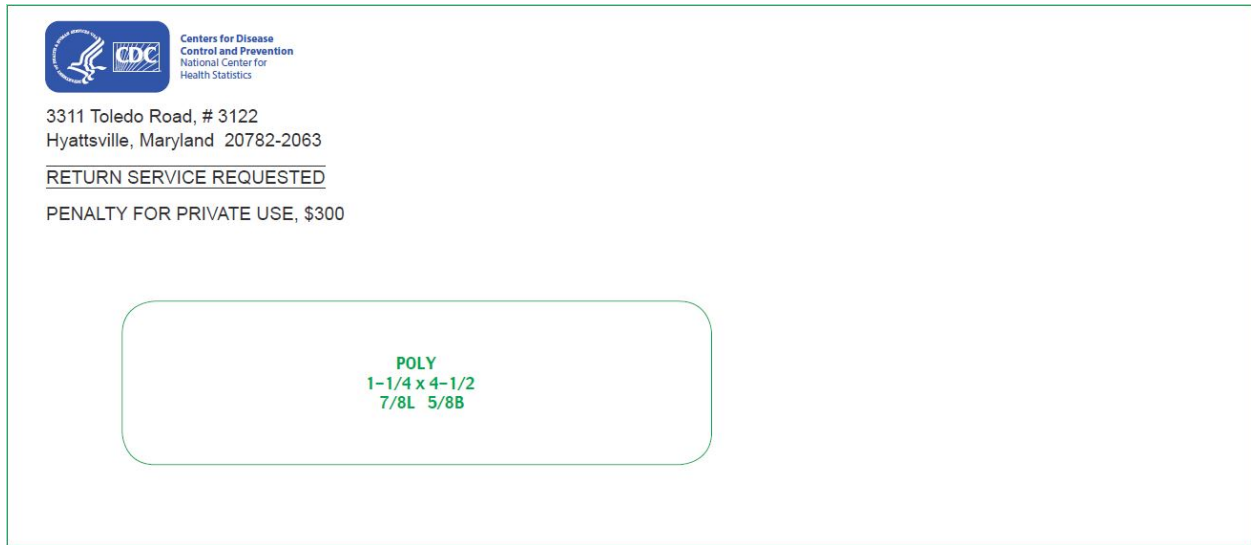
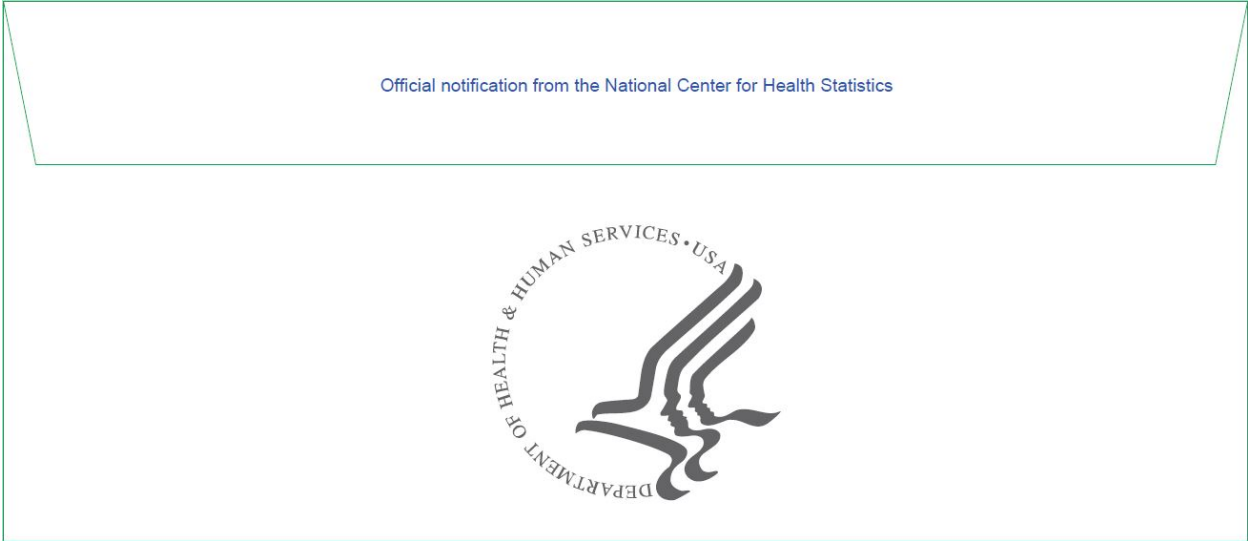


Exhibit 3-31. Advance envelope (back)



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.

While door-to-door visits are an important part of the job, interviewer safety is paramount to Westat. Trust your instincts if you ever feel unsafe. If you need to leave a respondent's home, but cannot explain why for fear of escalation, then please tell the respondent that your computer is not working. Interviewers may also request an escort. Escorts travel with you to the address, wait in the car or another appropriate location while you complete the interview, and travel with you on your return. If necessary, please speak with your Study Manager about requesting an escort a few days before the home visit. Study Managers review all escort requests.

3.5 Answering the Respondent's Questions

Although in most cases the introduction is all you need to gain the respondent's cooperation, there are times when you have to answer questions before you begin the interview. A respondent's questions indicate interest, but also 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 confuse the respondent.

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

If you don't know the answer to a question, admit that you don't know it. Continue with the interview but volunteer to have your Study Manager 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.

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4. Administering the Interview – Screener and Relationship

This chapter describes the process for administering the Screener and Relationship questionnaires.

In this chapter, you learn:

- Who is eligible to respond to the questionnaires;
- The content of the Screener; and
- How the Relationship questionnaire divides household members into families.

4.1 The Household Screening Interview

At each sample dwelling unit, 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 more than 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 automatically runs on your computer. If no SPs are identified, CAPI classifies the case as having no SPs, and no further interviewing takes place at that dwelling unit. If SPs are selected, CAPI instructs 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 six primary stages as follows:

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

5. Collection of media exposure information;
6. Collection of contact information; and
7. Reminder to complete the Hidden DU check, if required.

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 is loaded on your tablet for each address in your assignment. You also receive a hard-copy Case Card (see Chapter 7) 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 who is 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 needs to provide accurate information about everyone who lives in the household: their ages, gender, and race/ethnicity.

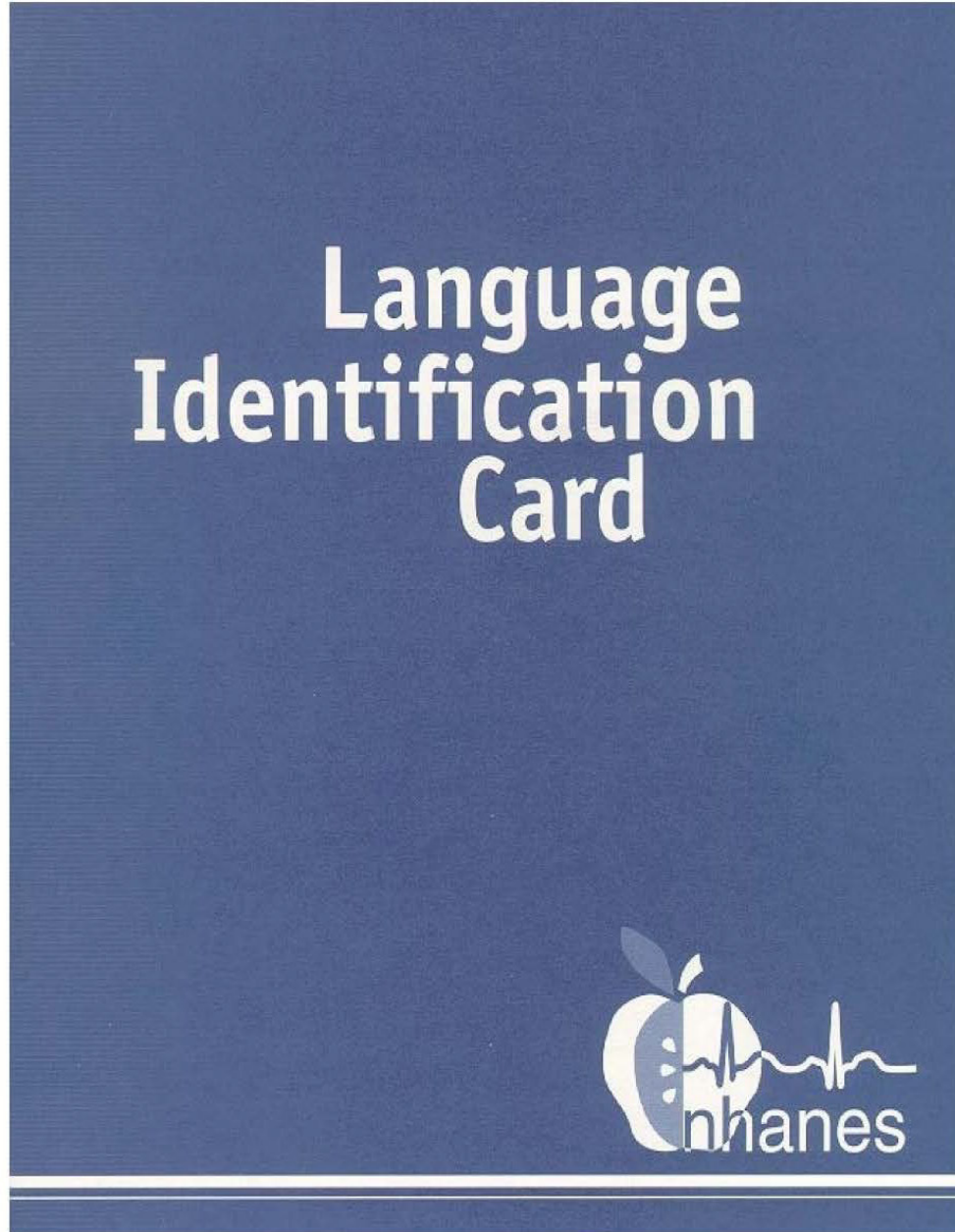
An eligible Screener respondent must be a knowledgeable adult household member who is at least 18 years old or an emancipated minor.

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 the 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 respondent only speaks another language (e.g., Chinese, French, Japanese), or does not speak enough English to conduct the interview, present the respondent with a Language Identification Card (Exhibit 4-1)

Exhibit 4-1. Language Identification Card



NATIONAL CENTER FOR HEALTH STATISTICS
National Health and Nutrition Examination Survey



Centers for Disease
Control and Prevention
National Center for
Health Statistics

Exhibit 4-1. Language Identification Card (continued)



<input type="checkbox"/>	املأ هذا المربع إذا كنت تقرأ أو تتحدث العربية.	Arabic
<input type="checkbox"/>	Խոսողով՝ ենք՝ նշում՝ կատարեց այս քանակազանակ, կթե կտտակ՝ կամ՝ կարողով՝ եք նշանեն:	Armenian
<input type="checkbox"/>	যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	Bengali
<input type="checkbox"/>	សូមប្រាកដប្រាកដ: ចំណុចនេះ ត្រូវបានដាក់ ឱ្យ ។	Cambodian
<input type="checkbox"/>	Matka i kabhon komu un taitai pat un sang i Chamorro.	Chamorro
<input type="checkbox"/>	如果您具有中文閱讀和會話能力，請在本空格內標上X記號。	Chinese
<input type="checkbox"/>	Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.	Creole
<input type="checkbox"/>	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	Croatian (Serbo-Croatian)
<input type="checkbox"/>	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	Czech
<input type="checkbox"/>	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	Dutch
<input type="checkbox"/>	Mark this box if you read or speak English.	English
<input type="checkbox"/>	اگر خواندن و نوشتن فارسی بدوستان، این مربع را علامت بگذارید.	Farsi



Exhibit 4-1. Language Identification Card (continued)



NATIONAL CENTER FOR HEALTH STATISTICS

National Health and Nutrition Examination Survey

<input type="checkbox"/> Cocher ici si vous lisez ou parlez le français.	French
<input type="checkbox"/> Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	German
<input type="checkbox"/> Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	Greek
<input type="checkbox"/> अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस गोले पर चिह्न लगाएँ।	Hindi
<input type="checkbox"/> Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	Hmong
<input type="checkbox"/> Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.	Hungarian
<input type="checkbox"/> Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	Ilocano
<input type="checkbox"/> Marchi questa casella se legge o parla italiano.	Italian
<input type="checkbox"/> 日本語を読んだり、話せる場合はここに印を付けてください。	Japanese
<input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	Korean
<input type="checkbox"/> ໃຫ້ຕາມປີລິເຊງນີ້ ຖ້າທ່ານສາມາດອ່ານຫຼືເວົ້າພາສາລາວ.	Laotian
<input type="checkbox"/> Zaznacz tę kratkę jeżeli czyta Pan/Pani lub mówi po polsku.	Polish
<input type="checkbox"/> Assinale este quadrado se voce lê ou fala Português.	Portuguese



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Exhibit 4-1. Language Identification Card (continued)



NATIONAL CENTER FOR HEALTH STATISTICS

National Health and Nutrition Examination Survey

<input type="checkbox"/> Însemnați această căsuță dacă citiți sau vorbiți Românește.	Romanian
<input type="checkbox"/> Поставьте этот квадратик, если вы читаете или говорите по-русски.	Russian
<input type="checkbox"/> Maka pe fa'ailoga le pusa lea pe afai e te faitau pe tusitusi i le gagana Samoa.	Samoa
<input type="checkbox"/> Обележите овај квадратич уколико читате или говорите српски језик.	Serbian (Serbo-Croatian)
<input type="checkbox"/> Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	Slovak
<input type="checkbox"/> Marque esta casilla si lee o habla español.	Spanish
<input type="checkbox"/> Markahan ang kahon na ito kung ikaw ay nagsasalita o nagbabasa ng Tagalog.	Tagalog
<input type="checkbox"/> ระบุเครื่องหมายในช่องนี้หากคุณพูดหรืออ่านภาษาไทย.	Thai
<input type="checkbox"/> Faka'ilonga'i 'ae puha ko'eni kapau 'oku te lau pe lea 'ae lea fakatonga.	Tongan
<input type="checkbox"/> Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	Ukrainian
<input type="checkbox"/> اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانہ میں نشان لگائیں.	Urdu
<input type="checkbox"/> Xin đánh dấu vào ô này nếu quý biết đọc và nói được Việt Ngữ.	Vietnamese
<input type="checkbox"/> צייכנט דעם קעסטל אויב איר שרייבט אדער ליינט אידיש.	Yiddish

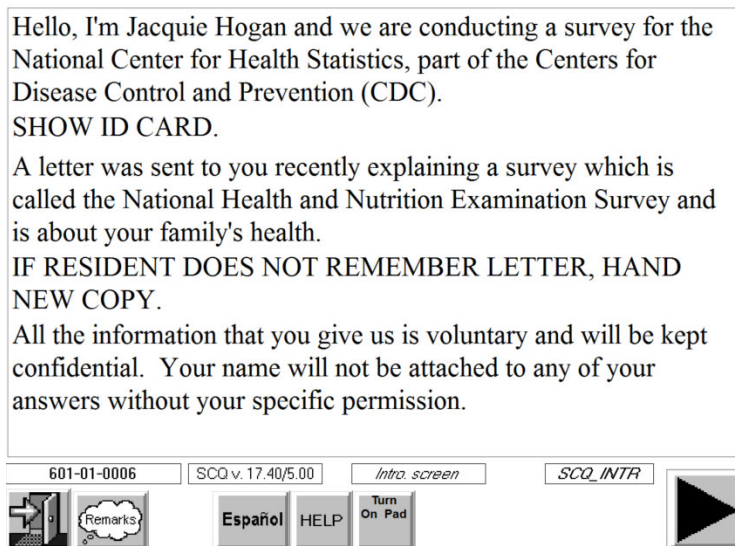


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so they may identify the spoken household language. Also, try to find a household interpreter or a friend or neighbor to assist in the conduct of the interview. This interpreter should be aged 18 years or older. If you cannot find an appropriate interpreter, 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 briefly explains the study, the purpose of the Screener, and the study's confidentiality pledge.

4.1.3.2 Notice of Confidentiality and 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.

Public reporting burden of this collection of information is estimated to average 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).

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

Before we begin, I would like to verify a few things.
ASK FOR ALL PERSONS WHO APPEAR UNDER 30
YEARS OF AGE:
Are you 18 years or older?

NO
 NO, EMANCIPATED MINOR
 YES

601-01-0002 SCQ v. 17.00/5.00 verify age SCQ010

Remarks Español Turn On Pad




Do you live here?

NO
 YES

601-01-0002 SCQ v. 17.00/5.00 verify live here SCQ015

Remarks Español Turn On Pad



The first two questions are designed to verify that the Screener respondent is 18 years or older and is a household member. Interviewers are allowed to conduct Screeners only with adults (or emancipated minors) who live in the household. If “No” is selected for either question, the Screener ends and displays a message to identify a household resident who is 18 years or older.

4.1.3.4 Dormitory Room

The screenshot shows a software interface for a survey question. The top section is a text box containing the question: "INTERVIEWER: IS THIS A DORMITORY ROOM?". Below the question is a large white area with two radio button options: "Yes" and "No". The "Yes" option is selected. At the bottom of the interface is a control bar with several elements: a small icon on the left, a "Remarks" button, a "Español" button, a "Turn On Pad" button, "DK" and "RF" buttons, and two navigation arrows (left and right).

Students who live in dorm rooms skip some subsequent Screener questions. They are not 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 is often quite low, because, they are frequently supported by their parents. Also, students rarely know their roommate’s income.

4.1.3.5 Address Verification

Please give me your complete physical street address.
7 PRACTICE ST
BALTIMORE MD 20707

NO (WRONG ADDRESS)
 YES (CORRECTIONS)
 YES

601-01-0018 SCQ v. 20.00/5.00 verify_addr. SCQ070a

Remarks Español Turn On Pad

This question requires you to ask the respondent to tell you his/her physical 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 as eligibility of the household members is based on their physical address and not their mailing address. 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 and are entering a physical (not mailing) address.** If you are at the wrong address, code, “NO – WRONG

If you need to make major corrections to the address, be sure you are at the correct address!

ADDRESS.” CAPI will go to the end of the Screener and you will need to locate the correct dwelling unit.

Please give me Ron Goodman 's complete mailing address?

Additional Address Line

1 PRACTICE ST

Street # Dir Pre Street Name St/Rd/Ave Dir Post

Unit/Apt/Bldg Unit #

Baltimore MD 20707

City State Zip Zip2 Clear Clear All

601-01-0015 SCQ v. 5.10/5.00 mail addr. correct SCQ425

Turn On Pad DK RF

Later in the Screener you ask if the household receives mail at this address. If no, then you ask for the household’s mailing address. 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 mailing 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 physical and mailing address information and verify and record all data very carefully at the correct questions.

4.1.3.6 Respondent Health Characteristics (Non-Response Bias Analysis)

First, I have some general questions about your health.
Would you say your health in general is . . .

excellent, (excelente,)
 very good, (muy buena,)
 good, (buena,)
 fair, or (regular, o)
 poor? (mala?)

601-01-0001 SCQ v. 19.00/5.00 health SCQ600

Remarks Español Turn On Pad DK RF

Are you now taking any medications prescribed by a health professional such as a doctor or dentist?

Yes
 No

601-01-0001 SCQ v. 19.00/5.00 taking meds SCQ610

Remarks Español Turn On Pad DK RF

How many prescription medications do you currently use or take? Would you say...

1 to 2, (1 a 2,)

3 to 5, or (3 a 5, o)

6 or more? (6 o más?)

601-01-0001 SCQ v. 19.00/5.00 *how much meds* SCQ620

Remarks Español Turn On Pad DK RF

Has a doctor or other health professional ever told you that you had diabetes?
IF DIABETES ONLY DURING PREGNANCY, CODE NO.

YES

NO

BORDERLINE OR PREDIABETES



601-01-0001 SCQ v. 19.00/5.00 *diabetes* SCQ630

Remarks Español Turn On Pad DK RF

Has a doctor or other health professional ever told you that you had hypertension (hy-per-ten-shun), also called high blood pressure?
 IF HIGH BLOOD PRESSURE ONLY DURING PREGNANCY, CODE NO.
 IF RESPONDENT SAYS “HIGH NORMAL BLOOD PRESSURE”, “BORDERLINE HYPERTENSION” OR “PREHYPERTENSION” CODE NO.

Yes
 No

601-01-0001 SCQ v. 19.00/5.00 hypertension SCQ640

The next five questions ask about the health characteristics of the Screener respondent. These questions are used to assess non-response bias and ensure that NHANES represents the health and nutritional status of everyone living in the United States. Since about 50 percent of persons selected by the Screener (SPs) do not complete the SP interview or the MEC exam, we need to be sure that respondents who go on to complete the SP and MEC interviews are not significantly different from those that do not. These questions also help build trust with respondents by introducing health questions at the beginning of the interview process. Note that the Spanish response options are in parentheses for bilingual interviewers who need to read them when asking the Screener questions in Spanish.

4.1.3.7 Household Composition Questions

The next series of questions is designed to provide a record of individual household members. The information collected in this series obtains 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 member.”

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 4-18) 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.
 - **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.
 - **Students**—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.

- **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).
- **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.
- **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:
 1. Do not interview citizens of foreign countries and other persons who are living on the premises of an embassy, ministry, legation, chancellery, or consulate.
 2. 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.
- **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. For example, a child who lives with a different parent during different times of the week/year due to his/her parent’s separation or divorce.
- **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.
- **Inmates of specified institutions**—Persons who are inmates of certain types of institutions at the time of the Screener interview are not household members of the sample unit. They are usual residents of the institution and are out of scope for this survey. If they are institutionalized after the Screener, they remain in the sample.
- **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 the “Hidden DU” questions appear in CAPI, you will need to follow the procedures described in Chapter 11.

Household Composition Question Specifications

Total Number of Persons in the Household

The screenshot shows a computer interface for a survey question. The question text is: "To begin, how many people live in this household? Please do not include anyone who usually lives somewhere else." Below the text is a large input field containing the number "3" in a black box with a small blue dropdown arrow to its right. At the bottom of the screen is a control bar with several elements: a box with "601-01-0015", a box with "SCQ v. 5.10/5.00", a box with "HH count", and a box with "SCQ090". To the left of these boxes are icons for a printer and a "Remarks" field. In the center are buttons for "Español", "HELP", "Turn On Pad", "DK", and "RF". To the right are two large navigation arrows, one pointing left and one pointing right.

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. You are given the opportunity to add members on the subsequent roster screens, and CAPI automatically updates this field for you.

Identifying a Reference Person (Householder)

What are the names of all the persons living here? Start with the name of the person, or one of the persons, who owns or rents this home.
(Please remember not to include anyone who usually lives somewhere else.)
PROBE: Any others?

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

601-01-0015 SCQ v. 5.10/5.00 enum. other. HH SCQ130

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

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:

Always enter the person who owns or rents the home or ‘reference person’ first.

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 this home.” If no household member occupying the dwelling unit owns or rents the unit, the reference person is the first household member mentioned who is aged 18 years 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 Chapter 6), and subsequently requiring additional time and resources to rectify the error (i.e., data cleanup and re-contacting the SP to obtain 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 “Jr” or “Sr” 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 (e.g., Smyth or Smithe).

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-Rodriguez de Martinez.

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

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

On rare occasions a respondent may refuse to provide a name. If this happens, 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, which indicates that 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, but 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 are recorded consecutively on the screens that follow.

CAPI skips 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

What are the names of all the persons living here? Start with the name of the person, or one of the persons, who owns or rents this home.
(Please remember not to include anyone who usually lives somewhere else.)
PROBE: Any others?

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

601-01-0015 SCQ v. 5.10/5.00 enum. other. HH SCQ130

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

All members of the household are entered into the roster. This question is meant to let the respondent know we want all 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, students are eligible to be screened at their residence at school.

The number of lines that appears 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 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 creates a separate Family questionnaire in your assignment for each family in the household containing at least one SP.

If there are eligible SPs, members of a household is divided into separate family units using the answers provided in the Relationship questionnaire.

First Review of Household Membership Roster

I have 3 people living here ...
[READ NAMES LISTED BELOW.]

#	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 sweep intro. SCQ145

Home
Remarks
Delete Row
Español

Turn Off Pad
DK
RF
Insert Row
Left Arrow
Right Arrow

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

Household Membership “Sweep” Questions

Have I missed ...

... any babies or small children? Yes No

... any lodgers, boarders, or persons in your employ who live here? Yes No

... anyone who usually lives here but is now away from home? Yes No

... anyone else living or staying here? Yes No

601-01-0015 SCQ v. 5.10/5.00 sweep kids SCQ150

Turn Off Pad DK RF

Spanish

Navigation arrows

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 appears. You 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 appears on the screen prompting you to ask for a **unique** name (“Junior, Senior, the 3rd, or something like that?”).

[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

Turn Off Pad DK RF Insert Row

*Insert Row
Confirm?*

Yes No

[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. 5.1Q/5.00 enum. missed kids SCQ150N

Remarks Delete Row Español Turn On Pad DK RF Insert Row

Reviewing the Household Roster

[VERIFY HOUSEHOLD MEMBERS BY READING NAMES LISTED BELOW.]

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

601-01-0015 SCQ v. 5.1Q/5.00 enum. summary SCQ190

Remarks Delete Row Español Turn On Pad DK RF Insert Row

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

Be sure to review the household roster with the respondent to avoid errors!

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

Do any of the persons in this household have a home anywhere else?
STUDENTS LIVING AWAY AT SCHOOL ARE CONSIDERED TO HAVE A HOME SOMEWHERE ELSE.

Yes
 No

601-01-0015 SCQ v. 5.10/5.00 H/H other home SCQ195

Remarks Español HELP Turn On Pad DK RF

This question is designed to verify that all persons recorded as residing in the household are household members as defined earlier in this section. 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 a home anywhere else”), CAPI will display a list of all person in the household with a column labeled OTHER HOME and prompt you to ask, “Who is that?”

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

Name	Other Home
Ron M Goodman	<input type="checkbox"/>
Nancy Goodman	<input type="checkbox"/>
Zoe Goodman	<input type="checkbox"/>
Adam Bartley	<input type="checkbox"/>

601-01-0015 SCQ v. 5.10/5.00 pers. other home SCQ200

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

Where does Adam Bartley usually live and sleep; here or somewhere else?

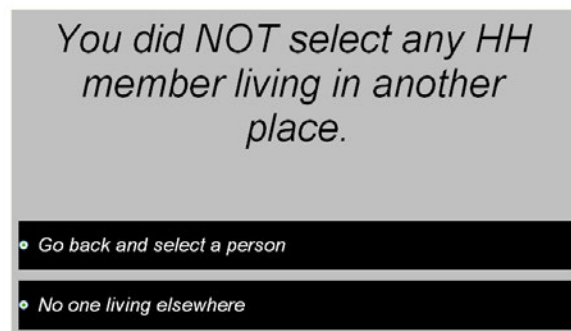
Name	Live Here
Adam Bartley	<input type="checkbox"/>

601-01-0015 SCQ v. 5.10/5.00 other home livehere SCQ210

CAPI then displays a question to determine where each person you have recorded as having another home usually lives and sleeps. The response for the column “Live Here” is blank for each person. There are 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 automatically eliminates the person from the household roster and the remainder of the questions.

At SCQ200, if you do select at least one person who has a home somewhere else and try to move forward, CAPI produces 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 presents a message, “No one selected with other home, backcoding previous response.” CAPI automatically changes 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

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

Yes

No

601-01-0015 SCQ v. 5.10/5.00 HH/military SCQ220

Remarks Español HELP Turn On Pad DK RF

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, Coast Guard, or 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 serving in the Commissioned Corps for the U.S. Public Health Service;
- 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 attend only weekly reserve meetings, summer camp, or the like.

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

Name	Military
Ron M Goodman	<input type="checkbox"/>
Nancy Goodman	<input type="checkbox"/>
Zoe Goodman	<input type="checkbox"/>
Adam Bartley	<input type="checkbox"/>

601-01-0015 SCQ v. 5.10/5.00 *pers. military* SCQ290

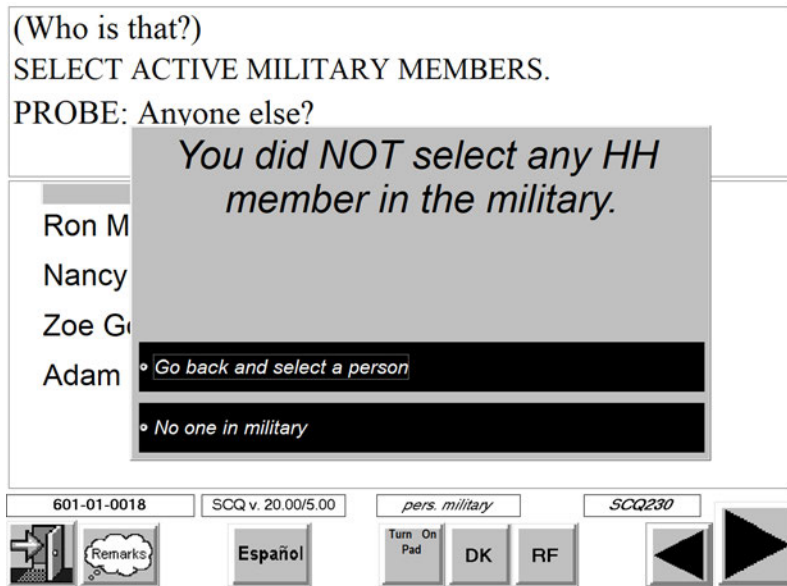









If you select “Yes” for the military question, CAPI displays a list of all persons in the household with a column labeled, “Military,” and prompt you to ask, “Who is that?” For each person identified, enter a “YES” response. CAPI automatically fills a response of “NO” for those persons who are not on full-time active duty with the military.

CAPI then displays a question to determine where the person usually lives and sleeps. The response for the column labeled, “LIVE HERE” is 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). An active military person who usually lives somewhere else is not considered a member of the household and is automatically removed from the household membership roster.

At SCQ230, if you do select at least one person who is on active military duty and try to move forward, CAPI produces 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 automatically changes 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.

Interviewer Review Household Composition

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

Name	Gender
Ron M Goodman	M
Nancy Goodman	F
Zoe Goodman	M
Adam Bartley	M

601-01-0015 SCQ v. 5.10/5.00 HH summary SCQ250

Remarks Español Turn On Pad

CAPI displays a list of all persons you have entered as household members for your review. This list does not need to 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 aged 18 years or older listed on the roster as the reference person.

4.1.3.8 Ethnicity and Race Questions

Do you consider Ron M Goodman to be Hispanic, Latino, or of Spanish origin?
READ IF NECESSARY: Where do his ancestors come from?

- Puerto Rican
- Dominican (Republic)
- Central/South American
- Other Hispanic or Latino
- Cuban/Cuban American
- Mexican/Mexican American
- Other Latin American

Name	Hispanic Ethnicity
Ron M Goodman	<input type="radio"/> Yes <input type="radio"/> No

601-01-0015 SCQ v. 6.70/5.00 *hispanic* SCQ260

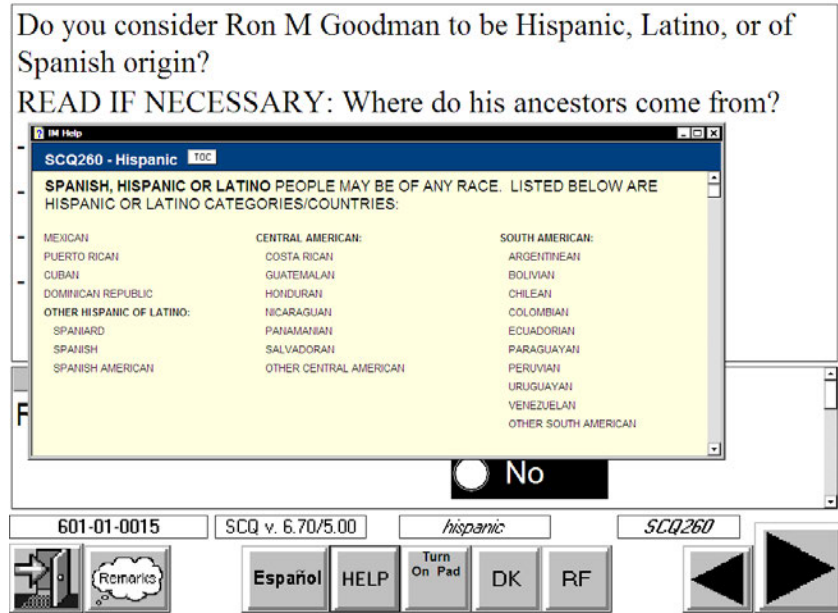
Remarks Español HELP Turn On Pad DK RF

It is very important to accurately obtain for each household member whether s/he is Hispanic, Latino, or of Spanish origin. This information plays a key role in determining whether anyone is eligible to participate in NHANES. 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).

You will ask about each household member regarding his/her 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. Instead it displays the Hispanic question for the person(s) 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 SP questionnaire.

Use the on screen help text only if the respondent is unsure of his/her ethnicity.



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 lists the ethnicity you have entered for each person. This should not be read to the respondent unless you have any doubt about a person's response. Review the entries to be sure you have entered them correctly. If you find you have made an error in one of your entries, you must back up to the screen containing the question about ethnicity and change your entry.

WARNING: REVIEW HISPANIC STATUS FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.

Name	Ethnicity
Ron Goodman	Not Hispanic
Nancy Goodman	Not Hispanic
Zoe Goodman	Not Hispanic
Adam Bartley	Not Hispanic

601-01-0015 SCQ v. 5.10/5.00 ethnicity summary SCQ262

Race Questions

HAND CARD #1

What race do you consider Ron Goodman to be? Please select one or more.
CHECK ALL THAT APPLY.

Ron Goodman

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- WHITE
- OTHER

601-01-0015 SCQ v. 5.10/5.00 race SCQ270

This question is asked of all household members. Race is based on identification **by the respondent**. Hand the respondent Screener Hand Card #1. The 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 his/her race as Asian.

Remember to read the **entire** question, including the phrase “Please 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.

The screenshot displays a CAPI interface for a follow-up question. The main text area contains the question: "Do any of the groups on this card represent Adam Bartley 's national origin or ancestry?" followed by "HAND CARD #2". Below the question is a table with two columns: "Name" and "Asian Ancestry". The "Name" column contains "Adam Bartley". The "Asian Ancestry" column contains two radio button options: "Yes" and "No". The "Yes" option is currently selected. Below the table is a navigation bar with several buttons: "601-01-0015", "SCQ v. 5.10/5.00", "ancestry", "SCQ280", "Español", "HELP", "Turn On Pad", "DK", "RF", and two large arrow buttons (left and right).

Screeners and 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 adds the race code Asian to the races previously selected. If the answer to this question is “No,” CAPI does 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 lists 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.

Ethnicity and Race are critical for sampling. Do not assume all members of a household are the same race and ethnicity. Be sure all demographic information is entered correctly into CAPI.

WARNING: REVIEW RACE FOR EACH PERSON!
SAMPLING ALGORITHM WILL BE APPLIED.

Name	Race
Ron Goodman	WHITE
Nancy Goodman	WHITE
Zoe Goodman	WHITE
Adam Bartley	ASIAN
	OTHER

601-01-0015 SCQ v. 5.10/5.00 *race summary* SCQ271

Remarks Español Turn On Pad ◀ ▶

4.1.3.9 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" (i.e., Don't Know) for both month and day, then enter the year.


If month, day, and year of birth have been entered, CAPI calculates 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*















What is Ron Goodman 's birthdate?

#	Name	DOB			Age Yrs
1	Ron Goodman	▼	/		
2	Nancy Goodman	Jan	Feb	Mar	
3	Zoe Goodman	Apr	May	Jun	
4	Adam Bartley	Jul	Aug	Sep	
		Oct	Nov	Dec	

601-01-0015 SCQ v. 5.10/5.00 *DOB* *SCQ290*

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

◀
▶

What is Ron Goodman 's birthdate?

#	Name	DOB			Age Yrs
1	Ron Goodman	Apr	30	196	
2	Nancy Goodman				
3	Zoe Goodman				
4	Adam Bartley				

601-01-0015 SCQ v. 5.10/5.00 *DOB* SCQ290







So Ron M Goodman is 50?
IF NECESSARY, RE-ENTER CORRECT AGE.

#	Name	DOB			Age Yrs
1	Ron M Goodman	Apr	30	1969	50
2	Nancy Goodman				
3	Zoe Goodman				
4	Adam Bartley				

601-01-0018 SCQ v. 20.00/5.00 *DOB* SCQ290








CAPI allows you to change the age entered in this field. When this happens, CAPI displays a message indicating that the date of birth is being changed and automatically recalculates 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 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, “DK” should be entered in each response field (month, day, year, and age). CAPI then displays a range of ages for selection.

How old is Adam Bartley?
IF AGE IS LESS THAN 12 MONTHS, ENTER RF.

#	Name	DOB			Age Yrs
1	Ron M Goodman	Apr	30	1969	50
2	Nancy Goodman	Oct	8	1977	42
3	Zoe Goodman	Feb	22	2001	18
4	Adam Bartley	DK	DK	DK	RF

601-01-0018 SCQ v. 20.00/5.00 *DOB* SCQ290

About how old is Adam Bartley?

#	Name	DOB			Age Yrs
1	Ron M Goodman	Apr	30	1969	50
2	Nancy Goodman	Oct	8	1977	42
3	Zoe Goodman	Feb	22	2001	18
4	Adam Bartley	DK	DK	DK	0

0-11 mn
1-2 yr
3-5 yr
6-11 yr
12-19 yr
20-29 yr
30-39 yr
40-49 yr
50-59 yr

0-11 mn

601-01-0018 SCQ v. 20.00/5.00 *DOB* *SCQ290*

These ranges 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 estimate of the “age range.” Note the interviewer instructions on the screen. If the date of birth is not known or provided for a child aged less than 12 months, you must enter “RF” for Age Yrs. CAPI will bring up the dropdown list and you should select ‘0-11 mn’.

Age Review Screen

WARNING: REVIEW AGE FOR EACH PERSON!
SAMPLING ALGORITHM WILL BE APPLIED.

Name	Age	Range
Ron M Goodman	50	
Nancy Goodman	42	
Zoe Goodman	18	
Adam Bartley	20	20-39 yr

601-01-0018 SCQ v. 20.00/5.00 age summary SCQ301

Remarks Español Turn On Pad ◀ ▶

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

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

4.1.3.10 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 skips 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 Black/African American persons be selected and the entire household is white), CAPI skips to the ending questions in the interview.

4.1.3.11 Income

Think about all the sources of income received by all the members in this household during the last 12 months, that is from January 2019 to December 2019. Was the total income more or less than \$47,638?

IF INCOME EQUAL TO \$47,638 CODE "LESS".

More
 Less

601-01-0018 SCQ v. 20.00/5.00 HH low income SCQ340

Remarks Español Turn On Pad DK RF

For sampling purposes, this question is asked in households with respondents who were identified as “White” or “Other”. CAPI samples household members based on age, gender and those meeting the income sampling criteria. The income fills in this question are 185 percent of the Federal Poverty Guidelines, based on the number of persons in the household.

Income questions are asked in households identified as White/Other because low income White/Other are considered a separate sampling group from non-low income White/Other.

4.1.3.12 Sample Person Selection

If SPs have been selected, CAPI will display the below message.

THIS HOUSEHOLD HAS ELIGIBLE SURVEY PARTICIPANTS.
THE ELIGIBLE PERSON(S) SAMPLED IN THIS HOUSEHOLD ARE:

Name	Gndr.	Ethnicity	Samp_Race	Age
Ron M Goodman	M	Not Hispanic	White	50
Nancy Goodman	F	Not Hispanic	White	42
Zoe Goodman	F	Not Hispanic	White	18
Adam Bartley	M	Not Hispanic	Asian	20

601-01-0018 SCQ v. 20.00/5.00 *sampling summary* *SCQ370*

Remarks Español Turn On Pad ◀ ▶

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

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

601-01-0019 SCQ v. 20.00/5.00 *SCQ_END4* *SCQ_END4*

Remarks Español Turn On Pad ▶ ◀

If no SPs have been selected, CAPI skips the above screens and moves on to the Recontact Questions (see Section 4.1.3.13).

4.1.3.13 Recontact Questions (Mailing Address, Media Outreach, and Phone Number)


Mailing Address

Is Ron Goodman 's mailing address the same as his street address?

Yes
 No

601-01-0015 SCQ v. 5.10/5.00 mail addr. y/n SCQ420

Remarks Español Turn On Pad DK RF



Please give me Ron Goodman 's complete mailing address?

Additional Address Line

1 PRACTICE ST

Street # Dir Pre Street Name St/Rd/Ave Dir Post



Unit/Apt/Bldg Unit #

Baltimore MD 20707

City State Zip Zip2 Clear Clear All

601-01-0015 SCQ v. 5.10/5.00 mail addr. correct SCQ425

Remarks Español Turn On Pad DK RF



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 displays 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, 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

To enter a PO box, clear the Street # and Street Name fields. Select PO Box from the Unit/Apt/Bldg drop down list and enter the PO Box number in the Unit # field.

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: The “Clear All” button deletes all address information including state and zip code.

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

NHANES data can be used for future follow-up studies. The mailing address information you verify/collect in this question is 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.

Media Outreach

Other than me (or my colleague) talking to you about the survey, have you ever heard about the National Health and Nutrition Examination Survey?

READ 'OR MY COLLEAGUE' IF ANOTHER INTERVIEWER HAS VISITED THE HOUSE.

Yes
 No

601-01-0001 SCQ v. 19.00/5.00 *ever heard survey* SCQ500

Remarks Español Turn On Pad DK RF

From where did you hear about the survey?
CODE ALL THAT APPLY
HAND CARD #3

TV
 RADIO
 NEWSPAPER (PRINT OR ONLINE)
 SOCIAL MEDIA
 OTHER WEBSITE
 WORD OF MOUTH (HEARD FROM FAMILY, FRIENDS, OR CONTACTS)
 OTHER

601-01-0018 SCQ v. 20.00/5.00 *where hear survey* SCQ510

Remarks Español HELP Turn On Pad DK RF

From where did you hear about the survey?
 CODE ALL THAT APPLY
 HAND CARD #3

TV
 RADIO
 NEWSPAPER (PRINT OR ONLINE)
 Social media refers to interactive electronic platforms that allow users to share ideas and information with a network of contacts (popular sites include Facebook, Twitter, Reddit, Snapchat, LinkedIn, etc.).
 Las redes sociales se refieren a plataformas electrónicas interactivas que les permiten a los usuarios compartir ideas e información con una red de contactos (algunos sitios populares son Facebook, Twitter, Reddit, Snapchat, LinkedIn, etc.)

601-01-0018 SCQ v. 20.00/5.00 where hear survey SCQ510

Español **HELP** **Turn On Pad** **DK** **RF**

Next, CAPI displays the media outreach questions. These questions allow NHANES to gauge the effectiveness of various media outreach efforts that are undertaken at each stand. SCQ510 has help text available.

Telephone Number

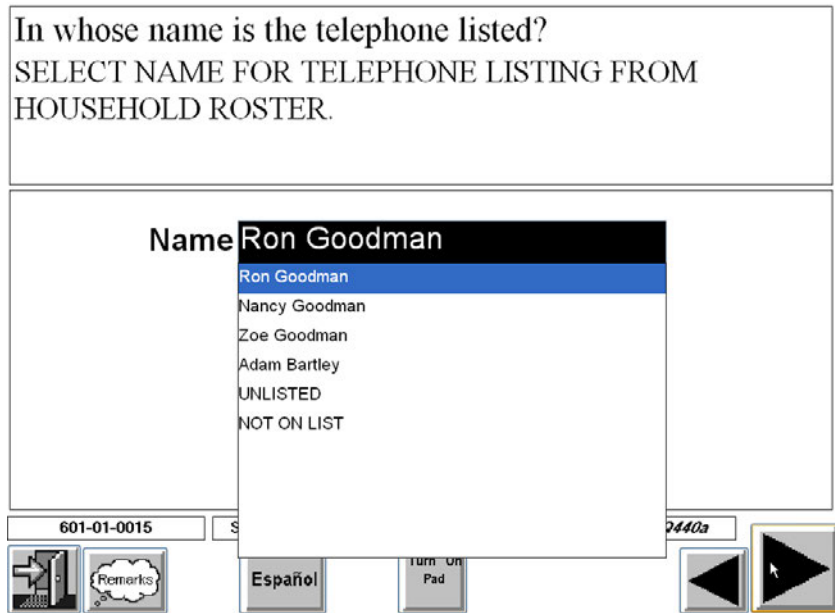
Please give me your home telephone number in case my office wants to check my work.

Home Phone () - Ext 00000

No home phone

601-01-0015 SCQ v. 5.10/5.00 home phone SCQ430

Español **Turn On Pad**



The purpose of the questions 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 the household. Notice there is a check box for “No home phone.” If you enter a phone number, CAPI displays a question to determine in whose name the telephone is listed.

Telephone information is requested of all households, regardless of survey eligibility status of household members.

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

Is there another number where you can be reached?

Phone # (914) 535-7890 Ext 00000

No other phone

601-01-0015 SCQ v. 5.10/5.00 other phone SCQ460

Remarks Español Turn On Pad DK RF

If the family does not have a home phone (land line) or if they refuse to provide a phone number, another question appears 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 other phone” option.

Where is that telephone located?

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

601-01-0015 SCQ461

Remarks Español Turn On Pad DK RF

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


4.1.3.14 Hidden DU Check

We want to be sure that every household in this area has been given a chance to participate in this important survey. Are there any other living quarters here that we may have missed?

Yes
 No

601-01-0001 SCQ v. 19.00/5.00 *other living qtrs* SCQ560

Remarks Español Turn On Pad DK RF




COMPLETE THE HIDDEN DU FORM.

✓ FORM COMPLETE

601-01-0001 SCQ v. 19.00/5.00 *DU form* SCQ570

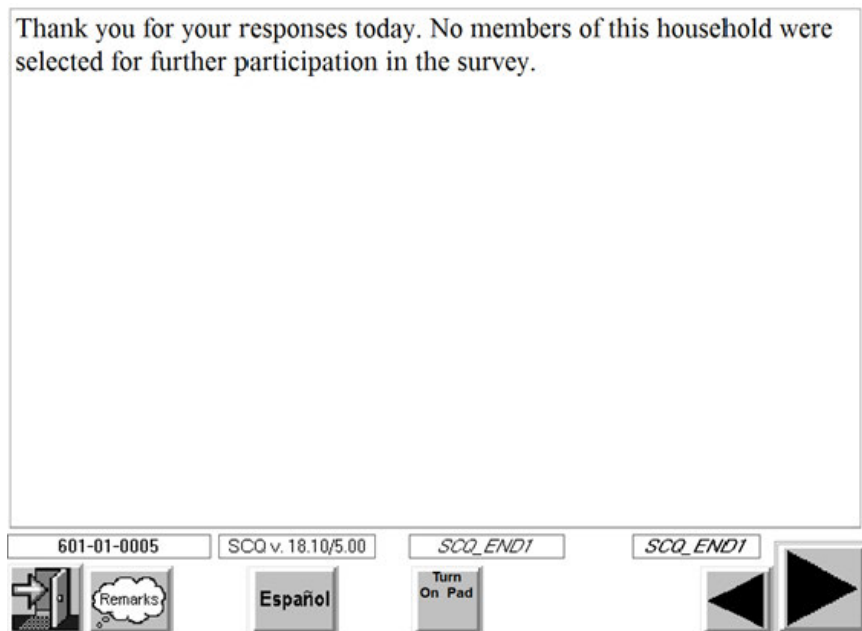
Remarks Español Turn On Pad DK RF



The next two screens appear if there are **no** eligible respondents, and the case was randomly selected for a Hidden DU check. The questions prompt you to complete the Hidden DU check and then verify the procedure was completed. If the case was selected for a Hidden DU check and there **are** eligible respondents, these screens appear at the end of the Relationship questionnaire. Details regarding the Hidden DU check can be found in Chapter 11.

Households are randomly sampled to have a Hidden DU check completed.

4.1.3.15 Thank You Screen



Thank you for your responses today. This household has eligible survey participants.
 READ NAMES BELOW. IF APPROPRIATE, EXPLAIN PARTICIPATION IN STUDY TO RESPONDENT.

Name	Gender	Age
Ron M Goodman	M	55
Nancy Goodman	F	55
Zoe Goodman	F	10
Adam Bartley	M	8

619-08-0040 SCQ v. 19.20/5.00 SCQ_END? SCQ_END?

Remarks Español HELP Turn On Pad

The last screen provides a closing statement to be read to the respondent. If SPs have been selected, CAPI also displays each SP’s name, gender, and age.

4.2 The Relationship Questionnaire

Only eligible households (households in which there is at least one SP) are asked a set of relationship questions. These questions are designed to determine individual household member’s 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 addition,

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 one person, CAPI automatically codes the Relationship questionnaire as complete, and no relationship questions are 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, adoption, or are 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).

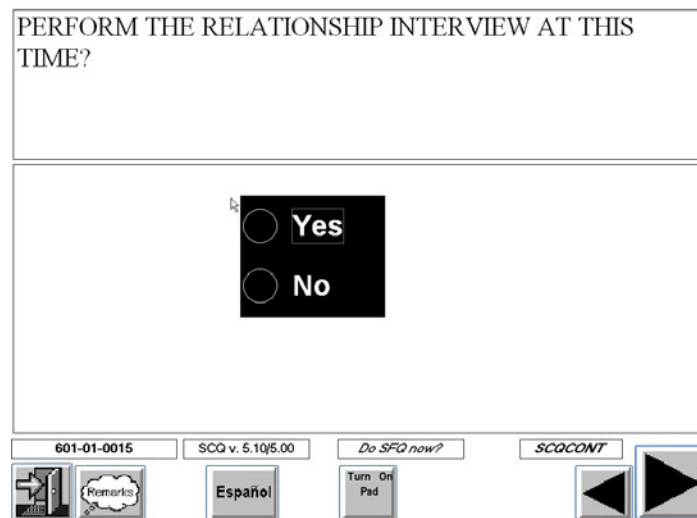
4.2.1 Completion Order for Relationship Questionnaire

The Relationship questionnaire screens are similar to other questions 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 **immediately** after the Screener. CAPI will facilitate this process by providing the opportunity to move directly into the Relationship questionnaire after

Except in rare instances, the Relationship questionnaire should be asked immediately after the Screener.

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 interview at the door and have found eligible SPs, you need to conduct a number of additional questionnaires. At this point, we suggest that you continue with the remainder of the interviews, but suggest to the respondent that you and them move to a more comfortable interview setting inside the home.

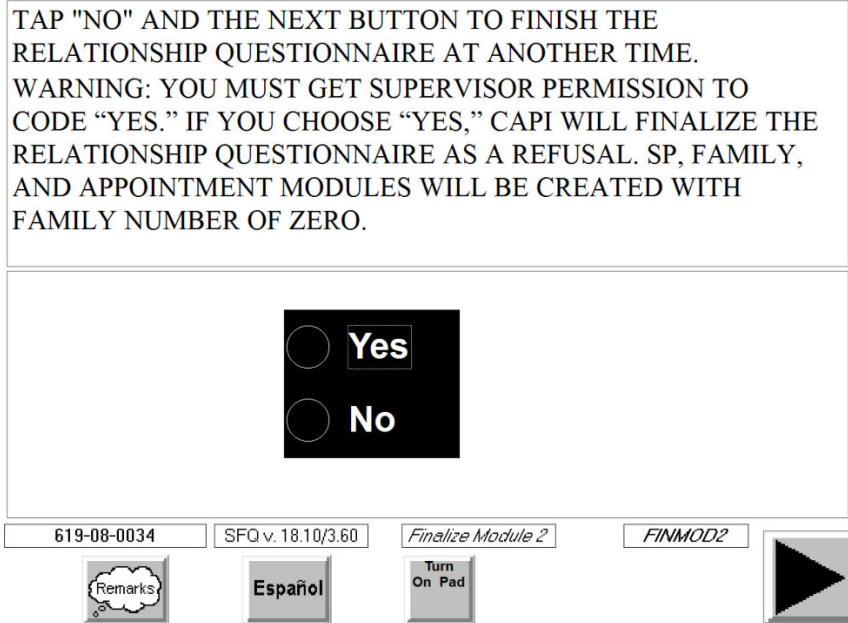


In **rare circumstances** the Relationship questionnaire can be administered during another interview session after the Screener is completed. For example, you may complete the Screener on Monday and return to the household the following day to complete the Relationship questionnaire and the appropriate 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 SPs are created in CAPI until the Relationship questionnaire is accessed and either completed or otherwise finalized. This means the SP questionnaire do 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.

No SPs are created and no SP questionnaires appear in IM until the Relationship questionnaire is completed.



Select “No” for this screen if you want to come back and complete the Relationship questionnaire at a later time. As noted above, it is recommended that you move directly and seamlessly from the Screener to the Relationship questionnaire. However, there may be rare circumstances where you need to break off at this point. Selecting “No” allows you to break off and complete the relationship questions at a later time. This will code the relationship module as “Partially Worked”. If you have to break off here, speak to your supervisor about the situation. If the respondent at a household is refusing to participate further, you must select “Yes” and CAPI will finalize the Relationship questionnaire as a refusal.

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 Screener interview, 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

RELATIONSHIP MODULE
The next questions are about family relationships.

619-14-0002 SFQ v. 18.10/3.60 *Module 2* SFQ000

➡ Remarks Español Turn On Pad ▶

“The next questions are about family relationships.”

HAND CARD SFQ2
What is Nancy Goodman 's relationship to Ron Goodman ?

<u>RELATED</u>		<u>NOT RELATED</u>	
<input type="radio"/> WIFE		<input type="radio"/> HOUSEMATE/ROOMMATE	
<input type="radio"/> PARTNER		<input type="radio"/> ROOMER/BOARDER	
<input type="radio"/> DAUGHTER (BIOLOGICAL/ IN-LAW/ ADOPTIVE/FOSTER/STEP)		<input type="radio"/> OTHER/ NON RELATED	
<input type="radio"/> DAUGHTER OF PARTNER		<input type="radio"/> LEGAL GUARDIAN	
<input type="radio"/> GRANDDAUGHTER		<input type="radio"/> WARD	
<input type="radio"/> MOTHER		<input type="radio"/> REFUSED	
<input type="radio"/> SISTER		<input type="radio"/> DON'T KNOW	
<input type="radio"/> GRANDMOTHER			
<input type="radio"/> AUNT			
<input type="radio"/> NIECE			
<input type="radio"/> OTHER RELATIVE			

601-01-0015 SFQ v. 5.10/3.60 *Pick relationship to* SFQ007

➡ Remarks Español HELP Turn On Pad DK RF ◀ ▶

In this first series, record the relationship of all household members to the household reference person. The household reference person is the first household member, aged 18 years 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 14). 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 aloud**. 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 such as same-sex partners.
- The study is not interested in obtaining information about 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.

Is Zoe Goodman , Ron Goodman 's biological (natural), adoptive, step, foster daughter or daughter-in-law?

- BIOLOGICAL (NATURAL) DAUGHTER
- ADOPTIVE DAUGHTER
- STEP DAUGHTER
- FOSTER DAUGHTER
- DAUGHTER-IN-LAW

601-01-0015 SFQ v. 5.10/3.60 Type of SFQ020

Remarks Español HELP Turn On Pad DK RF ◀ ▶

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

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

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

601-01-0015 SFQ v. 5.10/3.60 Type of SFQ030

Spanish HELP Turn On Pad DK RF < >

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

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

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

601-01-0015 SFQ v. 5.10/3.60 Type of SFQ040

Spanish HELP Turn On Pad DK RF < >

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 are treated as a separate family and administered a separate Family questionnaire. CAPI automatically divides 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 presents a series of questions to determine how these individuals should be grouped.

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

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

Yes
 No

601-01-0016 SFQ v. 5.10/3.60 Talk to non-related SFQ050

← Español HELP Turn On Pad DK RF →

Who is Allyson Marcus related to?

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

601-01-0016 SFQ v. 5.1Q/3.60 Select persons SFQ060

The relationship categories that appear for these persons are defined exactly as in the initial relationship questions (see Section 4.2.3.1). In this example, 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, 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 does 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 makes the connection that there is some degree of parent-child relationship between the Reference Person's spouse and child.

I recorded that Jeremy Drake is the father of Melanie Drake . Is Melanie Drake his biological, adoptive, step, foster child, daughter-in-law or a non relative of Jeremy Drake ?

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

601-01-0016 SFQ v. 5.10/3.60 *Type of child of* SFQ110b

Remarks Español HELP Turn On Pad DK RF < >

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

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

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

601-01-0021 SFQ v. 20.00/3.60 *Person mother a* SFQ120

Remarks Español HELP Turn On Pad DK RF < >

Who is that?
SELECT PERSON FROM HOUSEHOLD MATRIX.

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

601-01-0021 SFQ v. 20.00/3.60 Who is mother SFQ130

The questions above are 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 aged at least 12 years or older. The roster contains only the females in the household who are aged at least 12 years and older. Select, “LEGAL GUARDIAN IN HOUSEHOLD,” if the person has no mother in the household, but does have a legal guardian.

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

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

601-01-0021 SFQ v. 20.00/3.60 Father a HH SFQ150

Who is that?
SELECT PERSON FROM HOUSEHOLD MATRIX.

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

601-01-0021 SFQ v. 20.00/3.60 Who is father SFQ160

The questions above are 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 contains only the males in the household that are at least 12 years old. Select, “LEGAL GUARDIAN IN HOUSEHOLD” if the person has no parent in the household, but does have a legal guardian.

4.2.3.4 Marital Status

Determine **current** marital status for each person in the household **aged 14 years or older**. You usually know this by the time you get to this item, but please verify this information with the respondent. If a family member is either married or living with a partner, ask if they live in the household and who they are, the spouse or partner, thus identifying marital relationships. Note: These questions are not be asked if marital relationship for all household members have been recorded or inferred from answers to previous questions.

Marital status is determined for each household member aged 14 years or older.

Is Pedro Ledesma-Rayes now married, widowed, divorced, separated, never married or living with a partner?

MARRIED
 WIDOWED
 DIVORCED
 SEPARATED
 NEVER MARRIED
 LIVING WITH PARTNER

601-01-0021 SFQ v. 20.00/3.60 *Person married* SFQ180

4.2.3.5 Hidden DU Check

The Hidden DU Check questions appear if the household was randomly selected for this procedure. See Section 4.1.3.14 for details on the instrument screens and Chapter 11 for details on the Hidden DU check.

4.2.3.6 Ending the Relationship Questionnaire—Entering Respondent Information

At the end of the Relationship questionnaire, CAPI prompts you to select the name of the person who responded to the questions from the list of persons in the household. You also enter information about an interpreter if one was used. The respondent and interpreter screens appear at the end of the Screener if the household is ineligible. For eligible households, they also appear at the end of the Screener if you decide to complete the Relationship questionnaire at another time. In this particular case, the respondent selection screen that appears at the end of the Screener is slightly different than the one that appears at the end of the Relationship questionnaire.

Thank you. That completes the questions about family relationships.

619-14-0002 SFQ v. 18.10/3.60 Thank you SFQEND

Remarks Español Turn On Pad [Navigation Buttons]

SELECT RESPONDENT FOR THE SCREENER MODULE II
-- HOUSEHOLD RELATIONSHIPS.

Respondent

- Julian Drake
- Jeremy Drake
- Melanie Drake
- Allyson Marcus
- Janet Marcus
- Tamie Marcus
- NOT IN HOUSEHOLD







601-01-0020 SFQ v. 5.10/3.60 7

Remarks Español Turn On Pad [Navigation Buttons]

IS AN INTERPRETER BEING USED FOR INTERVIEW?

Yes
 No







601-01-0015 SFQ v. 6.70/3.60 *interp. used* INT001

LANGUAGE USED FOR INTERVIEW

AMERICAN SIGN LANGUAGE
 CHINESE (CANTONESE)
 CHINESE (MANDARIN)
 FRENCH
 GERMAN
 ITALIAN
 JAPANESE
 KOREAN
 RUSSIAN

601-01-0020 SFQ v. 6.70/3.60 *interp. used* INT003













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

HOW WAS INTERPRETER OBTAINED

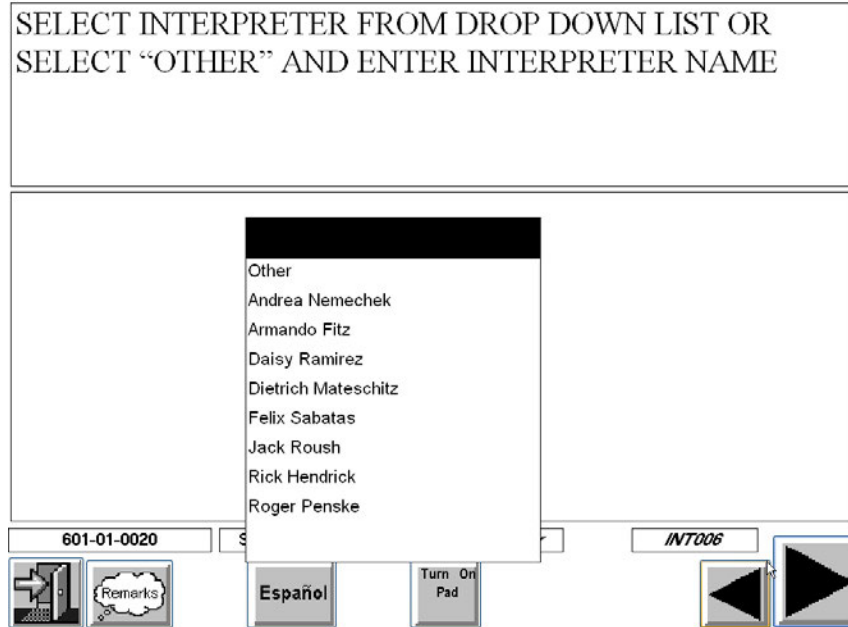
ARRANGED BY THE OFFICE
 RECRUITED DURING VISIT OR APPOINTMENT

601-01-0018 SFQ v. 20.00/3.60 *interp obtained* INT005

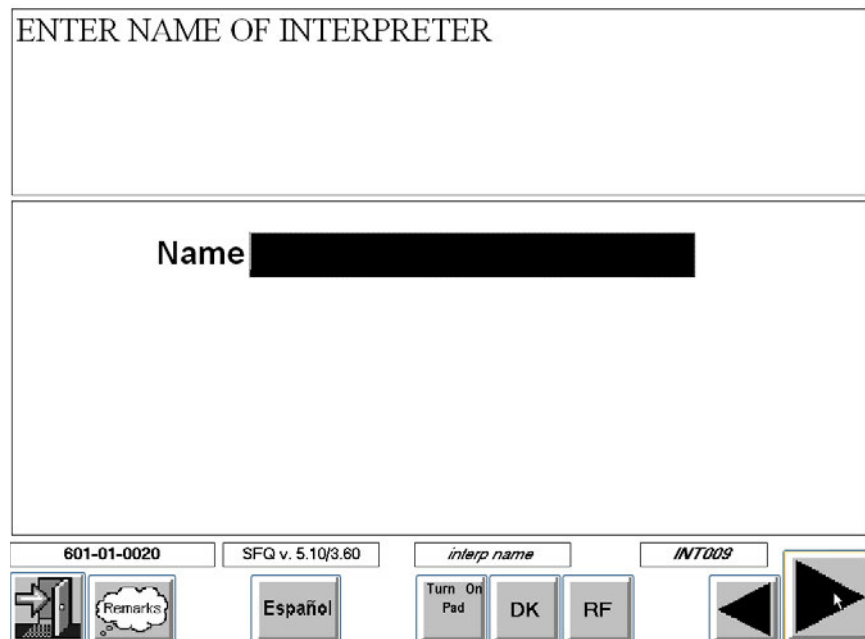






Next, indicate how you obtained the interpreter. The options are, “ARRANGED BY THE OFFICE” or “RECRUITED DURING VISIT OR APPOINTMENT.”

In most cases, we expect that you will be able to complete the Screener and Relationship questionnaire with an English-speaking household member 18 years and older. If there is no one in the household who meets these qualifications, try to find someone in the neighborhood who can 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 THE OFFICE” was selected, you are presented with a list of interpreters on file. Select the name of the interpreter you used. No other information is collected about the interpreter since the data already exist in the database. If you select “Other” from this list, you are asked for the name, phone number, age, and gender of the interpreter.



ENTER PHONE # OF INTERPRETER

Phone # () -

601-01-0020 SFQ v. 5.10/3.60 *interp ph number* INT010

ENTER AGE RANGE OF INTERPRETER

18-29
 30-59
 60+

601-01-0020 SFQ v. 5.10/3.60 *interp age range* INT011







       

ENTER GENDER OF INTERPRETER

Male

Female

601-01-0020 SFQ v. 5.10/3.60 *interp_gender* INT012







SELECT INTERPRETER SOURCE

RELATIVE LIVING IN HOUSEHOLD

NON-RELATIVE LIVING IN HOUSEHOLD

NEIGHBOR, RELATIVE OR FRIEND – NOT IN HH

601-01-0020 SFQ v. 5.10/3.60 *interp_source* INT007

If you select “RECRUITED DURING VISIT OR APPOINTMENT” for INT005, collect additional information about the interpreter. First, indicate the source of the interpreter: “RELATIVE LIVING IN THE HOUSEHOLD,” “NON-RELATIVE LIVING IN HOUSEHOLD,” or “NEIGHBOR, RELATIVE OR FRIEND – NOT IN HOUSEHOLD.”

SELECT NAME OF INTERPRETER FROM HOUSEHOLD ROSTER

Name

- Gordo Kasmiroff
- Shiela Kasmiroff
- Alexander Kasmiroff
- Vladimir Yeltsin

601-01-0021 S T008

If the interpreter is someone living in the household, CAPI presents a list of names of household members, and select the name of the interpreter from the list. If you select “NEIGHBOR, RELATIVE, OR FRIEND - NOT IN HH,” for INT007, you are asked additional information about the interpreter. These interpreter information screens are identical to those displayed if you had selected “Other,” for the interpreter arranged by the office (INT006).

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5. Administering the Interview – SP

This chapter provides an overview for administering the household Sample Person (SP) questionnaire, including:

- Who is eligible to respond to the SP interview;
- How to determine when a proxy is needed;
- The procedures for handling interviews that require Spanish or another language;
- How to obtain informed consent to conduct and audio record the interview;
- How to help the SP prepare for the interview; and
- How to begin the SP interview on your tablet.

Specifications of the SP questionnaire are reviewed in detail in Chapter 13.

5.1 Administering the Household Sample Person Questionnaires

The SP questionnaire is administered for each eligible SP. The actual questionnaire sections administered depend upon the SP's age. During each interview, CAPI walks you through selecting a respondent, documenting the reason a proxy may be needed, confirming the SP's personal and demographic information, collecting consent to administer the interview, documenting whether a witness or interpreter is needed, collecting consent to audio record, administering the appropriate questionnaire sections, and confirming the SP's contact information.

5.1.1 Eligible Respondent for SP Questionnaires

To be eligible for the SP questionnaire, the person must have been selected through the sample person selection procedures applied by CAPI in the screening interview. Once SPs are identified through the screening process, the interviewer selects a respondent at the beginning of SP questionnaire. This respondent completes the SP questionnaire by answering questions about the SP's health and nutrition, asked by the interviewer. Respondent eligibility depends on the SP's age,

and physical and mental ability. Generally, the best respondent for the interview is the SP. However, a proxy respondent should complete the interview when the SP meets the criteria below:

- Non-emancipated minor who is aged 15 years or younger; **or**
- Adults who are physically or mentally unable to understand and answer the interview questions.

A **proxy respondent** should be a family member or legal guardian aged 18 years or older who is knowledgeable about the SP's health and daily routines.

SPs Aged 16 Years and Older

SPs aged 16 years and older must respond to the SP questionnaire for themselves, as long as they are physically and mentally able to do so. Before interviewing SPs aged 16 and 17 years who are not emancipated, NHANES requires consent from the minor SP's parent/guardian (see Section 5.4).

The Respondent Helper

It is not uncommon to encounter an SP aged 16 years or older who would like his/her adult child, spouse, other household member, or caregiver to complete the questionnaire in his/her place. If this occurs, determine if the SP is capable of responding to questions by asking the person (adult child, spouse, other household member or caregiver), "Is it that (SP NAME) cannot answer questions on his/her own or would s/he just prefer that you answer for him/her?" In the case of the latter, tell the person that you need to hear from the respondent directly but would welcome his/her assistance with the interview.

At other times, a spouse or parent of a younger adult respondent may also want to help with the interview. Whenever you encounter a "helper," be sure to:

- Select the SP as the respondent even if another person is assisting him/her with the answers;
- Direct the interview questions (and probing) to the SP throughout the course of the interview; and
- Obtain consent to complete the interview (and the exam) from the SP.

SPs Birth to 15 Years Old

Questionnaires for SPs from birth to 15 years old should always be conducted with a proxy respondent (unless the SP is an emancipated minor). 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 are divorced and the mother lives elsewhere).

SPs Aged 16 Years and Older with a Physical or Mental Condition

In cases where the SP is too ill or incapacitated to be interviewed, you must locate a proxy respondent. A reliable source may indicate the SP's need for assistance prior to the interview. Or, it may become apparent that you need to locate a proxy after starting an SP interview (e.g., the interview is taking excessive amounts of time because the SP does not understand, or the SP becomes tired).

Adult SPs are the best source of information about their own health and nutrition. However, when necessary, a proxy respondent who is knowledgeable about the SP's health and nutrition, may complete the interview for the SP.

Reliable Source Indicates a Need

If an adult household member or other reliable source (e.g., a spouse or caregiver) informs you that the SP is incapable of answering questions due to a cognitive or physical impairment:

1. Document the reason given in CAPI (i.e., Cognitive or Physical) (see Section 5.4 on Following General Eligibility Rules – Selecting a Proxy for an SP Who is Age 16+);
2. Identify a knowledgeable adult proxy respondent (i.e., person knows about the SP's health);
3. Seek approval from your supervisor to conduct the interview via proxy; and
4. Obtain consent from the proxy to complete the interview (and exam) (see Section 5.4 on Home Interview and Audio Consent—Proxy for Adult SP 18+ Years Old).

Respondent Has Difficulty Answering Questions

If after beginning the interview, you find that the respondent is having difficulty understanding the interview questions/concepts and you suspect it is due to a cognitive or physical impairment that was not initially obvious:

1. Politely and discretely break off the interview and explain to the SP that you need additional information from another household member;
2. Identify an adult proxy for the interview;
3. Thoroughly document in CAPI the reasons why a proxy is needed (see Section 5.4 on Following General Eligibility Rules – Selecting a Proxy for an SP Who is Age 16+);
4. Discuss the case with your supervisor and seek approval to use a proxy; and
5. Upon receipt of approval, restart the interview at the beginning of the questionnaire with the proxy respondent. Consent from the proxy is required before beginning the interview (see Section 5.4 on Home Interview and Audio Consent—Proxy for Adult SP 18+ Years Old). Start with the first question and overwrite any previously recorded entries as appropriate. When you indicate that you are conducting an interview with a proxy respondent, CAPI displays text wording for each questionnaire item to refer appropriately to the SP.

Selecting a Proxy for the Respondent

Usually, the best proxy is a relative (e.g., spouse, son, daughter, or parent). The proxy may, however, be a non-relative like a close friend or a caregiver. 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. If the SP lives in a residential care facility, a facility staff person may be the best person to serve as a proxy. If you have any doubt about whether to use a proxy, call your supervisor prior to administering the interview.

When selecting someone other than the SP to be the questionnaire respondent, you must indicate in CAPI the reason why a proxy is needed. Select “SP has Cognitive Problems” or “SP has Physical Problems (Specify)” based on the following guidelines (see Section 5.4 on Following General Eligibility Rules – Selecting a Proxy for an SP Who is Age 16+).

Cognitive Problems

Cognitive impairment is defined as the loss of intellectual function (i.e., of thinking effectively).

Some impairments that may prevent the SP from responding to the interview include:

- Developmental or intellectual disabilities (e.g., Down’s Syndrome, Autism, other developmental or genetic-based conditions);
- Progressive memory loss, including Alzheimer’s Disease or other causes of dementia; and
- Impaired thinking **not** related to temporary intoxication due to alcohol/drug use.
 - Note that if you suspect that the respondent has been drinking or taking drugs, you may attempt to complete the interview if you feel the respondent is capable of answering questions. You may also break off the interview and return to complete it at another time. The safety of the interviewer is of primary concern and your best judgement should be used in such cases. If you encounter this situation, contact your supervisor immediately.

Physical Problems

These include any impairment which limits the physical function of limbs or fine or gross motor ability and that limits ability to communicate (e.g., too weak to respond). For the purposes of the interview, select this category **only** if the impairment/problem is so debilitating that it prevents the SP from participating in the interview at any level (even if assisted by another individual).

Remember, you must specify your reason in CAPI. Some examples of physical problems that may require a proxy include:

- Traumatic brain injury;
- Cancer or other debilitating illness;
- Stroke;
- Cerebral palsy;
- Muscular dystrophy;
- Multiple sclerosis;
- Severe hearing impairment; and
- Severe speech impediment.

Emancipated Minor

If you encounter the unusual situation where the minor SP lives alone, lives only with persons who are aged less than 16 years, or is married, talk with your supervisor to determine if the minor SP is emancipated (see Section 5.3). An emancipated minor does not require parental consent to participate in the study, and s/he may respond to the SP questionnaire. With your supervisor's approval, you can document the minor SP's emancipation status on the Respondent Information Screens (see Section 5.4) and then interview the minor SP.

5.2 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) 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 whom you believed to be bilingual, and find s/he has difficulty with the questions or concepts in English, 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.

In rare circumstances, you may be asked to work with a Spanish reader. Spanish readers are used only 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 5-1 for instructions on working with a Spanish reader, including how to display the questionnaires and help screens in Spanish.

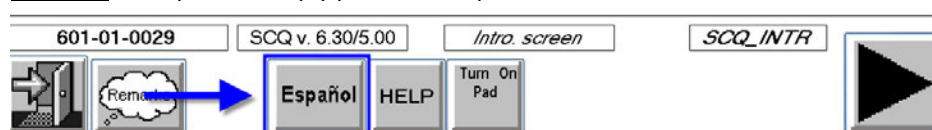
If you encounter a situation where the SP speaks only a language other than English or Spanish (e.g., Chinese, French, Japanese, etc.), or does not speak English well enough to conduct the interview, present the respondent with a Language Identification Card (Chapter 2, Section 2.2.2) so s/he may identify the spoken household language. Also, try to find a household interpreter or a friend or neighbor to help you communicate with the respondent and conduct the interview. This interpreter should be aged 18 years or older. Before conducting the interview with the help of a household member, friend, or neighbor, use the NHANES Interpreter Protocol card (Exhibit 5-2) and the Interviewer Procedures for Identifying, Working with, and Paying Interpreters for Non-English and Non-Spanish Speaking Households and SPs (Exhibit 5-3) to train the interpreter in the conduct of

Exhibit 5-1. Instructions for Working with a Spanish Reader

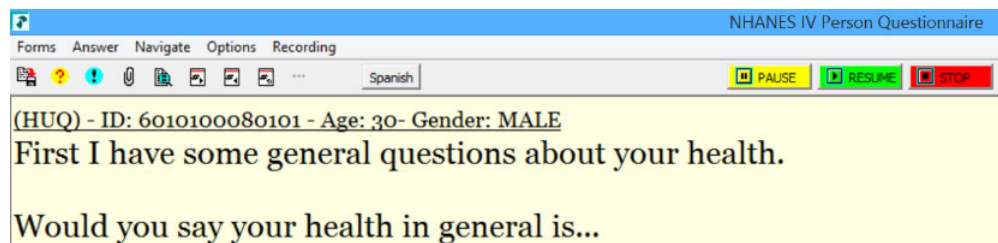
NHANES Working with a Spanish Reader

- Spanish readers are used only when there are not enough bilingual interviewers at a stand.
- You may only use readers who have been provided by the office; 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 a little English, or 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 them, you must immediately stop the interview. The interview can be completed at a later time, using an assessed reader, a bilingual Interviewer, or a bilingual supervisor
 - Be aware that if the MEC staff are unable to conduct English exams with Hispanic SPs due to language difficulties, they will immediately report that the SPs could not have completed an English interview or have read and understood the English consents to your supervisor and the HO.
- When you use an interpreter who is already in the system, ISIS requires selection of the name of the interpreter used. You must also enter information about the interpreter in your tablet or phone record of contacts.
- Most 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 hard copies of the Spanish language materials.
- ALL interviews for Spanish speaking SPs must use the Spanish version of the questionnaires for the entire interview. Spanish readers interpret only 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, the response options (if not in ALL CAPS), and the help screens (if needed) while you enter the responses.
- DO NOT schedule readers to work with you. All reader scheduling is managed by your 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 (i.e., 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.

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 convey information between the interviewer and the participant.

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, s/he 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 s/he understands what is going on.

Exhibit 5-3. Interviewer Procedures for Identifying, Working with, and Paying Interpreters for Non-English and Non-Spanish Speaking Households and SPs

Interviewer Procedures for Identifying, Working with, and Paying Interpreters for Non-English and Non-Spanish Speaking Households and SPs

Identifying Language Needs

- Present Language Identification Card to identify respondent's language.
- If language identified is one in which an Introduction Card (Apple Card) is available, present Introduction Card to find good time to return with interpreter.
- Discuss situation with your supervisor, including information on spoken language and a good time to return.

Minimum Qualifications for Identifying Interpreters

- Screener/Relationship Questionnaires: try to find a household member, friend or neighbor to assist in the conduct of interview.
- SP/Family Questionnaires: call SM before beginning interview to obtain approval.
- Interpreters for all interviews, including the Screener, must be age 18 or older.
- Interpreter must speak, read, and understand English as well as the respondent's language.
- If you cannot identify an interpreter, your supervisor will attempt to recruit one.

Training Interpreters

- **Interpreter is recruited by the interviewer:** Prior to conducting the SP/Family Questionnaires, use the NHANES Interpreter Protocol Handout to train the interpreter.
- **Interpreter is arranged by your supervisor:** Supervisor training depends on amount and type of interpretation person is expected to conduct. Supervisor interpreter training can include:
 - Overview of the study (This is a requirement, even if only a brief overview is provided. Interpreters must be able to explain the purpose and importance of the study),
 - Review of the interpreter protocol, (Required)

Exhibit 5-3. Interviewer Procedures for Identifying, Working with, and Paying Interpreters for Non-English and Non-Spanish Speaking Households and SPs (continued)

- Attendance at the MEC Dry-Run or tour of the MEC,
- Review of the Confidentiality Brochure and Health Measurements List with a field staff member,
- Review of the Advance Letter and Outreach folder with study brochures to read at home (Required), and
- Showing the Advance Arrangements video.

Preparing Interpreters for an Interview

- Prior to the interview, meet with the interpreter who will be assisting and discuss the task at hand.
- Discuss the interpreter's role in the home interview.
- Review key concepts, terms, and aids to be used with the interpreter (e.g., NHANES, national health survey, hand cards, etc.).
- Introduce and show the interpreter glossary that should be used during the interview session.
- Review any important forms or brochures that will be used during the interview (e.g., consent forms, consent brochures, etc.).
- Discuss with interpreter that s/he is not to alter, omit, or add to any communication when interpreting. *All questions and clarifications should be referred to the interviewer to answer.*
- Remind interpreter that all information obtained during all home interviews is confidential and that s/he signed a confidentiality form.
- Make interpreter aware that there will be times when s/he will be asked to wait in the car if the interviewer visits another household where interpreter is not needed.

Procedures for Working with Interpreters

- If the interpreter is not a family or household member or arranged by your supervisor, explain and have interpreter sign a Non-Disclosure Form.
- Record interpreter's name and contact information in CAPI instrument.
- Record household language in the TROC.

Exhibit 5-3. Interviewer Procedures for Identifying, Working with, and Paying Interpreters for Non-English and Non-Spanish Speaking Households and SPs (continued)

- During the interview:
 - If necessary, take a break between topics in subject material.
 - Allow visuals to remain posted until the interpreter(s) have had time to view and present them in the interpreted message (e.g., hand cards).
 - If a participant asks a question or has a comment or concern, remember to allow a slight pause before responding to allow for the interpreter's processing time (lag).
 - Remind the interpreter not to give any hints to the participant trying to answer the questions.
 - Interpreter should assist in interpreting probing questions, not give their own interpretation of the questions being asked.
 - Inform the interpreter that you will assist if any words or concepts are not translatable. Use English/ Spanish Help Screen Text for reference and also the Interpreter Guide/ Glossary.
- While interpreter is available, obtain signature on appropriate study consent forms. Use the English Consent forms and have the interpreter translate your explanation of each form.
 - Home Interview Consent
 - Parental/Guardian Permission to Audio Record the Home Interview
 - Consent/Assent and Parental Permission for Examination at the Mobile Examination Center
 - MEC Child Assent
 - Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies
 - Authorization for Transportation Arrangements for Persons Birth to 17 Years of Age
- When English consent forms are used for a non-English speaking SP, the interpreter will sign on the witness line, whether using a hard copy form or electronic signature. Note that if the respondent chooses to sign electronically, the interpreter must as well.
- Once all appropriate consents have been obtained, arrange for a MEC appointment following protocols.

Exhibit 5-3. Interviewer Procedures for Identifying, Working with, and Paying Interpreters for Non-English and Non-Spanish Speaking Households and SPs (continued)

- Make sure identified interpreter can accompany the SP to the MEC.
- When calling to schedule the MEC appointment, have interpreter name and contact information available.
- At conclusion of the interpreter's initial interview, schedule a time for you to meet with your supervisor to provide feedback on the interpreter's performance.

Paying Interpreters

Do not discuss any payments with potential interpreters until receiving approval from the Study Manager. Below are some of the payments that may be approved.

- **Household members:** Cannot be paid for their time.
- **Non-household family, friends and neighbors:** Do not offer payment for their time unless it is requested. Regional rates vary for payment but can be from about \$10.50 to \$15 an hour. Study Managers can only approve regional rates. Any higher rates require home office or NCHS approval, which will take time. Interpreters who are paid for their time must go in-person to receive payments. Interpreter payments are tracked in the ISIS management system. Appointments for payment must be made with your supervisor and a signed receipt from the interpreter must be obtained. Non-household family, friends and neighbors who drive themselves to the household or MEC to interpret for an SP can be paid mileage.
- **Interpreters arranged by your supervisor:** Have already agreed to a pay rate and will be paid in-person.
- In general, interpreters should not be paid their hourly rate portal to portal but instead be paid only for their time working in the field or in the MEC.

the interview. The NHANES Interpreter Protocol card is located behind the Interpreters tab in the SP and Family hand card booklet. If you cannot find an appropriate interpreter, discuss the case with your supervisor who can find and train an interpreter for you. A glossary of terms translated into Spanish, Simplified Chinese, Traditional Chinese, Korean, and Vietnamese is available in each office for interpreters. Always enter a record of contact on your phone or tablet (Appendix B) indicating that a Spanish-speaking interviewer is needed or that the case requires a language other than English.

5.3 Obtaining Informed Consent for the SP Interview

Each respondent for the SP and Family questionnaires must give written permission prior to the start of the interview. In addition, respondents aged 16 and 17 years must also have a parent consent to the interview. A respondent must consent at the beginning of each interview. Consent is collected electronically during the Respondent Information (RIQ) section of the questionnaire, but a blank hard copy of the Consent Form (Exhibit 5-4) must be provided to the respondent so s/he can review it before signing electronically. The respondent should keep this form for his/her records. If a respondent is not able to give his or her permission to be interviewed, informed consent may be obtained by a proxy informant who knows about the health of the respondent.

NHANES consent forms are available in English and Spanish. If a respondent primarily speaks a language other than English or Spanish, use an interpreter to complete the consent process and interview the respondent.

This consent form addresses several key survey issues. It:

- Explains the general purpose and goals of the survey;
- Provides an overview of the interview topics;
- Discusses data uses, linkage and possible follow-up in the future;
- States that all respondent responses are confidential; and
- Explains the voluntary nature of participation and the rights of survey participants.

Exhibit 5-4. Home Interview Consent Form

#1

**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 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 # 2018-01. 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.
 _____ Date _____
 Witness (if required)

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

HOUSEHOLD ID _____	FAMILY # _____
Which questionnaire(s) did person respond to? FAMILY <input type="checkbox"/> SP <input type="checkbox"/> (IF CHECKED, PRINT BELOW)	
SP NAME _____	SP ID _____
SP NAME _____	SP ID _____

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If an SP is able to participate in the survey and can understand and consent verbally by indicating approval or disapproval, but cannot read or sign the consent form due to some challenge or disability (e.g., reads and speaks a language in which a study consent form is not available, has low literacy, or has low vision), then a witness should be present for the informed consent process and provide a signature. If the SP is able, the SP should be the interview respondent, even when a witness signs the consent form. The witness should be an outside party, preferably not another NHANES staff person, who is present for the entire consent process. By signing, the witness verifies that the participant:

- Heard the informed consent information presented;
- Understood the information presented;
- Had the opportunity to ask questions; and
- Received answers to those questions.

For NHANES, if an interpreter is used during the consent process, regardless of whether the form is in the language that the participant reads and speaks, the interpreter is required to provide a signature. During electronic consent, there is a separate screen for an interpreter signature than for another type of witness. On the hardcopy forms, the interpreter signs on the “witness” line.

In the rare instance that 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 hardcopy consent form. Use the following guidelines to complete the signature process. These guidelines are included behind the HH Consent tab in your SP and Family hand card booklet.

- Write the name of the person who will answer the interview questions.
- 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, s/he 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 aged 16 or 17 years, one his/her 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 aged less than 18 years who lives alone or only with persons who are aged less than 18 years 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 aged 16-17 years 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 Spanish, the respondent would sign an English form in the appropriate area and the parent would sign a Spanish form in the appropriate area. Then staple the two forms together.

- “Witness (if required)” refers to any witness used during the consent process.

For participants with certain disabilities, such as low vision, low literacy, intellectually disabled or handwriting impairment, that require witness signatures, the participant should make their ‘mark’ (under “SIGNATURE OF PERSON ANSWERING QUESTIONS) and the witness should sign on the “Witness (if required)” line.

- Print your name on the line entitled “Signature of staff member.”
- Write 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 at the top of your Case Card and on your case list in Interview Management (IM) on your tablet.
- Write the Family Number on the appropriate line. The Family Number is usually “1”. However, if there is more than one family in the household, this number appears on your CAPI case list.
- Check the boxes and list the SP names that correspond to **all** questionnaires the person will respond to.
- Write each SP name and six digit SP ID. Once you complete the Screener and a data transfer (Appendix B), each SP’s ID is displayed on your Household Participant Summary report (HH Part. Summary on the Tools menu in IM). You can also obtain this number when you call to make a MEC appointment for SPs in the household.

For example, if the respondent (Jane Smith) completes her SP questionnaire, her son Robert’s SP questionnaire and also completes the Family questionnaire, her completed Household Interview Consent Form should look like the one displayed as Exhibit 5-5.

Exhibit 5-5. Completed Home Interview Consent Form

#1

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
HOME INTERVIEW CONSENT

Print name of person questioned Jane Lee Smith
First Middle Last

You have been chosen to take part in the National Health and Nutrition Examination Survey (NHANES), conducted by the National Center for Health Statistics, 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 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 # 2018-01. 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 11/16/19
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 | Robert Smith 345678

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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 section of the consent form. S/he must sign in the “SIGNATURE OF PERSON ANSWERING QUESTIONS” block indicating that s/he 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 SPs/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 linkage for some interviews and not for others, two Home Interview Consent Forms must be completed—one including the SP names/interviews with linkage permission (with appropriate boxes checked) and one for all SP names/interviews for which linkage permission was refused (with appropriate boxes checked).

This form is printed only on single pieces of paper. If completing hardcopy consent forms, rather than electronic, the respondent must complete and sign two copies. One completed copy will be returned to you and the second copy will be kept by the respondent for his/her records.

5.3.1 Emancipated Minors

Emancipated minors are SPs aged 16 and 17 years 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. If you think a minor is emancipated, complete the Waiver of Parental Consent checklist (Exhibit 5-6) and review it with your supervisor. If your supervisor gives you approval to enroll the SP as an emancipated minor, the minor may consent for him/herself and you may interview the emancipated minor without obtaining parental consent. In a typical year we enroll less than a handful of emancipated minors. Almost all SPs aged 16 and 17 years have a parent or guardian who can and must sign their consent form.

Exhibit 5-6. Waiver of Parental Consent Checklist

WAIVER OF PARENTAL CONSENT CHECKLIST

SP Name: _____

Interviewer Name: _____

SP ID#: _____

Date: _____

Summary of State Law concerning Minor status:

Age of majority	✓	(18) <i>Tex. Civ. Pract.& Rem. Code Ann. 129.001</i>
Emancipated minor	✓	<i>Tex. Fam. Code 31.006</i> provides that an emancipated minor has the capacity of an adult.
Minor Living Apart	✓	<i>Tex. Fam. Code Ann. 32.003</i> provides that minor age 16 or older who resides separate and apart from his or her parents or guardian, with or without their consent and regardless of the duration of separate residence, and who is managing his or her own financial affairs, may consent for medical, psychological, surgical and dental care.
Married minor	✓	<i>Tex. Fam. Code Ann. 101.003</i> provides that a person under age 18 who is married is an adult.
Minor Parent	✓	<i>Tex. Fam. Code Ann. 32.003</i> provides that a minor who is unmarried and has actual custody of the minor's biological child may consent for medical, dental, psychological or surgical treatment for the child.

Section	Item	Compliance		
		Yes	No	N/A
General Observation	No parental supervision			
	Age verification			
		Yes	No	N/A
Type of Verification	Marriage			
	Emancipation decree			
	Living apart/self supporting			
	Minor is a parent			

Comments: _____

Supervisor _____ Gave Approval _____ Did Not Give Approval

Date of Approval Status: _____

5.3.2 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 issues or concerns across interviewers that may require additional training or retraining. Finally, the recordings are used to assess how the questions are working. If respondents are confused by a question or if interviewers have to probe to get valid responses, the audio recordings can be used as evidence that the question needs to be revised or that help text should be added.

All SP and Family questionnaires should be recorded using the audio recording capability built into your tablet. Recording begins as soon as you arrive at question RIQ.230. Next, 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 aged 16 years and older verbally consent to being audio recorded and that consent will be captured on the recording. Because SPs aged 16-17 years are minors, but complete their own interviews, their parent/guardian must give written consent for the interview to be recorded. This is collected electronically after reviewing the Parental/Guardian Permission to Audio Record the Home Interview form (Exhibit 5-7). 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 a hard copy. 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 are read the same script and verbally consent for their children.

If the respondent will complete multiple interviews (e.g., one for each of her four children), and has refused audio recording for the first few interviews, you are not required to read the text for RIQ.230 for later interviews. Instead, at RIQ.230, verbally confirm that the respondent has previously refused for all interviews and allow CAPI to record this verbal note. Then, press “No” and the “Next” button to move forward.

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Exhibit 5-7. 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 Jane Smith
First Middle Last

SIGNATURE OF INTERVIEWER

____ Date

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After the Respondent Information Section is complete and the Blaise portion of the SP or Family questionnaire launches, you have the opportunity to pause or stop the recording.



Select the “Pause” button to stop the recording momentarily—you have the option to resume recording at a later time. Use the Stop button to stop the recording completely, without the ability to restart recording. These buttons should be used only if the respondent requests you to stop or pause the recording— you should never offer these options.

5.4 Beginning the SP Questionnaire

Preparing the Respondent for the Interview

After completing the Screener and gaining cooperation to participate in the study, help the respondent prepare for the interview by asking him/her to gather containers you will review during the interview. This helps him/her stay engaged, because it minimizes the number of times s/he needs to leave the interview setting.

Below is a suggested script for you to use when making this request. You can use this text in conjunction with the Screener hand cards that list the types of products you may ask to review for SPs aged 0-24 months and SPs aged 2 years and older. These are the last two cards on your Screener hand card ring. If the interview is conducted in a location other than the SP’s home, you can still request the containers and show the appropriate Screener hand card. The respondent may have some products with him/her (e.g., dietary supplements, antacids, prescriptions, or infant formulas).

“During the interview, I will ask to see the containers for all the dietary supplements and prescription medication (you take/SP NAME takes) to enter them in my computer. To save time, would you please collect the containers for all of the items in this list that you take, while I set up my computer for the interview? Thank you.”

After you ask the respondent to gather containers, hand the respondent the card that corresponds with the SP’s age.

- For Participants 2 Years and Older: This hand card lists containers that you will review for SPs 2 years and older. The list includes vitamins, minerals, herbals, or other dietary supplements, antacids and prescription medications the SP took in the last 30 days.

- For Participants 0 to 24 Months: This hand card lists containers that you will review for SPs 0 to 24 months. The list includes infant and toddler formulas the SP has taken in the last two weeks. It also includes vitamins, minerals, herbals, or other dietary supplements, antacids and prescription medications the SP took in the last 30 days.

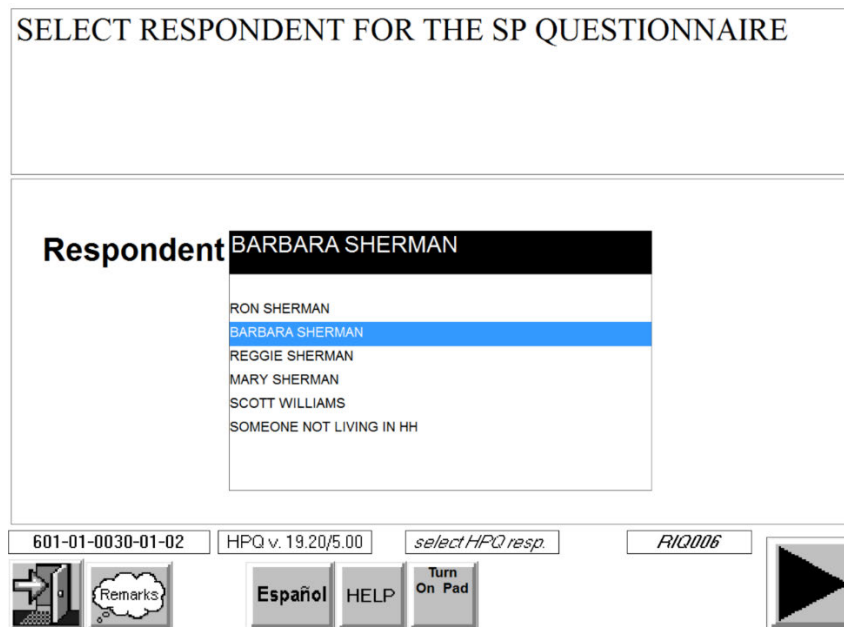
If needed, the respondent may hold on to the hand cards as s/he searches for the listed materials. Prepare your study materials and set up your tablet while the respondent gathers the requested items. Be sure you have your Screener hand cards when you leave the household.

The Respondent Information Questions

After selecting the appropriate SP questionnaire and before administering the first set of questions, you enter information about the respondent, confirm demographic information about the SP, gain consent for the SP interview, enter interpreter or witness information if one is used, and gain audio recording consent before CAPI will allow you to begin the health interview portion of the SP questionnaire.

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 aged 16 years and older must perform their own interview unless there is a reason they cannot. There are several scenarios for using proxies outlined below.

Confirmation of Demographic Information

Next, CAPI verifies the respondent’s demographic information.

[You have been chosen to participate in the National Health and Nutrition Examination Survey conducted for the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC).]
 [All the information that you give us will be kept confidential. Your name will not be attached to any of your answers without your specific permission.]
 HAND RESPONDENT THE ADVANCE LETTER.
 Before we begin the health interview, I would like to verify some information about you.

601-01-0030-01-02 HPQ v. 19.20/5.00 DMQIntro DMQIntro

Remarks Español HELP Turn On Pad

VERIFY OR ASK DATE OF BIRTH AND AGE

#	Name	DOB	Age Yrs
2	BARBARA SHERMAN	RF / RF / RF	17

601-01-0030-01-02 HPQ v. 19.20/5.00 verify DOB, age DMQ010

Remarks Español Turn On Pad DK RF

VERIFY GENDER.

Male
 Female

601-01-0030-01-02 HPQ v. 19.20/5.00 verify gender DMQ020

Remarks Español Turn On Pad

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

First Name BARBARA

601-01-0030-01-02 HPQ v. 19.20/5.00 verify first name DMQ040

Remarks Español HELP Turn On Pad DK RF

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

Middle Name #1 [REDACTED]

Middle Name #2 [REDACTED]

No middle name

601-01-0030-01-02 HPQ v. 19.20/5.00 *verify middle* DMQ050

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

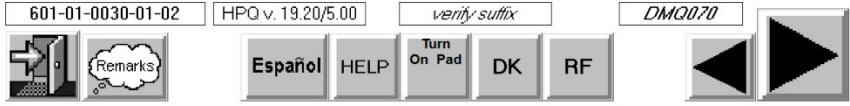
Last Name #1 SHERMAN [REDACTED]

Last Name #2 [REDACTED]

601-01-0030-01-02 HPQ v. 19.20/5.00 *verify last name* DMQ060

[What is your full name, including middle name?]
 VERIFY SPELLING.
 Do you have a suffix? [What is it?]

Suffix XXXXXXXXXX



Confirm the SP’s date of birth, age, and gender information that was originally provided by the Screener respondent. It is critical that accurate demographic information is entered 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 SP’s first, middle and last name, and a suffix, if relevant. The suffix screen displays only for male SPs. 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.

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 displays the following screens.

INTERVIEWER: ASK OR MARK IF KNOWN
(What is your relationship to Barbara Sherman ?)

PARENT (BIOLOGICAL/ADOPTIVE/STEP/FOSTER)
SPOUSE (WIFE/HUSBAND) OR PARTNER
DAUGHTER OR SON (BIOLOGICAL/ADOPTIVE/IN-LAWS/STEP/FOSTER)
PARENT (BIOLOGICAL/ADOPTIVE/STEP/FOSTER)
GRANDPARENT (GRANDMOTHER/GRANDFATHER)
BROTHER/SISTER
OTHER RELATIVE
NON-RELATIVE

601-01-0030-01-02 HPQ v. 19.20/5.00 relationship to RIQ014

Remarks Español Turn On Pad DK RF

CAPI requires you to enter the relationship of the respondent to the SP and the reason for your selection in order to continue.

WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

SP has Cognitive Problems
 SP has Physical Problems (Specify)

601-01-0030-01-02 HPQ v. 19.20/5.00 proxy reason RIQ039

Remarks Español Turn On Pad

If “SP has Cognitive Problems,” is selected, CAPI asks if you have permission to do this. If you answer “Yes,” the interview continues. If you answer “No,” a screen appears indicating that the interview cannot be completed without permission and is 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 requires 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.

WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY? SPECIFY (Other)

Specify enter response here

601-01-0030-01-02 HPQ v. 19.20/5.00 proxy reason. OS RIQ0390S

Remarks Español Turn On Pad

DO YOU HAVE SUPERVISOR PERMISSION TO CONDUCT INTERVIEW WITH A PROXY?

Yes

No

601-01-0030-01-02 HPQ v. 19.20/5.00 proxy permission 11RIQ035

Remarks Español Turn On Pad

Following General Eligibility Rules – Selecting a Child Aged Less Than 16 Years as the Respondent

If you select a child aged less than 16 years as a respondent for the SP interview, CAPI displays the screen below.

INTERVIEW SHOULD BE CONDUCTED WITH A PROXY BECAUSE SP IS UNDER 16 YEARS OLD. YOU SHOULD HAVE APPROVAL FROM YOUR SUPERVISOR BEFORE CONDUCTING THE INTERVIEW WITH AN EMANCIPATED MINOR.
ENTER ONE OPTION

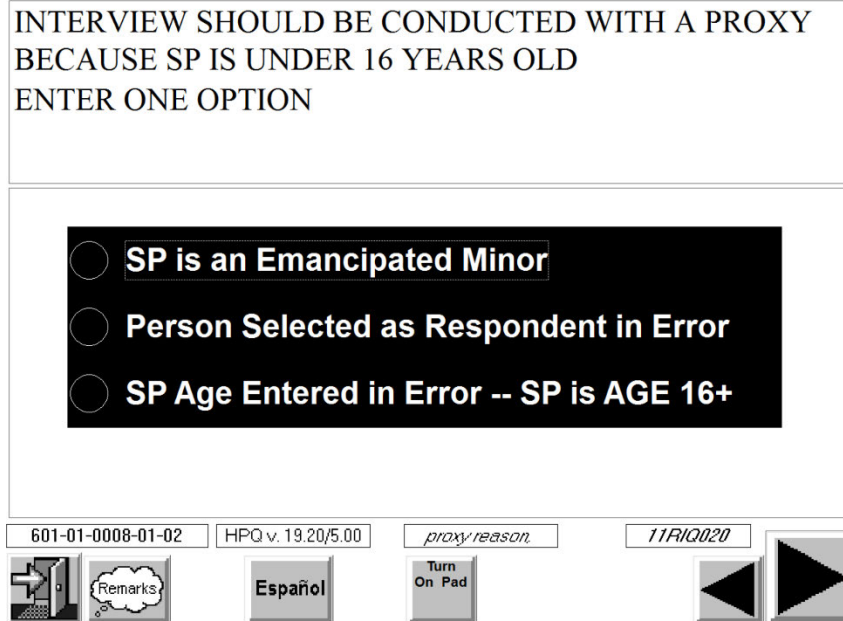
SP is an Emancipated Minor

Person Selected as Respondent in Error

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

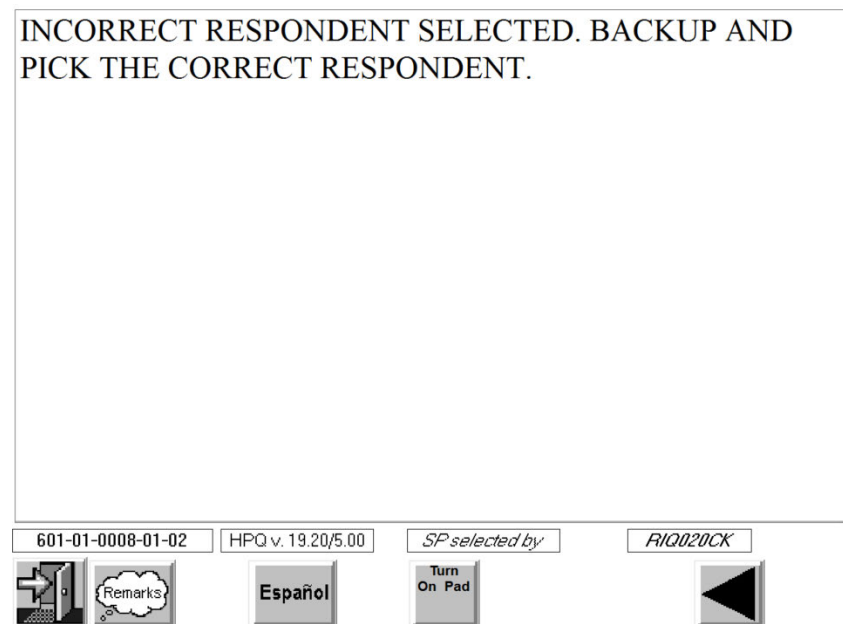
601-01-0030-01-03 HPQ v. 20.00/5.00 proxy reason 11RIQ020

Remarks Español Turn On Pad

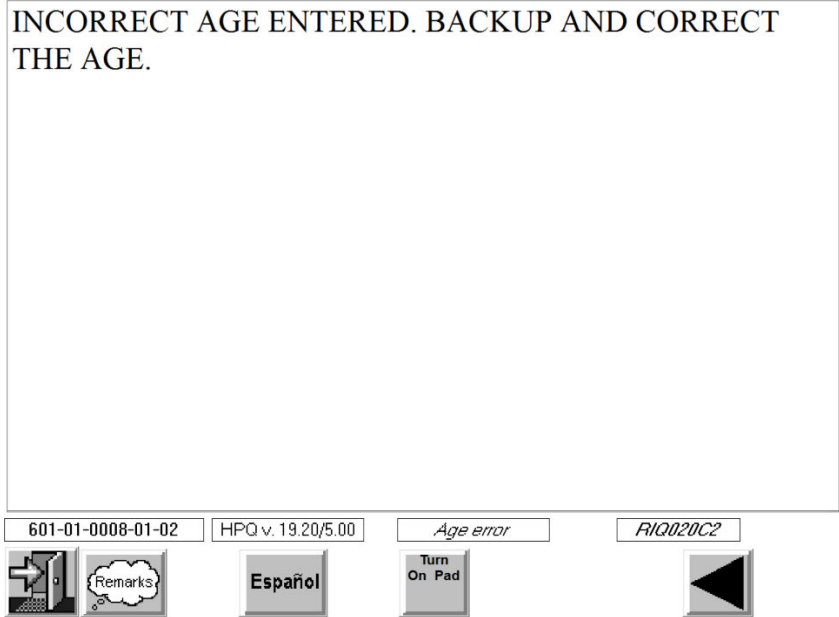


CAPI requires you to enter the reason for your selection in order to continue.

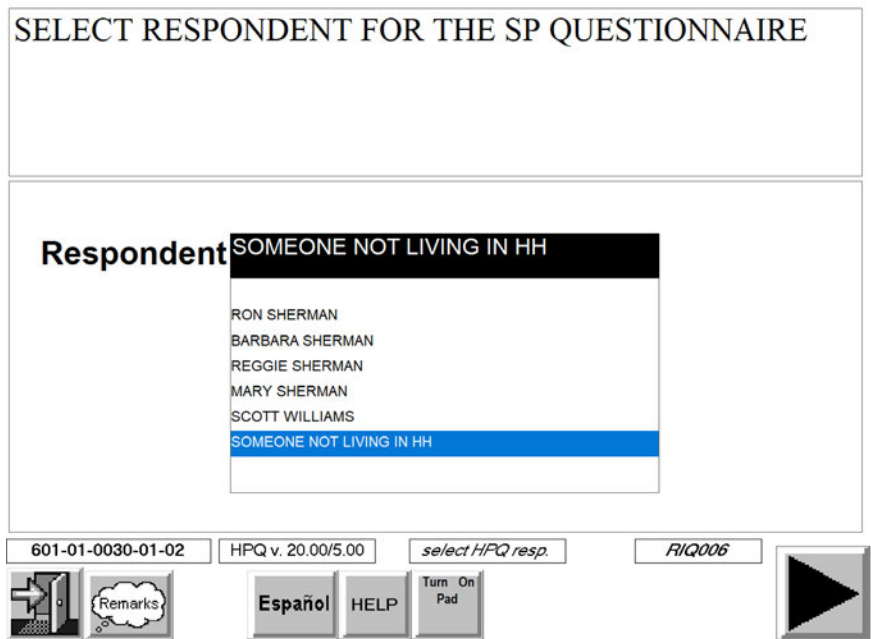
If you select “SP is an Emancipated Minor,” CAPI continues to the consent section. If you select “Person Selected as Respondent in Error,” CAPI displays the following screen instructing you to back up and select the correct respondent.



If you select “SP Age Entered in Error—SP is AGE 16+,” CAPI displays the following screen instructing you to back up and correct the SP’s age.



Following General Eligibility Rules – Selecting a Proxy for an SP Who is Aged 16 Years or Older and Does Not Live In the Household



If you select a proxy that does not live in the SP’s household, CAPI prompts you to identify why s/he 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 request the name and phone number of the proxy.

INTERVIEWER: ASK OR MARK IF KNOWN
(What is your relationship to Adam Bartley ?)

AUNT/UNCLE
MOTHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER)
FATHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER)
GRANDPARENT (GRANDMOTHER/GRANDFATHER)
AUNT/UNCLE
BROTHER/SISTER
OTHER RELATIVE
NON-RELATIVE

601-01-0005-01-04 HPQ v. 17.40/5.00 relationship to RIQ012

Remarks Español Turn On Pad DK RF

WHY IS INTERVIEW BEING CONDUCTED WITH
SOMEONE OUTSIDE THE HOUSEHOLD?

enter reason here

601-01-0005-01-04 HPQ v. 17.40/5.00 resp. not in family RIQ040





Remarks Español Turn On Pad

ENTER RESPONDENT NAME

First Name **SUE**

Last Name **SMITH**


601-01-0005-01-04 HPQ v. 17.40/5.00 *resp. name, text* *RIQ050*










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*



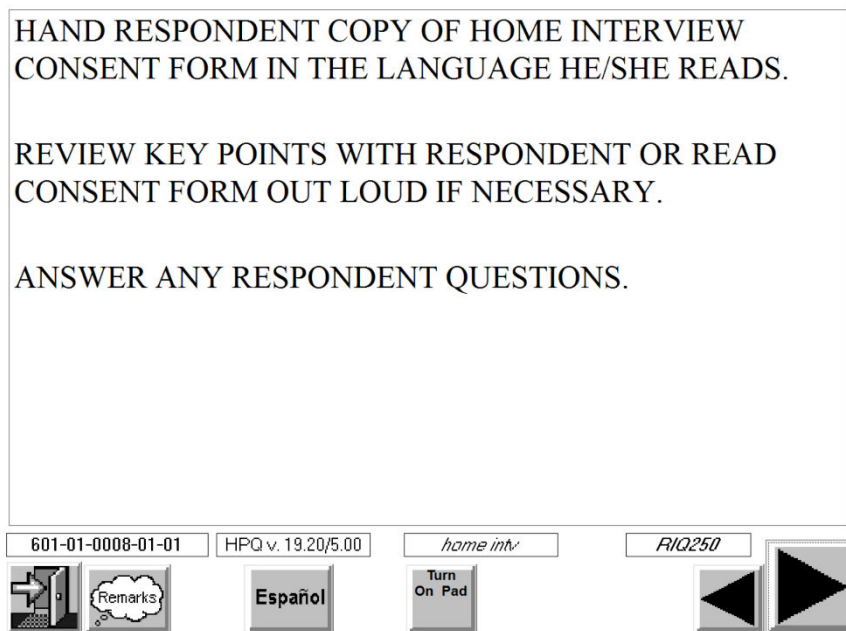
Home Interview and Audio Consent Information

Once the respondent has been selected, you must obtain consent for the SP interview. This process differs depending on the age of the SP. The three main possible pathways for gaining consent are for the following age groups: aged 18 years and older, aged 16 to 17 years, and birth to 15 years old.

If the respondent is able to understand and consent verbally, but cannot read or sign the consent form due to a challenge or disability, be sure to use the SP as a respondent and to use a witness during the consent process. The witness will observe the SP's approval or disapproval during the consent process. If the respondent speaks a language other than English or Spanish, be sure to use the SP as the respondent and to use the interpreter during the consent process (and interview). The interpreter will orally translate the consent information to a language understood by the respondent.

Home Interview and Audio Consent—Adult SP (Aged 18 Years or Older)/ Emancipated Minor

CAPI displays 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 himself/herself, you do not need to read the form in its entirety.

Language: **ENGLISH** OMB# 0920-0950

TURN SCREEN TO RON SHERMAN AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

#1

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 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

601-01-0030-01-01 HPQ v. 20.00/5.00 HH Consent Image RIQ278

Remarks Español Turn On Pad

The next screen instructs you to turn the screen to the respondent and explain that you are reviewing electronically the same hardcopy form that you just handed him/her. There is a language option at the top of the screen that can be changed to the language the respondent is most comfortable with, either English or Spanish.

Language: **ENGLISH** OMB# 0920-0950

EXPLAIN THE HOME INTERVIEW CONSENT AND LINKAGE CHECK BOXES. TURN SCREEN AND ASK RON SHERMAN 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

601-01-0030-01-01 HPQ v. 20.00/5.00 link permission RIQ280

Remarks Español HELP Turn On Pad

The next screen asks the respondent to select “YES” or “NO” to consent to the interview and then consent to linking survey records with other records. Explain or read each statement on the screen and ask the respondent to touch an answer. The respondent must select the answers himself/herself. If the SP has questions about linking data, tap the HELP button and read the help text.

Language: **ENGLISH** OMB# 0920-0950

EXPLAIN THE HOME INTERVIEW CONSENT AND LINKAGE CHECK BOXES. TURN SCREEN AND ASK TED HARRIS TO RECORD HIS/HER HOME INTERVIEW CONSENT AND LINKAGE CHOICE BELOW

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

RIQ.280b- IF RESPONDENT NEEDS MORE INFORMATION, READ:
 I understand your concern. By matching NHANES data with other health-related records, researchers can study health conditions like heart attacks and diabetes in depth. They can also better understand health care use and health care costs for all Americans. These findings will help doctors assist patients in making smart choices. Here are some examples (HAND CARD RIQ1) of things we have learned when we matched records from different sources. May we try to link your/the SP's survey records with other records?

RIQ.280b- IF RESPONDENT NEEDS MORE INFORMATION, READ:
 Entiendo su inquietud. Al combinar los datos de NHANES con otros registros relacionados con la salud, los investigadores pueden estudiar detalladamente problemas de salud como los ataques cardíacos y la diabetes. También pueden entender mejor el uso de la atención médica y el costo que esta tiene para las personas en Estados Unidos. Con toda esta información los médicos podrán ayudar a sus pacientes a tomar las decisiones que más les beneficien. Aquí tiene otros ejemplos (HAND CARD RIQ1) de cosas que hemos aprendido al combinar información de registros de salud de distintas fuentes. ¿Podemos tratar de vincular la información de (su encuesta/la encuesta de SP) con otros registros?

601-01-0008-01-01 HPQ v. 20.00/5.00 link permission RIQ280

Remarks Español HELP Turn On Pad

Language: **ENGLISH** OMB# 0920-0950

YES I agree to proceed with the interview.

YES I permit NHANES to link my survey records with other records.

Sign below

Ron Sherman

Clear

RON SHERMAN

OFFICE USE ONLY: H R

601-01-0030-01-01 HPQ v. 20.00/5.00 respondent RIQ320

Remarks Español Turn On Pad

CAPi next displays a signature screen. At the top of the screen, the computer displays the answers to the questions from the previous screen. Always confirm the respondent's selections by reading this text aloud to the respondent. Using a stylus or finger, the respondent must sign inside of the large box consenting to the interview. If a witness was used, the respondent should make his or her "mark" and the interviewer will collect the witness's signature on a later screen.

Tap the button labeled "Clear" if the respondent wants to erase the signature and sign again. Below the box is the name of the respondent. Below this are two boxes for office use only. Check the box labeled "H" if the respondent does not want to sign electronically but instead requests to sign a hard copy. Follow the instructions outlined in Section 5.3.3 to properly obtain signatures if this occurs. Check the box labeled "R" to identify a refusal to the interview at this point in the process. If checked, CAPi ends the interview at this time.

After obtaining the signature electronically, be sure to explain to the respondent that s/he should still keep the blank hardcopy form for his or her own records. The Home Office or the Site Coordinator will prepare and send copies of the signed and marked consent forms to all of the respondents who requested copies. If obtaining consent on hardcopy, two of each required form should be completed, one for you to turn into the Site Coordinator for study records and one completed form to leave with the household

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS
 INTERPRETER
 NO

601-01-0008-01-01 HPQ v. 19.20/5.00 other signature RIQ350

Remarks Español Turn On Pad

The next screen CAPI displays asks if a witness or interpreter signature is also required. You must select “WITNESS” to access the witness signature screen. You must select “INTERPRETER” to access the interpreter signature screen.

OMB# 0920-0950

I observed the interviewer read this form to RON SHERMAN and he agreed to participate by electronically signing or marking.

Sign below

Witness

Clear

601-01-0030-01-01 HPQ v. 20.00/5.00 witness signature RIQ360

Remarks Español Turn On Pad

By signing, the witness confirms that the SP received and understood all consent information, and had an opportunity to ask questions and receive answers.

OMB# 0920-0950

I interpreted this form to RON SHERMAN and he agreed to participate by electronically signing or marking.

Sign below

Interpreter

Clear

601-01-0030-01-01 HPQ v. 20.00/5.00 interpreter RIQ370

Remarks Español Turn On Pad

By signing, the interpreter confirms that s/he orally translated the consent information to a language understood by the respondent, and that the respondent agreed to participate in the study.

The final question relating to interview electronic consent is displayed next. We will mail the SP a hard copy of the completed e-consent form only if s/he requests it. Do not offer to mail him/her a hard copy unless a household member asks for it. The Home Office or the Site Coordinator will be able to print and mail consent forms to accommodate these requests as needed.

DID RESPONDENT REQUEST THAT A COPY OF THE
CONSENT FORM(S) WITH HIS/HER SIGNATURE
PRINTED BE MAILED?

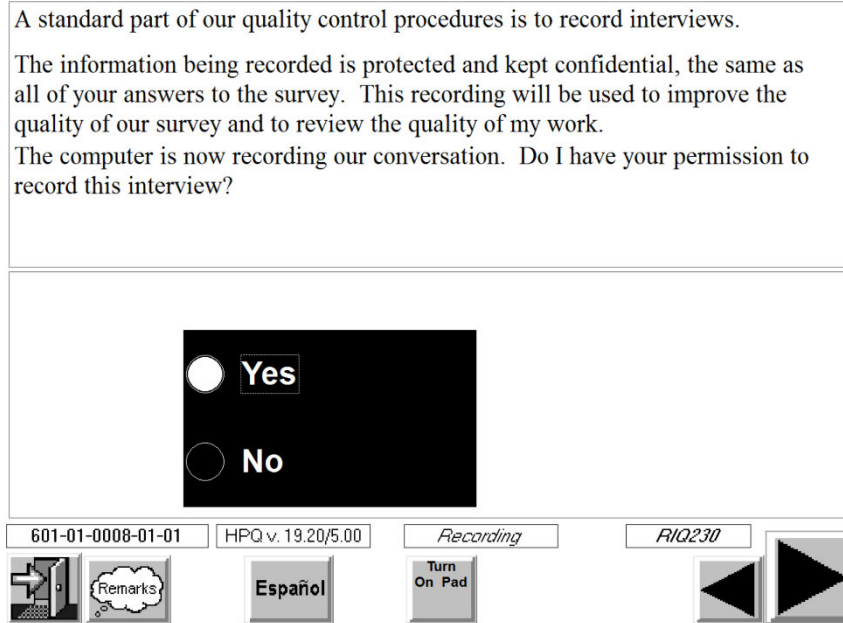
Yes
 No

601-01-0008-01-01 HPQ v. 19.20/5.00 request hardcopy RIQ380

Remarks Español Turn On Pad



After obtaining consent for the interview, CAPI guides you through the process of obtaining audio recording consent. Audio recording must be offered to **all** respondents. Home Office and NCHS staff monitor the number of interviews that are not recorded and speak with interviewers who have problems obtaining audio consent from the SPs they interview.



This screen requires you to offer audio recording and then enter the respondent’s answer of “Yes” or “No.”

Home Interview and Audio Consent—Proxy for Adult SP (Aged 18 Years or Older)

In situations where a proxy is needed because the SP is incapable of answering questions, enlist the adult child, spouse, other household member, or caregiver as the proxy to complete the interview (5.1.1). Once you select the proxy respondent and indicate the reason for selecting a proxy, CAPI guides you through the appropriate consent signature screens.

CAPI displays a screen instructing you to hand the respondent a copy of the Home Interview Consent Form. In this case, the proxy respondent completes consent and the interview on behalf of the SP.

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.



Hand the proxy respondent the hardcopy consent form and review key points and address any questions the respondent might have.

Language: OMB# 0920-0950

TURN SCREEN TO CLAIRE JONES AND EXPLAIN THAT YOU ARE REVIEWING THE
SAME FORM HARDCOPY AND ELECTRONICALLY.

#1

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 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

601-01-0011-01-01 HPQ v. 19.20/5.00 HH Consent RIQ278

The next screen instructs you to turn the screen to the respondent and explain that you are reviewing electronically the same hardcopy form that you just handed him/her.

Language: OMB# 0920-0950

EXPLAIN THE HOME INTERVIEW CONSENT AND LINKAGE CHECK BOXES.
TURN SCREEN AND ASK CLAIRE JONES TO RECORD HIS/HER HOME INTERVIEW CONSENT AND LINKAGE CHOICE BELOW

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

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 RON SHERMAN's survey records with other records?

YES
 NO

601-01-0030-01-01 HPQ v. 20.00/5.00 link permission RIQ280

Remarks Español HELP Turn On Pad

Navigation arrows

The next screen asks the respondent to select “YES” or “NO” to consent to the interview for the SP and then consent to linking the SP’s survey records with other records. Explain or read each statement on the screen and ask the proxy respondent to touch an answer.

Language: OMB# 0920-0950

YES I agree to proceed with the interview for RON SHERMAN.
YES I permit NHANES to link RON SHERMAN's survey records with other records.

Sign below

Claire Jones

Clear

CLAIRE JONES

OFFICE USE ONLY: H R

601-01-0030-01-01 HPQ v. 20.00/5.00 respondent RIQ320

Remarks Español Turn On Pad

Navigation arrows

CAPI next displays a signature screen. When a proxy respondent is selected, consent signature screens will reference the SP (i.e., the screen text will clearly indicate that the proxy is consenting on behalf of the SP). The signature consent box displays the proxy's name so there is no question as to who should sign the consent.

Confirm the proxy respondent's selections by reading this text aloud to the proxy respondent. The proxy respondent must sign inside of the large box consenting to the interview for the SP.

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS
 INTERPRETER
 NO

601-01-0011-01-01 HPQ v. 19.20/5.00 *other signature* RIQ350

Remarks Español Turn On Pad ◀ ▶

CAPI then asks if a witness or interpreter was used and, if so, allow you to obtain those signatures as well.

DID RESPONDENT REQUEST THAT A COPY OF THE CONSENT FORM(S) WITH HIS/HER SIGNATURE PRINTED BE MAILED?

Yes
 No

601-01-0011-01-01 HPQ v. 19.20/5.00 request hardcopy RIQ380

Remarks Español Turn On Pad

The final screen of the interview consent asks if a hard copy of the consent forms was requested. Remember, do not offer to mail a hard copy of the completed consent form to the SP.

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?

Yes
 No

601-01-0011-01-01 HPQ v. 19.20/5.00 Recording RIQ230

Remarks Español Turn On Pad

Finally, read the text that asks for verbal consent to audio record the proxy respondent as s/he completes the interview on behalf of the SP.

Home Interview and Audio Consent—Minor SP (Aged 16-17 Years)

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

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

Yes

No

601-01-0030-01-02 HPQ v. 20.00/5.00 emancipated minor RIQ248

Remarks Español Turn On Pad

Navigation arrows

If you select a SP that is aged 16-17 years, CAPI first walks you through confirming demographic information, and then ask if the SP is an emancipated minor. An emancipated minor is a minor who can consent as an adult. The reasons for being one vary depending on the state you are working. This is a rare phenomenon. For this scenario, select that the individual is not an emancipated minor.

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.



The next screen displayed is similar to the one in the adult pathway. The primary difference is that it instructs you to hand the consent form over to the parent or guardian of the teenager. Consent must be obtained from the parent or guardian BEFORE obtaining assent from the teenage SP.

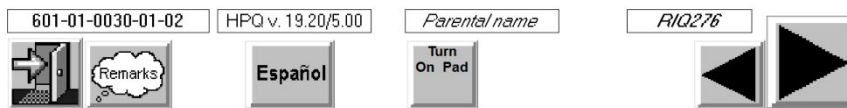
WHO IS PARENT/GUARDIAN CONSENTING FOR Barbara
Sherman ?



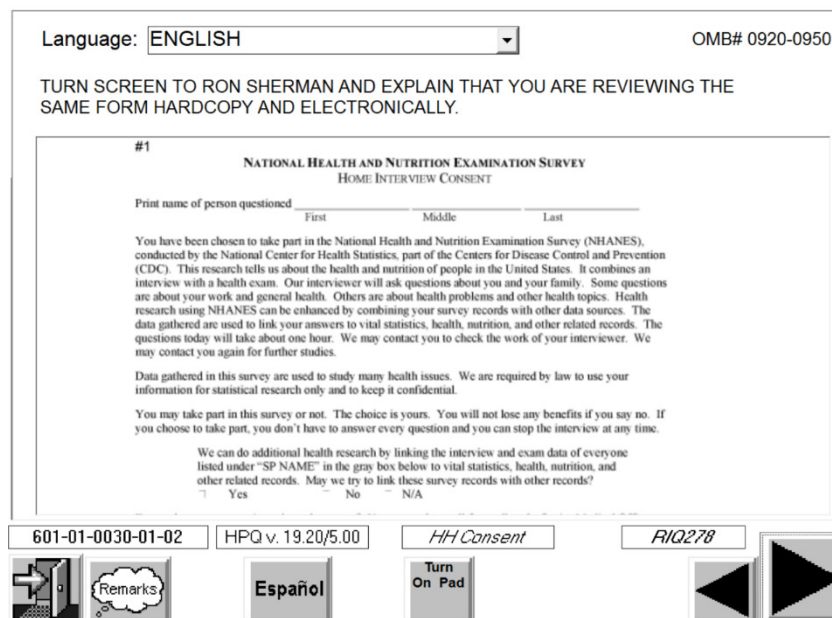
WHAT IS PARENT/GUARDIAN'S NAME?
INTERVIEWER INSTRUCTION: ENTER NAME. VERIFY SPELLING.

Parent First Name

Last Name



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 are then be prompted to fill in the name of the person who will give consent for the SP.



Language:

OMB# 0920-0950

EXPLAIN THE HOME INTERVIEW CONSENT AND LINKAGE CHECK BOXES.
TURN SCREEN AND ASK RON SHERMAN TO RECORD HIS/HER HOME
INTERVIEW CONSENT AND LINKAGE CHOICE BELOW

I have read the information above. I agree to allow BARBARA SHERMAN 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 BARBARA SHERMAN's survey records with other records?

YES

NO

601-01-0030-01-02 HPQ v. 20.00/5.00 link permission RIQ280

Remarks Español HELP Turn On Pad

Language:

OMB# 0920-0950

YES I agree to allow BARBARA SHERMAN to proceed with the interview.

YES I permit NHANES to link BARBARA SHERMAN's survey records with other records.

Sign below

Ron Sherman

Clear

RON SHERMAN

OFFICE USE ONLY: H R

601-01-0030-01-02 HPQ v. 19.20/5.00 respondent RIQ320

Remarks Español Turn On Pad

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 teenage SP to participate as well as allowing linkage of their survey records with other records. The final screen in this sequence obtains a signature from the parent/guardian.

GIVE PARENT/GUARDIAN PERMISSION TO AUDIO RECORD HOME INTERVIEW FORM TO PARENT/GUARDIAN IN THE LANGUAGE HE/SHE READS.

REVIEW THAT WE WOULD LIKE TO AUDIO RECORD THE SP'S INTERVIEW OR READ CONSENT FORM OUT LOUD IF NECESSARY.

ANSWER ANY QUESTIONS. (PRESS ENTER TO CONTINUE).

601-01-0030-01-02 HPQ v. 19.20/5.00 *audio* *RIQ300*

  **Español**  

Language: OMB# 0920-0950





TURN SCREEN TO RON SHERMAN AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

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.

601-01-0030-01-02 HPQ v. 19.20/5.00 *Audio Consent* *RIQ305*

  **Español**  

Language:

OMB# 0920-0950

INTERVIEWER: TURN SCREEN FOR PARENT/GUARDIAN TO SELECT ANSWER.

I have read the Parent/Guardian Permission to Audio Record the Home Interview.

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.

601-01-0030-01-02 HPQ v. 19.20/5.00 *audio consent* RIQ310

Remarks Español Turn On Pad

Language:

OMB# 0920-0950

AGREE to have my child's interview recorded for quality control.

Sign below

Ron Sherman

Clear

RON SHERMAN

601-01-0030-01-02 HPQ v. 19.20/5.00 *Parental Audio* RIQ332

Remarks Español Turn On Pad

CAPI then prompts you to gain parent/guardian consent for audio recording the interview. You are instructed to hand a hard copy of the Parent/Guardian Permission to Audio Record the Home Interview Form to the parent/guardian to review, show him/her the same form electronically, and ask him/her to selected either “Yes” or “No” for consenting to recording the minor’s interview. Be sure to explain the text asking for permission to audio record the interview or read it to the

respondent. Then, ask him/her to touch her answer. Then, obtain a signature from the parent/guardian.

Language: **ENGLISH** OMB# 0920-0950

TURN SCREEN TO BARBARA SHERMAN AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

#1

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 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

601-01-0030-01-02 HPQ v. 19.20/5.00 *HH Consent* RIQ334

Remarks Español Turn On Pad

Language: **ENGLISH** OMB# 0920-0950

EXPLAIN THE HOME INTERVIEW CONSENT AND LINKAGE CHECK BOXES. TURN SCREEN AND ASK BARBARA SHERMAN 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

601-01-0030-01-02 HPQ v. 20.00/5.00 *Teen Linkage* RIQ336AB

Remarks Español HELP Turn On Pad

Language:

OMB# 0920-0950

YES I agree to proceed with the interview.

YES I permit NHANES to link my survey records with other records.

PARENT AGREED to have my interview recorded for quality control.

Sign below



BARBARA SHERMAN

OFFICE USE ONLY: R

601-01-0030-01-02 HPQ v. 19.20/5.00 16-17 y/o RIQ340

Once the parent/guardian consent for the interview and audio recording is obtained, the teenager is asked to give consent to be interviewed and to have his/her survey records linked with other records.




IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS

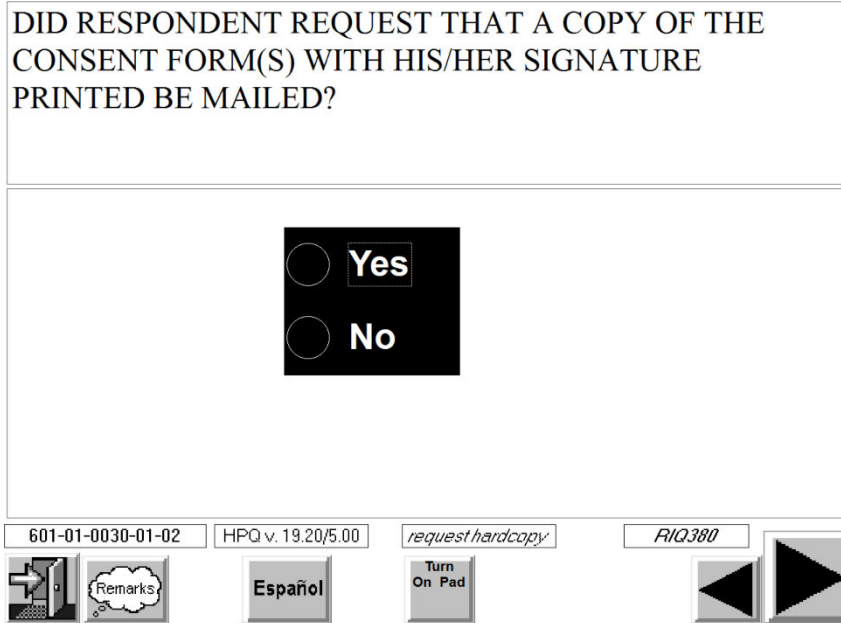
INTERPRETER

NO

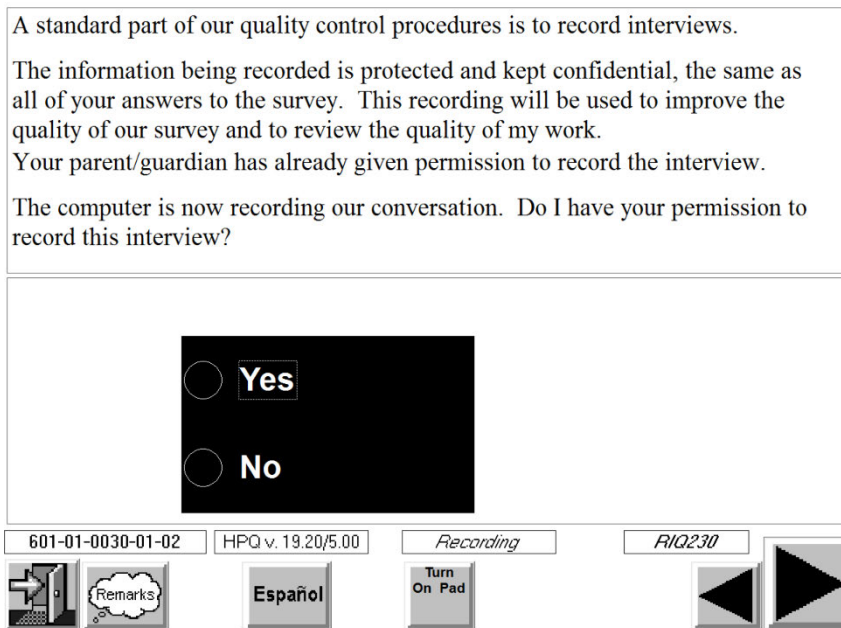
601-01-0030-01-02 HPQ v. 19.20/5.00 other signature RIQ350

CAPI then asks if a witness or interpreter was used and, if so, allows you to obtain those signatures as well.



Next, indicate whether a hard copy of the consent forms was requested.



Finally, read the text that asks for verbal consent from the SP aged 16 to 17 years SP for audio recording.

Home Interview and Audio Consent—Minor SP (Birth to 15 Years Old)

The final situation for consent is if the SP is 15 years old or younger 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.

INTERVIEWER: ASK OR MARK IF KNOWN
(What is your relationship to Mary Sherman ?)

GRANDPARENT (GRANDMOTHER/GRANDFATHER)
MOTHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER)
FATHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER)
GRANDPARENT (GRANDMOTHER/GRANDFATHER)
AUNT/UNCLE
BROTHER/SISTER
OTHER RELATIVE
NON-RELATIVE

601-01-0030-01-04 HPQ v. 19.20/5.00 relationship to RIQ012

Remarks Español Turn On Pad DK RF

First, select the relationship of the proxy to the SP.

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.

601-01-0030-01-04 HPQ v. 19.20/5.00 home intv RIQ250

Remarks Español Turn On Pad

Language: ENGLISH ▼ OMB# 0920-0950

TURN SCREEN TO RON SHERMAN AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

#1

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HOME INTERVIEW CONSENT

Print name of person questioned _____
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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

601-01-0030-01-04 HPQ v. 19.20/5.00 *HH Consent* *RIQ278*

Español Turn On Pad

Language: ENGLISH ▼ OMB# 0920-0950

EXPLAIN THE HOME INTERVIEW CONSENT AND LINKAGE CHECK BOXES. TURN SCREEN AND ASK RON SHERMAN TO RECORD HIS/HER HOME INTERVIEW CONSENT AND LINKAGE CHOICE BELOW

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

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 MARY SHERMAN's survey records with other records?

YES
 NO

601-01-0030-01-04 HPQ v. 20.00/5.00 *link permission* *RIQ280*

Español HELP Turn On Pad

Language:

OMB# 0920-0950

YES I agree to proceed with the interview for MARY SHERMAN.

YES I permit NHANES to link MARY SHERMAN's survey records with other records.

Sign below



A digital signature capture interface. At the top, it says "Sign below". Below that is a large rectangular box containing a handwritten signature in black ink that reads "Ron Sherman". To the right of the signature box is a "Clear" button. Below the signature box, the name "RON SHERMAN" is printed in all caps. Underneath the name is the text "OFFICE USE ONLY:" followed by two checkboxes, "H" and "R", both of which are currently unchecked. At the bottom of the interface, there is a row of icons and text: a small icon of a person, a "Remarks" icon, a "Español" button, a "Turn On Pad" button, and two large black arrow buttons pointing left and right. Above these icons are several small boxes containing text: "601-01-0030-01-04", "HPQ v. 19.20/5.00", "respondent", and "RIQ320".

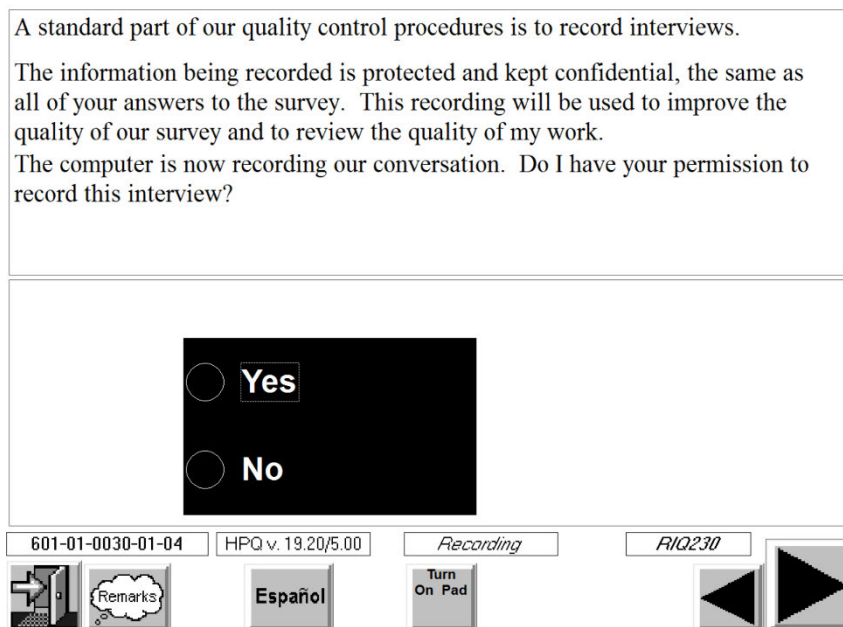
The remaining process for obtaining interview and audio recording consent is very similar to that of the adult SP, except that the parent will be signing for the minor. Hand the interview consent form to the proxy, show him/her the electronic version of the consent form, have him/her select that s/he consents to the interview and linkage, and then obtain his or her signature.



A selection screen titled "IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?". Below the title is a large empty rectangular box. At the bottom of the screen, there is a black rectangular box containing three radio button options: "WITNESS", "INTERPRETER", and "NO". The "NO" option is currently selected, indicated by a white dot inside the radio button. Below this selection box, there is a row of icons and text: a small icon of a person, a "Remarks" icon, a "Español" button, a "Turn On Pad" button, and two large black arrow buttons pointing left and right. Above these icons are several small boxes containing text: "601-01-0030-01-04", "HPQ v. 19.20/5.00", "other signature", and "RIQ350".



After interview consent is obtained, CAPI asks 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.



CAPI then asks you to obtain consent to audio-record from the proxy.

Interpreter Information

IS AN INTERPRETER BEING USED FOR INTERVIEW?

Yes

No

601-01-0001-01-03 HPQ v. 6.30/5.00 *interp. used* INT001

Remarks Español Turn On Pad

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

LANGUAGE USED FOR INTERVIEW

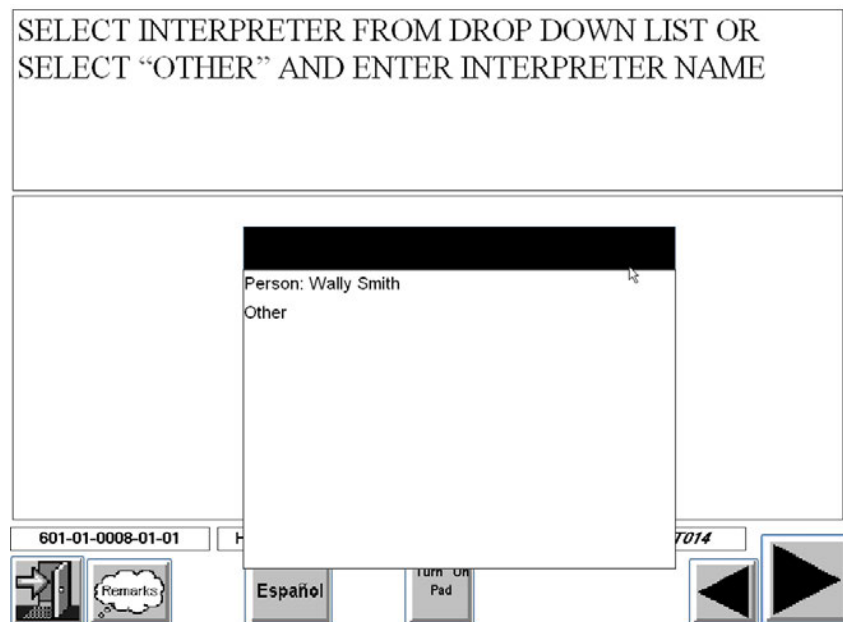
AMERICAN SIGN LANGUAGE
CHINESE (CANTONESE)
CHINESE (MANDARIN)
FRENCH
GERMAN
ITALIAN
JAPANESE
KOREAN
RUSSIAN

601-01-0008-01-01 H INT003

Remarks Español Turn On Pad



If the interpreter is one that has been used to complete another questionnaire in this household, you can select “SAME INTERPRETER USED IN OTHER INTERVIEW FOR HOUSEHOLD.” Next, 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.



ENTER INTERPRETER NAME INFO

SAME INTERPRETER USED IN OTHER INTERVIEW FOR HOUSEHOLD
 NEW INTERPRETER

601-01-0008-01-01 HPQ v. 5.10/5.00 *same interp* INT013













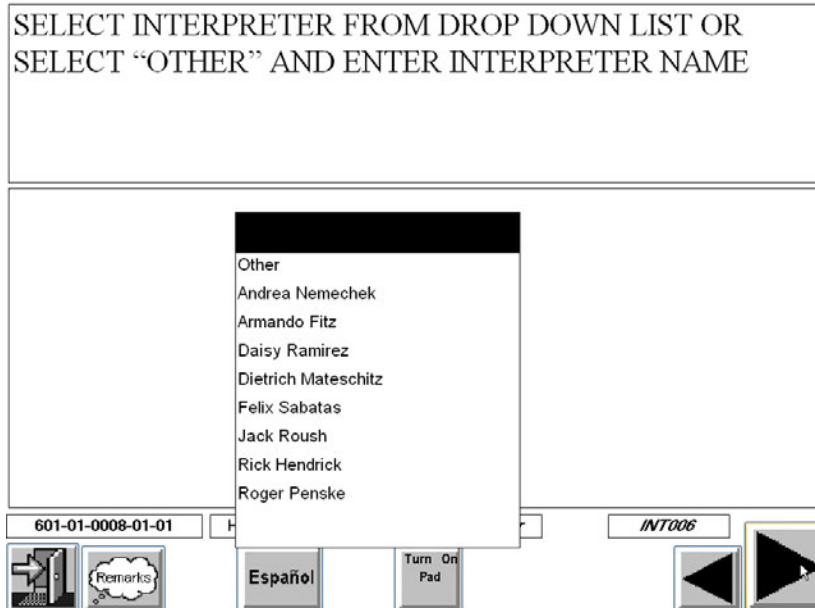
If you select “NEW INTERPRETER,” you must indicate the source of the interpreter. That is, was the interpreter arranged by the office or recruited by you during your visit.

HOW WAS INTERPRETER OBTAINED

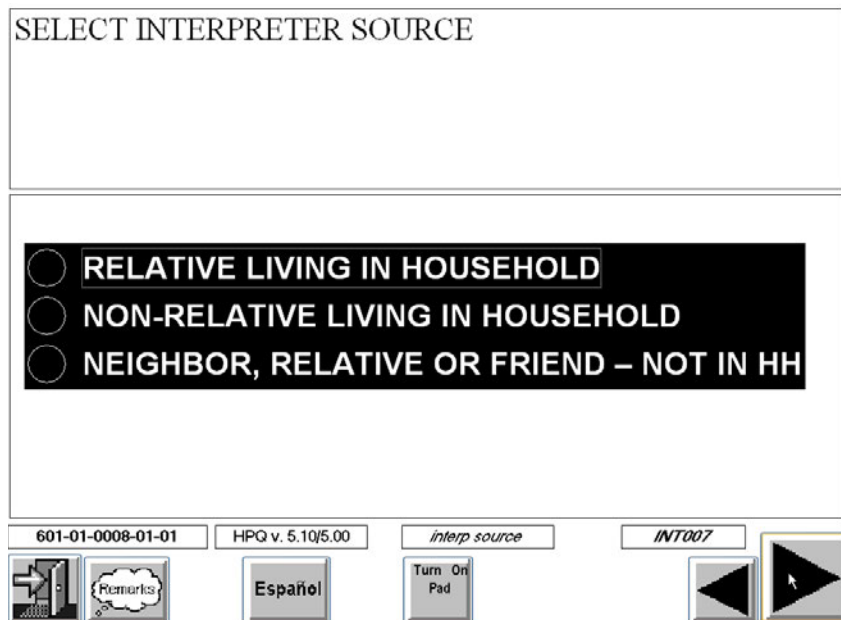
ARRANGED BY THE OFFICE
 RECRUITED DURING VISIT OR APPOINTMENT

601-01-0030-01-04 HPQ v. 20.00/5.00 *interp obtained* INT005







If “ARRANGED BY THE OFFICE,” is selected, 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 office, 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, indicate whether the interpreter is a household member or not.









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

SELECT NAME OF INTERPRETER FROM HOUSEHOLD ROSTER

Name [REDACTED]

Bettine Harris
 Ted Harris
 Jesse Harris
 Ruth Miller
 Herman Miller

601-01-0008-01-01 H 7008
















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

ENTER NAME OF INTERPRETER

Name [REDACTED]

601-01-0008-01-01 HPQ v. 5.1Q/5.00 interp name INT009

ENTER PHONE # OF INTERPRETER

Phone # () -

601-01-0008-01-01 HPQ v. 5.10/5.00 *interp ph number* INT010

Remarks Español Turn On Pad DK RF

ENTER AGE RANGE OF INTERPRETER

18-29
 30-59
 60+

601-01-0008-01-01 HPQ v. 5.10/5.00 *interp age range* INT011







Remarks Español Turn On Pad DK RF

ENTER GENDER OF INTERPRETER

Male

Female

601-01-0008-01-01 HPQ v. 5.10/5.00 *interp_gender* INT012

5.5 Completion Order for the Household SP Interview

As mentioned in Chapter 4, interviewers must complete the Screener interview with an adult household member first. If SPs are selected, the interviewer will also complete the Relationship interview. Then, interviewers should try to follow the preferred interviewing order, which is Persons, Families, MEC Appointments, and then the “Collect” module. That is, interviewers should complete the SP questionnaire with SPs who are available during the Screener visit, and set an interview appointment for unavailable SPs. The Family questionnaire should be completed next. Then, interviewers should complete the MEC Appointment module for each SP to obtain exam consent (Chapter 8). Last, interviewers should complete the Collect module to ask about salt and water use, if applicable (and collect samples if instructed by CAPI). The interview module buttons appear in the preferred interviewing order (left to right) at the bottom of the screen in IM. However, depending on each SP’s schedule, you may have to deviate from the preferred order.

Interview Management - Stand ID: 631 Emp ID: 50 Interview Case List

File View Tools Help

1 of 1 Displayed Person Cases

All Cases View HH TROC Intv Appts HH Notes Count: 42

Seg	Serial	Family	Person	Quex. Disposition	Address/Name
01	0030	01	01	Not Worked	RON SHERMAN
01	0030	01	02	Not Worked	BARBARA SHERMAN
01	0030	01	03	Not Worked	REGGIE SHERMAN
01	0030	01	04	Not Worked	MARY SHERMAN

Screener Relations Persons Families MEC Collect Close

Report: Name: (4092)-444

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6. Administering the Interview – Family

This chapter provides an overview for administering the Family questionnaire, including:

- The general content of the questionnaire;
- Who is eligible to respond to the questionnaire;
- Obtaining consent to conduct and audio record the interview; and
- The importance of the completion order for the Screener, Relationship, and Family questionnaires.

Specifications of the Family questionnaire are reviewed in detail in Chapter 13.

6.1 Overview of the Family Questionnaire

A separate Family questionnaire is 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 at least one SP, two Family questionnaires are completed. If a household has two families, but only one family has at least one 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. The household questions ask the respondent about household characteristics, smoking behavior, consumer behavior, income, and food security. For the income questions, the respondent is asked about his/her family first, then about any other household members. If there are other families in the household that will receive a Family questionnaire, then these household-level income questions are asked only during the first Family interview. Finally, the questionnaire asks for two contact persons.

For households with multiple Family questionnaires, only the first family interviewed is asked income questions about members of other families in the household.

6.2 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 aged at least

18 years. In families where there is no one aged 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, use a respondent from each family to complete the appropriate Family questionnaires. A nonfamily member should not respond to the Family questionnaire.

Since the Family questionnaire asks very specific questions about topics such as 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 his/her spouse be the respondent for the Family questionnaire.

The Head of Household or his/her spouse should respond to questions for the Family questionnaire.

6.3 Obtaining Consent for the Family Interview

As mentioned previously, each respondent for the household questionnaires must sign a Home Interview Consent form (see Chapter 5, Exhibit 5-3 and 5-4). Use the basic instructions described in Chapter 5, Section 5.3, for completing the consent process for the Family questionnaire. The consent screens displayed in CAPI are also reviewed in the next section.

6.4 Beginning the Family Interview—The Respondent Information Questions

After selecting the appropriate Family questionnaire and before administering the first set of questions, you are 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.

Respondent for the Interview

SELECT RESPONDENT FOR THE FAMILY QUESTIONNAIRE

BETTINE HARRIS

BETTINE HARRIS
TED HARRIS
SOMEONE OUTSIDE FAMILY

601-01-0008-01 HFQ v. 20.00/5.00 select HFQ resp. 11RIQ010

Remarks Español HELP Turn On Pad

CAPI presents 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 aged less than 16 years 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.

INTERVIEW SHOULD BE CONDUCTED WITH FAMILY MEMBER 18 YEARS OR OLDER WHO KNOWS ABOUT FAMILY MATTERS.

WHY IS INTERVIEW BEING CONDUCTED WITH SOMEONE OUTSIDE THE FAMILY? OTHER (SPECIFY)

- ONLY FAMILY MEMBER HAS COGNITIVE PROBLEMS
- ONLY FAMILY MEMBER IS A CHILD UNDER 16 (WARD OF STATE)
- SOMEONE OUTSIDE THE FAMILY SELECTED IN ERROR
- OTHER (SPECIFY)

601-01-0008-01 HFQ v. 20.00/5.00 *family proxy reason* 11RIQ040

DO YOU HAVE SUPERVISOR PERMISSION TO CONDUCT INTERVIEW WITH SOMEONE OUTSIDE THE FAMILY?
NOTE: IF INTERPRETER USED, RESPONDENT MUST SIGN FORM.

- Yes
- No

601-01-0008-01 HFQ v. 20.00/5.00 *proxy permission* 11RIQ042

Home Interview Consent Form Information

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 HFQ v. 17.40/5.00 home intv RIQ250

Remarks Español Turn On Pad



Language: ENGLISH

OMB# 0920-0950

TURN SCREEN TO BETTINE HARRIS AND EXPLAIN THAT YOU ARE REVIEWING THE SAME
FORM HARDCOPY AND ELECTRONICALLY.

#1

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 to use your information for statistical research only and to keep it confidential.

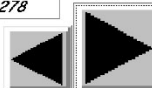
You may take part in this survey or not. The choice is yours. You will not lose any benefits if you say no. If you choose to take part, you don't have to answer every question and you can stop the interview at any time.

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

601-01-0008-01 HFQ v. 20.00/5.00 HH Consent Image RIQ278

Remarks Español Turn On Pad



Language:

OMB# 0920-0950

EXPLAIN THE HOME INTERVIEW CONSENT. ASK BETTINE HARRIS TO RECORD HIS/HER HOME INTERVIEW CONSENT CHOICE BELOW.

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

YES

NO

601-01-0008-01 HFQ v. 20.00/5.00 *proceed_with_intervie* RIQ280

Language:

OMB# 0920-0950

YES I agree to proceed with the interview.

Sign below

Bettine Harris

Clear

BETTINE HARRIS





OFFICE USE ONLY: H R

601-01-0008-01 HFQ v. 20.00/5.00 *respondent* RIQ320

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS
 INTERPRETER
 NO





601-01-0005-01 HFQ v. 17.40/5.00 *other signature* RIQ350

DID RESPONDENT REQUEST THAT A COPY OF THE
 CONSENT FORM(S) WITH HIS/HER SIGNATURE
 PRINTED BE MAILED?

Yes
 No

619-14-0002-01-01 HPQ v. 18.10/5.00 *request hardcopy* RIQ380

The steps for obtaining consent for the Family questionnaire are almost identical to those for the SP questionnaire. CAPI instructs you to review the hard copy form with the respondent and then displays the consent form electronically. The respondent selects “Yes” or “No” to consenting to the interview. Unlike the SP questionnaire, this screen does not display the question about linking data. After the respondent signature screen is completed, CAPI asks if a witness or interpreter signature is

needed. Finally, CAPI asks if the respondent requested a hard copy of the consent be mailed to him/her.

Audio Recording

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.

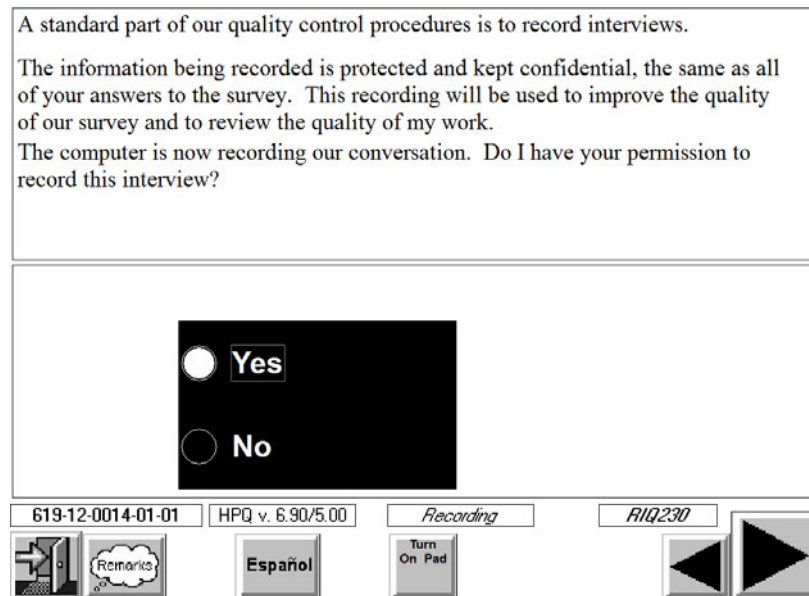
The computer is now recording our conversation. Do I have your permission to record this interview?

Yes

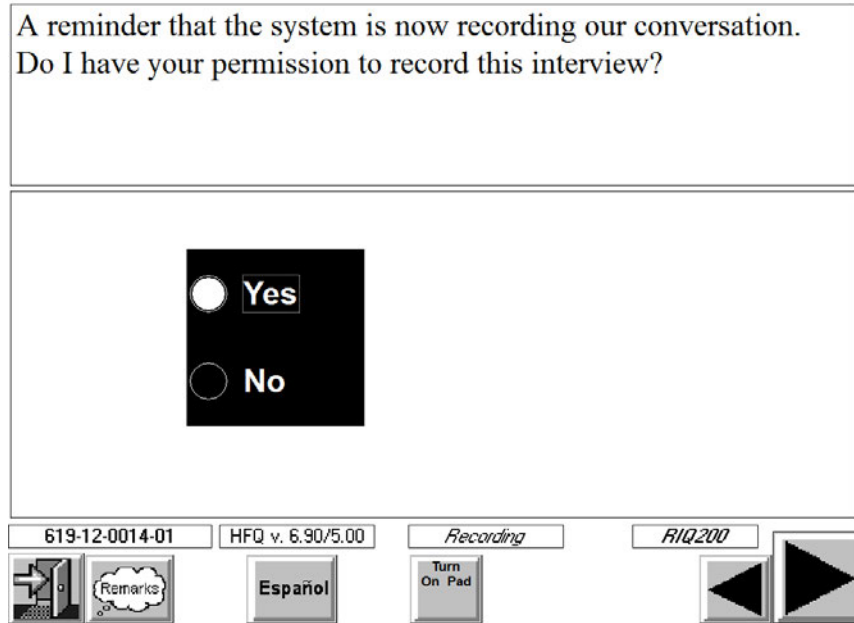
No

619-12-0014-01-01 HPQ v. 6.90/5.00 Recording RIQ230

Remarks Español Turn On Pad

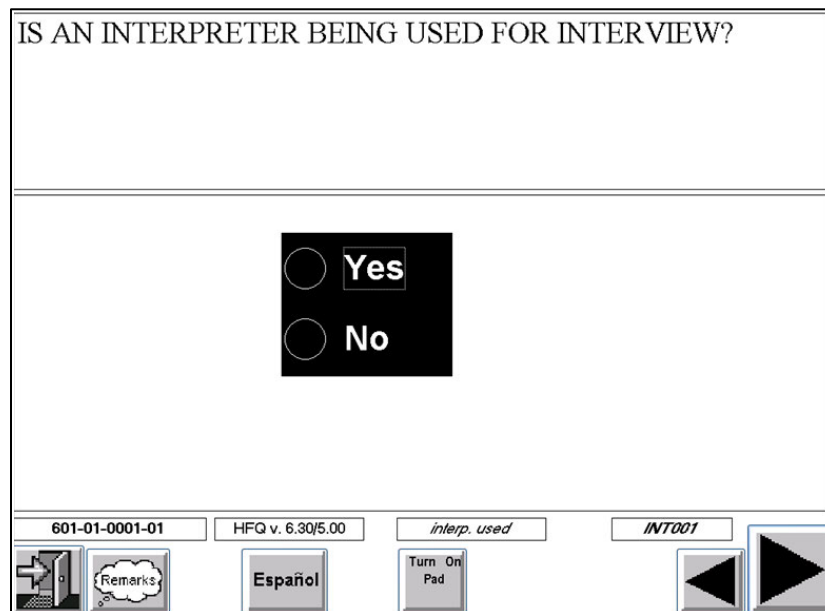


As discussed for the SP questionnaire in Chapter 5, permission to audio record must be requested for all respondents to the Family questionnaire. Audio recording begins when you arrive at this screen. If you record “Yes” to record the interview, the recording continues. If you record “No,” the recording stops at that time. Like the recording for the SP questionnaire, Westat and NHANES staff monitor the rate at which interviewers are able to get permission to record interviews.



CAPI displays this version of the Audio Recording screen for respondents who completed an SP questionnaire and already gave permission to record the interview.

Interpreter Information



You must record whether an interpreter will be used for the interview and, if so, the language in which the interview will be conducted. These screens are identical to those presented in the SP questionnaire. See Chapter 5, Section 5.3, for details on completing the interpreter screens.

6.5 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 questionnaires but ideally should be completed after all of the SPs have been interviewed. If the most appropriate respondent is an SP (head of household or spouse of the head of household), it is best to administer the SP and Family questionnaires in the same visit.

Note: As discussed in Chapter 4, 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.

7. Contact Procedures

This chapter provides a description of procedures you should follow to make contact with households and SPs and how to document those contacts in the Electronic Record of Calls (EROC). Additionally, this chapter describes how to view, record, and edit case information on your iPhone and tablet. These procedures have been designed to aid you in working your case assignment as efficiently and effectively as possible, by thoughtfully planning your contact attempts and thoroughly documenting case information.

Topics discussed here include:

- Planning Contact Attempts (Section 7.1);
- Recording Contact Attempts in the EROC (Section 7.2);
- Result Codes (Section 7.3);
- Nonresponse and Refusal Information (Section 7.4);
- EROC Entry Examples (Section 7.5); and
- Accessing Your Case Assignment and Case Information on the Tablet (Section 7.6).

When you receive your assignment of cases, before attempting any contacts, always check through the addresses to confirm 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, discuss it with your supervisor so it can be assigned to a different interviewer. (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. Discuss it with your supervisor during your next conference so it can be reassigned.)

7.1 Planning Contact Attempts

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 a different time of day on your next attempt. Continue to schedule your

attempts at the different times respondents are likely to be at home. 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.

Your contact attempts should fall into the following windows:

- Saturdays;
- Sundays;
- Weekday evenings; and
- Weekday afternoons.

Plan a significant portion of your working hours for evenings and weekends, since those are generally the best times to find working adults at home.

Keep in mind that different populations may have differing availability. For example, retired seniors may be available on weekday mornings. **Remember, 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 (i.e., documented in the EROC) 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. For example, if a neighbor says that the household members are at work during the day, but are generally home around 6 pm, make your next attempt on a weekday after 6 pm. **Plan** your attempts so that, with each successive effort, you have a better chance of finding the respondent at home. When setting out to contact a household at which you have already made a previous attempt, review the Record of Calls (EROC) on your tablet or phone for any notes you made on the earlier try. You can also look at the DU or neighborhood for clues: a large home with a basketball court, a home with toddler toys on the front lawn, or an upscale downtown condominium will give you clues to the household's daily routine. Your supervisor will monitor the number of attempts and move cases that are being worked inefficiently.

Record all attempts in the Tablet Record of Calls (TROC) on your tablet or in the mFOS application on your iPhone.

7.1.1 Number of Attempts

To complete the Screener, Relationship, Family, and SP questionnaires, you will be allowed to make a specific number of contact **attempts** to the sampled address before the case is reassigned to another interviewer. To be considered an attempt, each visit to a household:

- Must be made in person, not on the telephone;
- Must be made at a time that maximizes the possibility of finding someone at home, generally at a different time or day than previously unsuccessful attempts. For example, do not make multiple weekday afternoon attempts when it is clear the resident is at work during the day; 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.

Plan to make multiple attempts on different days of the week and different times of day, focusing on weekends and weekday evenings when respondents are likely to be home. If you cannot complete a Screener within the time period determined by your supervisor, enter the information into mFOS or 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 as to whether you are making too many contacts or if you need help determining appropriate contacts, ask your supervisor.

7.1.2 Planning Your Route

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.

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 the cases have been worked by another interviewer or not.
 - For new work and Screeners, screening late afternoon or early evening (in the daylight) or a weekend day is best to get a sense of the segment while making first contact attempts. This also allows you to complete the DU Observation Modules (Chapter 3) in the daylight. This first daylight view of the addresses 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 which hours you need to work to find most of your cases in an area at home.

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

- Some interviewers plan a route for the first contact in a segment and then drive the route in the opposite direction the second time, which automatically varies the time of contact attempts.
- Some interviewers find organizing cases working in “quadrants” works well.
- Once you have interview appointments set, bring Screeners to work in between.
- Get a sense of your segment and where you may be able to take a break for a meal or find a public restroom.

7.1.3 Secondary Information Sources/ 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 secondary source, often a neighbor, to obtain information on a likely time to find someone at home. Before contacting a secondary source, check to be sure that household has not been sampled. **Never contact a secondary source if you have spoken to**

Never contact a neighbor if the sampled address residents have avoided or refused.

someone in the household and received a refusal or if you have attempted to contact the household and the residents are home, but they are avoiding you. When using secondary information sources, 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. **Never leave any material that identifies the study with the secondary information source.**
- Obtain the “best time” to find someone home at the assigned household, if the address is vacant, not used as a primary residence, e.g., hunting cabin or vacation home, or not used as a dwelling unit, e.g., is used only for storage or as a business. (Be sure the person understands which household you are referring to.) The best time to contact the household 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 in your EROCs on the phone or tablet as well as the name, position or description of, and the address for, the person you spoke to.

There are five basic considerations to keep in mind whenever you use a secondary information source:

1. The source may be a neighbor who lives near the assigned household, but also 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 household you choose is not a sampled household itself. Do not attempt to contact someone at an address you will be contacting later.
3. Never contact the same source/neighbor more than once.
4. Do not leave the advance letter or any study specific materials with the person you contact. This will ensure you maintain confidentiality of the household.
5. Secondary source/neighbor contacts should be recorded in the TROC or in mFOS. The person in the “who contacted” field will be “neighbor.” See Attachment B for the TROC User Guide and Attachment F for the mFOS User Guide.

7.2 Recording Contact Attempts in the EROC

Every non-complete contact attempt should be entered in the EROC: either in the Tablet Record of Calls (TROC) on the tablet or in mFOS on your iPhone.

See Attachment B for instructions on how to use the TROC and Attachment F for instructions on how to use mFOS.

It is essential that you keep the EROC current by making your entries immediately after each attempt, either on your phone or on the tablet. The attempt number and the interviewer information are automatically recorded. Complete all required fields and enter important details into the comments field. Information recorded for each EROC entry includes contact date, contact time, the result code, the name of the person contacted, and space for comments. Select the result code from the drop-down box in the TROC or in mFOS. Depending on the result code, you may need to complete other fields, such as appointment date, language needed, or refusal details.

While EROC entry into the phone or tablet is mandatory, you may also choose to write notes on your Case Card (Exhibit 7-1a) in the Record of Calls section.

7.2.1 Household Notes

In addition to recording contact attempts and comments in the EROC (on the tablet or in mFOS), mFOS contains a Household Notes Application where you can record DU-level information and comments.

While you may also make notes on the Case Card, these notes **must** be recorded electronically.

Think of the Household Notes as the critical pieces of information you want to be sure that you see before you make the next contact attempt or that the next interviewer sees when assigned the case. While they do not replace EROC entries and comments, the notes should contain important information that we want to be immediately apparent to interviewers and supervisors, not ‘buried’ in the EROCs. Examples of things to record here would be the gate or building entry code, presence of a large dog, or if someone works nights and the best time to reach them.

7.3 Result Codes

Every attempt you make to locate, contact, and interview a household must be recorded in the EROC and given a result code. All of the EROC result codes are listed on the back of the Case Card (see Exhibit 7-1b).

Exhibit 7-1a. Case Card

Stand:	Seg:	Serial:
Address:	Appt:	M A/E
	Ln#:	
	Sub:	
	Transport: \$	
	Hidden DU: Y N Check for any DUs in this building that are not on the listing sheet.	

RECORD OF CALLS			
# Families: _____	Salt Collection: Y (# _____) N	Water Collection: Y N	
CONTACTS: <input type="checkbox"/> WEEKDAY (noon-4:00PM)	<input type="checkbox"/> WEEKDAY (4:00PM or later)	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY

EROC	DAY	DATE MM/DD	TIME	TASK	RESULT	Comments/Appointment Information
<input type="checkbox"/>			AM PM	Scnr SP Fam MEC		
<input type="checkbox"/>			AM PM	Scnr SP Fam MEC		
<input type="checkbox"/>			AM PM	Scnr SP Fam MEC		
<input type="checkbox"/>			AM PM	Scnr SP Fam MEC		
<input type="checkbox"/>			AM PM	Scnr SP Fam MEC		
<input type="checkbox"/>			AM PM	Scnr SP Fam MEC		
<input type="checkbox"/>			AM PM	Scnr SP Fam MEC		

Exhibit 7-1b. EROC Result Codes on Case Card

RESULTS		REFUSAL REASONS
SCREENER, SP, FAMILY AND MEC	Screener Only	82 - Concern with exam / Doctor Issues
6 – DU Access/Entry Problem	5 – Out of Scope	83 - Government Concerns / Mistrust of Government
20 – Illness	7 – Vacant	84 - Interview takes too much time
22 – Refusal/Breakoff	8 – Not a DU	85 - MEC Exam takes too much time
23 – Not at Home		86 - MEC is too far away / Transportation problems
24 – Unavailable During Field Period		87 - Not interested / Nothing in it for me
25 – Language Problem		88 - Privacy / Confidentiality Concerns
26 – Other (Specify)	SP & MEC Only	89 - Questions / Suspicions about survey / Legitimacy
66 – Interview Appointment (not MEC)	27 – Consent Form Refusal	90 - Shuts door on FI / Refuses to talk to FI
69 – Call back	72 – Moved	91 - Survey is Voluntary / doesn't do surveys
71 – Avoidance	73 - Deceased	92 - Think SP is too young to participate
74 – Language Problem – Spanish		93 - Too Busy / No Time

The outcome for each Screener, Relationship, SP, and Family questionnaire and each MEC Appointment module should be assigned an EROC result code as you reach that data collection component. Screener result codes will be used for **every** household; then, depending on the outcome of the Screener, you **may** also use Relationship, SP, Family, and MEC Appointment scheduling codes. Note that you will **not** record EROC entries for the Collect module.

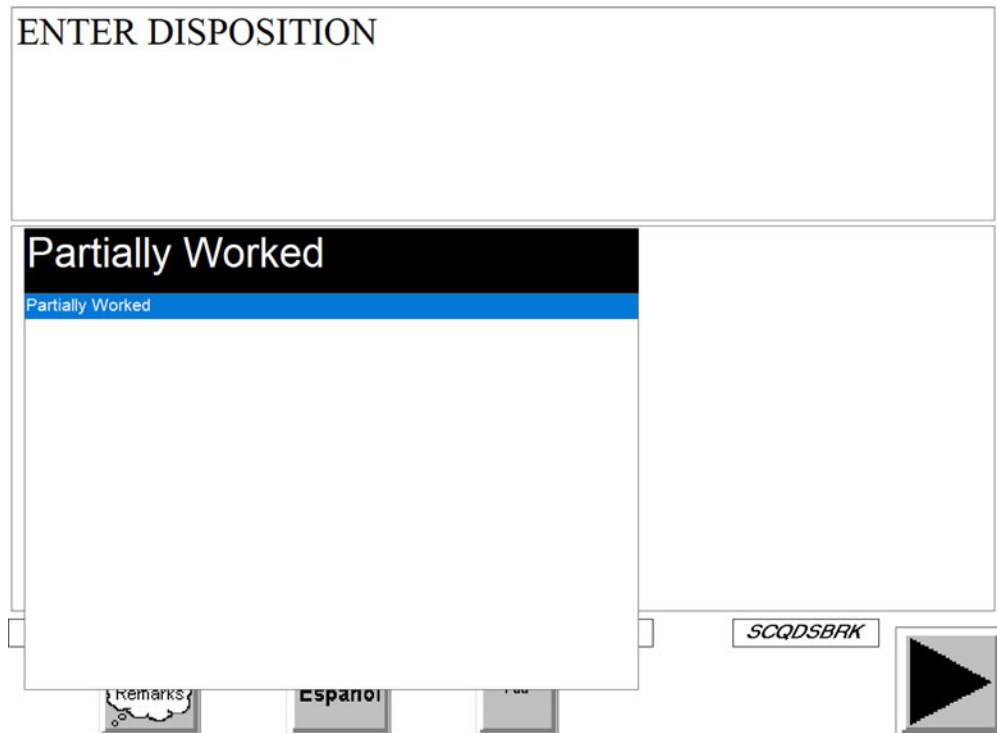
Record an EROC entry for every contact attempt, for every module, for every person.

The following sections discuss all the result codes that may be assigned to each module. There are four types of disposition codes:

1. Interim Disposition Codes: These cases are still being worked and the result codes track our progress. There are two types of interim codes:
 - A. EROC result codes, assigned by the interviewer for each contact attempt; and
 - B. “Reassign” codes, assigned by a supervisor when a case is transferred to another interviewer.
2. Partially Worked disposition codes: Whenever you exit any of the household questionnaires after it has been started but before you have asked the last question, CAPI will present a screen (Exhibit 7-2) where you must choose “partially worked.”
3. Complete, or final, disposition codes, such as a completed interview, are automatically set by CAPI and do not need to be documented in the EROC (see Section 7.3 for details).
4. Final Nonresponse: Modules that the interviewer is unable to complete will be assigned a final nonresponse result code by the supervisor in the SMS.

Record an EROC entry for each contact attempt that did not result in a completed questionnaire. Codes for completed questionnaires are automatically set by the computer.

Exhibit 7-2. CAPI breakoff screen



7.3.1 Screener Result Codes

The Screener result codes and their definitions, are provided below. Following the list, this section discusses some issues you may face conducting the Screener in more detail.

Code	Label	Description	Type/set by
0	Not Worked	Initial code for every module.	Interim/ CAPI
3	Partially Worked	The interviewer started the module, but broke off prior to completion.	Interim/ CAPI
10	Complete, No SPs	A Screener has been completed but no SPs have been selected for the study.	Final/CAPI
11	Complete, With SPs	A Screener has been completed and the household has one or more SPs.	Final/CAPI
12	SIS Complete, No SPs	A Screener was closed with no SPs selected using limited information from a household member.	Final/ Supervisor
13	SIS Complete, With SPs	A Screener was closed using limited information from a household member, and the household has one or more SPs.	Final/ Supervisor
7	Vacant	The unit is unoccupied at the time of contact.	EROC/ Interviewer

Code	Label	Description	Type/set by
8	Not A DU	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.	EROC/ Interviewer
6	DU Access/Entry Problem	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., or because the property/community is gated and you are unable to gain access.	EROC/ Interviewer
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 and the interviewer cannot make accommodations for the respondent to complete the interview or identify a knowledgeable proxy.	EROC/ Interviewer
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).	EROC/ Interviewer
23	Not at Home	You were unable to find an eligible Screener respondent at home.	EROC/ Interviewer
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.).	EROC/ Interviewer
25	Language Problem	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.	EROC/ Interviewer
26	Other (Specify)	A Screener cannot be completed because of a reason other than those listed here. SPECIFY in "Comments" column. Use of this code should be rare.	EROC/ Interviewer
66	Interview Appointment	You made an appointment to come back and complete the Screener at another time. This code should rarely be used for Screeners.	EROC/ Interviewer
69	Callback	A Screener cannot be completed because a knowledgeable household respondent is not available at the time, but you have an indication, from a household member or a neighbor, of when he or she will be available. These are soft appointments, as opposed to firm appointments (66). The date and time fields are available for you to record the time when you will return, but they are not required.	EROC/ Interviewer
71	Avoidance	A Screener cannot be completed because the household members are not answering the door, even though you know they are there. This is a type of soft refusal.	EROC/ Interviewer

Code	Label	Description	Type/set by
74	Language Problem – Spanish	A Screener cannot be started or completed because all adult household members speak Spanish and you are not bilingual. This code should be used to inform your supervisor that a Spanish-speaking interviewer or a Spanish reader is required.	EROC/ Interviewer
22	Refusal (Reassign)	Based on interviewer EROC entries, the supervisor uses this code to transfer the case to another interviewer.	Interim/ Supervisor
99	Other (Reassign)	The supervisor uses this code to transfer the case to another interviewer.	Interim/ Supervisor
30	Out of Scope	This code is used when an address was listed but should not be included. For example and address is outside of the segment or county boundaries.	Final/ Supervisor
31	Vacant	The supervisor uses this code to confirm the interviewer's EROC code of 'Vacant.'	Final/ Supervisor
32	Not a DU	The supervisor uses this code to confirm the interviewer's EROC code of 'Not a DU.'	Final/ Supervisor
50	Illness	Based on interviewer EROC entries, the supervisor confirms that the Screener could not be completed because the person(s) living in the household had a serious health or physical problem that prevented them from being interviewed and the interviewer cannot make accommodations for the respondent to complete the interview or identify a knowledgeable proxy.	Final/ Supervisor
52	Refusal	Based on interviewer EROC entries, the supervisor confirms that this household refused to participate.	Final/ Supervisor
53	Not Home	Based on interviewer EROC entries, the supervisor confirms that the screener could not be completed because we were never able to reach an eligible respondent at home.	Final/ Supervisor
54	Unavailable	Based on interviewer EROC entries, the supervisor confirms that no eligible respondents were available during the field period.	Final/ Supervisor
55	No Entry	Based on interviewer EROC entries, the supervisor confirms that we were unable to access the building or property.	Final/ Supervisor
56	Other	The supervisor uses this code to indicate that this case was not completed due to some other reason that does not fit any other categories. This code is rarely used.	Final/ Supervisor

7.3.1.1 The Unit Is Vacant

If the sampled DU appears 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 there is an accumulation of old newspapers on the porch. Once you are satisfied that the unit is vacant, record an EROC with the status code “vacant.” 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 a secondary source is not possible (e.g., no one home, neighbors refuse to give information) discuss the case with your supervisor at your next interviewer conference. Your supervisor will decide what further activity is necessary.

7.3.1.2 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 be conducted only 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 an EROC entry with result code “Not a DU,” and return the Case Card 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.

7.3.1.3 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. Using the Google Maps app on your iPhone (see Attachment C), search for the address and look at the Satellite view. The actual structure or driveway may not be obvious, especially in rural areas.

If your best efforts fail to locate the sampled DU and you suspect that it has been demolished or that it never existed, describe the situation in your EROC entry. Report the issue to your supervisor during your next scheduled conference.

7.3.2 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. If the Relationship questionnaire is not completed immediately after the Screener, you will need to assign an EROC result code to this Relationship questionnaire. CAPI records a disposition code automatically when the relationship questions have been answered (complete).

In most cases, the Relationship questionnaire is completed immediately after the Screener.

Code	Label	Description	Type/set by
0	Not Worked	Initial code for every module.	Interim/ CAPI
3	Partially Worked	The interviewer started the module, but broke off prior to completion.	Interim/ CAPI
10	Complete	The Relationship questionnaire has been completed.	Final/CAPI
6	DU Access/Entry Problem	It is not possible to contact the sampled household to complete the Relationship questionnaire because of a security system that keeps the building locked and you have tried to enter by contacting the building management staff, etc., or because the property/community is gated and you are unable to gain access.	EROC/ Interviewer
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 and the interviewer cannot make accommodations for the respondent to complete the interview or identify a knowledgeable proxy.	EROC/ Interviewer
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).	EROC/ Interviewer
23	Not at Home	You were unable to find an eligible respondent at home.	EROC/ Interviewer

Code	Label	Description	Type/set by
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.).	EROC/ Interviewer
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.	EROC/ Interviewer
26	Other (Specify)	A Relationship questionnaire cannot be completed because of a reason other than those listed here. SPECIFY in "Comments" column. Use of this code should be rare.	EROC/ Interviewer
66	Interview Appointment	You made an appointment to come back and complete the Relationship Questionnaire at another time. This code should rarely be used for Relationship Questionnaires.	EROC/ Interviewer
69	Callback	The Relationship questionnaire cannot be completed because a knowledgeable household respondent is not available at the time, but you have an indication, from a household member or a neighbor, of when he or she will be available. These are soft appointments, as opposed to firm appointments (66). The date and time fields are available for you to record the time when you will return, but they are not required. This code should rarely be used for Relationship Questionnaires.	EROC/ Interviewer
71	Avoidance	The Relationship questionnaire cannot be completed because the household members are not answering the door, even though you know they are there. This is a type of soft refusal. Note: This code should rarely be used for Relationship Questionnaires.	EROC/ Interviewer
72	Moved	The Relationship questionnaire cannot be completed because all household members age 18 and older have moved since the Screener was completed. This should be rare as the Relationship questionnaire should be completed at the same time as the Screener.	EROC/ Interviewer
73	Deceased	The Relationship questionnaire cannot be completed because all household members age 18 and older are deceased and there are no emancipated minors identified in the household.	EROC/ Interviewer
74	Language Problem – Spanish	The Relationship questionnaire cannot be started or completed because all adult household members speak Spanish and you are not bilingual. This code should be used to inform your supervisor that a Spanish-speaking interviewer or a Spanish reader is required.	EROC/ Interviewer
22	Refusal (Reassign)	Based on interviewer EROC entries, the supervisor uses this code to transfer the case to another interviewer.	Interim/ Supervisor

Code	Label	Description	Type/set by
99	Other (Reassign)	The supervisor uses this code to transfer the case to another interviewer.	Interim/Supervisor
50	Illness	Based on interviewer EROC entries, the supervisor confirms that the Relationship questionnaire could not be completed because the person(s) living in the household had a serious health or physical problem that prevented them from being interviewed and the interviewer cannot make accommodations for the respondent to complete the interview or identify a knowledgeable proxy.	Final/Supervisor
52	Refusal	Based on interviewer EROC entries, the supervisor confirms that this household refused to participate.	Final/Supervisor
53	Not Home	Based on interviewer EROC entries, the supervisor confirms that the Relationship questionnaire could not be completed because we were never able to reach an eligible respondent at home.	Final/Supervisor
54	Unavailable	Based on interviewer EROC entries, the supervisor confirms that no eligible respondents were available during the field period.	Final/Supervisor
55	No Entry	Based on interviewer EROC entries, the supervisor confirms that we were unable to access the building or property.	Final/Supervisor
56	Other	The supervisor uses this code to indicate that this case was not completed due to some other reason that does not fit any other categories. This code is rarely used.	Final/Supervisor

7.3.3 Sample Person (SP) Codes

If you have completed the Screener and there is at least one SP (Screener Result Code = 11), you will need to assign a code for **each** SP selected in the household. Select the result code from the drop-down box in the EROC entry.

Code	Label	Description	Type/set by
0	Not Worked	Initial code for every module.	Interim/CAPI
3	Partially Worked	The interviewer started the module, but broke off prior to completion.	Interim/CAPI
14	Complete	The SP questionnaire has been completed with the SP or a proxy respondent.	Final/CAPI

Code	Label	Description	Type/set by
6	DU Access/Entry Problem	It is not possible to contact the SP to complete the SP questionnaire because of a security system that keeps the building locked and you have tried to enter by contacting the building management staff, etc., or because the property/community is gated and you are unable to gain access.	EROC/ Interviewer
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 the interviewer cannot make accommodations for the SP or identify a knowledgeable proxy.	EROC/ Interviewer
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).	EROC/ Interviewer
23	Not at Home	An attempt was made to contact the SP but s/he was not at home.	EROC/ Interviewer
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.) and there are no emancipated minors identified in the household.	EROC/ Interviewer
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.	EROC/ Interviewer
26	Other (Specify)	The SP questionnaire cannot be completed because of a reason other than those listed above. SPECIFY in "Comments" column. Use of this code should be rare.	EROC/ Interviewer
27	Consent Form Refusal	The SP questionnaire cannot be started because the SP refuses to sign the Home Interview Consent Form.	EROC/ Interviewer
66	Interview Appointment	You made an appointment to come back and complete the SP questionnaire at another time.	EROC/ Interviewer
69	Callback	The SP questionnaire cannot be completed because the SP is not available at the time, but you have an indication, from a household member or a neighbor, of when he or she will be available. These are soft appointments, as opposed to firm appointments (66). The date and time fields are available for you to record the time when you will return, but they are not required.	EROC/ Interviewer
71	Avoidance	The SP questionnaire cannot be completed because the household members are not answering the door, even though you know they are there. This is a type of soft refusal.	EROC/ Interviewer

Code	Label	Description	Type/set by
72	Moved	The SP questionnaire cannot be completed because the SP has moved since the Screener was completed.	EROC/ Interviewer
73	Deceased	The SP questionnaire cannot be completed because the SP is deceased.	EROC/ Interviewer
74	Language Problem – Spanish	The SP questionnaire cannot be started or completed because the SP speaks only Spanish and you are not bilingual. This code should be used to inform your supervisor that a Spanish-speaking interviewer or a Spanish reader is required.	EROC/ Interviewer
22	Refusal (Reassign)	Based on interviewer EROC entries, the supervisor uses this code to transfer the case to another interviewer.	Interim/ Supervisor
99	Other (Reassign)	The supervisor uses this code to transfer the case to another interviewer.	Interim/ Supervisor
50	Illness	Based on interviewer EROC entries, the supervisor confirms that the SP Interview could not be completed because the SP (or proxy) had a serious health or physical problem that prevented him/her from being interviewed and the interviewer cannot make accommodations for the SP or identify a knowledgeable proxy.	Final/ Supervisor
52	Refusal	Based on interviewer EROC entries, the supervisor confirms that this SP refused to participate.	Final/ Supervisor
53	Not Home	Based on interviewer EROC entries, the supervisor confirms that the SP interview could not be completed because we were never able to reach the SP at home.	Final/ Supervisor
54	Unavailable	Based on interviewer EROC entries, the supervisor confirms that the SP was unavailable during the field period.	Final/ Supervisor
55	No Entry	Based on interviewer EROC entries, the supervisor confirms that we were unable to access the building or property.	Final/ Supervisor
56	Other	The supervisor uses this code to indicate that this SP Interview was not completed due to some other reason that does not fit any other categories. This code is rarely used.	Final/ Supervisor
67	Refusal – Consent	Based on interviewer EROC entries, the supervisor confirms that this SP refused to sign the consent forms and therefore cannot participate.	Final/ Supervisor

7.3.4 Family Result Codes

For eligible households, you will need to assign a result code for the Family Questionnaire. Note: You may be required to administer more than one Family Questionnaire in a household. Each Family module must be assigned a result code.

Code	Label	Description	Type/set by
0	Not Worked	Initial code for every module.	Interim/ CAPI
3	Partially Worked	The interviewer started the module, but broke off prior to completion.	Interim/ CAPI
14	Complete	A Family questionnaire has been completed with an adult family member.	Final/CAPI
6	DU Access/Entry Problem	It is not possible to contact the sampled household to complete the Family questionnaire because of a security system that keeps the building locked and you have tried to enter by contacting the building management staff, etc., or because the property/community is gated and you are unable to gain access.	EROC/ Interviewer
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 and the interviewer cannot make accommodations for the respondent to complete the interview or identify a knowledgeable proxy.	EROC/ Interviewer
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).	EROC/ Interviewer
23	Not at Home	There is no adult family member at home to complete the Family questionnaire.	EROC/ Interviewer
24	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.) and there are no emancipated minors identified in the household.	EROC/ Interviewer
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.	EROC/ Interviewer
26	Other (Specify)	A Family questionnaire cannot be completed because of a reason other than those listed here. SPECIFY in "Comments" column. Use of this code should be rare.	EROC/ Interviewer
27	Consent Form Refusal	The Family questionnaire cannot be started because the respondent refuses to sign the Home Interview Consent Form.	EROC/ Interviewer
66	Interview Appointment	You made an appointment to come back and complete the Family questionnaire at another time.	EROC/ Interviewer

Code	Label	Description	Type/set by
69	Callback	The Family questionnaire cannot be completed because the respondent is not available at the time, but you have an indication, from a household member or a neighbor, of when he or she will be available. These are soft appointments, as opposed to firm appointments (66). The date and time fields are available for you to record the time when you will return, but they are not required.	EROC/ Interviewer
71	Avoidance	The Family questionnaire cannot be completed because the household members are not answering the door, even though you know they are there. This is a type of soft refusal.	EROC/ Interviewer
72	Moved	The Family questionnaire cannot be completed because all family members age 18 and older are deceased.	EROC/ Interviewer
73	Deceased	The Family questionnaire cannot be completed because all family members age 18 and older are deceased.	EROC/ Interviewer
74	Language Problem – Spanish	The Family questionnaire cannot be started or completed because all adult household members speak Spanish and you are not bilingual. This code should be used to inform your supervisor that a Spanish-speaking interviewer or a Spanish reader is required.	EROC/ Interviewer
22	Refusal (Reassign)	Based on interviewer EROC entries, the supervisor uses this code to transfer the case to another interviewer.	Interim/ Supervisor
99	Other (Reassign)	The supervisor uses this code to transfer the case to another interviewer.	Interim/ Supervisor
50	Illness	Based on interviewer EROC entries, the supervisor confirms that the Family Interview could not be completed because the respondent had a serious health or physical problem that prevented him/her from being interviewed and the interviewer cannot make accommodations for the respondent to complete the interview or identify a knowledgeable proxy.	Final/ Supervisor
52	Refusal	Based on interviewer EROC entries, the supervisor confirms that this household respondent refused to participate.	Final/ Supervisor
53	Not Home	Based on interviewer EROC entries, the supervisor confirms that the Family interview could not be completed because we were never able to reach the respondent at home.	Final/ Supervisor
54	Unavailable	Based on interviewer EROC entries, the supervisor confirms that the respondent was unavailable during the field period.	Final/ Supervisor
55	No Entry	Based on interviewer EROC entries, the supervisor confirms that we were unable to access the building or property.	Final/ Supervisor

Code	Label	Description	Type/set by
56	Other	The supervisor uses this code to indicate that this Family Interview was not completed due to some other reason that does not fit any other categories. This code is rarely used.	Final/ Supervisor
67	Refusal – Consent	Based on interviewer EROC entries, the supervisor confirms that this household respondent refused to sign the consent forms and therefore cannot participate.	Final/ Supervisor

7.3.5 MEC Exam Appointment Scheduling Codes

After you have completed all the necessary questionnaires for an SP, you will move on to scheduling the MEC appointment. At this point, 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. In addition, if an SP cancels or misses his/her MEC appointment, the MEC appointment module may be reassigned to you. Use the EROCs to document your efforts to re-schedule the appointment. See Chapter 8 for details.

All of the MEC Exam Appointment Scheduling result codes and their definitions are provided below.

Code	Label	Description	Type/set by
0	Not Worked	Initial code for every module.	Interim/CAPI
3	Partially Worked	The interviewer started the module, but broke off prior to completion.	Interim/ CAPI
15	Scheduled (Final)	MEC appointment has been confirmed for an SP.	Final/CAPI
6	DU Access/Entry Problem	It is not possible to contact the SP to make the MEC exam appointment because of a security system that keeps the building locked and you have tried to enter by contacting the building management staff, etc., or because the property/community is gated and you are unable to gain access.	EROC/ Interviewer
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.	EROC/ Interviewer
22	Refusal/Breakoff	The SP/parent refuses to make a MEC appointment for reasons other than the consent form.	EROC/ Interviewer
23	Not at Home	The eligible SP/parent is not at home to set up a MEC appointment.	EROC/ Interviewer

Code	Label	Description	Type/set by
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.).	EROC/ Interviewer
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.	EROC/ Interviewer
26	Other (Specify)	The questionnaire cannot be completed because of a reason other than those listed above. SPECIFY in "Comments" column.	EROC/ Interviewer
27	Consent Form Refusal	The SP/parent refuses to make a MEC appointment because the SP/parent refuses to sign the MEC Consent Form.	EROC/ Interviewer
66	Interview Appointment	You made an appointment to come back and complete the SP questionnaire at another time.	EROC/ Interviewer
69	Callback	The MEC exam appointment cannot be made because the SP is not available at the time, but you have an indication, from a household member or a neighbor, of when he or she will be available. These are soft appointments, as opposed to firm appointments (66). The date and time fields are available for you to record the time when you will return, but they are not required.	EROC/ Interviewer
71	Avoidance	The MEC exam appointment cannot be made because the household members are not answering the door, even though you know they are there. This is a type of soft refusal.	EROC/ Interviewer
72	Moved	The MEC exam appointment cannot be completed because the SP has moved.	EROC/ Interviewer
73	Deceased	The MEC exam appointment cannot be completed because the SP is deceased.	EROC/ Interviewer
74	Language Problem – Spanish	The MEC exam appointment cannot be made because the SP speaks Spanish and you are not bilingual. This code should be used to inform your supervisor that a Spanish-speaking interviewer or a Spanish reader is required.	EROC/ Interviewer
22	Refusal (Reassign)	Based on interviewer EROC entries, the supervisor uses this code to transfer the case to another interviewer.	Interim/ Supervisor
99	Other (Reassign)	The supervisor uses this code to transfer the case to another interviewer.	Interim/ Supervisor
50	Illness	Based on interviewer EROC entries, the supervisor confirms that the MEC appointment could not be scheduled because the respondent had a serious health or physical problem that prevented him/her from being examined.	Final/ Supervisor
52	Refusal	Based on interviewer EROC entries, the supervisor confirms that this SP refused to participate.	Final/ Supervisor

Code	Label	Description	Type/set by
53	Not Home	Based on interviewer EROC entries, the supervisor confirms that the MEC appointment could not be scheduled because we were never able to reach the SP at home.	Final/ Supervisor
54	Unavailable	Based on interviewer EROC entries, the supervisor confirms that the SP was unavailable during the field period.	Final/ Supervisor
55	No Entry	Based on interviewer EROC entries, the supervisor confirms that we were unable to access the building or property.	Final/ Supervisor
56	Other	The supervisor uses this code to indicate that the MEC Appointment could not be scheduled due to some other reason that does not fit any other categories. This code is rarely used.	Final/ Supervisor
65	Broken Appt – No Show	The SP did not come to his/her scheduled MEC appointment and the interviewer was unable to reschedule.	Final/ Supervisor
66	Broken Appt – Cancel	The SP canceled his/her scheduled MEC appointment and the interviewer was unable to reschedule.	Final/ Supervisor
67	Refusal - Consent	Based on interviewer EROC entries, the supervisor confirms that this SP refused to sign the consent forms and therefore cannot participate.	Final/ Supervisor

7.4 Nonresponse and Refusal Information

7.4.1 Problems Obtaining the Interview (Screener, Relationship, SP, or Family 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 or you are unable to schedule an SP for a MEC appointment. The following are situations that you may encounter when you are attempting to contact an eligible respondent.

DU Access/Entry Problems (6)

You may encounter a building that is locked for security reasons or a property or community that is gated. 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 (e.g., a letter or telephone call). When this happens, record his/her name, address, and telephone number (if appropriate) in the EROC 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 of the survey, the Screener Brochure, and, if available, a story about the study from a local newspaper. This package is usually sent via FedEx 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.

Gated communities have a gate to prevent non-residents from accessing homes within the community. They may or may not have an intercom system or a security guard. For gated communities, try to determine if there are days or times when the gate is open. If you are unable to gain access, contact your supervisor to discuss how to proceed. As with locked buildings, it may be advisable to contact the property manager to gain access.

If you cannot gain entry by making contact with the sampled DU or resident manager, complete an EROC entry with status code (6) and discuss the case with your supervisor during your next scheduled conference.

You may be assigned cases that were discovered to be in security locked buildings or gated communities during the listing operation or when completing DU Observations. Your supervisor will help you handle these cases if you are assigned them.

Gated driveways are common in more rural areas. You may need to drive by the address at different times and days in order to find the gate open. In some cases, your supervisor may obtain approval from NCHS for you to leave a 'gate hanger' that provides information to the resident and a study phone number for them to call. Obtaining SIS/neighbor information on whether the address is used as a primary residence and when to find someone home is very valuable in these situations. To work most effectively and efficiently, keep your supervisor informed of these situations.

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, because only postage-paid U.S. mail can legally be placed in them. At the Screener stage, the goal is to complete the Screener to see if there are eligible SPs in the household.

If there have been prior attempts, review the EROC entries to determine the best time to return.

After two unsuccessful attempts, contact a secondary source 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 in the EROC, either in the MFOS app or the TROC; and
- If the Screener is incomplete, record any information volunteered about the household composition on the Household Observation Grid for Screener Nonresponse on the tablet.

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), and are therefore unavailable for the screening, do not make further attempts. Record the details in the EROC and discuss the case with 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), use this result code 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. Please refer to Chapter 5 for details on determining when an adult proxy is required. 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, discuss the case with 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 that 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 5. If the SP's illness is temporary, you should try to set an appointment for a time when s/he is more able to respond.

Language Problem (25)

Interviewers conduct 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, make an entry in mFOS/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 (aged 18+ years) 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. In the SP and Family Hand Cards the interpreter protocol and instructions are included for your reference.

7.4.2 Refusal Reasons

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.

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. 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 in the EROC.

Whenever you code a case Refusal/Breakoff (22), you will need to record a Refusal Reason. Here is the complete list of Refusal Reasons and their corresponding codes, which also appear on the Case Card (Exhibit 7-1b).

Choose up to three refusal reasons from the list, starting with the most relevant and specific refusal reason.

- 82 – Concern with exam/Doctor Issues
- 83 – Government Concerns/Mistrust of Government
- 84 – Interview takes too much time
- 85 – MEC Exam takes too much time
- 86 – MEC is too far away/Transportation problems
- 87 – Not interested/Nothing in it for me
- 88 – Privacy/Confidentiality Concerns
- 89 – Questions/Suspicious about survey/Legitimacy
- 90 – Shuts door on FI/Refuses to talk to FI
- 91 – Survey is Voluntary/doesn't do surveys
- 92 – Think SP is too young to participate
- 93 – Too Busy/No Time

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 and the willingness of other selected households to participate, persuade respondents that we do appreciate their contribution to the project, and emphasize the ease of participation by expressing 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 respondents know exactly who you are, whom you represent, and why you are there.
- Be confident, reassuring, and ready to react promptly to respondents' 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 argue with, 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 in the EROC. 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.**

Part II of this manual provides more detailed information on explaining the survey and gaining cooperation.

7.4.3 Special Refusal Situations

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

- If an SP refuses to complete the Screener and you are trying to convert this refusal on a subsequent contact attempt, review the observed household members against the sampling criteria to see if you think there will be eligible SPs or not. **As a last resort to screen**, primarily for households you believe will not have eligible SPs, you can try to obtain limited household information from an adult household member. If a household is suspected to have eligible SPs, we want to try to complete the full Screener and gain cooperation from the SPs. An example of when this technique may be implemented is when the adult household member to whom you are speaking is Asian and the Asian sampling message shows only babies under 1 year old and adults over 60 years old will be selected, you can ask if everyone in the household is Asian and if anyone is under 1 year old or over 60 years old. If everyone in the household is Asian and is between the ages of 1 to 59, then you know the household will not have any SPs. Record this information in your EROC and discuss the situation with your supervisor. This method of screening is to be used only as a last resort, should be used primarily on households that are anticipated to not have any SPs, and must be limited.
- If one SP **refuses to complete any household interviews**, you should remain there to interview other willing SPs, so long as your presence is still welcomed.
- 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. Explain that answers are voluntary and that they may opt out of answering any question and 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 because they don't hear well and/or because it takes them longer than most people to get to the door. Knock or ring several times and pause in between so as not to annoy anyone.
- If the household members appear to be avoiding you, and the household employs a video door bell, use your NHANES ID Badge and Door Card to attempt to communicate with the household via the camera.

7.4.4 Documenting Refusal Information for Screener, SP Interview, Family Interview, and MEC Appointment Nonresponse

If you have any difficulties completing a Screener interview, record the results in the EROC, either in mFOS or on the TROC. Also, be sure to complete the Household Observation Grid for Screener nonresponse (see Section 7.7.2.4).

If you have any difficulties completing an SP or Family questionnaire, making a MEC examination appointment, obtaining signed consent forms (either hardcopy or electronically), or rescheduling a broken MEC appointment, record the results in the EROC either in mFOS or on the TROC, and complete all of the refusal information fields.

It is important for you to be aware that your supervisor will decide whether to refiled the case based on the refusal information you provide. If a case is refiled, the interviewer to whom the case is reassigned will also use this information. It is, therefore, very important for you to complete EROCs, refusal information, and, for Screener nonresponse, the Household Observation Grid, 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.

All refusal information must be recorded electronically! The information you provide is critical to converting the household or SP.

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 “Refusal Information” section of the EROC.

1. Physical appearance/health—size, weight, condition (frail, handicapped, any physical/mental condition which would keep respondent from coming to MEC);
2. Attitude (scared, angry, hostile);
3. Details on conversation between you and respondent—what respondent said/what you said;
4. Details on conversations between you and neighbors (when a Screener has not yet been completed); and
5. What survey material, if any, you left with the respondent.

Keep the comments 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 will do in cases where you do not have the relevant information. Also, share “gut instinct” information if you feel it will help the next interviewer.

When the Screener has not been completed, be sure you have completed the DU Observation module in mFOS, so that we have information on the neighborhood and DU that may help us in identifying a conversion approach. (See Chapter 3.)

The following pages contain examples of accurately completed Refusal Information in the EROC.

Exhibit 7-3. Refusal Information 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.

View or Edit EROC

EROC List for: 601-001-0012-01-01 Show All EROCs for household

Seq	Serial	Fam	Pers	Contact Dt	Module	SP Name/Head of HH	Status Code
1	12	1	1	Fri 1/17/2020 03:16 PM	MEC Appt	JOHN JONES	Scheduled (MEC Appt.)
1	12	1	1	Fri 1/17/2020 03:15 PM	SP Quex	JOHN JONES	Complete
1	12	1	1	Fri 1/17/2020 03:09 PM	SP Quex	JOHN JONES	Refusal/Breakoff
1	12	1	1	Fri 1/17/2020 03:08 PM	MEC Appt	JOHN JONES	Not Worked
1	12	1	1	Fri 1/17/2020 03:08 PM	SP Quex	JOHN JONES	Not Worked
1	12	1	0	Fri 1/17/2020 03:08 PM	Family Quex		Not Worked
1	12	0	0	Fri 1/17/2020 03:08 PM	Relationship		Complete

Contact Dt: 00/00/0000 Contact Time: --:--:-- Result Code: --

Who Contacted: -- Contact Name: --

Language Needed: --

EROC Comments: --

Rotate Turn on Pad Add New Clear Save OK Back

Add New EROC

Modules for: 601-001-0012

HH Case Id	Module	Address/Name
601-01-0012	Screener	1 PRACTICE ST, BALTIMORE, 20707
601-01-0012	Relationship	1 PRACTICE ST, BALTIMORE, 20707
601-01-0012-01	Family Quex	JOHN JONES
601-01-0012-01-01	SP Quex	JOHN JONES
601-01-0012-01-01	MEC Appt	JOHN JONES

Contact Dt: 01/17/2020 Contact Time: 3:09 PM Result Code: Refusal/Breakoff

Who Contacted: SP Contact Name: JOHN JONES

Language Needed: English

EROC Comments: Tall, long hair, glasses

Refusal Information

Main Reason: Too Busy / No Time Severity: Mild (no hostility)

Reason 2: Government Concerns / Mistrust of Governme Reason 3: --

Gender: Male Age Range: 20-29 yr Race: White/Other: -- Race Other: --

SP Said: He is too busy - works 2 jobs day and night. Very suspicious of government involvement.

Conversion Help: Return another day and try again to convince him.

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Exhibit 7-4. Refusal Information 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 Smiths, but no one answers the door. On the second visit, the conversion interviewer persuades Mr. and Mrs. Smith to appoint to the MEC.

View or Edit EROC

EROC List for: 601-001-0013-01-01 Show All EROCs for household

Seq	Serial	Fam	Per	Contact Dt	Module	SP Name/Head of HH	Status Code
1	13	1	1	Fri 1/17/2020 03:34 PM	MEC Appt	MR. SMITH	Refusal/Breakoff
1	13	1	2	Fri 1/17/2020 03:34 PM	MEC Appt	MRS. SMITH	Refusal/Breakoff
1	13	1	2	Fri 1/17/2020 03:33 PM	SP Quex	MRS. SMITH	Complete
1	13	1	1	Fri 1/17/2020 03:24 PM	SP Quex	MR. SMITH	Complete
1	13	1	2	Fri 1/17/2020 03:21 PM	MEC Appt	MRS. SMITH	Not Worked
1	13	1	2	Fri 1/17/2020 03:21 PM	SP Quex	MRS. SMITH	Not Worked
1	13	1	1	Fri 1/17/2020 03:21 PM	SP Quex	MR. SMITH	Not Worked

Contact Dt: 00/00/0000 Contact Time: - - - Result Code: -

Who Contacted: - Contact Name: -

Language Needed: -

EROC Comments:

Rotate Turn on Pad Add New Clear Save OK Back

Add New EROC

Modules for: 601-001-0013

HH Case Id	Module	Address/Name
601-01-0013-01	Family Quex	MR. SMITH
601-01-0013-01-01	SP Quex	MR. SMITH
601-01-0013-01-01	MEC Appt	MR. SMITH
601-01-0013-01-02	SP Quex	MRS. SMITH
601-01-0013-01-02	MEC Appt	MRS. SMITH

Contact Dt: 01/17/2020 Contact Time: 3:34 PM Result Code: Refusal/Breakoff

Who Contacted: SP Contact Name: MR. SMITH

Language Needed: English

EROC Comments: Mr. Smith - Very frail looking. Mrs. Smith - Short, thin woman, long hair in bun

Refusal Information

Main Reason: Questions / Suspicions about survey / Legitim Severity: Mild (no hostility)

Reason 2: Reason 3:

Gender: Male Age Range: 60-69 yr Race: White/Other Race Other:

SP Said: 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 scam.

Conversion Help: Send another interviewer to try to convert them

Rotate Turn on Pad Clear Save OK Back

Exhibit 7-5. Refusal Information 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.

View of Edit EROC

EROC List for: 601-001-0015-00-00 Show All EROCs for household

Seq	Serial	Fam	Pers	Contact Dt	Module	SP Name/Head of HH	Status Code
1	15	1	2	Fri 1/17/2020 04:01 PM	MEC Appt	BETTY LOGAN	Scheduled (MEC Appt.)
1	15	1	1	Fri 1/17/2020 04:01 PM	SP Quex	RICHARD LOGAN	Refusal/Breakoff
1	15	1	1	Fri 1/17/2020 04:01 PM	MEC Appt	RICHARD LOGAN	Refusal/Breakoff
1	15	1	1	Fri 1/17/2020 03:58 PM	SP Quex	RICHARD LOGAN	Refusal/Breakoff
1	15	1	1	Fri 1/17/2020 03:58 PM	MEC Appt	RICHARD LOGAN	Refusal/Breakoff
1	15	1	2	Fri 1/17/2020 03:58 PM	MEC Appt	BETTY LOGAN	Refusal/Breakoff
1	15	1	0	Fri 1/17/2020 03:51 PM	Family Quex		Complete

Contact Dt: 01/17/2020 Contact Time: 4:01 PM Result Code:

Who Contacted: Contact Name:

Language Needed:

EROC Comments:

Rotate Turn on Pad Add New Clear Save OK Back

Add New EROCs

Modules for: 601-001-0015

HH Case Id	Module	Address/Name
601-01-0015-01	Family Quex	RICHARD LOGAN
601-01-0015-01-01	SP Quex	RICHARD LOGAN
601-01-0015-01-01	MEC Appt	RICHARD LOGAN
601-01-0015-01-02	SP Quex	BETTY LOGAN
601-01-0015-01-02	MEC Appt	BETTY LOGAN

Contact Dt: 01/15/2020 Contact Time: 3:51 PM Result Code: Refusal/Breakoff

Who Contacted: SP Contact Name: BETTY LOGAN

Language Needed: English

EROC Comments: Richard Logan - Hurried, Not open to listening. Betty Logan - Very pleasant

Refusal Information

Main Reason: Government Concerns / Mistrust of Governm Severity: Determined (but not hostile)

Reason 2: Too Busy / No Time Reason 3: Concern with exam / Doctor Issues

Gender: Female Age Range: 40-49 yr Race: Black Race Other:

SP Said: Mrs. Logan's husband does not want her participate any further. She also insists she doesn't need our exam because she has her own doctor. Mr. Logan does not want to participate because he believes the process will

Conversion Help: Send another interviewer to try to convert them

Rotate Turn on Pad Clear Save OK Back

7.5 EROC Entry Examples

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

Exhibit 7-6. TROC example

Interviewer made an initial attempt to a DU and found no one at home. He entered this attempt in mFOS/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 evening and entered the appointment information in the TROC. On the third visit, he completed the SP Questionnaire with the daughter and made an examination appointment with her.

View or Edit EROC

EROC List for: 619-015-0009-00-00 Show All EROCs for household

Seq	Serial	Fam	Pers	Contact Dt	Module	SP Name/Head of HH	Status Code	Stat
15	9	0	0	Wed 2/18/2015 11:12 AM	Relationship		Complete	
15	9	0	0	Wed 2/18/2015 11:11 AM	Relationship		Not Worked	
15	9	0	0	Wed 2/18/2015 11:11 AM	Screener		Complete - With SPs	
15	9	0	0	Tue 2/17/2015 02:15 PM	Screener		Not at Home	
15	9	0	0	Fri 11/7/2014 09:54 AM	Screener		Not Worked	

Contact Dt: 02/17/2015 Contact Time: 2:15 PM Result Code: Not at Home

Who Contacted: no one

EROC Comments:

Rotate Turn on Pad Add New Clear Save OK Back

Exhibit 7-6. TROC example (continued)

View or Edit EROC

EROC List for: 619-015-0009-00-00 Show All EROCs for household

Seg	Serial	Fam	Pers	Contact Dt	Module	SP Name/Head of HH	Status Code
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
15	9	1	3	Wed 2/18/2015 11:12 AM	MEC Appt	SP 3	Not Worked
15	9	1	3	Wed 2/18/2015 11:12 AM	SP Quex	SP 3	Not Worked

Contact Dt: 02/18/2015 Contact Time: 11:38 AM Result Code: Interview Appointment

Who Contacted: 3 Contact Name: SP 2 Contact Language: English

EROC Comments:

Appointment Information
 Date: 02/19/2015 Time: 7:00 PM

Rotate Turn on Pad Add New Clear Save OK Back

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

Exhibit 7-7. TROC Example 2

Interviewer made two unsuccessful attempts to a DU and entered them in mFOS/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 mFOS/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.

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	Stat
16	11	0	0	Wed 2/18/2015 12:29 PM	Relationship		Complete	
16	11	0	0	Wed 2/18/2015 12:28 PM	Relationship		Not Worked	
16	11	0	0	Wed 2/18/2015 12:28 PM	Screener		Complete - With SPs	
16	11	0	0	Tue 2/17/2015 06:15 PM	Screener		Not at Home	
16	11	0	0	Mon 2/16/2015 09:00 PM	Screener		Not at Home	
16	11	0	0	Fri 11/7/2014 09:54 AM	Screener		Not Worked	

Contact Dt: 02/16/2015 Contact Time: 9:00 PM Result Code: Not at Home

Who Contacted: no one

EROC Comments:

Rotate Turn on Pad Add New Clear Save OK Back

Exhibit 7-7. TROC Example 2 (continued)

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	Stat
16	11	0	0	Wed 2/18/2015 12:29 PM	Relationship		Complete	
16	11	0	0	Wed 2/18/2015 12:28 PM	Relationship		Not Worked	
16	11	0	0	Wed 2/18/2015 12:28 PM	Screener		Complete - With SPs	
16	11	0	0	Tue 2/17/2015 06:15 PM	Screener		Not at Home	
16	11	0	0	Mon 2/16/2015 09:00 PM	Screener		Not at Home	
16	11	0	0	Fri 11/7/2014 09:54 AM	Screener		Not Worked	

Contact Dt: 02/17/2015 Contact Time: 6:15 PM Result Code: Not at Home

Who Contacted: neighbor, other Who Contacted Other: neighbor at 1473 Contact Name: John Contact Language: English

EROC Comments:

Rotate Turn on Pad Add New Clear Save OK Back

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	Stat
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

Exhibit 7-7. TROC Example 2 (continued)

View or Edit EROC

EROC List for: 619-016-0011-02-02 Show All EROCs for household

Seq	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

Exhibit 7-8. TROC Example 3

Interviewer made an initial attempt to a DU and completed the Screener and Relationship questionnaires 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 child's (SP #3) questionnaire with the father of the family. 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.

View or Edit EROC

EROC List for: 619-008-0047-01-02 Show All EROCs for household

Seg	Serial	Fam	Pers	Contact Dt	Module	SP Name/Head of HH	Status Code
8	47	1	2	Wed 1/10/2018 04:15 PM	SP Quex	DAUGHTER	Unavailable During Field Pe
8	47	1	3	Wed 1/10/2018 04:10 PM	SP Quex	SON FAM	Complete
8	47	1	3	Wed 1/10/2018 03:57 PM	MEC Appt	SON FAM	Not Worked
8	47	1	3	Wed 1/10/2018 03:57 PM	SP Quex	SON FAM	Not Worked
8	47	1	2	Wed 1/10/2018 03:57 PM	MEC Appt	DAUGHTER	Not Worked
8	47	1	2	Wed 1/10/2018 03:57 PM	SP Quex	DAUGHTER	Not Worked
8	47	1	1	Wed 1/10/2018 03:57 PM	MEC Appt	MOM	Not Worked

Contact Dt: 01/10/2018 Contact Time: 4:15 PM Result Code: Unavailable During Field Period

Who Contacted: non-SP household memb Contact Name: DAD Contact Language: English

EROC Comments: Entered by: Sheryl Wood (test)

Buttons: Rotate, Turn on Pad, Add New, Clear, Save, OK, Back

Exhibit 7-8. TROC Example 3 (continued)

View or Edit EROC

EROC List for: 619-008-0047-01-01 Show All EROCs for household

Seq	Serial	Fam	Pers	Contact Dt	Module	SP Name/Head of HH	Status Code
8	47	1	1	Fri 1/12/2018 09:27 AM	SP Quex	MOM	Not at Home
8	47	1	1	Wed 1/10/2018 04:18 PM	SP Quex	MOM	Not at Home
8	47	1	2	Wed 1/10/2018 04:15 PM	SP Quex	DAUGHTER	Unavailable During Field Pe
8	47	1	3	Wed 1/10/2018 04:10 PM	SP Quex	SON FAM	Complete
8	47	1	3	Wed 1/10/2018 03:57 PM	MEC Appt	SON FAM	Not Worked
8	47	1	3	Wed 1/10/2018 03:57 PM	SP Quex	SON FAM	Not Worked
8	47	1	2	Wed 1/10/2018 03:57 PM	MEC Appt	DAUGHTER	Not Worked

Contact Dt: 01/12/2018 Contact Time: 9:27 AM Result Code: Not at Home

Who Contacted: no one

EROC Comments:

Entered by: Sheryl Wood (test)

Rotate Turn on Pad Add New Clear Save OK Back

View or Edit EROC

EROC List for: 619-008-0047-01-01 Show All EROCs for household

Seq	Serial	Fam	Pers	Contact Dt	Module	SP Name/Head of HH	Status Code
8	47	1	1	Fri 1/12/2018 01:48 PM	SP Quex	MOM	Complete
8	47	1	1	Fri 1/12/2018 09:27 AM	SP Quex	MOM	Not at Home
8	47	1	1	Wed 1/10/2018 04:18 PM	SP Quex	MOM	Not at Home
8	47	1	2	Wed 1/10/2018 04:15 PM	SP Quex	DAUGHTER	Unavailable During Field Pe
8	47	1	3	Wed 1/10/2018 04:10 PM	SP Quex	SON FAM	Complete
8	47	1	3	Wed 1/10/2018 03:57 PM	MEC Appt	SON FAM	Not Worked
8	47	1	3	Wed 1/10/2018 03:57 PM	SP Quex	SON FAM	Not Worked

Contact Dt: 01/12/2018 Contact Time: 1:48 PM Result Code: Complete

Who Contacted: SP Contact Name: MOM Contact Language: English

EROC Comments:

Entered by: Sheryl Wood (test)

Rotate Turn on Pad Add New Clear Save OK Back

Exhibit 7-9. TROC Example 4

Interviewer made an initial attempt to a DU and completed the Screener and Relationship questionnaires. 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 and the Family questionnaire.

View or Edit EROC

EROC List for: 601-001-0015-00-00 Show All EROCs for household

Seq	Serial	Fam	Pers	Contact Dt	Module	SP Name/Head of HH	Status Code
1	15	1	0	Wed 2/12/2020 11:21 AM	Family Quex		Callback
1	15	1	1	Wed 2/12/2020 11:21 AM	SP Quex	SP 1	Callback
1	15	1	2	Wed 2/12/2020 11:21 AM	SP Quex	SP 2	Callback
1	15	1	3	Wed 2/12/2020 11:21 AM	SP Quex	SP 3	Callback
1	15	1	4	Wed 2/12/2020 11:21 AM	SP Quex	SP 4	Callback
1	15	1	4	Wed 2/12/2020 11:20 AM	MEC Appt	SP 4	Not Worked
1	15	1	4	Wed 2/12/2020 11:20 AM	SP Quex	SP 4	Not Worked

Contact Dt: 02/12/2020 Contact Time: 11:21 AM Result Code: Callback

Who Contacted: SP Contact Name: SP 1

Language Needed: English Entered by: Jacquie Hogan

EROC Comments:

Appointment Information

Date: 02/13/2020 Time: 8:00 AM

Exhibit 7-9. TROC Example 4 (continued)

View or Edit EROC

EROC List for: 619-008-0015-01-01 Show All EROCs for household

Seq	Serial	Fam	Pers	Contact Dt	Module	SP Name/Head of HH	Status Code	S
8	15	1	0	Thu 1/11/2018 09:21 AM	Family Quex		Not at Home	
8	15	1	1	Thu 1/11/2018 09:21 AM	SP Quex	SP 1	Not at Home	
8	15	1	2	Thu 1/11/2018 09:21 AM	SP Quex	SP 2	Not at Home	
8	15	1	3	Thu 1/11/2018 09:21 AM	SP Quex	SP 3	Not at Home	
8	15	1	4	Thu 1/11/2018 09:21 AM	SP Quex	SP 4	Not at Home	
8	15	1	1	Wed 1/10/2018 04:44 PM	SP Quex	SP 1	Callback	
8	15	1	2	Wed 1/10/2018 04:44 PM	SP Quex	SP 2	Callback	

Contact Dt: 01/11/2018 Contact Time: 9:21 AM Result Code: Not at Home

Who Contacted: no one

EROC Comments: Entered by: Sheryl Wood (test)

Rotate Turn on Pad Add New Clear Save OK Back

View or Edit EROC

EROC List for: 619-008-0015-01-01 Show All EROCs for household

Seq	Serial	Fam	Pers	Contact Dt	Module	SP Name/Head of HH	Status Code	S
8	15	1	0	Thu 1/11/2018 03:28 PM	Family Quex		Complete	
8	15	1	4	Thu 1/11/2018 03:24 PM	SP Quex	SP 4	Complete	
8	15	1	3	Thu 1/11/2018 03:19 PM	SP Quex	SP 3	Complete	
8	15	1	2	Thu 1/11/2018 03:14 PM	SP Quex	SP 2	Complete	
8	15	1	1	Thu 1/11/2018 03:08 PM	SP Quex	SP 1	Complete	
8	15	1	0	Thu 1/11/2018 09:21 AM	Family Quex		Not at Home	
8	15	1	1	Thu 1/11/2018 09:21 AM	SP Quex	SP 1	Not at Home	

Contact Dt: 01/11/2018 Contact Time: 3:28 PM Result Code: Complete

Who Contacted: SP Contact Name: SP 1 Contact Language: English

EROC Comments: Entered by: Sheryl Wood (test)

Rotate Turn on Pad Add New Clear Save OK Back

7.6 Accessing Your Case Assignment and Case Information on the Tablet

When Screener cases are assigned to you, they are loaded onto your tablet. For each assigned Screener, you will need to view case information on the tablet and, depending on whether there are SPs in the household, complete several other interviews (modules). While working Screeners, you will need to view and use:

Although you have a Case Card for each case, all important household information is stored and must be referenced electronically.

- Sampling Criteria for each Screener case, displaying the sampling message that determines whether household members will be selected as SPs;
- A DU Observations report for each DU, displaying entries from the DU Observations module completed in mFOS;
- Household Notes for DU-level information, including:
 - Critical household information as recorded in the HH Notes application in mFOS; and
 - Household Observation Grid, where you record your observations of the DU residents for incomplete Screeners.
- The TROC, where you can record contact attempts and where you can view contact attempts recorded in mFOS on your iPhone; and
- A Screener module, used to administer the Screener questionnaire.

For each Screener completed with SPs, you will need to access and complete several additional modules. As you complete Screeners and are assigned new cases, CAPI loads the case information and creates the necessary modules on the tablet for you to work, including:

- A Relationship module, containing a set of Relationship questions for each household;
- An SP questionnaire module for each eligible SP in the household;
- A Family questionnaire module for each family with an SP in the household;
- A MEC Appointment module to be completed for **each** SP to obtain consent for the MEC exam and to schedule the MEC appointment (see Chapter 8);
- A Collect module for Salt and Water samples, to be completed for each household with eligible SPs;

- A DU Observations report for each DU, displaying entries from the DU Observations module completed in mFOS;
- Household Notes for critical household information as recorded in the HH Notes application in mFOS,
- The Household Participant Summary, to view information for all household members, including SPs and non-SPs; and
- The TROC, where you can record contact attempts and where you can view contact attempts recorded in mFOS on your iPhone).

The Household Notes and DU Observations will be particularly helpful if you did not complete the Screener for a household whose interviews have been transferred to you.

7.6.1 View Interview Modules and Interviewer Case List

CAPI offers you several ways to view the cases assigned to you and all of the modules for 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 7-10. 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 7-10, 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 questionnaires, SP questionnaires, Family questionnaires, MEC Appointment modules, and Collect modules) by tapping **once** on the appropriate button at the bottom of the screen. (Exhibits 7-11 through 7-15.)
- You may view a list of **all** cases assigned to you (i.e., the Screener, Relationship questionnaires, SP questionnaires, Family questionnaires, MEC Appointment modules, and Collect modules) by tapping **once** on the “ALL CASES” button in the upper left corner above your case list (Exhibit 7-16).
- 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 (Exhibit 7-17).

Exhibit 7-10. List of Screener Cases

Interview Management - Stand ID: 601 Emp ID: 50 - [Interviewer Case List]

File View Tools Help

List Displayed: Screener Cases

All Cases		View HH		TROC	Intv Appts	HH Notes	Count: 31
Seg	Serial	Family	Person	Quex. Disposition	Address/Name		Seg-Line
01	0001	00	00	Complete, with SPs (final)	1 MAIN ST, BALTIMORE, 20707		01-0001
01	0002	00	00	Complete, with SPs (final)	2 MAIN ST, BALTIMORE, 20707		01-0002
01	0003	00	00	Complete, with SPs (final)	3 MAIN ST, BALTIMORE, 20878		01-0014
01	0004	00	00	Complete, with SPs (final)	4 MAIN ST, BALTIMORE, 20707		01-0015

Screener
Relations
Persons
Families
MEC
Collect
Close

Telephone: Home: (410)255-7416

Exhibit 7-11. List of Relationship Questionnaires

Seg	Serial	Family	Person	Quex. Disposition	Address/Name
01	0001	00	00	Complete (final)	1 MAIN ST, BALTIMORE, 20707
01	0002	00	00	Complete (final)	2 MAIN ST, BALTIMORE, 20707
01	0003	00	00	Complete (final)	3 MAIN ST, BALTIMORE, 20878
01	0004	00	00	Complete (final)	4 MAIN ST, BALTIMORE, 20707

Exhibit 7-12. List of Person (SP) Questionnaires

Interview Management - Stand ID: 601 Emp ID: 50 - [Interviewer Case List]
 File View Tools Help

List Displayed: Person Cases

All Cases		View HH		TROC	Intv Appts	HH Notes	Count: 42
Seg	Serial	Family	Person	Quex. Disposition	Address/Name		
01	0008	01	01	Not Worked	TED HARRIS		
01	0008	01	02	Not Worked	JESSE HARRIS		
01	0008	02	01	Not Worked	RUTH MILLER		
01	0009	01	01	Not Worked	LILY VAN HORN		

Screener Relations Persons Families MEC Collect Close

Telephone: Home: (410)255-7416

Exhibit 7-13. List of Family Questionnaires

All Cases		View HH		TROC	Intv Appts	HH Notes	Count: 19
Seg	Serial	Family	Person	Quex. Disposition	Address/Name		
01	0006	01	00	Not Worked	LOIS HOGAN		
01	0007	01	00	Not Worked	FRED LOFTON		
01	0008	01	00	Not Worked	BETTINE HARRIS		
01	0008	02	00	Not Worked	RUTH MILLER		

Telephone: Home: (410)255-7416

Exhibit 7-14. List of Appointment Cases

Interview Management - Stand ID: 601 Emp ID: 50 - [Interviewer Case List]
 File View Tools Help

List Displayed: Appointment Cases

All Cases		View HH		TROC	Intv Appts	HH Notes	Count: 42
Seg	Serial	Family	Person	Quex. Disposition	Address/Name		Consent
01	0008	01	01	Not Worked	TED HARRIS		No
01	0008	01	02	Not Worked	JESSE HARRIS		No
01	0008	02	01	Not Worked	RUTH MILLER		No
01	0009	01	01	Not Worked	LILY VAN HORN		No

Screener Relations Persons Families MEC Collect Close

Telephone: Home: (410)255-7416

Exhibit 7-15. List of Collect Cases

Interview Management - Stand ID: 601 Emp ID: 50 - [Interviewer Case List]
 File View Tools Help

List Displayed: Collection Cases

All Cases		View HH		TROC	Intv Appts	HH Notes	Count: 13
Seg	Serial	Family	Person	Quex. Disposition	Address/Name		
01	0008	00	00	Not Worked	1 ROLAND PL BALTIMORE, MD 20707		
01	0009	00	00	Not Worked	2 ROLAND PL BALTIMORE, MD 20707		
01	0018	00	00	Not Worked	7 PRACTICE ST, BALTIMORE, 20707		
01	0029	00	00	Not Worked	18 PRACTICE ST BALTIMORE, MD 20707		

Screener Relations Persons Families MEC Collect Close

Telephone: Home: (410)255-7416

Exhibit 7-16. List of All Cases

Interview Management - Stand ID: 601 Emp ID: 50 - [Interviewer Case List]
 File View Tools Help

List Displayed: All Cases

All Cases		View HH		TROC	Intv Appts	HH Notes	Count: 160
Seg	Serial	Family	Person	Quex. Disposition	Address/Name		Consent
01	0003	03	01	Not Worked	JUBEI HIROGAMA		No
01	0004	00	00	Complete, with SPs (final)	4 MAIN ST, BALTIMORE, 20707		01-0015
01	0004	00	00	Complete (final)	4 MAIN ST, BALTIMORE, 20707		
01	0004	00	00	Not Worked	4 MAIN ST, BALTIMORE, 20707		

Screener Relations Persons Families MEC Collect Close

Telephone: Home: (410)255-7416

Exhibit 7-17. List of Household Level Cases

Interview Management - Stand ID: 601 Emp ID: 50 - [Interviewer Case List]
 File View Tools Help

List Displayed: Selected Households

All Cases		View HH		TROC	Intv Appts	HH Notes	Count: 11
Seg	Serial	Family	Person	Quex. Disposition	Address/Name		Seg-Line
01	0008	00	00	Complete, with SPs (final)	1 ROLAND PL BALTIMORE, MD 20707		01-0009
01	0008	00	00	Complete (final)	1 ROLAND PL BALTIMORE, MD 20707		
01	0008	00	00	Not Worked	1 ROLAND PL BALTIMORE, MD 20707		
01	0008	01	00	Not Worked	BETTINE HARRIS		

Telephone: Home: (410)986-6470

7.6.2 View Case Information

You have access to the sampling message, DU Observation data, DU-level notes, observed household composition, and contact records for each case in your assignment. The following sections discuss how to access to view (and in some cases record and edit) information about your cases.

7.6.2.1 Sampling Criteria (View) (Exhibit 7-18)

To view the sampling criteria for a case, highlight a **Screener** case, tap the Tools menu, and select Sampling Criteria from the drop-down list.

7.6.2.2 DU Observations (View) (Exhibit 7-19)

As discussed in Chapter 3, interviewers complete the DU Observation Module in mFOS. Once the module is completed, you can view these entries on the tablet. You cannot edit these entries on the tablet. To view the DU Observation data for a case, highlight a case (any module), tap the Tools menu, and select DU Observations from the drop-down list.

7.6.2.3 Household Notes (View) (Exhibit 7-20)

As discussed in Section 7.2.1, interviewers record DU-level notes in the Household Notes application in mFOS. After recording notes in mFOS and completing a data transfer, you can view these entries on the tablet. You can edit the notes in mFOS, but you cannot edit the notes on the tablet. To view the Household Notes for a case, highlight a case (any module) and tap the HH Notes button. The notes appear in the upper portion of the screen.

Exhibit 7-18. Sampling criteria

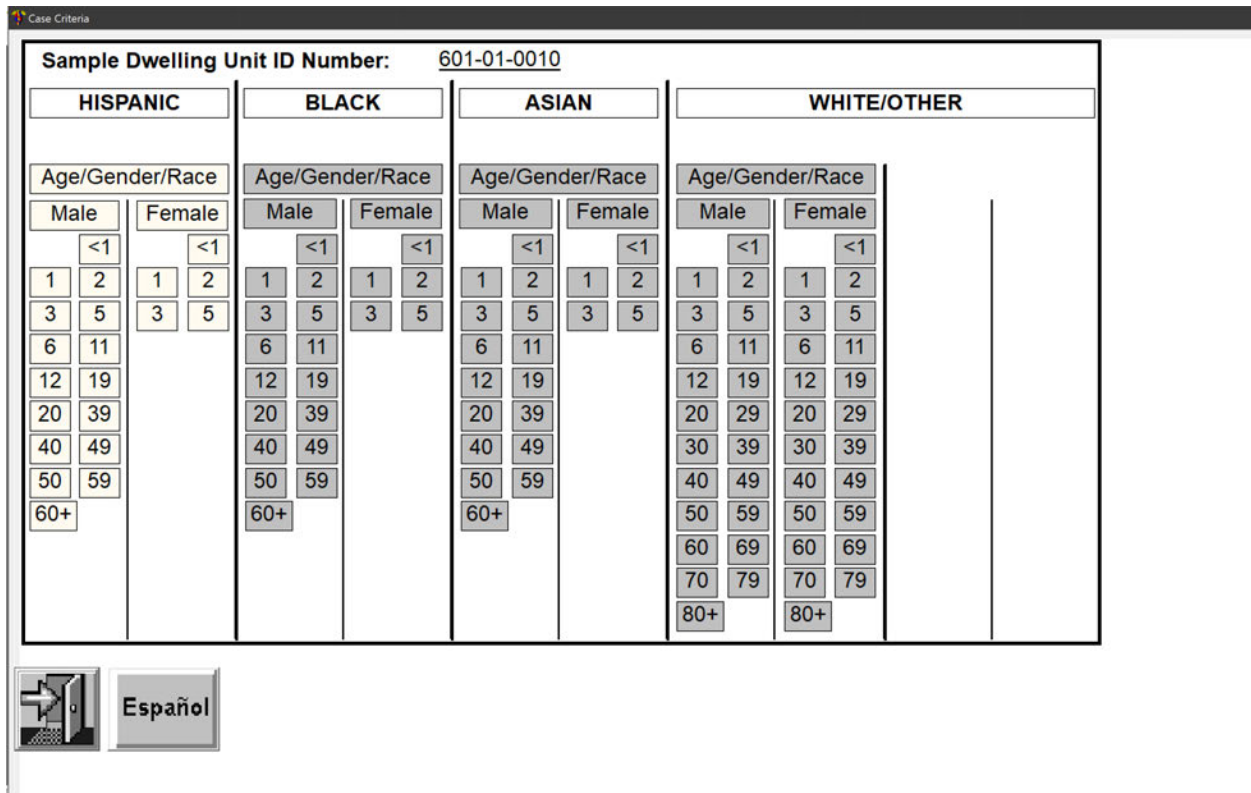
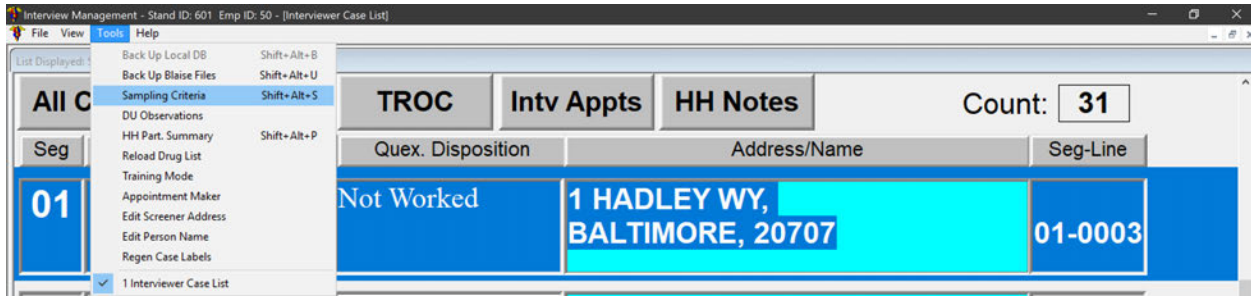


Exhibit 7-19. DU Observation Report

Interview Management - Stand ID: 601 Emp ID: 50 - [Interviewer Case List]

File View Tools Help

List Displayed: Back Up Local DB Shift+Alt+B
Back Up Blaise Files Shift+Alt+U
Sampling Criteria Shift+Alt+S
DU Observations
HH Part. Summary Shift+Alt+P
Reload Drug List
Training Mode
Appointment Maker
Edit Screener Address
Edit Person Name
Regen Case Labels
1 Interviewer Case List

TROC	Intv Appts	HH Notes	Count: 31
Quex. Disposition	Address/Name	Seg-Line	
Complete, No SPs (final)	5 MAIN ST, BALTIMORE, 20707	01-0024	

Interview Management

DU Observation for 601-01-0005

On this contact attempt, are you able to observe the dwelling unit or building containing it? Yes

Is the dwelling unit or building a... Apartment or condo

Relative to the general population, would you judge this dwelling unit to be... lower-middle income

How would you describe the overall condition of the dwelling unit or building containing it? Poor

Based on your observation, does the dwelling unit or building containing it have a well-tended yard or garden? No

Does the dwelling unit or building containing it have peeling paint or damaged exterior walls? No

Does the dwelling unit or building containing it have 3 or more door locks? No

Does the dwelling unit or building containing it have a wheel chair ramp or other indicator that any residents are handicapped or disabled? No

Does the dwelling unit or building containing it have anything suggesting residents may have a chronic health condition (deaf, blind, use oxygen, etc.)? No

How would you describe the condition of sidewalks around the dwelling unit or building containing it? Average

Does the dwelling unit or building containing it have a security buzzer, key code, doorman, or any other barrier that may prevent access (e.g., dogs, locked gate, etc.)? No

How difficult was it for you to get past any barriers? Very difficult

Back

Exhibit 7-20. Household Notes

Interview Management - Stand ID: 601 Emp ID: 50 - [Interviewer Case List]
File View Tools Help

List Displayed: Screener Cases

All Cases		View HH		TROC	Intv Appts	HH Notes	Count: 31
Seg	Serial	Family	Person	Quex. Disposition	Address/Name		Seg-Line
01	0005	00	00	Complete, No SPs (final)	5 MAIN ST, [REDACTED] BALTIMORE, 20707		01-0024

HH Note

HH Note for: 601-001-0005

Provide any important information for making contact or accessing the dwelling unit (e.g., directions, management office contact, big dog, use side door, other information).

House on corner, facing Main, but closer to SP Interview St.

Rotate Close

7.6.2.4 Household Observation Grid for Screener Nonresponse (Record, Edit, View) (Exhibit 7-21)

As discussed in Section 7.4, if you have not been able to complete the Screener, but you have observed household members, interviewers should record your observations on the tablet. After entering your initial observations, you can edit information for observed household members, or add or delete persons from the grid, on the tablet. Record all information available to you, including Name, Description, Age, Gender, and Race/Ethnicity. Record 'DK' if you do not know or have not observed any of these criteria.

To view the Household Observation Grid for a case, highlight a Screener case and tap the HH Notes button. The notes appear in the lower portion of the screen. The Household Observation Grid for Screener nonresponse is available until the Screener is complete or is removed from your assignment.

7.6.2.5 Household Participant Summary (View) (Exhibit 7-22)

Once the Screener has been completed, if you have any of the other modules (SP, Family, MEC Appointment, or Collect) from this household assigned to you, you can see the household members, as recorded in the Screener, including name, date of birth, age, gender, race, and ethnicity, on the Participant Summary Screen. This summary allows you to track households where some, but not all, of the SPs have been interviewed and/or examined at the MEC, so you can tailor your approach.

To view the household members, highlight a case (any module), tap the Tools menu, and select HH Part Summary. The Screener respondent is marked with an asterisk. The relationship column displays the relationship of each person to the head of household, who is also the person listed in the Family row. Non-SPs have a person number in the 50s. Scroll to the right to view SP Interview language and MEC appointment information, which are populated as modules are completed.

Exhibit 7-21. Household Observations Grid for Screener Nonresponse

Seg	Serial	Family	Person	Quex. Disposition	Address/Name	Seg-Line
01	0005	00	00	Complete, No SPs (final)	5 MAIN ST, BALTIMORE, 20707	01-0024

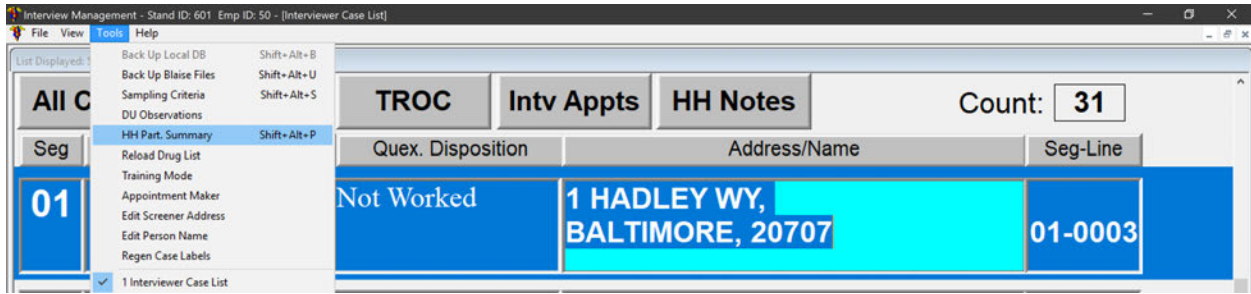
DU Note for: 619-013-0059

Provide any important information for making contact or accessing the dwelling unit (e.g., directions, management office contact, big dog, use side door, other information).

Screener Non-Response: List and describe who you have observed to live in the DU.

Name	Description	Age	Gender	Race
Alex Ovechkin	tall, bearded, missing front tooth	30-39 yr	Male	White/Other

Exhibit 7-22. Household Participant Summary



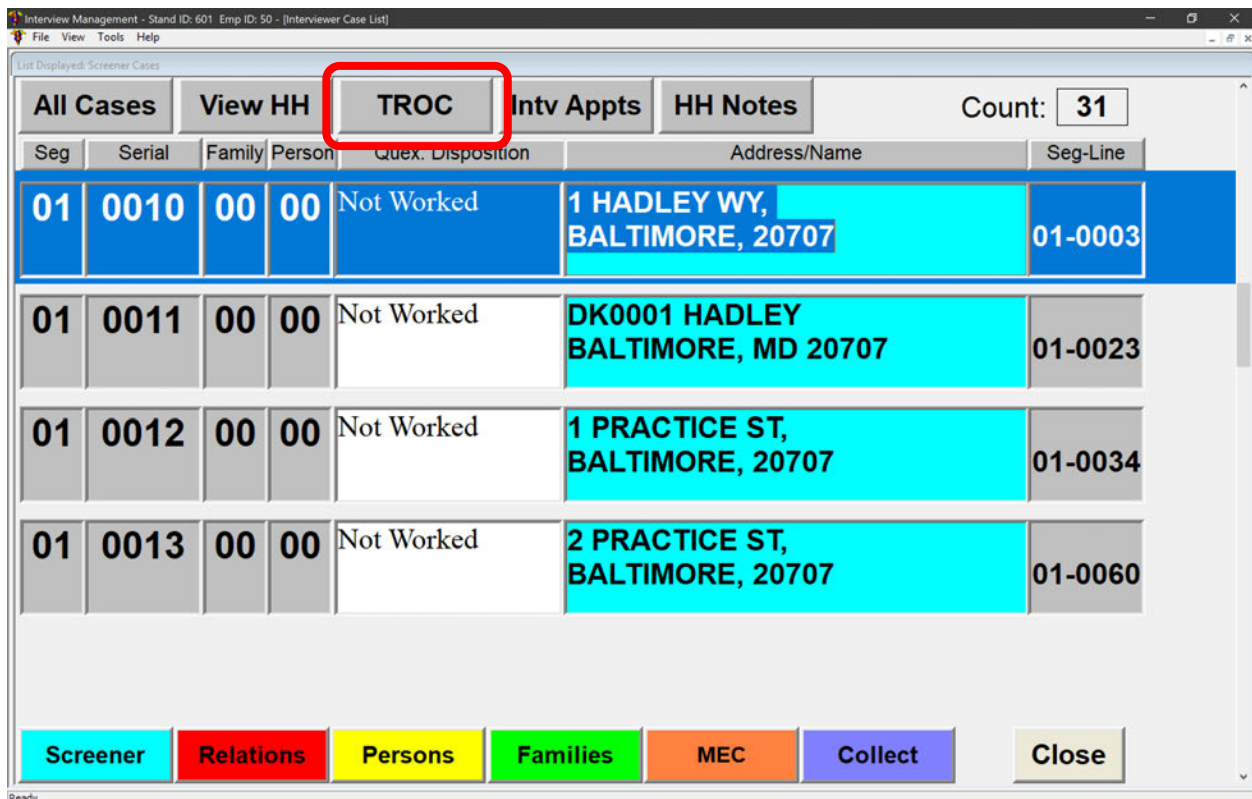
Std.-Seg.-Ser.:		601-01-0001						
Fam-Per	Person Name	Relationship	Dob	Age	Gender	Race	Eth	Language
1 - 0	RICHARD LOGAN							
1 - 1	RICHARD LOGAN *	SELF	12/16/1973	46	Male	White	NH	English
1 - 2	VIRGINIA ANNE LOGAN	SPOUSE	11/28/1973	46	Female	White	NH	English
1 - 3	MEGAN LOGAN	CHILD	12/15/2002	17	Female	White	NH	English

7.6.2.6 Tablet Record of Contact (TROC) (Exhibit 7-23)

The TROC is discussed in detail in Sections 7.2, 7.3 and Appendix B. To access the TROC on your tablet, tap once on a case to highlight it and then tap once on the TROC button to open the TROC for that case.

Use the View/Edit EROC screen to review EROCs, including comments and refusal information, for a case, either for individual modules or attempts, or by scrolling to the right in the grid to see all modules and contacts together.

Exhibit 7-23. TROC



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8. The MEC Examination Appointment

After you have completed the household interviews, your next important NHANES task is 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 provides:

- An overview of the Mobile Examination Center (MEC) operations;
- Key definitions associated with the examination;
- Detailed instructions for each step in making a MEC appointment;
- A review of additional resources available when answering SP questions;
- An overview of Field Reminders and rescheduling broken MEC appointments; and
- An overview of the pre-pay transportation allowance.

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). 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 full-size dual energy x-ray (DXA) machine, 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 exam components within the MEC.

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:

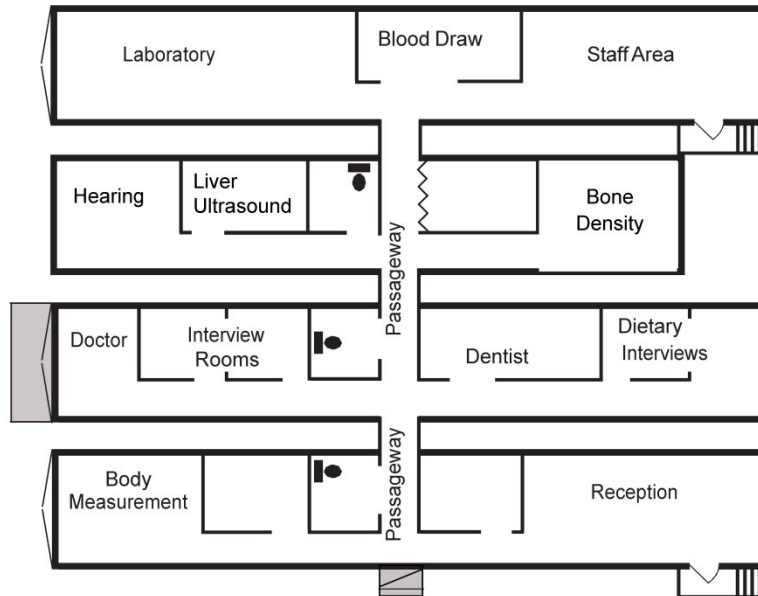
- 1 MEC manager;
- 1 MEC coordinator;
- 1 licensed physician;
- 1 licensed dentist;
- 3 medical technologists certified by the American Society of Clinical Pathologists (ASCP);
- 2 MEC interviewers;
- 4 health technologists registered with the American Registry of Radiologic Technologists (ARRT);
- 2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

In addition, local assistants are hired and trained at each stand to assist the exam staff. The MEC team includes some bilingual staff (Spanish/English). In stands with a high proportion of Spanish-speaking SPs, an interpreter is also hired.

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 Body Measurement OABP	Welcoming and waiting area for SPs Body measurements Omron ambulatory blood pressure
Trailer 2	Doctor MEC Interview 1 MEC Interview 2 Dietary Interview 1 Dietary Interview 2 Dentist	Physician examination Health interview, Proxy exam Health interview, Proxy exam Dietary interview Dietary interview Dental examination
Trailer 3	Body Composition (DXA) Liver Ultrasound Hearing Balance	Body Composition & Bone Density scans Liver Ultrasound Transient Elastography Hearing test Balance component
Trailer 4	Blood draw Laboratory Staff area	Drawing of blood samples Processing of biological samples and labeling and shipping specimens Break area for staff

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:

- **SPs 5 and under:** The exam takes approximately 45 minutes.
- **SPs 6-7:** The exam takes approximately 1 hour.
- **SPs 8-11:** The exam takes approximately 1.5 hours.
- **SPs 12+:** The exam takes approximately 4 hours.

Please be aware that the actual length of the exam varies depending on the total number of SPs appointed to 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, general health, and gender. In addition, SPs can be selected to participate in examinations or tests that are only given to a random subsample of SPs. 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.

- **Balance**—This test assesses SPs aged 40 years and older and includes a Modified Romberg Test of standing balance, two vision measures (a Visual Contrast Sensitivity Test and a Dynamic Visual Acuity Test), and a lensmeter measurement of eyeglass lenses worn by the SP. The Modified Romberg Test assesses balance by having the SP first stand on a firm surface with eyes open and then closed, then stand on a foam surface with eyes open and then closed, and finally stand on a foam surface while the SP moves his/her head from side to side. Contrast Sensitivity Testing is a vision test to determine if the SP has reduced vision ability to distinguish numbers as they become more faint. The SP reads down a chart with fading numbers. The Dynamic Visual Acuity Test assesses the SP's vestibular-ocular reflex. For this test, the SP indicates the direction of the letter C on the screen while moving his/her head left to right and up and down. Finally, a lensmeter measures the strength or refraction of the SP's prescription eyeglass lenses.

Exhibit 8-2. MEC exam components by age

Examination	Age group
Balance	40+
Blood Draw	1+
Body Composition (DXA)	8-59
Bone Density (DXA)	50+
Body Measurements	All ages
Dietary Interview	All ages
Hearing	6-19 and 70+
Laboratory	1+
Urine Sample	3+
Liver Ultrasound	12+
MEC (Health) Interview	8+
Omron Ambulatory Blood Pressure	8+
Oral Health (including HPV rinse)	1+
Physician	0-59, 60+*
HPV for men and women	14-69 yrs

*SPs 60+ see the physician only if they require a referral or there are other special circumstances.

- **Blood Draw**—SPs aged 1 year 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:
 - Blood tests can provide early warnings of potential health problems or identify exposure to dangerous environmental 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 aged 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 30 million Americans have diabetes and 1 in 4 don’t know they have it. Alarming, 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 aged less than 40 years.
 - 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 key measure of the nation’s health.
- **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 provide information on osteoporosis and low bone mass. The information provided in these scans 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 scans are completed on SPs aged 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 among children allow NCHS to update child growth charts used by pediatricians and parents. 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 excessive weight can have an effect on the mental, physical, and social well-being of individuals.
- **Dietary Interview**—Dietary information has been collected on 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 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 in the SP household interview. 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, non-nutrient 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. At the conclusion of the follow-up interview, the SP may be asked if s/he is willing to answer questions from a module about food and grocery shopping.

- **Hearing**—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 aged 6-19 years and adults aged 70 years and older 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. All eligible SPs aged 70 years and older also receive the Words-in-Noise test after the audiometry exam. This test provides information about functional hearing by testing how well the SP can hear when there is background noise.
- **MEC (Health) Interview**—Participants aged 8 years and older have a private health interview in the MEC. Generally, the questions asked during the interview are considered to be more sensitive than the questions asked in the SP and Family interviews. 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 (i.e., birth control practices and reproductive history), sexual activity, health behaviors (i.e., physical activity, weight history, and tobacco, drug, and alcohol use), current health status, bladder health, and depression. Children aged 8-11 years are asked questions only about weight history. Participants who are aged 8-69 years old answer the most sensitive of their questions after the interviewer steps out of the room. In complete privacy, they use earphones that enable them to both hear and see the written questions on the screen. They enter responses by touching the responses on the tablet screen. SPs aged 60 years and older also receive a cognitive functioning assessment. This assessment contains 14 short exercises that test memory and problem solving. Most exercises require the respondent to repeat words or numbers said to them by an interviewer.
- **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 diseases affect many people in the United States. Dental caries (i.e., cavities) 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 years 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.

- SPs aged 14-69 years also have saliva collected, so that it can be tested for Human Papillomavirus, also known as HPV. SPs are given a mouth rinse to “swish” in their mouth and then spit back into a collection cup.
- **Physician**—All SPs aged 0-59 years see the physician. The physician explains how the HPV examination is completed and the meaning of the STD/HIV test results. The physician also explains how SPs receive the results of STD/HIV tests, so that the results remain totally confidential. 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. SPs aged 60 years and older see the physician only if they require a referral or there are other special circumstances.
- **Ambulatory Blood Pressure** – All participants aged 8 years and older have blood pressure measured by a technician with an automatic blood pressure monitor.
- **Liver Ultrasound** – The liver ultrasound transient elastography examination involves an ultrasound machine with a hand-held transducer, which taps 10 times in rapid succession on the SP’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 is completed on SPs aged 12 years and older. Pregnancy status is assessed on all females aged 12 through 59 years. If the result of the pregnancy test is positive, the participant is excluded from this component.
- **Urine Collection**—All participants aged 3 years and older are asked to provide a urine specimen. Urine samples are used to:
 - Test for pregnancy among women of child bearing age.
 - Indicate the presence of STDs such as chlamydia.
 - Assess SPs exposure to various chemicals.
 - Identify SPs with chronic kidney disease.

It is important for you to become very familiar with the MEC examination. The Examination Consent/Assent Brochure, discussed in Section 8.2, lists each of the exam components. In most situations, it is sufficient to use this information in conjunction with the Health Measurements List (included with the Examination Consent/Assent Brochure) to discuss the possible exam

components with the respondent. If detailed information is requested regarding the blood tests, you can provide the Laboratory Tests on Blood Flyer (discussed in Section 8.2). Respondents who want even more detailed information can discuss the examination with the Study Manager or the MEC Manager directly from the respondent's home. If necessary your supervisor can also ask the (NCHS) Senior Medical Officer to contact the respondent. Keep in mind that respondents also receive very detailed information during their actual visit to the MEC and can ask questions at that time.

8.1.4 MEC Exam Schedule

The MECs 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 10-12 SPs are scheduled for each exam session. The exact number allowed is determined by your supervisor and is reflective of the participation rates at each session and stand.

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 provides you with a stand specific MEC exam schedule. SPs under the age of 12 years can be scheduled throughout the day (morning, afternoon or evening). SPs aged 12 years and older 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 3 in Section 8.2). 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 ensuring 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 until all exams are completed. At the

completion of the exam, the SP will change back into his/her street clothes, sign a form indicating s/he has completed the exam, and receive his/her MEC participation incentive.

8.2 Specific Procedures – Appointing SPs to the MEC

This section discusses in detail the step-by-step process you should follow when appointing SPs to the MEC. The steps are as follows:

1. Inform the SP that s/he has been randomly selected to participate in a health examination.
2. Open the MEC Appointment module to review the appropriate brochures and complete consent/assent forms as instructed by CAPI. Note the fasting requirement on screen RIQ.620.
3. Inform the respondent that his/her household has been randomly selected for either a morning or afternoon/evening session (noted on the Case Card and MEC Appt module screen RIQ.620).
4. Review MEC calendar and arrange a general appointment date and time for the examination. Only in rare situations should you schedule an SP in a session other than the type randomly selected for their household, either a morning or afternoon/evening session.
5. Use the Make a Plan tool to discuss how the SP will get to the MEC and any other special needs.
6. Discuss with the respondent if a School or Work Excuse Letter is needed.
7. Calculate incentives with the respondent.
8. Call Survey Support to schedule the MEC appointment. Finalize the MEC Appt module.
9. Complete the appropriate Appointment Slip and review the instructions with the respondent.
10. Make a closing statement to the respondent including restating the date, time and transportation arrangements for the examination appointment. Let him/her know to expect an appointment reminder call from the study.

The steps for appointing SPs to the MEC are also summarized behind the MEC tab in your SP and Family hand card booklet.

8.2.1 Step 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 home interview questions alone. Actual measurements and test results obtained through a physical examination are also needed.
- Remind the respondent that the second phase of this important study consists of a **free health examination** for the preselected household members (NAME SPS). It is 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.
- Provide an overview of **incentives** that are available to the SP (see Step 7 for additional details regarding the incentive plan). Available incentives include:
 - A **monetary incentive of appreciation** is paid at the MEC upon completion of the examination. As noted in the Examination Consent/Assent Brochure (see Step 2), this incentive is paid in appreciation of the SP's time and effort for participating in the survey.
 - A **pre-paid Lyft or taxi service or reimbursement for transportation to and from** the MEC.
 - A standard rate for **babysitting expenses** incurred during the visit to the MEC and, in certain situations, **adult care of elderly or serious handicapped persons** who cannot be left alone at home. If asked by the respondent, do not quote a specific number of hours that are paid. Rather, tell the respondent the amount paid is \$11.
 - A **non-SP Parent incentive** is provided each time a non-SP parent or guardian takes a child SP to the MEC. Incentives for two **phone follow-up studies**. These include a dietary phone follow up (about 30-40 minutes) and an additional 15 minute interview containing questions about food and shopping habits (FCBS).
- If the SP needs to have an interpreter with him/her during the MEC exam, discuss whether the same interpreter used for the home interview is available for the MEC appointment. Be sure to discuss interpreter plans with your supervisor in case a new interpreter needs to be arranged.
- If a youth or his/her parent/guardian is concerned about missing classes either because of the difficulty involved in making up assignments or because of school regulations,

Details of the incentive plan, which is dependent on the SP's age and whether s/he is appointed to his/her assigned session, can be found in Step 7.

and weekend or evening sessions are not feasible, inform the respondent that we can provide a School Excuse Letter (Exhibit 8-15) for the SP to provide to his/her school.

8.2.2 Step 2 – Open the MEC Appointment Module to Review the Appropriate Brochures and Complete Consent/Assent Forms as Instructed by CAPI

Once you have provided an introduction to the MEC, you must gain consent for the SP to participate in the MEC exam using the MEC Appointment module on your tablet. This module prompts you to review with the SP (and proxy, if applicable) the appropriate consent/assent brochures and have the SP sign the appropriate consent/assent forms. We are not allowed to conduct any MEC examination components on any person who has not completed the informed consent process. Since the brochures and forms you use depend on the age and emancipation status of the SP being appointed to the MEC, the module walks you through the appropriate brochures and forms to be reviewed and signed for each SP.

In this section, the contents of the MEC brochures are reviewed first, followed by each of the consent forms. The consent forms section includes detailed instructions on how to fill out each hard copy form.

SPs will not be examined at the MEC until informed consent is obtained!

While most SPs sign consent electronically, some may request to sign hard copy forms instead. Finally, the specifications of the consent portion of the MEC Appointment module are reviewed in detail for the three main pathways for gaining consent.

8.2.2.1 Brochures

There are **two** separate SP Brochures:

- An **Examination Consent/Assent Brochure** for SPs aged 12 years and older and parents of SPs under the age of 18 (Exhibit 8-3); and
- An **Examination Assent Brochure** for SPs aged 7-11 years old (Exhibit 8-4).

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. Both brochures are designed with pockets that contain additional materials for the consent process.

Examination Consent/Assent Brochure

The purpose of the **Examination Consent/Assent Brochure** is to inform SPs aged 12 years and older and parents of SPs aged less than 18 years about the MEC exam and ensure that s/he **consents** to the examination. The brochure **must** be left with the respondent.

The Examination Consent/Assent Brochure contains the following items in the pockets:

- A MEC Diagram (Exhibit 8-1);
- The Health Measurements List – An explanation of the health exam, including the specific exams eligible SPs receive. To fulfill the requirement of informed consent, the interviewer must review this list along with the Examination Consent/Assent Brochure with the respondent. The Health Measurements List is a live consent document that frequently changes to incorporate field pilots and existing examination components (Exhibit 8-5); and
- The Consent/Assent and Parental Permission for the Examination at the Mobile Exam Center (Exhibit 8-6).

In addition to the above required materials for gaining consent, each Consent Grab-and-Go folder (see Chapter 2, Section 5) contains a Laboratory Tests on Blood Flyer (Exhibit 8-7) that explains in detail the types of blood tests SPs receive at the MEC. You are not required to use this flyer as it is not a part of the informed consent process. However, it can be shared with respondents who want as much detail about the exam as possible and to whom, in your judgement, it would help to convey the value of the exam.

Exhibit 8-3. Examination Consent/Assent Brochure

National Health and Nutrition Examination Survey

National Center for Health Statistics

National Health and Nutrition Examination Survey

Examination Consent Brochure
2019–2020



Let's
Improve
Our Health



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

National Center for Health Statistics
Information Dissemination Staff
3311 Toledo Road, Room 4551, MS P08
Hyattsville, MD 20782-2064

Telephone: 1-800-CDC-INFO (1-800-232-4636)
TTY: 1-888-232-6348
Online request form: <https://www.cdc.gov/info>
Internet: <https://www.cdc.gov/nchs>

For more information about the National Health and Nutrition Examination Survey, please visit the NHANES website at: <https://www.cdc.gov/nhanes>



CS296915 (01/2019)

Exhibit 8-3. Examination Consent/Assent Brochure (continued)

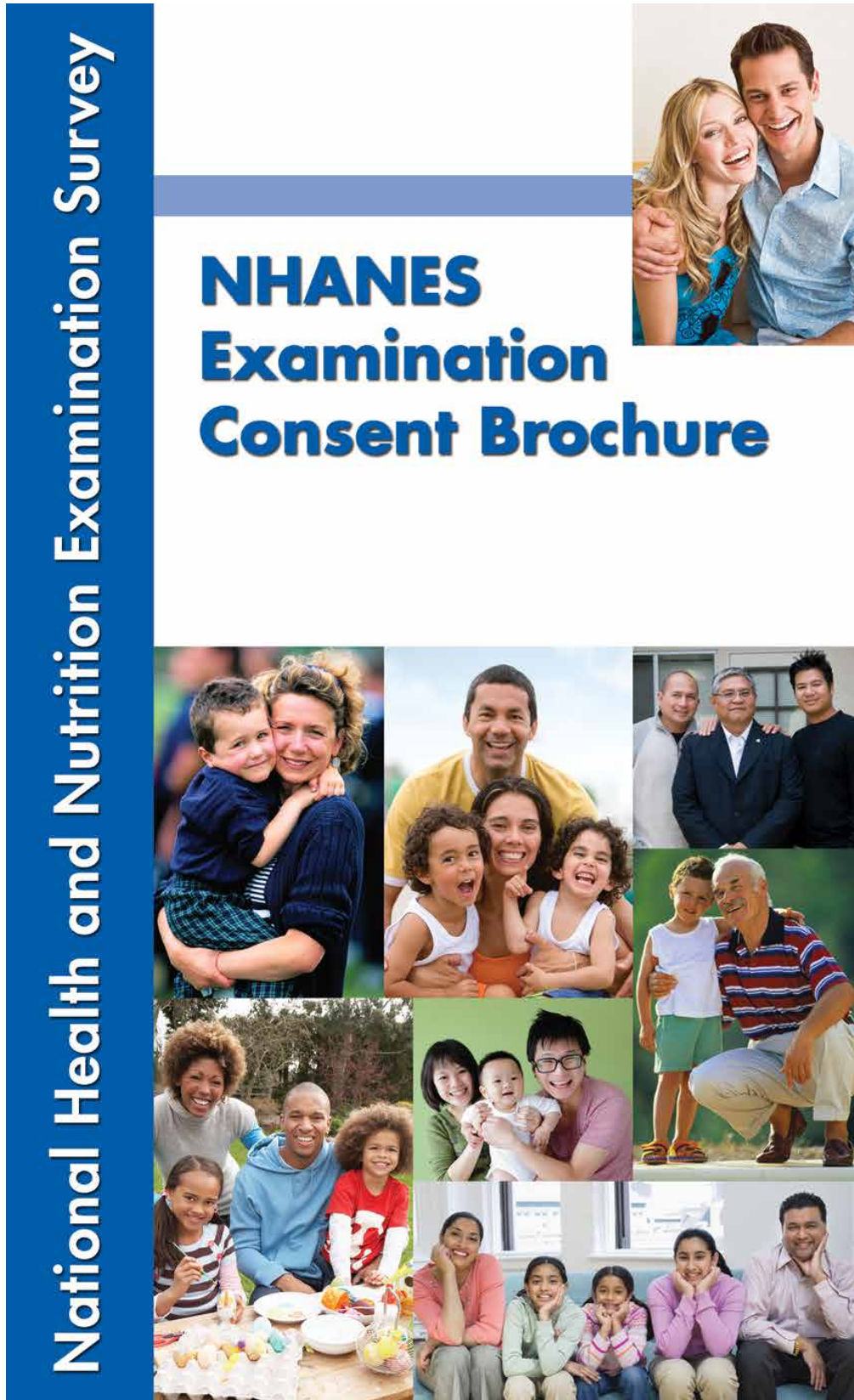


Exhibit 8-3. Examination Consent/Assent Brochure (continued)

Overview



The National Health and Nutrition Examination Survey (NHANES) is conducted by the National Center for Health Statistics (NCHS), which is 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 that are done 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 provides health and nutrition information on people of all ages. It is also used by those who design health programs and services, and the survey 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 8-3. Examination Consent/Assent Brochure (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 a private room, where we will check your:

Height and weight



Blood pressure



Exhibit 8-3. Examination Consent/Assent Brochure (continued)

Teeth



We will collect blood and urine samples

Bone density



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 years and over. Radiation exposure during this test is equal to a cross-country airline flight or a few days of natural background radiation. However, because the bone density scan involves x-rays, those who are pregnant should not 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 8-3. Examination Consent/Assent Brochure (continued)

Medical errors and injuries are 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 (28 U.S. Code § 2674) with the Centers for Disease Control and Prevention. We can provide you with information about this process. You must file the claim within 2 years after the date you became aware of the personal injury, loss of property, or other damage.

Will you be asked 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, your answers 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?

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 also mail routine results to you approximately 3–4 months after the exam. In general, we give results only to persons examined or to the parents or guardians of children. Some results, like those for sexually transmitted diseases (STD) and pregnancy, are not put in writing. We report positive pregnancy results only to the person tested if she is aged 14 years or over and doesn't already know that 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. The next section describes how we report STD results.



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

Exhibit 8-3. Examination Consent/Assent Brochure (continued)

again. We will not report the results of future tests to you.

NHANES does not cover the cost of any health care you may decide to 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 age 60 will be tested for STDs. We will not put these results in writing, but you can get STD test results a few weeks after the exam.

Before 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?

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

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.

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, to help prepare and process the data, we do so in a way that protects your privacy as required by law. Our interviewer can provide a list of our partners if you wish to learn more.

Exhibit 8-3. Examination Consent/Assent Brochure (continued)

How are NHANES data used?

What you tell us, your exam results, and the 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 identify 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 home address. In the past, we have called or revisited 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 8-3. Examination Consent/Assent Brochure (continued)

More questions?

Our survey representatives can discuss other questions or concerns you might have or give you printed material that can help you. They can also give you a phone number in your area that you can call for more facts about the survey.

You can call 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 writing to Dr. Nguyen at MS P08, 3311 Toledo Rd., Hyattsville, MD 20782-2064.

If you have questions about your rights as a participant in this research study, 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, and say that you are calling about Protocol (#2018-01) for NHANES 2019-2020. Your call will be returned as soon as possible.



Exhibit 8-4. Examination Assent Brochure



Exhibit 8-4. Examination Assent Brochure (continued)

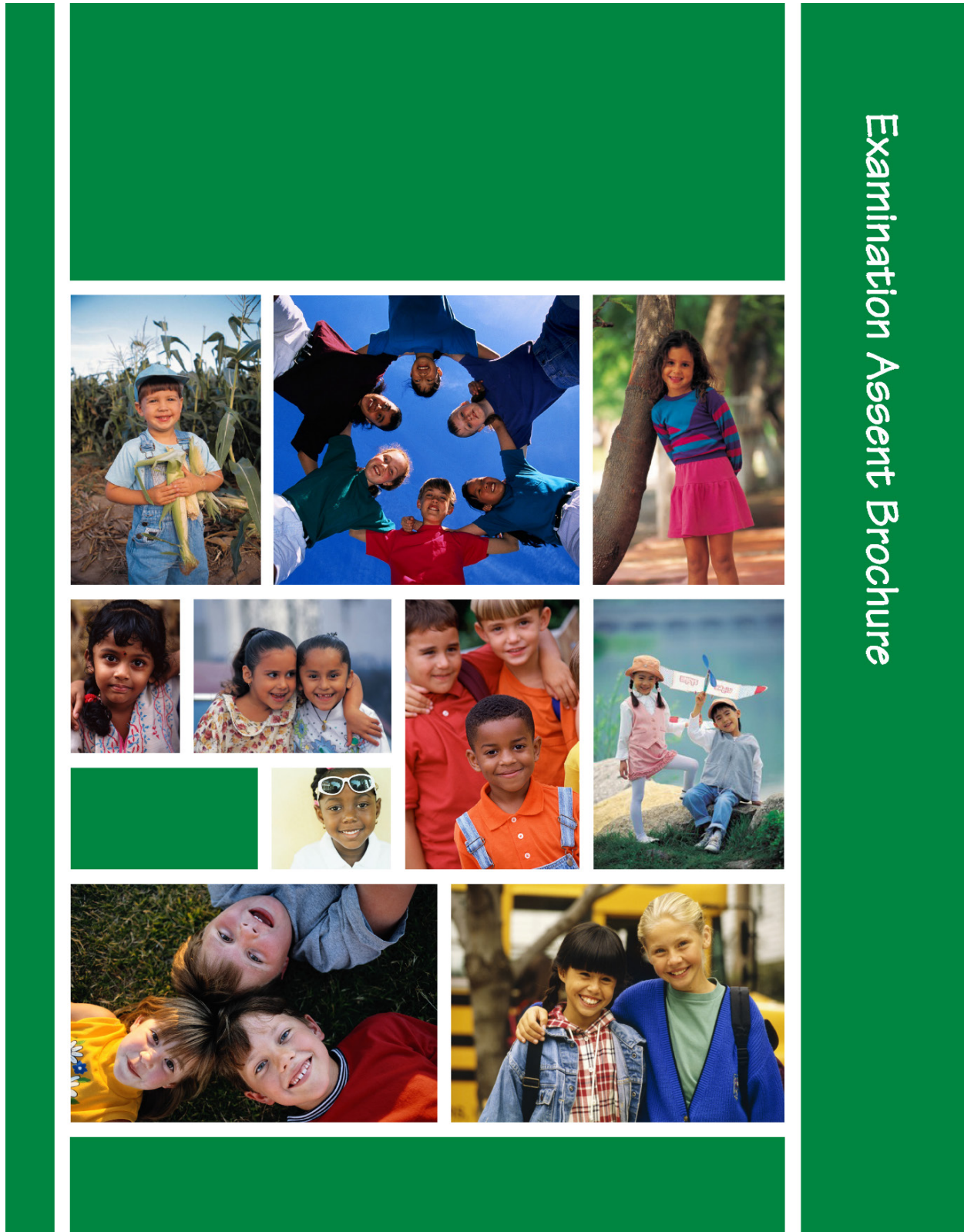


Exhibit 8-4. Examination Assent Brochure (continued)



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

Exhibit 8-4. Examination Assent Brochure (continued)

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 look at special health problems that may affect kids.

We go all over the United States in these vans.

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.



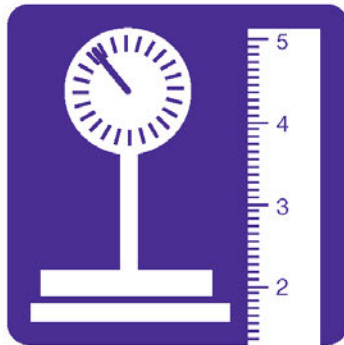
Exhibit 8-4. Examination Assent Brochure (continued)



Our doctor will take your pulse.



We will take your blood pressure.



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



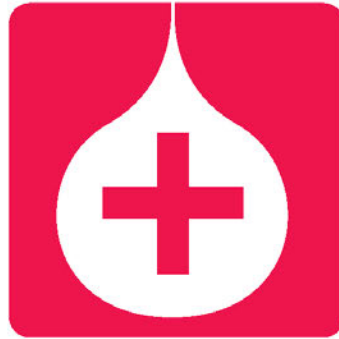
We will look at your teeth.

About Your Exam

Exhibit 8-4. Examination Assent Brochure (continued)

National Health and Nutrition Examination Survey

6



We will take your blood
and have you pee in
a cup.



We will send you and
your parents a report
on 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 8-4. Examination Assent Brochure (continued)



Exhibit 8-4. Examination Assent Brochure (continued)

The image shows a vertical green banner with the text "National Health and Nutrition Examination Survey" written vertically in white. To the right of the banner, there is a white background containing contact information for the National Center for Health Statistics. The text is centered and includes contact details for the Information Dissemination Staff, telephone and TTY numbers, online request form, and internet address. It also provides information on how to visit the NHANES website.

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 4551, MS P08
Hyattsville, Maryland 20782-2064

Telephone: 1-800-CDC-INFO (1-800-232-4636)
TTY: 1-888-232-6348
Online request form: <https://www.cdc.gov/info>
Internet: <https://www.cdc.gov/nchs>

For more information about the National Health and Nutrition Examination Survey you may visit the NHANES Website at: <https://www.cdc.gov/nhanes>.

CS277371 (04/2017)



National Health and Nutrition Examination Survey

2020 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 parentheses. 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) ◆
- We 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+) ◆
- You will have an eye test to:
 - Recognize smaller letters (40+) ◆
 - Check light versus dark letters (40+) ◆
- You will have your balance tested (40+) ◆

Stand 414+

Private Interviews

- You will be asked to answer questions about:
 - Eating habits (all)
 - Weight history (8-15)
 - Reproductive history (females 12+)
 - Drug use (12+), alcohol and tobacco use (12+), and sexual history (14-69)
- You will be asked questions to assess your memory and problem solving ability (60+) ◆
(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 illicit drug use)*

Please turn over to see the next page.



Exhibit 8-5. Health Measurements List (continued)

Lab Tests on Blood (all ages)

You will have your blood drawn. The blood will be tested for:

- Anemia (all ages) ♦
- Cholesterol (6+) ♦
- Exposure to certain environmental chemicals (selected participants – blood 12+)
- Exposures to environmental metals such as Lead and Mercury (all ages) ♦
- Glucose (12+) ♦
- Hormones (such as thyroid and steroid hormones) (6+) ♦
- Infectious diseases
 - Cytomegalovirus (CMV) (1-5) ♦♦
 - Hepatitis B virus (2+) ♦♦
 - Hepatitis C virus (6+) ♦♦
 - Herpes simplex virus type 2 (14-49) ♦
 - Human immunodeficiency virus (HIV) (18-59) ♦
 - Human papillomavirus (HPV) (14-59)
- Inherited hemoglobin variants (such as Sickle cell) (12+) ♦♦
- Kidney and liver function (12+) ♦
- Nutrition status (all ages) ♦

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 menstrual 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 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.

Please see the following pages for more detailed list of lab tests.

Exhibit 8-5. Health Measurements List (continued)

Detailed list of NHANES blood or urine laboratory tests

Biochemical Profile (*all participants 12+*) ♦

- Alanine Aminotransferase (ALT)
- Albumin
- Alkaline Phosphatase (ALP)
- Aspartate Aminotransferase (AST)
- Bicarbonate
- Blood Urea Nitrogen (BUN)
- Calcium
- Creatinine
- Creatine Phosphokinase (CPK)
- Gamma Glutamyltransaminase (GGT)
- Glucose
- Iron
- Lactate Dehydrogenase (LDH)
- Phosphorus
- Sodium
- Potassium
- Chloride
- Total Protein
- Uric Acid

Diabetes Profile

- Fasting Glucose (*all morning participants 12+*)♦
- Insulin (*all morning participants 12+*)
- Hemoglobin A1c (*12+*)♦

Infectious Disease Profile

- Chlamydia trachomatis (*14-39*) ♦
- Cytomegalovirus antibody (CMV) (*1-5*) ♦♦
- Hepatitis B antibody (*2+*) ♦♦
- Hepatitis C virus (*6+*) ♦♦
- Herpes simplex virus type 2 (*14-49*) ♦
- Human immunodeficiency virus (HIV) (*18-59*) ♦
- Human Papillomavirus (HPV) (*14-59 for swabs; 14-69 for oral rinse*)
- Trichomonas (*14-59*) ♦
- Tuberculosis (select participants *6+*) ♦

Inflammatory Disease Profile

- High-Sensitivity C-reactive Protein (hs-CRP) (*all ages*)

Kidney Disease Profile ♦ (+ creatinine, BUN in biochemical profile)

- Urine Albumin (*3+*)
- Urine Albumin Creatinine ratio (ACR) (*3+*)
- Urine Creatinine (*3+*)
- Urine flow rate (*3+*)

Lipid Profile

- Total Cholesterol (*6+*)♦
- High Density Lipoprotein (HDL)-Cholesterol (*6+*)♦
- Low Density Lipoprotein (LDL)-Cholesterol (*12+*)♦
- Triglycerides (*12+*)♦

Liver Disease Profile (+ ALT ALP, AST, GGT in biochemical profile)

- Total Bilirubin (*12+*) ♦
- Genetic variants for susceptibility to liver related diseases (*18+*)

Nutritional Laboratory Tests

- Complete blood count (*all ages*)♦
- Fatty acids (*6+*)♦
- Ferritin (*all participants 0-5 yrs and 12+*)♦
- Folate (*all ages*)♦
- Hemoglobin variants, for example hemoglobin S (sickle cell disease) (*12+*)♦♦
- Iron (*12+*)
- Red Blood Cell (RBC) folate (*1+*)♦
- RBC folate forms (*6+*)♦
- Transferrin receptor (*all participants 0-5 yrs, female participants 12-49*)♦
- Unsaturated Iron Binding Capacity (UIBC) (*12+*) ♦
- Vitamin D (*<12 months*) ♦

Exhibit 8-5. Health Measurements List (continued)

Thyroid Disease Profile (*all participants 3-5, 1/3 participants 6+*) ♦

- Thyroid Stimulating Hormone
- Triiodothyronine (T3), Total and Free
- Thyroxine (T4), Total and Free
- Thyroglobulin
- Thyroglobulin antibodies
- Anti-thyroid peroxidase (TPO)

Environmental Health Profile

- Adducts of Hemoglobin (*1/3 participants ages 6+*)
- Aromatic Amines (Urine) (*all participants 3-5, 1/3 participants 6+*)
- Flame Retardant Metabolites (*blood – 12+ and urine – all participants 3-5, 1/3 participants 6+*)
- Insecticides, pesticides, herbicides, fungicides and metabolites (*blood - 1/3 participants 12+, urine – all participants 3-5, 1/3 participants 6+*)
- Perchlorate, thiocyanate, and nitrates (*all participants 3-5, 1/3 participants 6+*)
- Perfluoroalkyl and Polyfluoroalkyl Substances (*1/3 participants 12+*)
- Phthalates and Personal Care and Consumer Product Chemicals and Metabolites (*all participants 3-5, 1/3 participants 6+*)
- Polybrominated Diphenyl Ethers (*1/3 participants 12+*)
- Polycyclic Aromatic Hydrocarbons (PAH) (*all participants 3-5, 1/3 participants 6+*)
- Tobacco Biomarkers (*all participants 3-5, 1/3 participants 6+*)
- Volatile Organic Compounds (*1/2 participants 12+*)

Steroid hormones (*all participants 6+*) ♦

- 17 α -Hydroxyprogesterone (17-OHP)
- Androstenedione
- Anti-Mullerian hormone (AMH)
- Dehydroepiandrosterone sulfate (DHEAS)
- Estradiol
- Follicle stimulating hormone (FSH)
- Luteinizing hormone (LH)
- Progesterone
- Steroid Hormone Binding Globulin (SHBG)
- Testosterone

• Metals/Elements

- Cadmium (*all ages*) ♦
- Cobalt (*40+*)
- Chromium (*40+*)
- Lead (*all ages*) ♦
- Manganese (*all ages*) ♦
- Mercury and Mercury Speciation (*all ages*) ♦
- Trace Metals/Elements (*all participants 3-5, 1/3 participants 6+*) ♦
 - Arsenic ♦♦
 - Antimony
 - Barium
 - Cesium
 - Molybdenum
 - Nickel ♦
 - Strontium
 - Thallium
 - Tin
 - Tungsten
 - Uranium
 - Iodine

Household water sample

- Fluoride (*all Households with participants 0-19 who are examined in mobile exam center*) ♦

Household salt sample

- Iodide (*all participants 3-5, 1/3 participants 6+*) ♦

Exhibit 8-6. 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.

2019

SP ID



National Health and Nutrition Examination Survey

From the Centers for Disease Control and Prevention/National Center for Health Statistics

Laboratory Tests on Blood

Below are brief descriptions of blood tests you may have had as part of the health survey.

Complete Blood Count

Basophils: White blood cells that fight infection.

Blood: The blood is composed of several parts. These include white blood cells, red blood cells, hemoglobin, hematocrit, platelets, and other parts.

Eosinophils: White blood cells that fight infection that can cause allergic reactions.

Hematocrit: The percentage of your blood that is made up of red blood cells.

Hemoglobin: The molecule in red blood cells that carries oxygen to all body tissues.

Lymphocytes: White blood cells that fight viral infection in the body.

Mean Corpuscular Volume (MCV): MCV is the average red blood cell size.

Mean Corpuscular Hemoglobin (MCH): MCH is the average amount of hemoglobin in each red blood cell.

Mean Corpuscular Hemoglobin Concentration (MCHC): MCHC is the average concentration of hemoglobin in a red blood cell.

Monocytes: White blood cells that target infection and cancer.

Neutrophils: White blood cells that target bacterial infection in the body.

Nucleated Red Blood Cells (NRBC): Red blood cells that have a nucleus. These immature cells can be seen in newborns, but are not normal if seen in children and adults and can be found in blood diseases.

Platelets: Small disk-shaped blood cells involved in the process of blood clotting.

Red Blood Count (RBC): The number of red blood cells in your blood. Red blood cells provide oxygen to the different organs of the body. Oxygen allows the organs to function.

White Blood Count (WBC): The number of white blood cells in your blood. White blood cells help fight infection. There are different types of white blood cells.

Other Lab Tests

Alanine Aminotransferase (ALT): ALT is an enzyme involved in breakdown of body chemicals and is mostly found in the liver. ALT levels reflect the health of your liver.

Albumin: The major protein in your blood.

Alkaline Phosphatase: An enzyme found in your blood and comes from liver and bone cells.

Aspartate Aminotransferase (AST): AST is an enzyme involved in the breakdown of body chemicals, and AST levels reflect the health of your liver.

Bicarbonate: A chemical in blood that shows the balance between your breathing and chemical systems.

Bilirubin: A chemical produced when hemoglobin breaks down. Bilirubin is broken down by the liver and then it becomes a waste product. It is used as a measure of the health of your liver.

Blood Urea Nitrogen (BUN): Urea is a waste product that your kidneys filter out of your blood. This measure shows how much urea nitrogen is in your blood. This test helps show how well your kidneys are working.

Cadmium: Cadmium is a natural element found in tiny amounts in air, water, soil, and food. It can also be found in tobacco smoke. High levels can be harmful and is identified as a cancer causing by the National Cancer Institute.

Calcium: A mineral found mostly in the bones. Calcium is needed for muscle and nerve action, bone strength, and blood clotting.

Chloride: One of the major electrolytes found in your body's fluids. Chloride plays an important role in the balance of body fluids.

Cholesterol: A fat substance found in the bloodstream and in all your body's cells. It's normal to have cholesterol. But too much cholesterol in the blood is a major risk for a heart attack and stroke.



Centers for Disease
Control and Prevention
National Center for
Health Statistics

Exhibit 8-7. Laboratory Tests on Blood Flyer (continued)

Creatine Phosphokinase (CPK): An enzyme found primarily in the heart and skeletal muscles. Injury to these tissues will lead to an increase in CPK levels.

Creatinine: A waste product of normal muscle breakdown filtered by the kidneys out of your blood into your urine. This test shows how well your kidneys are working.

Cytomegalovirus: A virus that infects people of all ages and can cause severe illness in persons with a weakened immune system.

Ferritin: A protein found inside cells that store iron so your body can use it later. This test measures the amount of iron stored in the body.

Folate (Red Blood Cell or RBC): An indicator of long-term folate stores in your body.

Folate (Serum): An indicator of recent folate intake. Folate is a water-soluble vitamin that helps the body form red blood cells and aids in the formation of genetic material within every body cell.

Gamma-glutamyl Transferase (GGT): GGT is an enzyme in your blood. This test looks at the health of your liver.

Glucose: The amount of sugar in your blood. Glucose is an important source of energy for all body organs and functions. High levels are seen in diabetes.

Hemoglobin A1c: Gives information about your average blood sugar level during the past 2–3 months. High levels are seen in diabetes.

High Density Lipoprotein (HDL): HDL cholesterol is known as the “good” cholesterol because it helps remove cholesterol from the body cells and helps prevent fatty buildup in blood vessels.

Iron: An important mineral found in your body’s cells. Iron helps make red blood cells that carry oxygen from our lungs to the rest of the body. It is also part of many proteins and enzymes in your body.

Iron-binding capacity: A blood test to see if you have too much or too little iron in your blood. Iron moves through the blood attached to a protein called transferrin. This test helps your health care provider know how well that protein can carry iron in your blood.

Lactate Dehydrogenase (LDH): LDH is an enzyme found in many of your body’s tissues. These include your heart, liver, kidneys, blood cells, and lungs. High LDH is seen in liver disease.

Lead: Lead is a metal found in the environment. High blood lead levels can be harmful and may cause brain and learning problems in children.

Low Density Lipoprotein (LDL): LDL cholesterol is known as the “bad” cholesterol because it can lead to cholesterol buildup in your body cells and can lead to fatty buildup in blood vessels.

Manganese: Manganese is a metal. Getting small amounts from food or water is good for health. Very high levels come from exposure to contaminated air or water and can cause damage to the brain.

Mercury: The result shows the amount of mercury in your blood. Mercury is a metal found in the environment (food, water, or air), and dental fillings. Exposure to mercury may result from breathing air containing mercury vapor, from skin absorption when handling mercury liquid, by eating contaminated foods (especially fish) or by drinking contaminated liquids. Mercury can cause kidney, brain and gastrointestinal disease.

Phosphorus: A mineral found in your body’s cells (mostly in cells that make up bones and teeth). Phosphorus is needed for muscle and nerve action.

Potassium: An nutrient found in your body’s cells. Potassium helps control muscle and nerve actions.

Protein: The total amount of protein (both albumin and globulin) in the fluid part of your blood. Protein is an important part of all your body’s cells and tissues.

Sodium: One of the major electrolytes found in body fluids. Sodium plays an important role in the balance of body fluids and muscle and nerve actions.

Thyroid Peroxidase (TPO): An enzyme normally found in the thyroid gland that plays an important role in the production of thyroid hormones.

Thyroid Stimulating Hormone (TSH): SH is a hormone secreted from the pituitary gland in the brain that controls how much thyroid hormone is made by the thyroid gland.

Thyroxine (T4): A hormone made by the thyroid gland. Thyroid hormones regulate body temperature and the metabolism of protein, fat, and carbohydrates.

Triiodothyronine (T3): A hormone made by the thyroid gland. Thyroid hormones regulate body temperature and the metabolism of protein, fat, and carbohydrates.

Transferrin and Transferrin Saturation: Transferrin is a protein that helps carry iron in red blood cells. Transferrin saturation shows how much serum iron is attached to the transferrin protein.

Triglycerides: A fat in the blood. High triglyceride levels can lead to heart disease and stroke.

Uric Acid: A chemical breakdown product flushed out of your body by the kidneys. High blood levels are found in people with gout and kidney disease.

Vitamin C: Vitamin C is also known as ascorbic acid, and is a powerful water-soluble antioxidant that helps to protect cells from damage and supports immune function.

Vitamin A, E, Carotenoids: Vitamins A and E are fat-soluble micronutrients. They play an important role in immune function and Vitamin A is important for good eye health. Carotenoids provide protective health benefits against diseases such as cancer.

Examination Assent Brochure

The purpose of the **Examination Assent Brochure** is to inform SPs aged 7-11 years about the health examination and to ensure that s/he **agrees** to be examined. While a child of this age cannot give legal consent, s/he can give assent, or “an affirmative agreement to participate in research.”

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.

SPs aged 7-11 years must provide assent, meaning they agree to be examined.

This brochure is much shorter than the Examination Consent/Assent 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 contains the following items in the pockets:

- Authorization for Transportation Arrangements for Persons Birth to 17 Years of Age Form (Exhibit 8-11); and
- MEC Child Assent Form (Exhibit 8-8).

8.2.2.2 Consent Forms

Once you have reviewed with the respondent the appropriate required brochures and Health Measurements List, collect consent electronically using the MEC Appointment module on your tablet. During the module, review with the respondent a hard copy of the appropriate consent forms before s/he signs consent electronically. Leave a blank copy of each consent form with him/her. If there is more than one SP in the household, you can leave just one brochure and blank copy of each form signed with the household.

If the respondent does not want to sign consent electronically, s/he may request to sign a hard copy instead. Each form has designated areas **for signatures**. Use the following guidelines to complete the hardcopy signature process for each of the required forms. You can also refer to the hand cards behind the MEC Consent tab in your SP and Family hand card booklet for details on completing each hard copy consent form. If obtaining consent hardcopy, two of each form should be completed, one for the interviewer to turn into the Site Coordinator for study records and one completed form for the interviewer to leave with the household.

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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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Consent/Assent and Parental Permission for the Examination at the Mobile Examination Center Form

The **Consent/Assent and Parental Permission for the Examination at the Mobile Examination Center Form (Exhibit 8-6)** is located in the pocket of the Examination Consent/Assent Brochure. Specific rules for completing the hardcopy form for each age group are discussed below.

For SPs 0-6 Years

- **Print** the name of the SP on the line provided.
- Have the **parent/guardian** of the SP read the statement and **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 the age of 18 years must receive the results of the exam.
- Sign your name on the line titled, “Signature of staff member” and date the form.
- “Witness (if required)” refers to any witness used during the consent process. See *Chapter 5 for rules on completing consent with a witness.
- Record the SPs 6-digit SP ID number. You will obtain this number the first time you data transfer the completed Screener. Note that SPs who are aged 12-17 years 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, s/he 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 s/he arrives at the MEC.

For SPs Aged 7-11 Years

Follow the signature rules mentioned previously for SPs aged 0-6 years in gaining parental/guardian permission for SPs aged 7-11 years to be examined. In addition, an SP who is aged 7-11 years must read the Examination Assent Brochure and sign a separate MEC Child Assent Form. The child can read and sign the assent form in a different language than the form the parent/guardian signed.

For SPs Aged 12-17 Years

- **Print** the name of the SP on the line provided.
- Have the **parent/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/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 parent/guardian signature.
- Have the parent/guardian check the appropriate box indicating whether or not s/he 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/guardian, have them each sign a separate form in the language they understand and attach both copies together.
- Sign your name on the line titled, “Signature of staff member” and date the form.
- “Witness (if required)” refers to any witness used during the consent process. See Chapter 5 for rules on completing consent with a witness.
- Record the SPs 6 digit SP ID number. You will obtain this number the first time you data transfer the completed screener. Note that SPs who are aged 12-17 years 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, s/he 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 s/he arrives at the MEC.

For SPs Aged 18 Years and Older

- **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 titled, “Signature of staff member” and date the form.
- “Witness (if required)” refers to any witness used during the consent process. See Chapter 5 for rules on completing consent with a witness.
- Record the SPs 6 digit SP ID number. You will obtain this number the first time you data transfer the completed screener.

MEC Child Assent Form

For SPs Aged 7-11 Years

The **MEC Child Assent Form (Exhibit 8-8)** is located in the pocket of the Examination Assent Brochure and should be read and signed by **the child aged 7-11 years**. The form must be signed in the presence of the interviewer or the MEC staff. It **cannot** be left with the parent/guardian 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 titled, “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.

Recall that the **parent/guardian** of the child must read the Examination Consent/Assent Brochure and sign the Consent/Assent and Parental Permission for Exam at the MEC form before the child is examined.

Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies

For All SPs

As scientists learn more about health, important new research projects can be conducted using specimens (blood and urine) that are securely stored in a controlled environment. For this reason, we ask to keep some of the SP's 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 add to the knowledge of the treatment and causes of disease.

All SPs, one year and older, who consent to the examination are asked permission to keep blood and urine samples collected during the MEC examination for continuing studies.

Again, consent is collected electronically during the MEC Appointment module, but a blank hard copy of the Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies form (Exhibit 8-9) must be provided to the respondent to review before signing consent electronically and left with the respondent. If the respondent does not want to sign consent electronically, s/he may request to sign a hard copy instead.

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/guardian of the SP.

The SP and/or parent/guardian 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/guardian should then sign the form.

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Note: If the SP or parent/guardian does not 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. Note that refusals will be rare.

A signature is not required on the Parental Permission for Specimen Storage and Continuing Studies form if the SP or parent/guardian does not grant permission to keep specimens.

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 are not kept.**

Specific rules for completing the hardcopy form are discussed below. Use the following guidelines to complete the hardcopy signature process.

For SPs Aged 1-6 Years

- The text of the form must be fully reviewed by the parent/guardian.
- Have the parent/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 titled, “Signature of staff member.”
- “Witness (if required)” refers to any witness used during the consent process. See Chapter 5 for rules on completing consent with a witness.
- Record the 6 digit SP ID on the lines provided. You will obtain this number the first time you data transfer the completed Screener.

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 are not kept if the appropriate box is not checked.**

For SPs Aged 7-17 Years

- 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/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/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/guardian’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/guardian’s “No” box is checked, record “Refused” in the space provided for the parent/guardian’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/guardian, 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 titled, “Signature of staff member.”
- “Witness (if required)” refers to any witness used during the consent process. See Chapter 5 for rules on completing consent with a witness.
- Record the 6 digit SP ID on the lines provided. You will obtain this number the first time you data transfer.

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/guardian 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 Aged 18 Years and 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 titled, "Signature of staff member."
- "Witness (if required)" refers to any witness used during the consent process. See Chapter 5 for rules on completing consent with a witness.
- Record the 6 digit SP ID on the lines provided. You will obtain this number the first time you data transfer.

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 are not 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 are 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 are provided with a two-sided page of Questions & Answers about the continuing studies using

SP samples (Exhibit 8-10). This can be found behind the MEC tab of your SP and Family hand card booklet.

Authorization for Transportation Arrangements for Persons Birth to 17 Years of Age Form

For SPs Aged 0-17 Years

In a situation where a minor (17 years or younger) is to be transported to and from the MEC, it is necessary for the parent/guardian to complete and sign the Authorization for Transportation Arrangements for Persons Birth to 17 Years of Age form (see Exhibit 8-11). As with other MEC consent forms, this form is completed electronically during the MEC Appointment module on the tablet, but can be completed on hard copy if requested. This form must be signed before a child can come to the MEC. This form **cannot** be signed at the MEC.

The Authorization for Transportation Arrangements for Persons Birth to 17 Years of Age form must be signed before the SP goes to the MEC.

In addition to authorizing transportation arrangements, the form also notifies parents/guardians that children 15 years and younger should not come to the MEC without a proper escort. If a child aged 0 to 15 years arrives at the MEC alone (i.e., without an adult), s/he will not be examined. In such a case, a supervisor telephones the SP's home to determine if someone aged 18 years and older is at home. If so, the SP is sent home immediately in a taxi. Otherwise, the SP remains at the MEC until the closing time of the session. There may be instances when the SP is driven to the MEC by the interviewer. Since Field Interviewers are not authorized to complete the Automated Proxy Interview (API), the parent/guardian needs to be contacted by phone. If the parent/guardian can't be reached, and the child cannot complete some of the API, the child can only complete components that do not require the API. See Exhibit 8-12, Examining Minors at the MEC Policy, for further details regarding minors at the MEC.

Be sure that the parent/guardian reads carefully the statement on the Authorization for Transportation Arrangements for Persons Birth to 17 Years Old form. If you sense that there may be reading problems, read the statement aloud to the parent/guardian. When completing the hardcopy form, 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.

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.

Exhibit 8-10. Continuing Studies Q&As (continued)

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. Authorization for Transportation Arrangements for Persons Birth to 17 Years of Age Form

CDC - NCHS HEALTH SURVEY
AUTHORIZATION FOR TRANSPORTATION ARRANGEMENTS FOR
PERSONS BIRTH TO 17 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 - NCHS 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 - NCHS health survey.
- I will drive.

Children birth to 15 years old must come to the Mobile Exam Center accompanied by someone aged 18 and over. Please complete the subsequent section with this in mind. Children birth to 15 years old 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)

(Witness) (SP ID)

01/2018

OMB # 0920-0950

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Exhibit 8-12. Examining Minors at the MEC Policy

When the minor arrives at the MEC, an Automated Proxy Interview (API) must be completed. The API is an application for parents/guardians to complete on behalf of their children aged 15 years or younger. The application contains safety and exclusion questions for multiple components. This interview must be completed for the child prior to completing some of the MEC exams. The API may be completed by the parent/guardian either in-person or over the phone in the event the minor arrives at the MEC with someone who cannot complete the API on behalf of the child.

Respondents who are able to complete the API for the child:

- Parents/guardians of children aged 15 years or younger;
- Children aged 16-17 years may complete the API for themselves (Exception: they cannot give responses for questions on SSN and pesticide use);
- Adult family members accompanying the child; and
- Adults who are not family members or guardians accompanying the child. NHANES staff members are excluded.

The API is programmed to exclude the child from specific components based on a response to safety/exclusion and data effect questions. A “Don’t Know” response to the questions would trigger an exclusion to a specific component but not necessarily to all components.

Contingency Plan for completing the API for the child:

If the respondent to the API for the child is not the parent/guardian:

- The MEC Coordinator or MEC Manager should determine if the respondent for the child is able to answer the safety-exclusion questions in the API.
 - If the respondent is able to answer the questions for the child, complete the API.
 - If the respondent is unable to answer the questions, attempt to contact the parent/guardian by phone to complete the questions by phone.
- If the MEC Coordinator or MEC Manager is unable to contact the parent/guardian, confirm whether or not the respondent can answer some of the questions. As noted above, a “Don’t Know” response to the questions would trigger an exclusion to a specific component but not necessarily to all components.

MEC components that do not require completion of the API for Children 17 years or younger:

MEC protocols are in place to determine what exams and interviews can be conducted for children under 18 years of age if the accompanying adult cannot answer the Automated Proxy interview. The following exams and interviews may be conducted:

- Dietary;
- MEC Interview;
- Audiometry;
- Body Measures;
- Oral Health;
- Physician; and
- Urine Collection.

MEC components that require completion of the API for Children 17 years or younger:

- DXA;
- Liver Elastography; and
- Phlebotomy.

A summary of the forms used to complete the consent process appears as Exhibit 8-13. This summary also appears behind the MEC tab in your SP and Family hand card booklet.

Exhibit 8-13. Summary of Consents

SUMMARY OF FORMS USED TO COMPLETE THE CONSENT PROCESS

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

8.2.2.3 Obtaining MEC Consent/Assent During the MEC Appointment Module

The MEC Appointment module **must be opened and completed for each SP** who has completed interviews and will participate in the MEC exam, regardless of whether s/he signs consent electronically or on hard copy. The items entered in the module are transmitted to the MEC when you upload information from your tablet during data transfer. 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** you data transfer.

Complete a separate MEC Appointment Module for each SP who will participate in the MEC exam.

The MEC Appointment module serves several functions:

- It provides information to supervisors and MEC about whether SPs aged 18 years and older wish to receive a report of findings;
- It provides information to supervisors and MEC about which consent forms are signed and, if applicable, which are missing;

- It provides the parent/guardian's choice if a 12 to 17 year old can be audio recorded in the MEC;
- It provides information to the MEC about whether the SP (or parent/guardian) has agreed to specimen storage; and
- The module provides space to document any special considerations about the SP that could affect his/her exam and accommodations that the MEC staff may need to plan for and provide.
- It confirms that a MEC appointment has been successfully scheduled.

The MEC Appointment module uses the SP's age and emancipation status to determine which forms and brochures you will present and which signatures you will collect. For each form that requires completion, the program instructs you to perform the following steps:

1. Hand a specific form and brochure to the respondent, review key points, and answer questions.
2. Show the respondent the image of the form on the tablet screen and explain that the respondent is viewing the same form hardcopy and electronically.
3. Discuss the displayed participation statement(s) and ask the respondent to touch his/her participation choice(s) on the screen.

Finally, the respondent's choices are displayed on a signature screen. Review the selections and ask the respondent to sign inside the signature box. The program takes the respondent's choices and signatures and fills the appropriate boxes and signature lines on an electronic version of each completed form and all forms are electronically filed. Completed forms can be printed if hard copies are requested or required. In general, you should complete the MEC Appointment module after completing the SP interview. If you need to schedule the MEC appointment before completing the SP interview, always complete the beginning of the SP case through the Home Interview consent screens (5.3.5) before beginning the MEC Appointment module for an SP. This allows you to verify the SP's date of birth and age before beginning MEC e-consent, as the SP age affects which forms and signatures are required and how forms should be completed.

Always complete the SP Home Interview consent screens to verify the SP's date of birth and age before beginning the MEC Appointment module.

To access the module on your tablet:

1. Login to Interview Management (IM);
2. Tap the MEC tab; and
3. Select the appropriate SP from your list of SPs by double tapping the appropriate SP name.

The module contains the electronic version of the consent/assent forms reviewed at the beginning of this section. The forms are presented in the order listed below. When obtaining consent for a non-emancipated minor SP, CAPI always instructs you to present all required forms to the parent/guardian first, and then present required forms to the minor only after obtaining consent from the parent/guardian.

- Consent/Assent and Parental Permission for Examination at the MEC;
- Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies;
- Authorization for Transportation Arrangements for Persons Birth to 17 Years of Age; and
- MEC Child Assent.

The MEC Appointment module also contains a Copy Request screen, MEC Consent Summary screen, and Name Check screen. The three main pathways for gaining consent are for the following age groups: 18 years and older/Emancipated Minor, 12-17 years old, and 7-11 years old. Once the consent screens have been completed, a MEC Appointment confirmation screen displays (RIQ.750).

MEC e-consent – Adult SP (18+ years old)/Emancipated Minor

SELECT THE PERSON RESPONDING TO MEC CONSENT FOR Adult Sp

Respondent ADULT SP

- ADULT SP
- ADULT MOM SP
- SIXTEEN YO SP
- FOURTEEN YO SP
- EMANCIPATED MINOR
- SOMEONE NOT LIVING IN HH

619-08-0009-01-01 SCQ v. 1.0 respondent RIQ400

Remarks Español HELP Turn On Pad

First, you must select the person responding to MEC consent for the SP. CAPI displays a list of household members who are aged 12 years and older, and “SOMEONE NOT LIVING IN HOUSEHOLD.” If you select “SOMEONE NOT LIVING IN HOUSEHOLD,” you must enter the person’s name, gender, phone number, and relationship to SP into the tablet. Selecting “SOMEONE NOT LIVING IN HOUSEHOLD,” is rare and it should be discussed and approved by your Study Manager.

For SPs aged 18 years and older and emancipated minors, the SP must respond for him/herself unless s/he has an impairment and a proxy is required.

[Let's take a look at a brochure as I explain the exam process to you.]

HAND RESPONDENT THE EXAMINATION CONSENT BROCHURE IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS FROM BROCHURE AND HEALTH MEASUREMENTS LIST, OR READ FORMS OUT LOUD.

REVIEW MEC DIAGRAM AND LAB TESTS ON BLOOD FLYERS AS NECESSARY.

REVIEW KEY POINTS FROM THE CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAM AT MEC FORM IN THE LANGUAGE HE/SHE READS, OR READ FORM OUT LOUD.

ANSWER ANY RESPONDENT QUESTIONS.

619-08-0009-01-01 SCQ v. 1.0 MEC S1R1Q440

Hand the respondent the blue Examination Consent/Assent Brochure and review key points from the brochure and Health Measurements List. Review the MEC diagram with the respondent as necessary. Review key points from the Consent/Assent and Parental Permission for Exam at the MEC form and answer any questions. Read the documents to the respondent if requested or if the respondent cannot see or read the forms for him/herself.

Language: ENGLISH OMB# 0920-0950

TURN SCREEN TO ADULT SP AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
 OMB # 0920-0950
 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.

619-08-0009-01-01 SCQ v. 1.0 View MEC S2R1Q440

Next, turn the screen to the respondent and explain that you are reviewing the same form hardcopy and electronically. Allow the respondent time to view the image and compare it to the hard copy if necessary.

All screens default to English. On this and other screens, use the “Language” drop down menu to select Spanish if Spanish-translated screens are needed. If a respondent speaks a language other than English or Spanish, use an interpreter to review consent forms and consent screens.

Language: **ENGLISH** OMB# 0920-0950

EXPLAIN THE MEC EXAM AND REPORT OF FINDING STATEMENTS. TURN SCREEN TO ADULT SP AND ASK HIM/HER TO RECORD HIS/HER MEC EXAM AND REPORT OF FINDING CHOICES BELOW.

I have read the Examination Consent Brochure and Health Measurements List. I agree to take part in the survey.

YES
 NO

I would like a written report of my exam results.

YES
 NO

619-08-0009-01-01 SCQ v. 1.0 consent options RIQ440

Remarks Español Turn On Pad

Explain each statement by reading it to the respondent verbatim or reading it as a question, and then ask the respondent to touch an answer. **The respondent must touch his or her own answer.**

The respondent must always touch his/her own responses in the MEC Appointment module.

Note that CAPI presents only the participation statements that are relevant to the SP based on age and emancipation status. For example, only SPs aged 18 years and older are asked if they would like to receive a written report of exam results. NHANES is required to provide a report of findings for minors aged 17 years and younger.

Language: ENGLISH OMB# 0920-0950

YES. I agree to take part in the survey.

YES I would like a written report of my exam results.

Sign below

ADULT SP

Clear

ADULT SP

OFFICE USE ONLY: H R

619-08-0009-01-01
SCQ v. 1.0
consent signature
RIQ450

Remarks
Español
Turn On Pad
◀ ▶

At the signature screen, CAPI displays the answers to the questions from the previous screen. Review the statements at the top of the screen and ask the respondent to sign, using a stylus or finger, to consent to the exam. There is a clear button if the respondent wants to erase and resign. Below the box is the name of the respondent. After obtaining the electronic signature, explain that you will leave a copy of the forms, including the blank hardcopy consent/assent form, with the respondent.


Below the signature box are two boxes for office (interviewer) use only. Check the box labeled “H” only if the respondent does not want to sign electronically but instead requests to sign hard copy. The “H” box appears only on this MEC consent signature screen, RIQ.450. If you progress to later e-consent screens and then learn that the respondent wants to sign hardcopy forms, you must back up to RIQ.450 to access the “H” box and begin the hard copy consent process to ensure that any e-signatures collected are removed before you begin the hard copy consent process. See the Hard Copy Consent Screen section below.


Tap the “R” box if the respondent refuses the exam at this point in the process. To move forward from a signature screen, the respondent must sign in the box or you must tap one of the office use boxes.

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS
 INTERPRETER
 NO

619-08-0009-01-01 SCQ v. 1.0 *other signature* RIQ350












When there is only one signee, the program asks if a witness or interpreter signature is required after each signature screen. If so, click the appropriate button and obtain the signature from the witness or interpreter. When there are two signees, such as when a signature is required from both the parent/guardian and child, the program asks the witness/interpreter question after the child signature screens.

HAND RESPONDENT THE CONSENT/ASSENT AND PARENTAL PERMISSION FOR SPECIMEN STORAGE AND CONTINUING STUDIES FORM IN THE LANGUAGE HE/SHE READS.

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

ANSWER ANY RESPONDENT QUESTIONS.

619-08-0009-01-01 SCQ v. 1.0 *storage consent* S1RIQ470

When another form is required, CAPI instructs you to review the next required form with the respondent. Hand the respondent the Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies form, review key points, and answer any questions.

Language: **ENGLISH** OMB# 0920-0950

TURN SCREEN TO ADULT SP AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

**NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES)
Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies**

First name of participant _____ Sex _____ 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 enrolled in NHANES for future health studies. These samples will be stored and kept in a specimen bank for as long as they last. You are required that your samples be retained at any time. Your participation is voluntary and no fees/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 survey. In the future, we may use these health and disease, 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. NHANES staff, contractors, and agents will not disclose or release responses or identifiable forms without the consent of the individual or establishment. For more information, please contact the Office for Human Resources Protection and Oversight, U.S. Department of Health and Human Services, 1015 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, or call the toll-free number 1-800-458-5231. In accordance with 45 CFR, every NHANES contractor, subcontractor, and agent who takes or acts as a witness to a just form of up to five years, a fine of up to \$250,000, or both if he or she is the health care provider, or if the information is otherwise protected under the Health Information Privacy Act of 2002 (HIPAA). This law requires the federal government to protect individual computer records by using computer security programs to identify, safeguard, and like handling, access, disseminate, and other system transactions. It also requires that through government networks, systems, or other means, the information used be transmitted and received for other means by computer network experts working for, or on behalf of, the government.

Q Who can use the stored samples for further study?

A The results of continuing studies of your stored specimens may help find new ways to prevent, treat, and cure many

Q Research from federal agencies, universities, and other scientific centers can advance progress in the overall government. These programs will be reviewed for scientific merit and they'll be approved based on the importance of the study proposed to conduct. The NHANES program will allow from which samples being to use in your study that 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 specimen?

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. Your testing of specimens will be done only for research purposes. The NHANES program will not contact you or your family solely to learn from these studies. We will describe the completed studies to our website. If you are interested in your results from any of these studies, you may call our toll-free number, 1-800-452-0113 to request your specific results as they come available.

Q What are the benefits and risks for allowing my blood or urine samples to be used for future studies?

A You will not directly benefit from these studies but 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 see the information from these studies to recognize or describe differences among people. The ethics board that will review all studies using these samples will attempt to prevent any disclosure of the information gained from the NHANES samples.

Q How can I ensure blood or urine samples from the specimen bank, call us toll-free at 1-800-452-0113.

A In the future, if you want samples removed from the specimen bank, call us toll-free at 1-800-452-0113.

619-08-0009-01-01 SCQ v. 1.0 View specimen S2RIQ470

Remarks Español Turn On Pad

Again, turn the screen to the respondent and explain that you are reviewing the same form hardcopy and electronically.

Language: **ENGLISH** OMB# 0920-0950

EXPLAIN THE SPECIMEN STORAGE FOR FUTURE HEALTH STUDIES CHECK BOXES. TURN SCREEN TO ADULT SP AND ASK HIM/HER TO RECORD HIS/HER SPECIMEN STORAGE CHOICE BELOW.

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.

YES

NO

619-08-0009-01-01 SCQ v. 1.0 future consent RIQ470

Remarks Español Turn On Pad

Explain the participation statement and ask the respondent to touch a choice on the screen. As mentioned previously in this section, when a respondent refuses specimen storage, we can still complete the MEC exam with the SP. In this scenario, continue to complete the MEC consent and appointment process.

 R'. At the bottom, there are several buttons and labels: '619-08-0009-01-01', 'SCQ v. 1.0', 'consent signature', 'RIQ480', 'Remarks', 'Español', 'Turn On Pad', and two navigation arrows."/>

Language: **ENGLISH** OMB# 0920-0950

NO I do not permit NHANES to keep my blood and urine for future health studies.

Sign below

Adult SP

Clear

ADULT SP

OFFICE USE ONLY: R

619-08-0009-01-01 SCQ v. 1.0 consent signature RIQ480

Remarks Español Turn On Pad

Review the statement at the top of the screen and ask the respondent to sign, using a stylus or finger. If a respondent refuses specimen storage and prefers not to provide a signature, tap the “R” box to select it.

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS
 INTERPRETER
 NO

619-08-0009-01-01 SCQ v. 1.0 *other signature* RIQ350

Tap a response to indicate if a witness or interpreter was used when completing the Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies form. If so, click the appropriate button and obtain the signature from the witness or interpreter.

MEC e-consent – Minor SP (12-17 Years Old)

SELECT THE PARENT OR GUARDIAN RESPONDING TO MEC CONSENT FOR Sixteen Yo Sp

Respondent

- ADULT SP
- ADULT SP
- ADULT MOM SP
- SIXTEEN YO SP
- FOURTEEN YO SP
- EMANCIPATED MINOR
- SOMEONE NOT LIVING IN HH

619-08-0009-01-02 SCQ v. 1.0 *respondent* RIQ400

For non-emancipated minor SPs, a parent/guardian must provide consent before we can request the minor’s assent. First, you must select the parent/guardian responding to MEC consent for the SP. This is typically an adult, who is aged 18 years or older, living in the household. In rare cases, the MEC consent respondent may be an emancipated minor parent/guardian of the SP; for example, a seventeen year old signing for her one-year-old child. Always talk to your Study Manager before selecting an emancipated minor to consent for a non-emancipated minor SP.

Is Sixteen Yo Sp present and available to sign?

YES

NO. COME BACK LATER TO COLLECT MINOR'S SIGNATURES.

NO. COLLECT MINOR'S SIGNATURES AT MEC.

619-08-0009-01-02 SCQ v. 1.0 available to sign RIQ520

Remarks Español Turn On Pad [Navigation arrows]

Next, ask the respondent if the minor SP is present and available to sign consent/assent forms. Select “NO. COME BACK LATER TO COLLECT MINOR’S SIGNATURES,” if the minor is temporarily unavailable and you expect the him/her to be available to review and sign forms before the MEC appointment. In these cases, review forms with the parent/guardian and collect his/her signatures, then return to collect the minor’s signatures later. Select “NO. COLLECT MINOR’S SIGNATURES AT MEC,” if the minor will not be available before the MEC appointment. In these rare cases, review forms with the parent/guardian and collect his/her signatures, and then close the module. Tell the parent/guardian that the MEC staff will review the forms with the minor and collect his or her signatures during the MEC visit.

It should be rare that a minor’s signatures are collected at the MEC.

The next few CAPI screens for Consent/Assent and Parental Permission for Exam at the MEC and Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies are similar to those presented to adult SPs, except that the parent/guardian is signing to consent for the minor SP. Some items use the SP's name so it is clear that the respondent is consenting to the SP's participation. Because the SP is a non-emancipated minor, some participation statements differ from those asked of adult SPs.

[Let's take a look at a brochure as I explain the exam process to you.]

HAND RESPONDENT THE EXAMINATION CONSENT BROCHURE IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS FROM BROCHURE AND HEALTH MEASUREMENTS LIST, OR READ FORMS OUT LOUD.

REVIEW MEC DIAGRAM AND LAB TESTS ON BLOOD FLYERS AS NECESSARY.

REVIEW KEY POINTS FROM THE CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAM AT MEC FORM IN THE LANGUAGE HE/SHE READS, OR READ FORM OUT LOUD.

ANSWER ANY RESPONDENT QUESTIONS.

619-08-0009-01-02 SCQ v. 1.0 MEC S1R1Q440

Remarks Español Turn On Pad ◀ ▶

Language: **ENGLISH** OMB# 0920-0950

TURN SCREEN TO ADULT SP AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

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

OMB # 0920-0950

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.

619-08-0009-01-02
SCQ v. 1.0
View MEC
S2RIQ440

Language: **ENGLISH** OMB# 0920-0950

EXPLAIN THE MEC EXAM AND MEC INTERVIEW RECORDING STATEMENTS. TURN SCREEN TO ADULT SP AND ASK HIM/HER TO RECORD HIS/HER MEC EXAM AND MEC INTERVIEW RECORDING CHOICES BELOW.

I have read the Examination Consent Brochure and Health Measurements List. I agree to allow SIXTEEN YO SP to take part in the survey.

YES
 NO

I agree to have SIXTEEN YO SP's interview about current health status, diet, and health behaviors recorded for quality control.

YES
 NO

619-08-0009-01-02
SCQ v. 1.0
consent options
RIQ440

For SPs aged 12-17 years, ask the parent/guardian for permission to audio record the minor SP's interview about current health status, diet, and health behaviors for quality control.

Language: **ENGLISH**

OMB# 0920-0950

YES. I agree to allow SIXTEEN YO SP to take part in the survey.

YES I permit NHANES to record SIXTEEN YO SP's interview about current health status, diet , and health behaviors.

Sign below

Adult SP

Clear

ADULT SP

OFFICE USE ONLY: H R

619-08-0009-01-02

SCQ v. 1.0

consent signature

RIQ450



HAND RESPONDENT THE CONSENT/ASSENT AND PARENTAL PERMISSION FOR



Language: ENGLISH

OMB# 0920-0950

TURN SCREEN TO ADULT SP AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

OMB # 0920-0950

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES)
Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies

First name of participant	Last
First	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 enrolled in NHANES for future health studies. These samples will be frozen and kept in a specimen bank for as long as 100 years. You can request that your samples be removed at any time. Your participation in voluntary and so-called "biobanks" will reach 100 years.

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 survey. In a few years, more about health and disease, other studies will be conducted that may include stored samples. There are no more 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 is protected as confidential information without the consent of the individual or establishment in accordance with section 562(d) of the Public Health Service Act (42 U.S.C. 242(d)) and the Confidential Information Protection and Statistical Enforcement Act of 2002 (CIPSEA, Pub. Law 107-347). In accordance with CIPSEA, every NHANES study, component, and report that refers to you will not include the full name of the study, a list of up to 10 initials, or details of the study. NHANES complies with the Federal Information Security Act of 2008 (FISAC, 44 U.S.C. 3401 & 3402). This law requires the federal government to protect federal computer networks by using computer security programs to identify (chemically) risks like hacking, server attacks, and other security weaknesses. If information sent through government networks triggers a color threat indicator, the information sent is interrupted and encrypted for other 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 for 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 generally recontact you or your child to inform you of any study that would 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 when the results will come for your health. Some testing of specimens will be done only for research purposes. 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, 1-800-422-6115 to request more specific results as they come available.

Q What are the benefits and risks for allowing my blood or urine samples 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 are also risks to the data some people may use the information from their studies to engage in predatory discrimination against people. The ethics board that will review the 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 1-800-422-6115.

Q The results of continuing studies of your stored specimens may help find new ways to prevent, treat, and cure many

619-08-0009-01-02

SCQ v. 1.0

View specimen

S2RIQ470



Remarks

Español



Turn On Pad



Language: ENGLISH

OMB# 0920-0950

EXPLAIN THE SPECIMEN STORAGE FOR FUTURE HEALTH STUDIES CHECK BOXES. TURN SCREEN TO ADULT SP AND ASK HIM/HER TO RECORD HIS/HER SPECIMEN STORAGE CHOICE BELOW.

I agree to allow SIXTEEN YO SP's blood and urine to be kept for future health studies, and I understand that I will not be contacted with the results from these studies.

YES

NO

619-08-0009-01-02

SCQ v. 1.0

future consent

RIQ470



Remarks

Español



Turn On Pad



Language: **ENGLISH**

OMB# 0920-0950

YES I permit NHANES to keep SIXTEEN YO SP's blood and urine for future health studies, and I understand that I will not be contacted with the results from these studies.

Sign below

Adult SP

Clear

ADULT SP

OFFICE USE ONLY: R

619-08-0009-01-02

SCQ v. 1.0

consent signature

RIQ480



HAND RESPONDENT THE AUTHORIZATION FOR TRANSPORTATION ARRANGEMENTS FOR MINOR FORM IN THE LANGUAGE HE/SHE READS

REVIEW KEY POINTS WITH RESPONDENT OR READ THE FORM OUT LOUD.

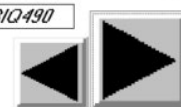
ANSWER ANY RESPONDENT QUESTIONS.

619-08-0009-01-02

SCQ v. 1.0

trans instuctions

S1RIQ490



When a parent/guardian consents to the participation of a minor SP, the Authorization for Transportation Arrangements for Persons Birth to 17 Years of Age form is required. Hand the respondent the form, review key points, and answer any questions they have.

Language: **ENGLISH** OMB# 0920-0950

TURN SCREEN TO ADULT SP AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

CDC - NCHS HEALTH SURVEY
AUTHORIZATION FOR TRANSPORTATION ARRANGEMENTS FOR
PERSONS BIRTH TO 17 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 - NCHS 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 - NCHS health survey.

I will drive.

Children birth to 15 years old must come to the Mobile Exam Center accompanied by someone aged 18
and over. Please complete the subsequent section with this in mind. Children birth to 15 years old 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).

619-08-0009-01-02 SCQ v. 1.0 *View* *S2RIQ490*

Turn the screen to the respondent and explain that you are reviewing the same form hard copy and electronically.

Language: **ENGLISH** OMB# 0920-0950

EXPLAIN THE TRANSPORTATION AND ESCORT CHECK BOXES. TURN SCREEN TO ADULT SP AND ASK HIM/HER TO RECORD HIS/HER CHOICES BY TOUCHING ONE TRANSPORTATION AND ONE ESCORT STATEMENT BELOW

TRANSPORTATION (CHOOSE ONE): I consent to transportation of SIXTEEN YO SP to and from the Mobile Exam Center (MEC)/Field Office...

by members of the CDC - NCHS health survey staff

in a taxi arranged and paid for by the CDC - NCHS health survey

Parent/Guardian will arrange transportation, to and from the MEC/Field Office, for SIXTEEN YO SP

ESCORT (CHOOSE ONE): I understand that children birth to 15 years old must come to the MEC accompanied by someone aged 18 and over.

Mother will accompany Father will accompany

Other person 18 and over will accompany Will come alone

619-08-0009-01-02 SCQ v. 1.0 *transportation* *RIQ490*

Explain each statement by reading it to the respondent verbatim or reading it as a question, and then ask the respondent to touch an answer. **Again, the respondent must touch his or her own answer.**


In the Escort section, the option, “Will come alone,” appears only for 16-17 year old SPs. If you select “Other person 18 and over will accompany,” you must enter the person’s name into the tablet.

Language: OMB# 0920-0950

Parent/Guardian will arrange transportation, to and from the Mobile Exam Center/Field Office, for SIXTEEN YO SP.

Father will accompany SIXTEEN YO SP to the MEC.

Sign below



ADULT SP



OFFICE USE ONLY: R

619-08-0009-01-02

SCQ v. 1.0



transportation

RIQ510

Español

Turn
On
Pad







 

Review the statements at the top of the screen and ask the respondent to sign, using a stylus or finger. As mentioned previously in this section, the Authorization for Transportation Arrangements for Persons Birth to 17 Years of Age form cannot be completed at the MEC; it must be completed before the SP’s arrival for the MEC appointment. If the respondent refuses to sign the form, CAPI displays a message indicating that project staff cannot transport or arrange transportation for a minor without a signed consent form. Always talk to your supervisor if a parent/guardian consents to the SP’s participation in MEC activities, but refuses to sign the Authorization for Transportation Arrangements for Persons Birth to 17 Years of Age form. This scenario should be quite rare.

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS
 INTERPRETER
 NO







619-08-0009-01-02 SCQ v. 1.0 *other signature* RIQ350

Is Sixteen Yo Sp able to give assent and sign forms?

YES
 NO. SP HAS COGNITIVE PROBLEMS.
 NO. SP HAS PHYSICAL PROBLEMS.

619-08-0009-01-02 SCQ v. 1.0 *able to sign* RIQ522

If the SP was not present and available to sign (RIQ.520 = No), then CAPI presents the summary screen (RIQ.620). In this scenario, you should exit the MEC Appointment module and come back in when the SP is available. When the SP is present and available to sign (RIQ.520 = Yes), as is the

case in this example, you must ask the parent/guardian if the SP is able to give assent and sign forms.

[Let's take a look at a brochure as I explain the exam process to you. HAND SP THE EXAMINATION CONSENT BROCHURE IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS FROM BROCHURE AND HEALTH MEASUREMENTS LIST, OR READ FORMS OUT LOUD AS NECESSARY.

REVIEW MEC DIAGRAM AND LAB TESTS ON BLOOD FLYERS AS NECESSARY.

REVIEW KEY POINTS FROM THE CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAM AT MEC FORM IN THE LANGUAGE HE/SHE READS, OR READ FORM OUT LOUD.

ANSWER ANY RESPONDENT QUESTIONS.]

619-08-0009-01-02 SCQ v. 1.0 *consent* S1R1Q560

Remarks Español Turn On Pad ◀ ▶

Once consent is collected from the parent/guardian, the SP becomes the respondent and you collect his/her assent. Notice that all text on this screen is encased in brackets, indicating that this step is optional.

You do not need to read the text in brackets if the respondent has already heard the text during another consent process.

If you reviewed the brochure and its contents with the parent/guardian when the SP was away, then follow the instructions on this screen to review the brochure and its contents with the SP. However, if the SP was present when you reviewed the brochure and its contents with the parent/guardian, then you reviewed the forms with them together and you do not need to review these materials in detail with the SP again. Instead, show the SP the brochure and forms, remind him/her that you have already reviewed these forms and answer any additional questions.

Language: ENGLISH ▼ OMB# 0920-0950

TURN SCREEN TO SIXTEEN YO SP AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

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

OMB # 0920-0950

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.

619-08-0009-01-02
SCQ v. 1.0
View MEC
S2RIQ560

Español

Turn On Pad

Turn the screen to the SP and explain that you are reviewing the same form hard copy and electronically.

Language: ENGLISH ▼ OMB# 0920-0950

EXPLAIN THE MEC EXAM AND MEC INTERVIEW RECORDING STATEMENTS. TURN SCREEN TO SIXTEEN YO SP AND ASK HIM/HER TO RECORD HIS/HER MEC EXAM CHOICE BELOW.

I have read the Examination Consent Brochure and Health Measurements List. I agree to take part in the survey.

YES

NO

619-08-0009-01-02
SCQ v. 1.0
mec consent
RIQ560

Español

Turn On Pad


Explain the statement by reading it to the SP verbatim or reading it as a question, and then ask the SP to touch an answer. **As with adult respondents, the SP must touch his/her own answer.**

Language: OMB# 0920-0950

YES. I agree to take part in the survey.

PARENT/GUARDIAN agreed to allow NHANES to record my interview about current health status, diet, and health behaviors.

Sign below



SIXTEEN YO SP

OFFICE USE ONLY: R

619-08-0009-01-02 SCQ v. 1.0 *minor signature* RIQ570

Review the statements at the top of the screen and ask the SP to sign, using a stylus or finger. Although the minor SP is not asked about recording the MEC interview, s/he is informed of his/her parent/guardians's selection. If the SP did not want to have the MEC interview recorded and the parent/guardian wanted to decline the recording based on the SP's preference, you must back up to RIQ.440 and allow the parent/guardian to touch a new answer.

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS

INTERPRETER

NO





619-08-0009-01-02 SCQ v. 1.0 *other signature* RIQ350

[HAND SP THE CONSENT/ASSENT AND PARENTAL PERMISSION FOR SPECIMEN STORAGE AND CONTINUING STUDIES FORM IN THE LANGUAGE HE/SHE READS.]

REVIEW KEY POINTS WITH SP OR READ CONSENT FORM OUT LOUD.

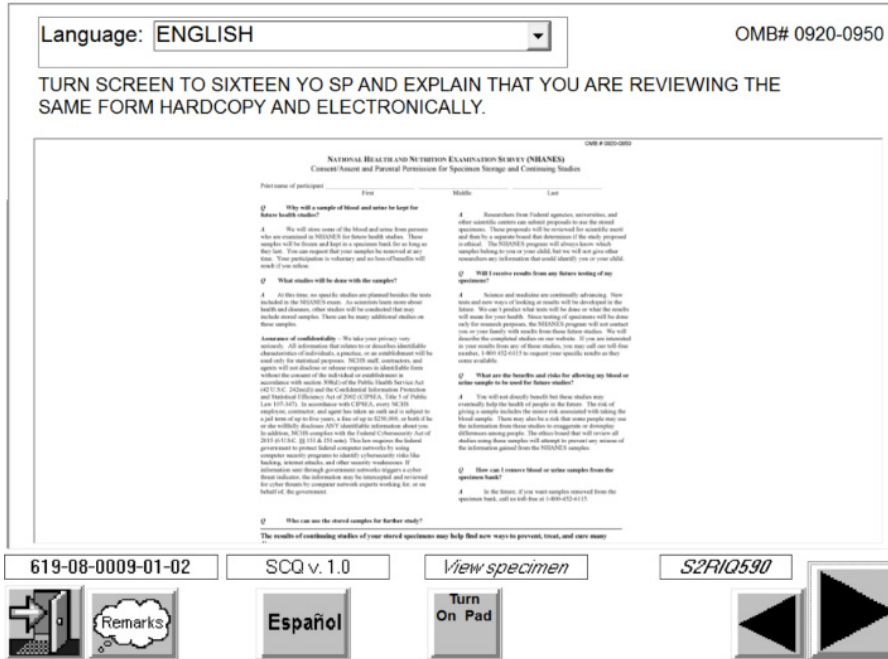
ANSWER ANY RESPONDENT QUESTIONS.]

619-08-0009-01-02 SCQ v. 1.0 *storage consent* *STRIQ590*

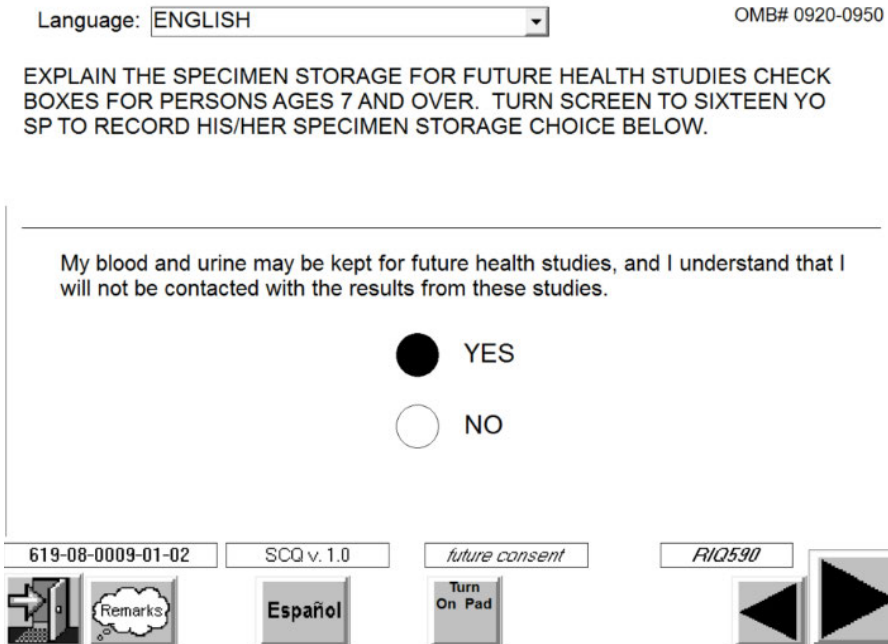





Notice that the instructions are in brackets indicating that this screen is optional. If you reviewed the Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies form with the parent/guardian when the SP was away, then follow the instructions on this screen to review the form with the SP. If you reviewed the form with the parent/guardian and minor SP together, you do not need to review it with the SP again. Instead, show the form to the SP again and ask if there are any questions.

Note that if the parent/guardian had refused specimen storage for the SP, then CAPI would skip this form and the SP would not be asked to assent to specimen storage.



Turn the screen to the SP and explain that you are reviewing the same form hard copy and electronically.




Explain the statement by reading it to the SP verbatim or reading it as a question, and then ask the SP to touch an answer.

Language: ENGLISH OMB# 0920-0950

YES I permit NHANES to keep my blood and urine for future health studies, and I understand that I will not be contacted with the results from these studies.

PARENT/GUARDIAN agreed to allow NHANES to keep my blood and urine for future health studies.

Sign below



SIXTEEN YO SP

Clear

619-08-0009-01-02 SCQ v. 1.0 *future studies* *RIQ600*

Remarks **Español** Turn On Pad ◀ ▶

The SP is informed of his/her parent/guardian’s specimen storage selection. Review the statements at the top of the screen and ask the SP to sign, using a stylus or finger.

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS
 INTERPRETER
 NO

619-08-0009-01-02 SCQ v. 1.0 *other signature* *RIQ350*

Remarks **Español** Turn On Pad ◀ ▶

MEC e-consent – Minor SP (7-11 Years Old)

The e-consent process and CAPI screens for 7-11 year old SPs are similar to those for 12-17 year old SPs. That is, first you must select the parent/guardian consenting for the minor SP. Then, as CAPI presents the screens for Consent/Assent and Parental Permission for Exam at the MEC, Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies, and the Authorization for Transportation Arrangements for Persons Birth to 17 Years of Age, you must present the consent forms to the parent/guardian, allow him/her to review and select participation statements, and collect the parent/guardian's signature for each form.

As with 12-17 year old SPs, once consent is collected from the parent/guardian, the SP becomes the respondent and you collect his/her assent, beginning with consent to participate in the MEC exam. However, as mentioned previously in this section, 7-11 year old SPs do not review and sign the Consent/Assent and Parental Permission for Exam at the MEC form. Instead, they review and sign the MEC Child Assent form. See the MEC Child Assent form screens below.

[Let's take a look at a brochure as I explain the exam process to you.]

HAND SP THE EXAMINATION ASSENT BROCHURE IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS FROM BROCHURE OR READ BROCHURE OUT LOUD.

REVIEW KEY POINTS FROM THE MEC CHILD ASSENT FORM IN THE LANGUAGE HE/SHE READS, OR READ FORM OUT LOUD.

ANSWER ANY RESPONDENT QUESTIONS.

601-01-0029-01-03 SCQ v. 1.0 *assent* S1R1Q530

Remarks Español Turn On Pad ◀ ▶

Hand the SP the green Examination Assent Brochure and review key points. Review key points from the MEC Child Assent form and answer any questions.

Language: **ENGLISH** OMB# 0920-0950

TURN SCREEN TO EIGHT YO SP AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

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

619-08-0009-01-05 SCQ v. 1.0 *view assent* *S2FIQ530*

Turn the screen to the SP and explain that you are reviewing the same form hardcopy and electronically.

EXPLAIN THE MEC EXAM PARTICIPATION STATEMENT. TURN SCREEN TO Eight Yo Sp AND ASK HIM/HER TO RECORD HIS/HER MEC EXAM PARTICIPATION CHOICES BELOW.

I have read the Examination Assent Brochure. I agree to take part in the survey.

Yes

No

619-08-0009-01-05 SCQ v. 1.0 *assent* *FIQ530*

Explain the statement by reading it to the SP verbatim or reading it as a question, and then ask the SP to touch an answer.

Language: ENGLISH OMB# 0920-0950

YES. I agree to take part in the survey.

Sign below

Eight YO SP

Clear

EIGHT YO SP

OFFICE USE ONLY: R

619-08-0009-01-05 SCQ v. 1.0 assent signature RIQ540

Remarks Español Turn On Pad

Review the statement at the top of the screen and ask the SP to sign, using a stylus or finger.

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS
 INTERPRETER
 NO

619-08-0009-01-05 SCQ v. 1.0 other signature RIQ350

Remarks Español Turn On Pad

Next, CAPI presents the Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies screens only if the parent/guardian previously consented to the specimen storage for the SP. These screens are identical to the Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies screens presented to 12-17 year old SPs.

MEC e-consent – Minor SP (0-6 Years Old)

The e-consent process and CAPI screens for 0-6 year old SPs are similar to those for 7-17 year old SPs. That is, first you must select the parent/guardian consenting for the minor SP. Then, as CAPI presents the screens for Consent/Assent and Parental Permission for Exam at the MEC, Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies, and the Authorization for Transportation Arrangements for Person’s Birth to 17 Years of Age form, you must present the forms to the parent/guardian, allow him/her to review and select participation statements, and collect the parent/guardian’s signature for each form. There are 2 main exceptions:

1. The parent/guardian of SPs 0-11 months is not asked to consent to specimen storage for the SP, as the blood draw profile for this age group does not include a tube for specimen storage; and
2. SPs aged 0-6 years old are not asked to assent to any of the MEC exam. Only the parent/guardian’s consent is required.

Copy Request Screen

DID RESPONDENT REQUEST THAT A COPY OF THE
CONSENT FORM(S) WITH HIS/HER SIGNATURE
PRINTED BE MAILED?

Yes

No

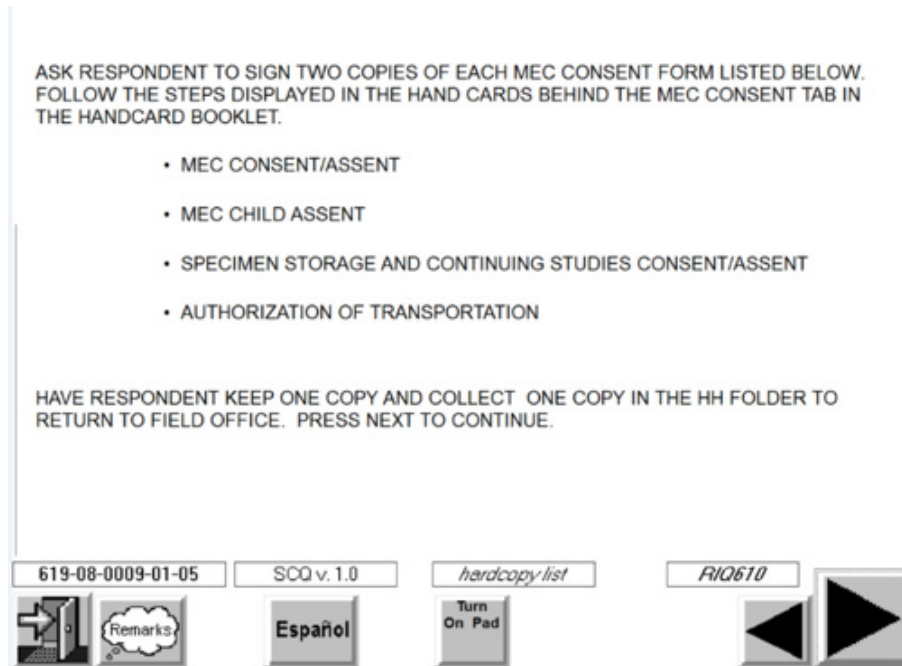
619-14-0018-01-06 HPQ v. 18.10/5.00 request hardcopy RIQ380

Remarks Español Turn On Pad

Once you have completed all required forms, based on the SP’s age and emancipation status, CAPI asks you to indicate whether the respondent(s) requested that a copy of the completed e-consent forms be mailed to him/her. Do **not** offer to send copies of completed e-consent forms. Mark “Yes” to this question only if a respondent has specifically requested copies of the completed forms.

When you mark “Yes” to RIQ.380, completed copies of the SP’s e-consent forms will be mailed to the respondent’s mailing address.

Hard Copy Consent Screen



On the rare occasion that a respondent refuses to sign electronically and will consent only using the hardcopy forms, you must tap the “H” box at RIQ.450, the MEC consent signature screen. Then, CAPI displays RIQ.610. Based on the SP’s age and emancipation status, RIQ.610 lists the name of each MEC consent/assent form you must complete for the SP. In this example, RIQ.610 shows the forms required for a 7-11 year old SP. To complete each listed consent/assent form, follow the steps described on the hand cards behind the MEC Consent tab in your hand card booklet. The steps for completing hardcopy consent forms are also described earlier in this section. Be sure to leave a completed copy of each form with the respondent and save a completed copy of each form to return to your supervisor.





MEC Consent Summary Screen

Participant #:	619-08-0009-01-02	SP Name:	SP, SIXTEEN YO
Telephone #:	(240) 555-3421	Language:	ENGLISH
Gender:	Male	Age:	16
		Fasting Req:	Afternoon/Evening
		DOB:	11/15/2001

Type of Consent	
MEC Consent/Assent Signed By Parent?	Yes ▾
Agree my child's MEC interviews may be recorded?	Yes ▾
MEC Consent/Assent Signed By SP?	Yes ▾
FR Consent Signed By Parent or REF?	Yes ▾
Agree my child's blood and urine may be kept?	Yes ▾
FR Consent Signed By SP or REF?	Yes ▾
Agree my blood and urine may be kept?	Yes ▾
Authorization for Transportation Form Signed?	Yes ▾

Special Considerations
Add Delete Help

619-08-0009-01-02 SCQ v. 1.0 summary RIQ620

After all consent forms have been completed (either by hardcopy or electronically) and the Copy Request question has been answered, CAPI displays the MEC Consent Summary screen. This screen has three main sections: SP information, Type of Consent, and Special Considerations. At the top of the MEC Consent Summary screen, CAPI displays the stand-segment-serial-family-person number, the SP's phone number, gender, name, language, and date of birth. The SP's assigned MEC session is displayed as well. Below the SP's information, CAPI displays the MEC consent forms that are applicable to the SP's age and a space to enter any Special Considerations.

In the Type of Consent section, when MEC consent is completed electronically, CAPI prefills the responses based on the respondent's choices and does not allow you to change the responses on this screen. To change the response, you must back up to the specific e-consent screen and the respondent must choose a different answer. CAPI saves and displays the respondent's new answer on the summary screen. In the rare case that a respondent chooses to complete hardcopy consent forms, you must update the Type of Consent section manually. Select "Yes" or "No" to each consent type based on how the respondent completed hardcopy forms. Be sure to confirm that all required consent forms have been signed. If you backed up during the MEC Appointment module, or exited the module as partially worked and reentered, there is a chance that

You must update the responses on the MEC Consent Summary screen manually if you completed consent on hardcopy forms.

some signatures have been erased. Only when you reach the Name Change Screen and tap “Name Matches/Correct” are all entered signatures saved in CAPI.

Specifications for Completing Special Considerations

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 impairment (e.g., is extremely overweight, requires wheelchair, has dementia). To add these codes, tap the ‘ADD’ button below the “Special Considerations” box. To see the definitions, tap the help button.

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
MI = Mental Impairment
NB = No Blood*
OB = Obese
OP = Other Physical Impairment
SA = Substance Abuse

WC = Wheelchair
WL = Walker

SPECIAL CB AND NB CODES*

Phlebotomy is the highest priority exam– if only one component can be 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 CB code is used, the SP is sent to the Phlebotomy Room as soon as possible and the phlebotomist will attempt conversion.

- If the NB 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 his/her ID badge. The phlebotomist then pays close attention to the SP and tailors 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**.

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:

- Start by discussing importance of all tests for their health and the Nation's health;
- Do not discuss voluntary nature of component unless it is a refusal conversion case; and
- 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 his/her mind;
- Stress expertise of phlebotomist;
- Be ready to use your knowledge and materials to discuss benefits if appropriate (Lab Tests on Blood flyer, Appendix A of manual); and
- Discuss with your supervisor the SP's specific concerns about the blood draw. S/he will communicate this information to MEC staff before the SP's exam appointment.

Again, the use of NB codes should be extremely rare – use the CB code only if the SP expresses reluctance or concern.

Most importantly – keep in mind that the SP is missing vital tests when s/he does not participate in phlebotomy.

Name Change Screen

Participant #:	619-08-0009-01-02	SP Name:	SP, SIXTEEN YO		
Telephone #:	(240) 555-3421	Language:	ENGLISH		
Gender:	Male	Age:	16	Fasting Req:	Afternoon/Evening
		DOB:	11/15/2001		

INTERVIEW CHECK:
Spelling of SP's Name

Prefix	First Name SIXTEEN YO	Middle Name 1	Middle Name 2
	Last Name 1 SP	Last Name 2	Suffix

Correction Required **Name Matches/Correct**

619-08-0009-01-02 SCQ v. 1.0 name correction EXIT05

Remarks Español Turn On Pad

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 appears at the top of this screen. When consent is completed electronically, read the SP's name and spelling to the respondent and ask if our records are correct. When hardcopy consent forms are completed, compare signatures from the hardcopy forms to the name displayed on the screen.

Specifications for the Name Correct Screen

NAME MATCHES CORRECT/ CORRECTION REQUIRED

If the SP name as entered in the SP questionnaire needs no correction, tap the NAME MATCHES/CORRECT button. If the name needs correction, tap "CORRECTION REQUIRED" button and an overlay screen appears.

ADD/EDIT PERSON NAME

If you have selected "CORRECTION REQUIRED", this screen displays each part of the SP's name in separate fields. You may correct or add to the name by tapping the appropriate field and using the keyboard to enter the correction. When you are finished making the correction, **you must tap the "OK" button to ensure that CAPI accepts the correction.**

Participant #: 619-08-0009-01-02 SP Name: SP, SIXTEEN YO SAMM
 Telephone #: () - Language: ENGLISH

Gender: Male Female

Add/Edit Person Name

Name Prefix:

First Name: OK

Middle Name 1: Cancel

Middle Name 2:






Last Name 1:

Last Name 2:

Name Suffix:

Correction Required
Name Matches/Correct

619-08-0009-01-02 SCQ v. 1.0 name correction EXIT05






Participant #: 619-08-0009-01-02 SP Name: SP, SIXTEEN YO SAMM
 Telephone #: (240) 555-3421 Language: ENGLISH
 Gender: Male Age: 16 Fasting Req: Afternoon/Evening
 DOB: 11/15/2001

INTERVIEW CHECK:
Spelling of SP's Name

Prefix	First Name <input type="text" value="SIXTEEN YO"/>	Middle Name 1 <input type="text" value="SAMMY"/>	Middle Name 2 <input type="text"/>
	Last Name 1 <input type="text" value="SP"/>	Last Name 2 <input type="text"/>	Suffix <input type="text"/>

Correction Required
Name Matches/Correct

619-08-0009-01-02 SCQ v. 1.0 name correction EXIT05

Once all signatures are collected and you have verified the SP's name, tap "Name Matches/Correct" to continue. Note that once you press the next arrow, you can no longer tap the back arrow to access the consent screens.

The MEC Appointment scheduling screen (RIQ.750) appears.

CALL SURVEY SUPPORT TO SCHEDULE MEC APPOINTMENT FOR THE SP.

HAS THE MEC APPOINTMENT BEEN SCHEDULED?

Yes

No

619-07-0041-01-01 SCQ v. 1.0 *mec appt* RIQ750

Remarks Español Turn On Pad

Proceed to step 3 to begin the process for making the MEC appointment.

8.2.3 Step 3 – Inform the Respondent That His/Her Household Has Been Randomly Selected for Either a Morning or Afternoon/Evening Session

Once you have gained consent using the MEC Appointment module on your tablet, make an appointment for the SP at the MEC. The Household Participant Summary screen (Exhibit 8-14), Case Card, and RIQ.620 of the MEC Appointment module indicate the random sample for which the household has been selected. 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 the Case Card to note the sample in which the household falls **before** beginning discussion with the SP(s) about appointment times. The Case Card displays an “M” for a morning appointment and an “A/E” for an afternoon or evening appointment.

Exhibit 8-14. Household Participant Summary Screen

Std.-Seg.-Ser.: 619-13-0059												
Fam-Per	Person Name	Relationship	Dob	Age	Gender	Race	Eth	Exam Status	Date	Session Date	Session Type	
1-0	JEFF HOLIBAUGH											
1-1	GISELA BERNAL	SPOUSE	6/25/1978	40	Female	White	H	Scheduled	08/28/18	05/02/13	Evening	
1-2	SOFIA HOLIBAUGH	CHILD	4/13/2009	9	Female	White	H					
1-3	ROBBIE HOLIBAUGH	CHILD	2/9/2002	16	Male	White	H					
1-50	JEFF HOLIBAUGH *	SELF	11/11/1965	52	Male	White	NH					

When scheduling appointments, it is extremely important to keep in mind that **SPs aged 12 years and older** who are in the morning sample should schedule a morning appointment, at 8:30 a.m. Further it is extremely important that **SPs aged 12 years and older** who are in the afternoon/ evening sample schedule an afternoon appointment, at either 12:30 p.m. or 1:30 p.m., or an evening appointment at 5:30 p.m. It is critical that an SP attend the session to which s/he is randomly assigned, if at all possible. Random assignment ensures data can be used by statisticians to analyze time-sensitive test data (e.g., diabetes diagnosis based on morning fasted glucose levels). Children under the age of 12 years 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 (or guardian) 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 his/her MEC experience will improve because the s/he can accompany the children through the MEC without interrupting his/her own exam or risk losing exam components. Allow SPs aged 12 years and older 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.

8.2.4 Step 4 – Review MEC Schedule and Arrange a General Appointment Date and Time for the Examination

Exams 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 one week following the SP interview. This allows supervisors 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 SP may not be available during the period in question; and
- As the field period progresses there will be fewer appointment slots available and SPs will have to be seen as the MEC schedule permits.

When making appointments, it is also important to consider the number of SPs in the household. Each eligible household can contain one or more SPs. If all SPs are not at home during your visit, you will need to re-contact the household to complete the interviews and/or set up examination appointments. Use the following guidelines when scheduling 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), complete the consent portion of the MEC Appointment module, and set up the examination appointment at the conclusion of the interview. Finalize the MEC Appointment module once the appointment has been made.
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. Complete the consent portion of the MEC Appointment module for each SP.

Then, upon completion of the questionnaires and consent collection for **all** SPs, **formally** schedule a time and date by telephoning Survey Support 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. Finalize the MEC Appointment module for each SP once the appointments have been scheduled.

- 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, complete the consent portion of the MEC Appointment module and set up examination appointments for those interviewed. Then, finalize the MEC Appointment module once the appointments have been scheduled. It is often the case that when one SP goes through the MEC and has a positive experience, s/he will share this with other household members and encourage them to go to the MEC as well.

On occasion, the SP(s) interviewed may indicate that s/he would like to set up an appointment for one or more absent SPs (e.g., 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 Survey Support. Be sure to inform your supervisor 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 re-contact with a household in order to interview an absent SP is only mandatory for those aged 16 years and older. For SPs aged 0-15 years, an eligible adult family member must respond to the SP questionnaires. An adult may schedule MEC appointments for an absent SP aged 0-17 years. However, children aged 7-17 years must sign the appropriate forms in the presence of either the interviewer or MEC staff. If the SP is not present during the consent process, you need to verify the appointment by telephone and make sure the respondent knows that either you will return to the household to collect the child signatures, or the assent form must be signed in the MEC.

Use the MEC Calendar application in mFOS (Attachment H) to discuss possible appointment times with the SP. This application displays the current MEC schedule and includes details on the SPs already scheduled for each session. When reviewing the schedule, keep in mind that there are additional guidelines for scheduling an SP to ensure s/he receives all appropriate exams and has an enjoyable experience. For example, for each session, we try to schedule no more than four SPs aged 70 years and older, no more than eight SPs aged 12 years and older, and no more than one SP in a wheelchair.

8.2.5 Step 5 – Use the Make a Plan Tool to Discuss How the SP Will Get to the MEC and Any Other Special Needs

Use the card to discuss transportation arrangements and write the MEC appointment date and time in the designated locations. There are three styles of cards for use at your discretion.

8.2.6 Step 6 – Discuss with the Respondent if a School or Work Excuse Letter is Needed

As discussed in step 3, children aged 12 years and older 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 8-15) can be sent along with the reminder letter. The school excuse form should be completed by the parent/guardian and sent to the school. If further contact is necessary, a supervisor can make arrangements to do so upon notification.

We also have available a **Work Excuse Letter** (Exhibit 8-16) that can be provided to an employer to excuse the SP from work. This letter can be included with the reminder letter and should be given by the SP to his/her employer.

8.2.7 Step 7 – Calculate Incentives with the Respondent

Use the assigned appointment window printed on the Case Card (see Chapter 7 for details) and the Household Participant Summary Screen, along with the Incentive Report on your tablet (see details at the end of Step 7) or the MEC Examination Compensation table (Exhibit 8-17), to calculate the incentives the SP should expect to receive. The MEC Examination Compensation table is also available for reference behind the MEC tab in your SP and Family hand card booklet.

Exhibit 8-15. School Excuse Letter



National Health and Nutrition Examination Survey

Dear Principal:

Please excuse the below named student from class to participate in the National Health and Nutrition Examination Survey. The date and arrangements we have made for transportation are indicated below.

NAME: Joe Smith

DATE: Friday, January 17, 2020

_____ 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 1-855-958-0631.

Sincerely yours,

George Dixon
Study Manager

As parent/guardian of the above named child, I consent to the arrangement indicated.

Signature (Parent/Guardian)

123456



Centers for Disease
Control and Prevention
National Center for
Health Statistics

Exhibit 8-16. Work Excuse Letter



National Health and Nutrition Examination Survey

DATE

NAME: SP NAME
APPOINTMENT DATE: DAY, DATE

Dear Employer:

The employee named above has been asked to take part in an important national health survey. This survey is a Federal program authorized by the Public Health Service Act.

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 improvements in the foods we eat and the health care we receive.

Please excuse this employee to participate in this study. This employee will be among the many people in towns and cities across the country who help us increase our knowledge about the health of the people in the United States.

Thank you in advance for your cooperation and your appreciation of the valuable contribution this employee is making to our study. If you need to contact us, please call 1-855-958-0631.

Sincerely yours,

SM NAME
Study Manager

STAND-SEG-SERIAL-FAM-PER



Centers for Disease
Control and Prevention
National Center for
Health Statistics

Exhibit 8-17. MEC Examination Compensation Table

MEC EXAMINATION COMPENSATION

SPs 16+ MEC Exam	\$90
SPs 16+ who also agree to be examined at the preselected time slot	\$35
SPs 12-15 MEC Exam	\$60
SPs 12-15 who also agree to be examined at the preselected time slot	\$15
SPs under age 12	\$40
Transportation allowance (if Taxi/Lyft not provided)	by area

POSSIBLE:

Non-SP parent (per trip)	\$20
Child/Adult care	\$5.25/hour
Dietary Phone Follow-Up	\$30
Consumer Behavior Survey (SPs 16+ who Complete MEC & Dietary Phone Follow-Up)	\$15

The primary incentive is the **incentive to participate** in the exam. The value of this incentive varies by age and whether the SP makes an appointment during the time for which s/he has been pre-selected. The Case Card (Exhibit 8-14) and Household Participant Summary Screen indicate the randomly selected timeslot for which the household has been selected (see step 3). You should look at the Case Card or Household Participant Summary Screen to identify the sample in which the household falls, either morning or afternoon/evening, before beginning discussion with the SP or SPs about appointment times. Allow SPs aged 12 years and older 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.

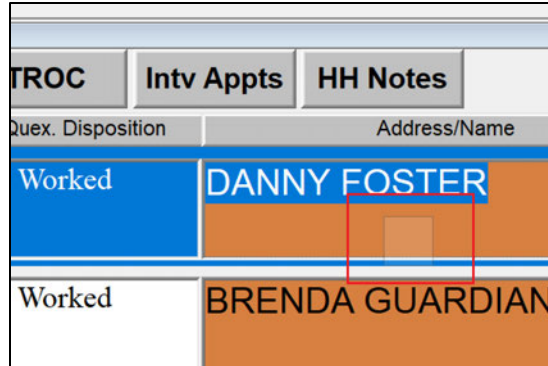
Incentives to participate in the MEC vary by age and if the SP is appointed to his/her pre-selected timeslot. Be sure to encourage SPs to participate in assigned timeslots!

In addition to the incentive to participate in the exam, offer the SP a **transportation allowance (amount varies by stand and segment) or provision of taxi/Lyft service**. Discuss with the SP how s/he plans to get to the MEC and calculate the incentive accordingly. In special cases (a very elderly SP, a disabled individual, or any other SP who you feel would not attend the examination otherwise), you can offer to provide transportation yourself or simply say that you will pick up the SP(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.

A **Child/Adult Care incentive (\$5.25/hr)** is provided if the SP needs to make arrangements for the care of a child or adult while s/he participates in the MEC exam. A **non-SP parent or guardian of an SP is also offered \$20** each time s/he takes the child SP to the MEC.

There are also two phone follow-up survey incentives. A 30-40 minute **dietary phone follow up** interview is conducted for all English and Spanish-speaking examinees three to ten days after their completed MEC dietary interview. The SP is asked the same questions that s/he was asked during his/her primary exam. An incentive of \$30 is added to the VISA© debit card the SP received at the MEC for each completed interview. Immediately after the completion of the follow-up dietary interview by phone, all SPs 16 and older are asked if they wish to participate in **an additional 15 minute interview, called the Flexible Consumer Behavior Spending survey (FCBS), containing questions about their food and shopping habits**. The incentive for completion of this second phone interview is an additional \$15 added to the VISA© debit card.

To access incentive information for a specific case on your tablet, open Interview Management and navigate to the case list for any module other than the Screener or Relationship. Press one finger or the stylus on the specific case and hold it there until a square appears.



Then, remove your finger or stylus from the screen and wait a moment to allow the report to open.

Household	SP_ID	Age	Incentive Description	Amt
617-01-0069-01-01	931944	55		
			SP Remuneration - Adult	\$90.00
			SP Remuneration - Adult Fasting Incent.	\$35.00
			SP Remuneration - Child/Adult Care (5.25/hr) (if eligible)	\$21.00
			SP Remuneration - Transportation (if eligible)	\$12.30
			Dietary Phone Follow-Up (if eligible)	\$30.00
			FCBS (if eligible)	\$15.00
				\$203.30
617-01-0069-01-02	993300	7		
			SP Remuneration - Child	\$40.00
			SP Remuneration - Child/Adult Care (5.25/hr) (if eligible)	\$21.00
			SP Remuneration - Transportation (if eligible)	\$12.30
			SP Remuneration - Non-SP Parent (if eligible)	\$20.00
			Dietary Phone Follow-Up (if eligible)	\$30.00
				\$123.30
			HH TOTAL:	\$326.60

The report displays the possible MEC incentives for each SP in the household. From left to right, the system displays household ID, SP ID, SP age, incentive description, and the amount for each listed incentive. The SPs are sorted by household ID number.

In the Incentive Description column, the SP exam incentive is always listed first followed by the additional fasting incentive for making an exam appointment during the assigned morning or afternoon/evening session. For example, 45 year old SP 406554 in the above example will receive \$90 for completing the MEC exam and an additional \$35 for completing the exam during his assigned session (total \$125 for completing the MEC exam).

Next, the system lists all of the incentives the SP is eligible to receive depending on the SP's specific circumstances and willingness to participate in the follow-up surveys. The text, "if eligible," appears in parentheses next to each of these incentives. They include Child/Adult Care, stand-specific transportation incentives, the non-SP Parent incentive, and the two phone follow-up surveys.

Lastly, in bold text, the system displays the total possible MEC incentive amount for each SP. At the bottom of the report, the system displays in bold the total possible MEC incentive amount for the entire household. The "HH TOTAL" incentive amount displayed for each household is the maximum possible incentive amount available to the household. If SPs are not eligible for certain incentives, or if they choose not to participate in certain components of the exam, the total incentive amount provided to them will be less than the amount displayed in the Incentive Report.

When discussing incentives with the SP:

- Be familiar with the incentives and when they are provided.
- Use the Incentive Report screen or the MEC Compensation hand card found behind the MEC tab in the SP and Family hand card booklet as a reference when discussing the incentives the SP may receive.
- Avoid showing the Incentive Report screen to the SP.
- Do not to promise an amount larger than what the respondent can receive.
- Never write down incentive amounts for the SP.

Once you have explained the possible MEC incentives and answered any questions, tap the Exit button in the lower left corner of the screen. Tap “Yes” to the pop up message to confirm that you want to exit the report.

8.2.8 Step 8 – Call to Make the MEC Appointment; Finalize the MEC Appointment Module

Use your Westat-issued cell phone to call in MEC appointments. Prepare for the call by referencing the Calling in the MEC Appointment Checklist (Exhibit 8-18) found in the MEC section of your SP and Family hand card booklet. 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 Survey Support. Let SS staff know 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 MEC. Return to the household and confirm the appointment with the respondent. In the unusual situation where, upon returning to the household, you find that the respondent is unavailable for the appointment scheduled, repeat the process.

Exhibit 8-18. Calling in the MEC Appointment Checklist

Calling in the MEC Appointment Checklist

When calling to schedule a MEC appointment, be prepared to answer the following questions:

1. Is the SP new or already in the system (screener has been data transferred)?
2. How many families are there in the dwelling unit?
3. If the SP is new:
 - Seg/serial
 - Family and Person number (from CAPI case list)
 - SP first and last names
 - Gender
 - Age/DOB
 - Telephone number
4. If the SP is already in the system:
 - Seg/serial
 - SPID
5. What date and session is the SP requesting?
6. Additional incentives?
 - Transportation – either fixed dollar amount for transporting self OR a taxi/Lyft is provided
 - Child/Adult Care
 - Non-SP/Parental Incentive
7. Are there any special considerations, language/interpreter needs, or is a work/school excuse letter requested?

Once you have successfully scheduled a MEC appointment, finalize the MEC Appointment module on your tablet by tapping “Yes” on screen RIQ.750. Tap NEXT to continue.

CALL SURVEY SUPPORT TO SCHEDULE MEC APPOINTMENT FOR THE SP.

HAS THE MEC APPOINTMENT BEEN SCHEDULED?

Yes

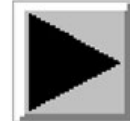
No

617-06-0004-01-02

SOQ v. 1.0

mec appt

RIQ750



Interview Management - Stand ID: 617 Emp ID: 2614 - [Interviewer Case List]

File View Tools Help

List Displayed: Appointment Cases

All Cases View HH TROC Intv Appts HH Notes Count: 30

Seg	Serial	Family	Person	Quex. Disposition	Address/Name	Consent
01	6304	01	02	Scheduled (final)	SUSAN SMITH	Yes
02	0094	01	01	Not Worked	ADAM SMITH	No
03	0016	01	01	Not Worked	ONE JONES	No
03	0016	01	02	Not Worked	TWO JONES	No

Screener Relations Persons Families MEC Consent Collect Close

Ready Interview Managem... 1:27 PM 10/25/2019

The module closes and the case list appears. The disposition reads, “Scheduled (final),” indicating that the module is complete. This means you have both collected all required consent and scheduled the MEC appointment. In the Consent column, each case originally defaults to “No” for this field and updates to “Yes” only when you have successfully completed all of the required consent screens. Since the disposition is Scheduled (final), the lock also appears at the end of the row indicating the case can no longer be opened and modified. If there is an issue with consent and you need to reopen the module, contact the Study Manager.





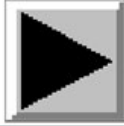
CALL SURVEY SUPPORT TO SCHEDULE MEC APPOINTMENT FOR THE SP.

HAS THE MEC APPOINTMENT BEEN SCHEDULED?

Yes

No

617-06-0004-01-02 SQ v. 1.0 *mec appt* *RIQ750*

If you are unable to make an appointment after gaining consent and need to schedule the appointment at a later time, tap “No” on RIQ.750 and tap the next arrow to exit the module.

Interview Management - Stand ID: 617 Emp ID: 2614 - [Interviewer Case List]

File View Tools Help

List Displayed: Appointment Cases

All Cases View HH TROC Intv Appts HH Notes Count: 30

Seg	Serial	Family	Person	Quex. Disposition	Address/Name	Consent
01	6304	01	02	Partially Worked	SUSAN SMITH	Yes
02	0094	01	01	Not Worked	ADAM SMITH	No
03	0016	01	01	Not Worked	ONE JONES	No
03	0016	01	02	Not Worked	TWO JONES	No

Screener
Relations
Persons
Families
MEC Consent
Collect
Close

Ready Interview Managem... 1:27 PM 10/25/2019

The case disposition displays “Partially Worked.” Since you completed all required consent screens and reached RIQ.750, the Consent column displays “Yes.” When you are ready to make the MEC appointment, double-tap the Partially Worked case to reopen it.






CALL SURVEY SUPPORT TO SCHEDULE MEC APPOINTMENT FOR THE SP.

HAS THE MEC APPOINTMENT BEEN SCHEDULED?

Yes

No

617-06-0004-01-02 SOQ v. 1.0 *mec appt* *RIQ750*

Screen RIQ.750 reappears. Since you completed the consent process, you cannot navigate back to the consent screens. Once you have scheduled the MEC appointment, tap “Yes” and tap the next arrow. The MEC Appointment module closes and the disposition code changes to “Scheduled (Final).” The lock appears next to the completed case.

Seg	Serial	Family	Person	Quex. Disposition	Address/Name	Consent
02	0094	01	01	Scheduled (final)	ADAM SMITH	Yes
03	0016	01	01	Not Worked	ONE JONES	No
03	0016	01	02	Not Worked	TWO JONES	No
03	0016	01	03	Not Worked	THREE JONES	No

If Survey Support staff find problems when s/he QCs the consent signatures, and you will recollect signatures electronically, s/he unlocks the module and reassigns the case to you. The disposition reads, “Partially Worked, Reassigned.” Because the “lock” icon is no longer present, you can access the module. The consent column also displays “No,” indicating you are allowed to access the consent screens again.

If the SP is a MEC no-show or cancellation (and consent signatures were already QCd), the MEC appointment module is reassigned to an interviewer. The module has the status of “Partially Worked,” but remains locked, so you cannot go back into the module. You will see the “lock” icon. Even though the module is locked, you can record EROC entries on the tablet and in mFOS for all attempts to reappoint the SP to the MEC. Once the SP is reappointed, and you have called in the appointment, a supervisor updates the MEC Appointment module status to “Scheduled (Final).”

Details of MEC appointments that you have successfully scheduled are available for your reference in the Household Participant Summary on your tablet. More information about this report can be found in Chapter 7.

The Household Participant Summary report on your tablet provides information on all MEC appointments.

8.2.9 Step 9 – Complete the Appropriate Appointment Slip and Review the Instructions with the Respondent

For each SP for whom an examination appointment is scheduled, you must complete, review, and leave with him/her an appointment slip for the MEC exam. There are **four different appointment slips** available in English, Spanish, and four Asian languages. Each slip is associated with a specific SP age and exam appointment time as follows:

- Fasting morning for SPs 12+ (Exhibit 8-19);
- Fasting afternoon for SPs 12+ (Exhibit 8-20);
- Fasting evening for SPs 12+ (Exhibit 8-21); and
- Non-fasting for SPs under 12 (Exhibit 8-22).

Each appointment slip contains spaces to record the SP ID, the date and time of the appointment, and the taxi pick-up time if the SP has requested taxi transportation. In addition, there are detailed instructions for the SP on the front and back of the slip. Once you have completed the form, be sure to review with the SP all instructions printed on the front of the slip. In addition, review any relevant information on the back of the slip (e.g., the SP is a diabetic) and make sure that s/he understands the requirements of the appointment.

Leave an appointment slip for **each SP** you appoint to the MEC.

KEEP IN MIND THAT ALL RESPONDENTS BEING ASKED TO FAST SHOULD BE REMINDED NOT TO FAST MORE THAN 16 HOURS.

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(SPID Number)

8:30 a.m. Appointment For Morning Examination

Appointment for: _____
(NAME)

Day of week: _____

Date: _____ Time: **8:30 a.m.**

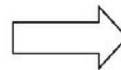
The night before:

- 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.
- Please bring your eyeglasses with you, even if you wear contact lenses (40+).

Other Questions You May Have on back page.



If needed, taxi will arrive at: _____
(TIME)

2019

Exhibit 8-19b. 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.

2019

(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.
- Please bring your eyeglasses with you, even if you wear contact lenses (40+).

Other Questions You May Have on back page.



If needed, taxi will arrive at: _____
(TIME)

2019

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.

2019

(SPID Number)

Appointment For Evening Examination

Appointment for: _____
(NAME)

Day of week: _____

Date: _____ Time: _____

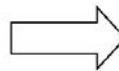
The day before your exam:

- 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.
- Please bring your eyeglasses with you, even if you wear contact lenses (40+).

Other Questions You May Have on back page.



If needed, taxi will arrive at: _____
(TIME)

2019

Exhibit 8-21b. 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.

2019

(SPID Number)

Appointment For Examination Under 12

Appointment for: _____
(NAME)

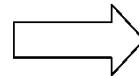
Day of week: _____

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

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

8.2.10 Step 10 – Make a Closing Statement to the Respondent Including Restating the Date, Time, Fasting Instructions, and Transportation Arrangements for the Examination Appointment. Use the Make a Plan Tool to Reinforce MEC Attendance and Ownership for the Commitment to Complete Participation. Let Him/Her Know to Expect an Appointment Reminder Call From the Study

The major points to be covered during the closing statement include:

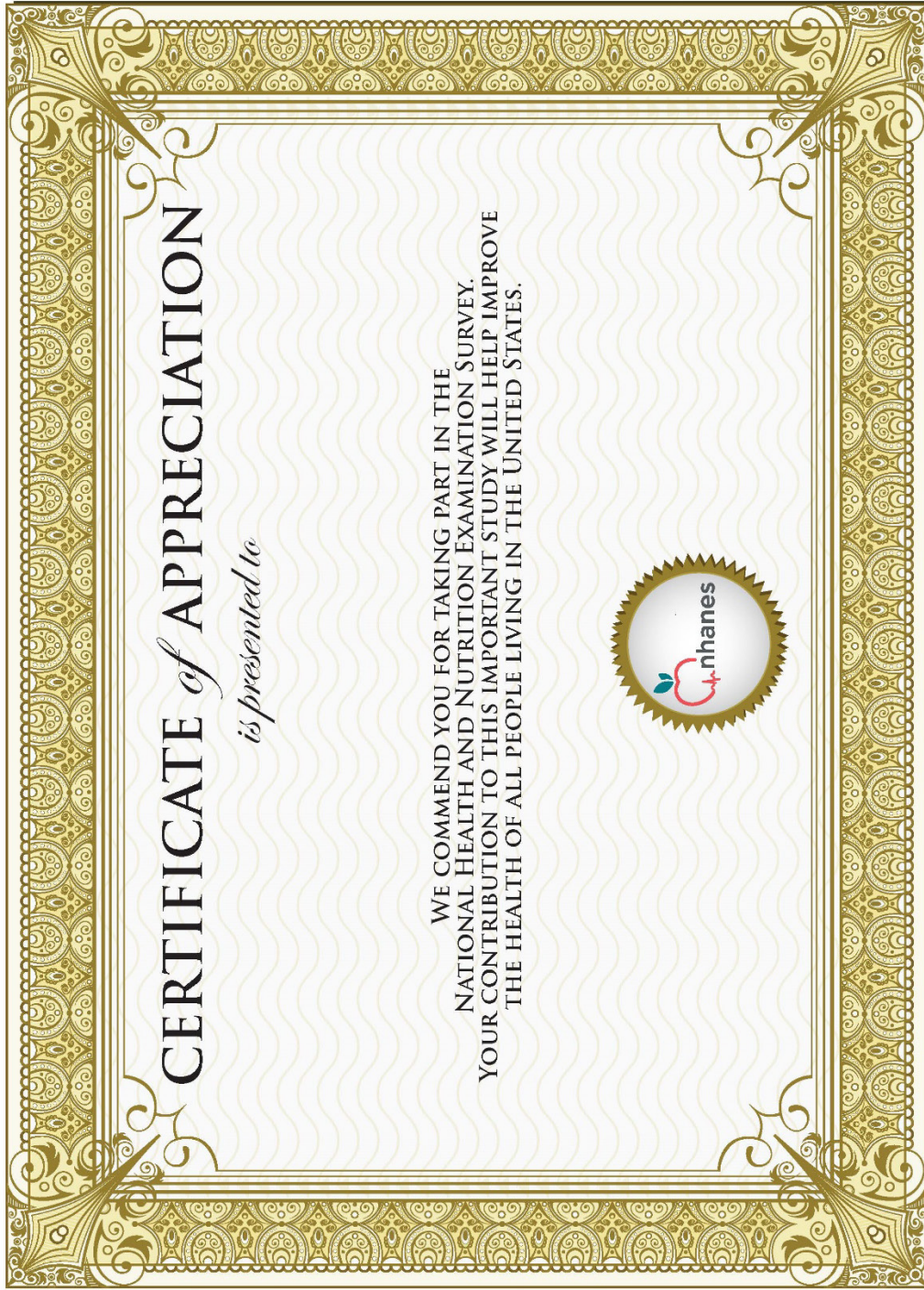
- **Thank** the respondent for his/her cooperation and time.

Make sure that one copy of each MEC Brochure folder and form completed electronically is provided to the household. If hardcopy consents were signed, leave a completed copy of each form with the household along with a copy of each MEC Brochure folder. Place copies of the consent/assent form and other study materials in the folder. Remember that a **Certificate of Appreciation** (Exhibit 8-23) and Community Service Letter (Exhibit 8-24), if requested, is provided to the SP after the completion of the MEC examination with the preliminary report of findings.

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. Again, use the Make a Plan tool to help with this effort.

- Restate the **date, time, fasting instructions, and transportation** arrangements for the examination appointment.

Exhibit 8-23. Certificate of Appreciation



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Dr. Duong (Tony) Nguyen
Chief Medical Officer, NHANES
National Center for Health Statistics

Exhibit 8-24. Community Service Letter



National Health and Nutrition Examination Survey

{DATE}

{Your Name}
{Your Address}

To whom it may concern:

The National Center for Health Statistics, part of the Centers for Disease Control and Prevention, is conducting the National Health and Nutrition Examination Survey (NHANES) in {COUNTY, STATE}. Each year fifteen counties across the country are visited and approximately 5,000 people are asked to participate.

This survey is a major program of the U. S. Department of Health and Human Services, and is an important source of information on the health of the U. S. population. The information gathered through household interviews and examinations contributes significantly to research on health conditions such as diabetes, heart disease, and osteoporosis, among others. The survey also provides key information on risk factors related to diseases such as overweight and obesity, smoking, and physical activity. This important mission cannot be achieved without the contribution of all selected individuals.

{NAME} was selected to participate in this survey. By participating, {he/she} represents thousands of US residents with similar characteristics. The contribution to this survey entitles {NAME} to **five hours of community service credit**. {HIS/HER} participation was greatly appreciated, as it was absolutely essential to the success of the survey.

Please feel free to use this letter as verification of hours served and contact the National Center for Health Statistics at 800-452-6115 if you need any further verification.

Sincerely,

Dr. Duong (Tony) Nguyen
Commander, US Public Health Service
Chief Medical Officer, Division of Health and Nutrition Examination Surveys
National Center for Health Statistics
Centers for Disease Control and Prevention



Centers for Disease
Control and Prevention
National Center for
Health Statistics

8.3 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 are 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 are reported to the SP, see the Health Measurements List (see Section 8.2). Most results are 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 8-25. 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/guardian) a letter describing the findings and strongly urging him/her to see a medical provider for a complete evaluation. This letter is usually sent within two to three weeks of the exam.

If an emergency situation is discovered at the MEC, the MEC staff contact a local rescue squad, ambulance service, or hospital emergency room whose telephone numbers are posted in the MEC.

Exhibit 8-25. Example of Report of Findings



National Health and Nutrition Examination Survey

Final 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: 4/2/2017
Participant Name: Participant
Participant Age at Interview: 21 years
Participant Age at Exam: 21 years
Participant Gender: Female
SP ID: 123456

Body Measurements

Height: 5 ft. 4 in.
Weight: 122.9 lbs.

Blood Pressure & Heart Rate

Systolic Blood Pressure:	130 mm Hg	Normal < 120
Diastolic Blood Pressure:	76 mm Hg	< 80
Resting Pulse Rate:	88	
Cuff Size:	Thigh	

Your blood pressure today is within the normal 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
Oral hygiene**



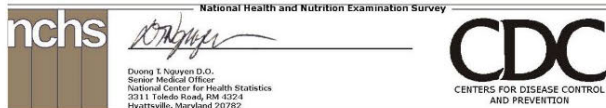
Exhibit 8-25. Example of Report of Findings (page 2)



National Health and Nutrition Examination Survey
Final Report of Findings

Complete Blood Count

	<u>Result</u>	<u>Units</u>	<u>Flag</u>	<u>Reference Range</u>
White Blood Count	7.0	(x10 ⁹ /L)		4.1 - 12.9
Lymphocytes	21.8	(%)		14.1 - 47.6
Monocytes	4.7	(%)		3.8 - 11.6
Neutrophils	56.6	(%)		39.8 - 78.1
Eosinophils	0.6	(%)		0.6 - 7.3
Basophils	1.4	(%)		0.1 - 1.7
Red Blood Count	4.7	(x10 ¹² /L)		3.6 - 5.2
NRBC	0.0	(x10 ¹² /L)		0.0 - 0.3
Hemoglobin	12.7	(g/dL)		10.6 - 15.6
Hematocrit	38.0	(%)		32.0 - 45.9
MCV	80.8	(fL)		74.6 - 98.2
MCH	26.0	(pg)		24.3 - 33.8
MCHC	33.4	(g/dL)		32.1 - 35.3
RDW	14.5	(%)		11.4 - 16.3
Platelet Count	360	(x10 ⁹ /L)		168 - 441



- Test not done
- A/A/A/ 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: 22

SP, xx years, Female, 123456, Date
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Page 2



Exhibit 8-25. Example of Report of Findings (page 3)



National Health and Nutrition Examination Survey
Final Report of Findings

Laboratory - Blood Tests

	<u>Result</u>	<u>Units</u>	<u>Flag</u>	<u>Reference Range</u>
Glucose	85	mg/dL		60 - 109
Hemoglobin A1c	4.6	%		< 6.5
ALT	10	IU/L		< 31
AST	11	IU/L		< 31
Alkaline Phosphatase	60	IU/L		39 - 117
Albumin	3.3	g/dL		3.2 - 5.2
Bicarbonate	20	mmol/L	Low	22 - 29
BUN	7	mg/dL		6 - 19
Calcium	10.0	mg/dL		8.4 - 10.2
Cholesterol	182	mg/dL		< 200
CPK	30	IU/L		22 - 199
Triglycerides	87	mg/dL		< 150
HDL	66	mg/dL		> 39
Phosphorus	4.1	mg/dL		2.6 - 4.5
Sodium	136	mmol/L		133 - 145
Potassium	4.00	mmol/L		3.30 - 5.10
Chloride	102	mmol/L		96 - 108
Total Protein	6.9	g/dL		5.9 - 8.4
Uric Acid	3.7	mg/dL		2.4 - 5.7
Bilirubin	0.2	mg/dL		0.0 - 1.0
Serum Folate	48.8	nmol/L		10.5 - 90.7
RBC Folate	1610	nmol/L		640 - 2006
Serum Ferritin	48	µg/L		15 - 150
Iron	63	µg/dL		22 - 163
Total Iron Binding Capacity (TIBC)	344	µg/dL		250 - 450
Transferrin Saturation	18	%	Low	20 - 50
Lead	0.5	µg/dL		0.0 - 10.0
Cadmium	0.1	µg/L		0.3 - 1.2
Total Blood Mercury	0.6	µg/L		< 5.7
Testosterone	500	µg/dL		250-1100
Thyroglobulin	5	ng/ml		1.5-29.2
TSH	4	mIU/dL		0.45-4.12
Follicle Stimulating Hormone	12	mIU/mL		Varies individually
Lutenizing Hormone	15	mIU/mL		Varies individually

--- Test not done
 A/A/A Results Still Pending
 <<< Lower than the limit of detection
 >>> Above the limit of detection
 vvv Delayed Results
 SP, xx years, Female, 123456, Date

Number of hours fasted prior to blood draw: 22



Exhibit 8-25. Example of Report of Findings (page 4)



National Health and Nutrition Examination Survey
Final Report of Findings

Laboratory – Other Blood Tests

Test	Result	Reference
Tuberculosis	Positive	Negative

Laboratory – Home Tests

The level of fluoride was tested in a sample of your home tap water. The results are below.

Fluoride level: _____ mg/L Reference: 0.7-1.2 mg/L

The level of iodide was measured in your home table salt. The Reference range is the amount typically added to table salt. There are many reasons why the measured amount may not be the same in all samples. The iodide level in your table salt is meant for your awareness only. There are many other sources of dietary iodide and the level in your table salt is not an indication of total intake. Low levels of iodide in salt is not an indication of low intake. Any concerns about dietary iodide intake should be discussed with your medical provider.

Iodide level: _____ Reference: 45 mcg iodide per gram of salt

Laboratory - Urine Tests

	<u>Result</u>	<u>Units</u>	<u>Flag</u>	<u>Reference Range</u>
Albumin Creatinine Ratio - 1st Collection	7.17	mg/g		< 30.00
Total arsenic	---	µg/L		
Urinary Nickel	---	µg/L		

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). This is not a meaning test if you are very muscular.

Your estimated glomerular filtration rate (eGFR) was 121 mL/min/1.73m²

This indicates normal function

This value is not meaningful for pregnant women, 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.

- Test not done
- A/A/A Results Still Pending
- <<< Lower than the limit of detection
- >>> Above the limit of detection
- vvv Delayed Results

SP, xx years, Female, 123456, Date

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Exhibit 8-25. Example of Report of Findings (page 5)



Cognition

You participated in a short series of exercises like drawing a clock, and remembering a series of words. This is called the Montreal Cognitive Assessment that was adapted to be in a survey (MoCA-SA). This assessment measures different cognitive areas such as concentration, memory, and attention. This is similar to the Montreal Cognitive Assessment (MoCA) that may be given during a medical exam.

To help your doctor interpret your result, your MoCA-SA score was converted to the full MoCA score that is used in medical exam. Your MoCA score is below. Higher MoCA scores indicate better performance in the cognitive areas measured.

Montreal Cognitive Assessment – Survey Adaptation (MoCA-SA) score: __
Montreal Cognitive Assessment (MoCA) score: ____

MoCA-SA scores range from 0-20. MoCA scores range from 0-30.

Scores may be influenced by factors such as medications or certain medical conditions. Cognitive function is best understood when it is part of a complete medical evaluation. Therefore, it is difficult to say what this score means for you. If you have any concerns about your memory or other cognitive abilities, we recommend that you see your doctor.

Balance

You performed a Modified Romberg test for balance during your examination. This screening test is listed by the Centers for Medicare and Medicaid (CMS) Physician Quality Reporting System for fall risk assessment.

Based on the Modified Romberg screening test, you passed. Based on your inner ear function as it relates to balance, you may be at risk for falling

Visual Contrast Sensitivity

During your examination your visual contrast sensitivity was tested using the Mars Contrast Sensitivity Test charts. Contrast sensitivity measures the ability to see details at low contrast levels (that is, light versus darker images). Contrast sensitivity is also important for mobility, where we need to see such low contrast forms as the curb, faint shadows, and stairs when walking down.

The results of your screening test is: PASS/FAIL

If fail: We recommend that you follow up with your doctor or eye care professional to discuss these results.



Exhibit 8-25. Example of Report of Findings (page 6)



Hearing

Child:

The softest sounds your child is able to hear are called hearing thresholds. Your child's thresholds at different frequencies (itches) are reported in the table below. The lower pitched sounds are towards the left of the table and the higher pitched sounds are toward the right. Smaller numbers mean quieter sounds, and therefore indicate better hearing. Values of 20 dB or less are considered normal hearing for children and young adults.

Adult:

The softest sounds you are able to hear are called hearing thresholds. Your thresholds at different frequencies (itches) are reported in the table below. The lower pitched sounds are towards the left of the table and the higher pitched sounds are toward the right. Smaller numbers mean quieter sounds, and therefore indicate better hearing. Values of 25 dB or less are considered normal hearing.

Hearing Levels by Ear and Frequency (Air Conduction)

	Frequency (Hz)						
	500	1000	2000	3000	4000	6000	8000
Right Ear (dB)	0	0	5	0	0	0	0
Left Ear (dB)	0	0	0	0	-10	5	5

Child with normal: Your child's hearing was tested by a trained examiner. Results indicate that her hearing is entirely within normal limits in both ears.

Adult with hearing loss: Your hearing was tested by a trained examiner. Results indicated a slight hearing loss (a few thresholds outside normal limits) in both ears. This kind of hearing loss would probably not cause you much difficulty. The audiometry test can identify a hearing problem but cannot determine the cause of a hearing loss. We recommend that you see a doctor regarding your hearing loss if you have not already done so.

70+ years: You also participated in the Words-In-Noise (WIN) test. The score (shown below) indicates how much louder words must be than the background noise for you to understand at least half of the words. It does NOT assess your hearing thresholds that are shown above. Many factors influence how well a person understands speech in noise – such as hearing ability, native language, and memory. <For SPs with WIN scores ≤ 10 OR who already received a referral based on their thresholds: Talk to your health care provider if you think you have trouble understanding speech in noise. For SPs with WIN scores > 10 and normal thresholds: We recommended that you see a hearing health professional for a full evaluation if you have not already done so.>

Words In Noise Scores*			
Right Ear	dB SNR	Left Ear	dB SNR

*WIN scores represent "signal-to-noise" ratio (SNR) hearing ability Scores can range from -2 dB SNR to 26 dB SNR. A higher score indicates more difficulty with hearing words in noise.



Exhibit 8-25. Example of Report of Findings (page 7)



National Health and Nutrition Examination Survey
Final Report of Findings

Liver Elastography

Liver elastography measures the stiffness of your liver. In general, having liver stiffness may indicate liver damage.

Information from your liver ultrasound exam showed a value of 3.60 kiloPascals (kPa).

A scoring system¹, was used to interpret your result. Using this recommended scoring system, the result showed you have little or no liver stiffness. No additional follow-up regarding this test is recommended at this time.

¹Published in GASTROENTEROLOGY 2005;128:343–350



Exhibit 8-25. Example of Report of Findings (page 8)



Body Composition and Bone Health

The whole body scan provides information on your percent body fat.

The body composition exam results showed that your total body fat is ____%.

We do not know exactly what percent body fat is considered healthy for your age and gender. Researchers are working to define the healthy ranges for the public. You may want to discuss this result and your body measurement findings (page 1) with your doctor to find out what they mean for you. Too much body fat can increase a person's risk of getting diabetes or heart disease.

The bone density measurement can help spot persons who may be at greater risk for fracture because they have weaker bones. In general, a lower bone density means that the bone is weaker. Yet, not all men or women with low bone density will have fractures.

The results from your hip (left or right) scan show:

Hip bone density ___ g/cm²
T-score ___

Based on diagnostic criteria as recommended by the World Health Organization and the International Society of Clinical Densitometry (1,2), your hip bone density is ____.

The results from your spine (lumbar) scan show:

Spine bone density ___ g/cm²
T-score ___

Based on diagnostic criteria as recommended by the World Health Organization and the International Society of Clinical Densitometry (1,2), your spine bone density is ____.

1. Kanis J, Melton LJ, Christiansen C, Johnston C, Khaltaev N. The diagnosis of osteoporosis. *J Bone Mineral Research* 1994;9:1137-1141. [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1523-4681](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1523-4681)

2. International Society for Clinical Densitometry. Official positions 2015 Adult and pediatric. Middletown CT <http://www.iscd.org/official-positions/2015-iscd-official-positions-adult/>

--- Test not done
^^^ Results Still Pending
+++ Unobtainable due to height greater than 6 ft. 5 in.
*** Test result not interpretable.

SP, xx years, Female, 123456, Date
Centers for Disease Control and Prevention, NCHS 3311 Toledo Road, MS P08, Hyattsville, Maryland 20782

Page 8



Exhibit 8-25. Example of Report of Findings (page 9)



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, MS P08 Hyattsville, Maryland 20782	Complete blood count
Diabetes Diagnostic Laboratory University of Missouri - Columbia 1 Hospital Drive Room M765 Columbia, MO 65212	Glucose and hemoglobin A1c
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	Serum ferritin, serum folate, RBC folate, vitamin A(retinol), vitamin C and vitamin E
Centers for Disease Control and Prevention NCEH / DLS / IRAT 4770 Buford Hwy. Building 103, Labs 1117, 1119, 1103 Mailstop F-18 Atlanta, GA 30341-3724	Total urinary arsenic, blood lead, cadmium, manganese, total blood mercury, selenium, inorganic blood mercury and urinary nickel
Microalbumin Laboratory University of Minnesota 515 Delaware Street SE Room 13-219 - MOOS Tower Minneapolis, MN 55455	Urine albumin/creatinine ratio
University of Minnesota Advanced Research and Diagnostic Laboratory 1200 Washington Ave S Suite 175 Minneapolis, MN 55415	Glucose, CPK, estimated glomerular filtration rate, iron binding, transferrin saturation, iron, ALT, AST, alkaline phosphatase, albumin, bicarbonate, BUN, calcium, cholesterol, triglycerides, HDL, LDL, serum creatinine, GGT, LDH, phosphorus, sodium, potassium, chloride, total protein, uric acid and bilirubin

SP, xx years, Female, 123456, Date
Centers for Disease Control and Prevention, NCHS 3311 Toledo Road, MS P08, Hyattsville, Maryland 20782



8.4 Answering Questions About Child Abuse

The Examination Consent/Assent Brochure informs the respondent of the confidential nature of the study except in cases where there are clear signs of child abuse.

Past experience indicates that there are 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 8-26). In most situations, providing the respondent with this information will end the child abuse conversation. If the respondent asks you specific questions about child abuse issues not answered in your hand card booklet, provide him/her with the appropriate telephone number which is given to you when you arrive at the stand. Depending on the nature of the question, this may be the number of a supervisor, 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.

Exhibit 8-26. Child Abuse Info

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 non-accidental injury of a child. Some physical signs are unusual bruises, welts, burns or multiple broken bones. Usually, the injuries are more severe than those that could be attributed to the claimed cause.

**QUESTIONS AND ANSWERS ABOUT THE
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY**

What do you mean by “clear evident of physical child abuse?”

This card contains information about and definition of “child abuse” obtained from two publications produced by the American Medical Association entitled “Diagnostic and Treatment Guidelines on Child Sexual Abuse” and “Child Physical Abuse and Neglect.”

Why are the people working on the survey concerned about child abuse?

We are concerned about the health, safety, and proper treatment of all children and our physicians are mandated by state law to report such cases.

Who gave you the right to determine whether my child is being abused?

My purpose here today is to administer the Health and Nutrition Examination Survey questionnaire. However, the physicians in the Mobile Examination Center are mandated by federal law to report such cases.

What actions are taken in suspected cases of child abuse?

Investigations of suspected cases of child abuse are dependent upon the specific laws in your state.

**Will the physician at the Mobile Examination Center tell me if s/he
is reporting my child as being abused?**

Yes, they will inform you of their intention to do so.

Where do you get your guidelines on child abuse?

Guidelines vary from state to state, but the guidelines our physician uses for reporting come from two publications produced by the American Medical Association entitled “Diagnostic and Treatment Guidelines on Child Sexual Abuse” and “Child Physical Abuse and Neglect.”

Exhibit 8-26. Child Abuse Pages (page 3)

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 Study Manager).

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 the Chief Medical Officer at the National Center for Health Statistics. His toll free number is 1 800 452-6115.

8.5 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 is often crucial to motivating the respondent to cooperate in the NHANES MEC exam.

However, situations 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 (see Part II).

8.6 Making Field Reminders

Within 48 hours of their MEC appointment, all SPs receive a reminder telephone call from Survey Support staff and a reminder letter mailed from the home 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 2-3 days before their scheduled appointment. Your supervisor will inform you if you need to complete a field reminder and provide you with an details at that time.

Field reminders must be done in person, face-to-face. 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 supervisor of the situation. SPs not receiving in-person field reminders may be more likely not to show for their MEC appointments.

When making field reminders to SPs, be sure to address all of the points mentioned below:

1. Introduce yourself and explain that you are from the National Health and Nutrition Examination Survey;
2. Remind the SP that you or another 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 or that was received in the mail so that you can review the instructions. Be prepared with blank slips;
4. Review the time of the appointment and the address of the MEC. If the SP is to be picked up by a taxi or Lyft, tell the SP what time the taxi or Lyft 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; and
5. Review the appointment instructions (including fasting and prescription medications) with the SP thoroughly.

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 affect the next module of the study, in this case, participation in the examination.

Make every effort to work with your supervisor to ensure the SPs you have appointed to the MEC are examined.

8.7 Rescheduling Broken MEC Appointments

Interviewers support efforts to reschedule respondents who cancel or do not appear for their MEC examination appointments. At the time a broken appointment is assigned, you and your supervisor should discuss conversion strategies (see Part II – Obtaining Respondent Cooperation Manual).

Details on accessing your case assignment and case information on the tablet can be found in Chapter 7, Section 7.7.

8.8 Pre-pay Transportation Allowance

In the last two weeks of a stand, review remaining cases 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. Supervisors will provide you with instructions and guidance for each case.

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9. Salt and Water

This chapter describes the process for administering the salt and water questionnaires in the Collect module and collecting samples. In this chapter, you learn about:

- The purpose for studying household salt and tap water;
- Sample collection eligibility criteria;
- Collection materials; and
- Sample collection procedures.

9.1 Salt Collection Overview

Prior NHANES cycles have shown the iodine levels of the general U.S. population have decreased by approximately half since NHANES III (1988-1994), and pregnant women in the U.S. have insufficient iodine intake. Iodine deficiency has been associated with thyroid problems and cognitive developmental problems in children.

Iodized table salt is one of the main sources of iodine in the U.S., although there are several others including dairy products, eggs, baked goods, and some dietary supplements. Even though salt has iodine added, the iodine level lowers or degrades over time. Ensuring adequate iodine intake is a key element of public health practice. Therefore, NHANES household interviewers collect information about the use of salt in each sampled household, and in some instances, up to two salt samples. Salt samples are tested for iodine at a CDC lab in Atlanta, GA. Information from this testing can potentially be used to determine how much of the population is using iodized salt, identify at-risk groups that need information on sources of iodine; validate new tests that measure iodine levels; and provide information on iodine content of iodized salt that people are using in their homes.

9.1.1 Salt Sample Eligibility

Every sampled household is asked questions about salt to determine if household members use salt at the table or in cooking or preparing foods, whether the salt is “lite,” and whether the salt contains specific ingredients, such as Potassium Chloride or Iodine. Salt is eligible for sample collection if

(1) the household has an SP aged 3 to 5 years, or the household is randomly selected as eligible for salt sample collection, and (2) the salt is determined to contain Iodine, the salt container is not labeled, or the original packaging is not available or too difficult to read. Up to two salt samples may be collected, each in a separate 15-mL vial, and tested for Iodine. Request permission to **collect a salt sample only when instructed by CAPI**. If CAPI does not display SUQ.070, do not collect a salt sample.

9.1.2 When to Collect the Salt Sample(s)

The salt and water questions are programmed into the Collect module in Interview Management (IM) on your tablet. Try to complete the Collect module on your first interview visit, after you have completed interviews and exam consent. As you work with the respondent to answer questions, CAPI instructs you to collect a salt sample if the salt meets collection criteria. If salt is eligible for collection, but samples cannot be collected during the first interview visit, plan to collect salt samples if followup visits to complete additional interviews or consents are needed. Try to avoid making trips to a household or neighborhood only to complete the Collect module.

Always follow CAPI when asking the Salt questions. Collect a salt sample only when instructed by CAPI.

9.1.3 Salt Collection Supplies

At the start of each stand, the home office warehouse ships salt collection supplies to the office at your stand. You may carry the technical equipment with you from stand to stand. Salt collection materials consist of:

- Tablet;
- Hand cards;
- Scan gun;
- Salt supply bag;
- Scissors; and
- Bulk bag (wipes/gloves/trash bags).

A salt supply zip closable bag contains the following items:

- 1 Teri wipe;
- 1 pair disposable gloves;
- 2 Salt Collection Kits; and
- 1 small trash bag.

A salt collection kit is a zip closable bag that contains the following items:

- 1 Plastic scoop;
- 1 Paper funnel; and
- 1 White 15mL vial labeled with 2 barcodes.

Each salt collection kit contains a white label with a place to write the stand, segment, and serial number for the dwelling unit, and a place to note any potential sample contaminants (e.g., paper, dog hair, etc.) mixed in the salt sample.

The white 15mL vial, is pre-labeled with two barcodes. The top barcode is used for operational purposes. For salt, it is always an 8-digit number beginning with the number “1”. **Always scan the top barcode into CAPI.** The bottom barcode is associated with an 8-digit string of numbers and letters that is used by the testing lab to track samples.

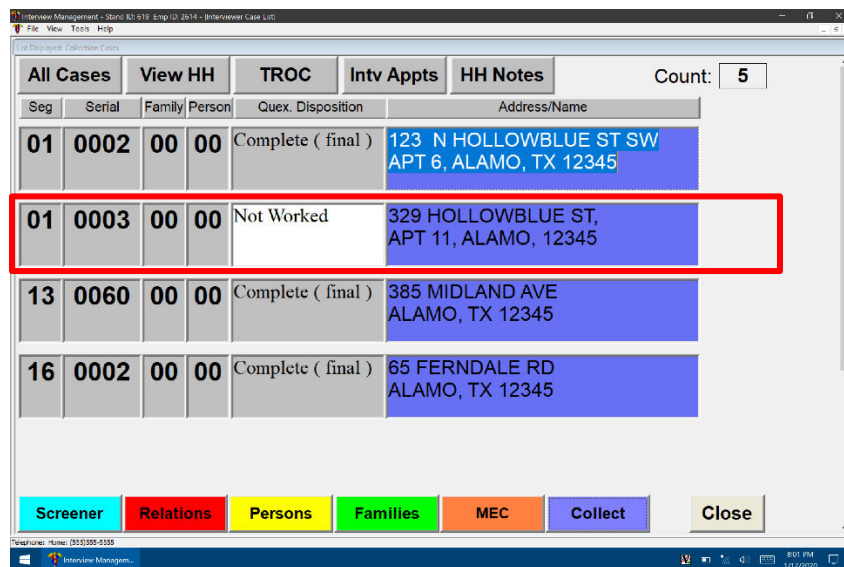
Refer to the Salt Collection Instructions and the Good Salt Sample Collection Practices cards, located behind the Salt tab in the SP and Family Hand Cards. You can also refer to the Salt Sample Collection video located on your tablet. At each stand, you are given at least 5 salt supply bags, a pair of small scissors, and a blue bulk bag to begin your work. The bulk bag contains a few extra supplies to be used only if the original item in your salt supply bag is missing or defective. Always carry these materials, along with your tablet, scan gun, and hand cards. This ensures that you are fully prepared to collect a salt sample if necessary. Inventory your salt collection supplies on a regular basis so that you always have 5 complete supply bags on hand. Remember to pick up additional supply bags from your supervisor when you are running low.

Always use your hand cards to help you collect Salt samples.

Before you leave a stand, turn in any unused sample collection materials. Turn in your scissors as well to avoid difficulty flying with them.

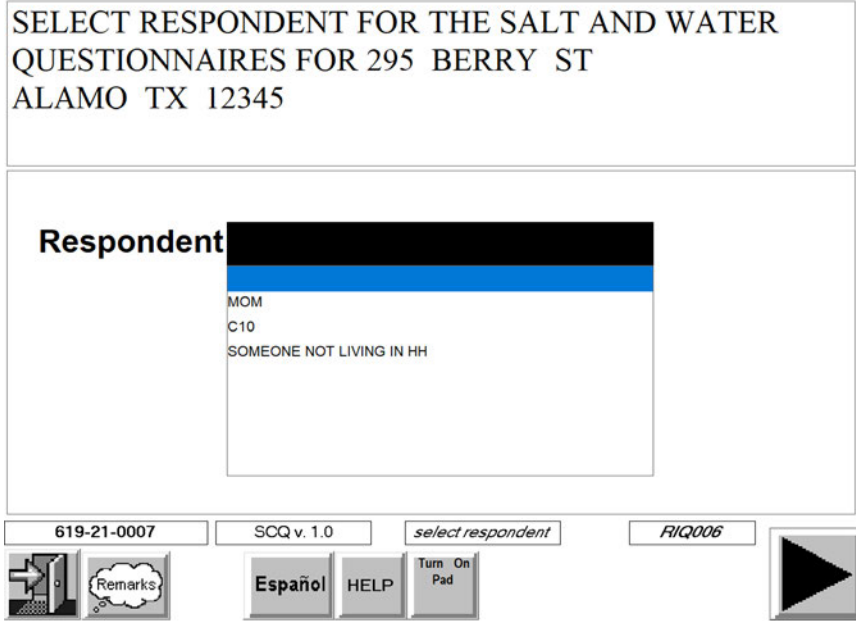
9.1.4 Salt Collection (SUQ) in CAPI

When you complete a Screener with sampled persons (SPs), CAPI creates the SP questionnaires for all SPs, a Family questionnaire for each family, a MEC Appointment module for each SP, and a Collect module for each sampled household. The Collect module contains the salt and water questions. Tap on the purple “Collect” button to begin the Collect module.

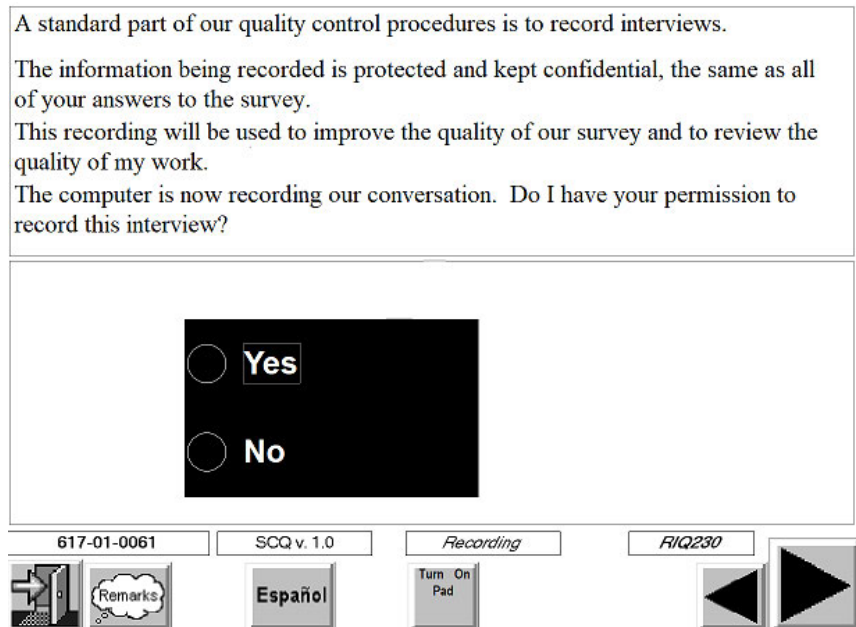


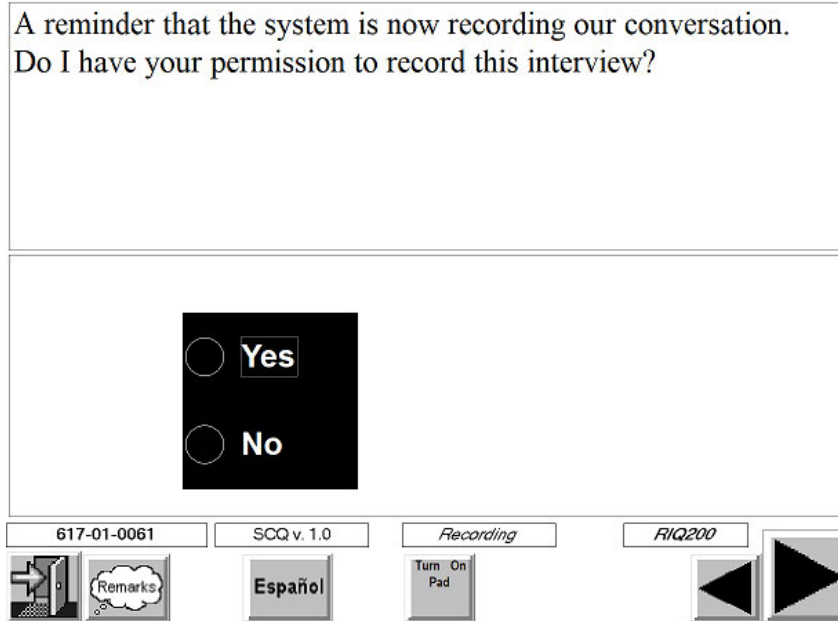
Be sure to complete the Collect module for each sampled household. Try to complete the Collect module with an adult who has responded to an interview or completed the MEC Appointment module, although any adult household member is eligible to be the respondent.

CAPI will begin by asking you to select the respondent for the Salt questionnaire.

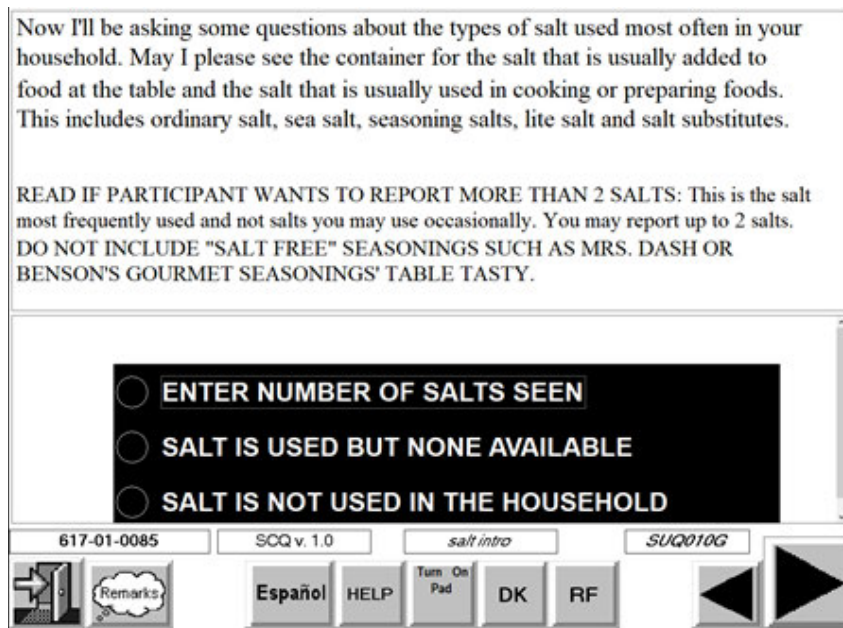


Next, collect consent to audio record by reading RIQ.230. If you have already gained consent to audio record another HH interview from the respondent, RIQ.200 displays instead.





Next, CAPI will present SUQ.010G.



As with other NHANES interviews, read mixed case text to the respondent. Follow the directions on screens with upper case text. Do not ask questions presented in upper case text to the respondent. When answering questions about a salt, keep in mind that salt substitutes are sodium-free products that usually say “sodium-free,” “salt-substitute,” or “salt alternative” on the packaging. Salt substitutes are typically made up of potassium and very few, if any, other seasonings. Popular

sodium free salt substitutes include No Salt, Morton Salt Substitute, and Nu-Salt. Be sure to include these and similar products.

Salt-free seasonings are typically labeled “salt-free.” Usually, salt-free seasonings do not display the words “substitute” or “alternative” on the packaging. Salt-free seasonings usually include dried foods, such as garlic and onion, and other herbs and spices. Popular salt-free seasonings include Italian herb blends, Mrs. Dash, Benson's Table Tasty, and McCormick and Lawry's salt-free seasoning products. Do not include salt-free seasonings.

If the respondent wants to know more about salt, tap the HELP button at the bottom of the page to bring up detailed text about why NHANES is collection salt samples.

The screenshot shows a data entry interface. At the top, a text box contains the instruction "ENTER NUMBER OF SALTS SEEN". Below this is a large input area with a dropdown menu showing the number "2". At the bottom of the screen, there is a control bar with several elements: a box with the ID "619-16-0006", a box with "SCQ v. 1.0", a box with "nbr containers", and a box with "SUQ010Q". To the left of these boxes is a "Remarks" icon. In the center are buttons for "Español", "HELP", "Turn On Pad", "DK", and "RF". To the right are two arrow buttons for navigation.









CAPI allows you to enter up to 2 salts. If you enter 0 for SUQ.010, you receive the message, “Invalid response. If zero salts seen, go back to SUQ.010G and select another response.” If you enter 3 or more salts, you receive an edit message indicating that you can enter information about only 2 salts. Probe the respondent to determine which salts are used most often.

Count a salt even if it is not given to you in the original packaging (e.g., a salt shaker or grinder). If a respondent provides several salts and indicates that each salt came from the same source (for example, one bulk salt container was used to fill multiple salt shakers), then salts from the same source should be entered as one salt.

HOLDING THE FIRST SALT IDENTIFIED.
Is this salt used most frequently at the table, in cooking, or do you use it for both?

AT THE TABLE
 IN COOKING
 AT THE TABLE AND IN COOKING

617-13-0016 SCQ v. 1.0 *salt used most* *SUQ020a*







When more than one salt is provided, hold the salt while asking the question to let the respondent know which salt you are asking about.

DOES THE PACKAGING MENTION THAT THE SALT IS “LITE”, “LOWER SODIUM”, “LESS SODIUM”, “SODIUM FREE”, OR A “SALT SUBSTITUTE”?

IF AN UNLABELED SALT CONTAINER WAS PROVIDED, SUCH AS A SALT SHAKER OR GRINDER, ASK TO SEE THE ORIGINAL PACKAGING FOR THE SALT INSIDE THE CONTAINER.

YES
 NO
 PACKAGE NOT LEGIBLE
 NO PACKAGE AVAILABLE

601-01-0008 SCQ v. 1.0 *lite salt* *SUQ030a*

The next questions are for you to answer based on information you find on the container label. Do not ask the respondent to provide this information. The term “packaging” refers to the label or writing on the container. Examine the salt package and enter responses based on the information displayed. Do not accept information reported by the respondent.

If the salt is in an unlabeled container (e.g., a saltshaker or grinder), ask to see the original packaging for the salt. Code “NO PACKAGE AVAILABLE” only after you have asked for the original packaging and the respondent cannot provide it.

IS “POTASSIUM CHLORIDE” INCLUDED IN THE INGREDIENT LIST?

Yes
 No

617-13-0016 SCQ v. 1.0 potassium SUQ040a

Remarks Español Turn On Pad

Code “Yes” only if you see **Potassium Chloride** in the ingredient list. Do not include items with similar wording, such as Sodium Chloride or Potassium Iodide.

DOES THE PACKAGING MENTION THAT THE SALT “SUPPLIES IODINE”, “SUPPLIES IODIDE”, OR IS “IODIZED”?

Yes
 No

619-01-0016 SCQ v. 1.0 iodine SUQ050a

Remarks Español Turn On Pad

Some salt products that are not iodized may have a statement on the package that says, “This salt does not supply Iodide.” If this statement is present, select “No.”

IS THE WORD “IODINE”, “IODIDE”, OR “IODATE” INCLUDED IN THE NUTRITION FACTS PANEL OR THE INGREDIENT LIST?

Yes

No

619-01-0016 SCQ v. 1.0 include iodine SUQ060a

Remarks Español Turn On Pad

For this question, always check **both** the nutrition facts panel and the ingredients list for these key words indicating that the salt contains Iodine.

NHANES is studying the salt used in people’s homes. I would like to collect about 2 teaspoons of this salt for our study. May I please take a small sample of this salt?

Yes

No

617-13-0016 SCQ v. 1.0 permission to SUQ070a

Remarks Español Turn On Pad

If CAPI determines that the salt is eligible for sample collection (Section 9.1.1), administer this screen to obtain permission from the respondent to collect a salt sample.

Collect a salt sample ONLY when prompted by CAPI.

COLLECT SALT SAMPLE FOLLOWING PROTOCOL INSTRUCTIONS ON SALT HANDCARD.

WAS A SAMPLE OF SALT OBTAINED FOR TESTING?

YES

YES, ISSUES

NO, NOT ENOUGH SALT PROVIDED

NO, COLLECTOR ERROR

NO, OTHER (SPECIFY)

619-21-0007 SCQ v. 1.0 salt collected SUQ082

Remarks Español Turn On Pad ◀ ▶

Select “YES” if you collected the salt with no issues.

Select “YES, ISSUES,” if you collected salt and had an issue with the collection (e.g., contaminant in the vial with the salt and you could not recollect or the salt was not enough to cover the bottom surface of the scoop).

If you were unable to collect salt, select “NO, NOT ENOUGH SALT PROVIDED,” “NO, COLLECTOR ERROR,” or “NO, OTHER (SPECIFY)” to identify the reason a sample was not collected.

SELECT COLLECTION ISSUE(S).
CODE ALL THAT APPLY.


COLLECTED LESS THAN 1/4 SCOOP

POTENTIAL CONTAMINATION AND COULD NOT RECOLLECT (SPECIFY)

OTHER (SPECIFY)

619-21-0007 SCQ v. 1.0 *select salt issue* SUQ085



If you selected, “YES, ISSUES” for SUQ080, CAPI displays SUQ.085. Select all responses that describe your collection issue(s).

Select “COLLECTED LESS THAN 1/4 SCOOP” if the salt did not fill the scoop up to the 1/4 line.

Select “POTENTIAL CONTAMINATION AND COULD NOT RECOLLECT (SPECIFY),” if there is something in the vial with the salt (e.g., pet hair, rice, or paper) and you could not recollect the salt without the contaminant.

Select “OTHER (SPECIFY)” if you had other collection issues (e.g., you notice that the salt container has been exposed to moisture, heat, or sunlight).

SPECIFY CONTAMINANT.

[REDACTED]

619-21-0007 SCQ v. 1.0 *salt contaminant.* *SUQ0870S*














If you selected, “POTENTIAL CONTAMINATION AND COULD NOT RECOLLECT (SPECIFY),” CAPI prompts you to describe the contaminant in the text field.

SPECIFY COLLECTION ISSUES.

[REDACTED]

619-21-0007 SCQ v. 1.0 *salt issue, OS* *SUQ0850S*

If you selected, “OTHER (SPECIFY)” for SUQ.080, CAPI prompts you to describe the collection issue in the text field.

Always use your Salt Collection Instructions hand card located in your SP and Family Hand Card booklet when collecting a salt sample. If you have a unique situation (e.g., the package seems like it

was wet then dried) review the Good Salt Sample Collection Practices hand card and consult your supervisor if necessary.

If the respondent presented both the original package and the salt shaker containing salt from that package, take the sample from the original package. If there is no salt or not enough salt in the original package, then the sample can be supplemented from the salt shaker. **Note that you should never let the respondent collect the salt sample.** We cannot use salt samples collected by respondents.

These samples will be discarded.

Interviewers should always perform the salt collection. Samples collected by respondents will be discarded.

Instructions for collecting salt sample:

1. Place the white Teri wipe on a clear, flat, and dry surface. Have respondent place identified salt container(s) on the wipe.
2. Put on disposable gloves.
3. Unpack the contents of one new, unopened salt collection kit onto the white wipe.
4. **Vigorously shake** the salt container for 15 seconds, and **turn it upside down** at least twice to mix thoroughly. If the provided salt container does not have a lid or cover, then vigorously shake the container for fifteen seconds, but do not turn the container upside down and spill the salt.
5. Pour, grind, or shake salt into the plastic measuring scoop up to the 1/4 line. If there is not enough salt to fill the scoop up to the 1/4 line, pour enough salt to cover at least the bottom surface of the scoop. The respondent may hold the salt container and pour, grind, or shake the salt into the scoop, while you hold the scoop. Do not allow respondents to handle your collection materials.

Do not collect the salt if you are sure that there is not enough to cover the bottom surface of the scoop. Say something like, “Thank you for your help, but I do not want to take your last salt when it will not be enough for testing.” Once you pour the salt into the scoop, do not give it back to the respondent, even if the amount is not enough for testing.

If something other than salt is in the scoop (e.g., rice, pet hair, paper), try to recollect the sample without the contaminant. If you cannot recollect without the contaminant, collect and submit the contaminated sample.

6. Remove the screw cap from the white vial. Place the cap upside down on the white wipe to avoid potential contamination (e.g., exposure to moisture, excessive dust).

7. Open the paper funnel and place the tip into the top of the vial. Pour the salt sample from the plastic measuring scoop through the funnel into the vial. Use scissors to cut the funnel's tip as needed to accommodate the flow of larger salt crystals. Do not cut a large piece off the funnel with your first snip. Instead, cut a little bit at a time until you have an opening that allows larger salt crystals to flow through.

If you need another vial, funnel, or scoop, get a new Salt Collection Kit from your current supply bag or another supply bag. The blue bulk bag has only extra Teri wipes, gloves, and trash bags.

8. Screw the cap back on the vial tightly. Transfer the salt from the container into the vial and seal the vial quickly to minimize exposure to air and light.
9. Complete Salt Collection Kit label:

HH ID: write stand-seg-serial

PC (Potential Contamination):

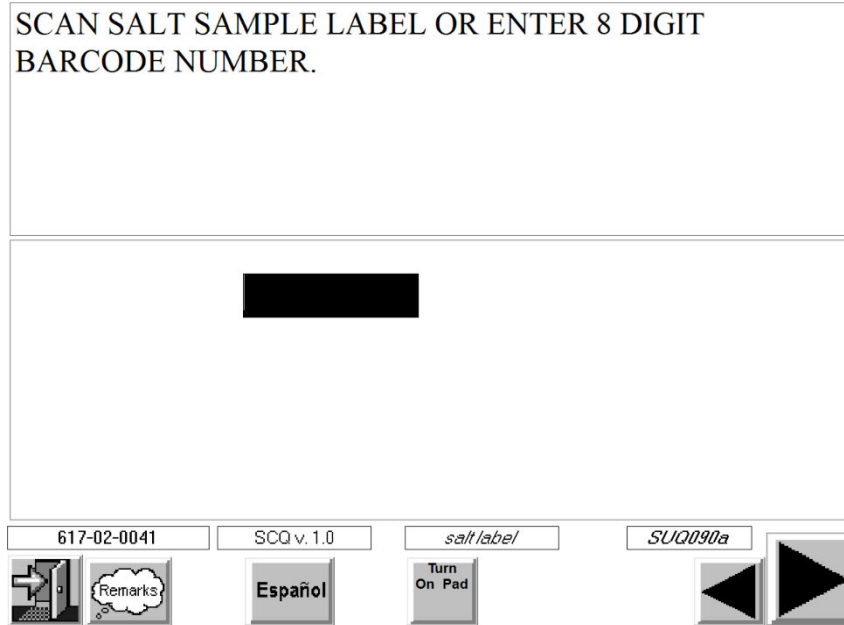
- A. If a contaminant is in the vial with the salt, and you could not recollect without the contaminant, check the box next to "Yes." Describe the contaminant on the "Specify" line.
 - B. If only salt is in the vial, check the box next to "No."
 - C. If the salt sample was not enough to cover the bottom surface of the scoop, write "QNS" (quantity not sufficient) on the "Specify" line.
10. Return to your tablet to indicate whether a sample was obtained (SUQ.080).

If you did not collect salt because there was not enough to cover the bottom surface of the scoop, select "NO, NOT ENOUGH SALT PROVIDED."

If you made a mistake that compromised the sample and you could not recollect the sample, select, "NO, COLLECTOR ERROR."

If you collected a sample, select "YES" and move forward to SUQ.090 to scan/enter the 8-digit barcode.

11. Place the vial back in the small zip closeable bag with the completed label and seal the bag.
12. Place the paper funnel and plastic measuring scoop into the small trash bag provided. Return to CAPI.



Connect your scan gun to your tablet and use it to **scan the top barcode**. It may be helpful to place your thumb over the bottom barcode as you scan the top one. CAPI adds the barcode number to the field and automatically advance to the next screen. If you do not have your scan gun or it is not working, type the top barcode number into CAPI and tap the Next key to advance to the next screen. If you scan or enter the bottom barcode, you receive the edit message, “The salt sample ID must begin with 1. Please re-enter all numbers.” You must enter the 8-digit number for the top barcode.

Whenever possible, use your scan gun to avoid entering incorrect sample kit IDs.








Remember to turn back to your hand card to complete steps eleven and twelve by sealing the vial in the small zip bag and placing the funnel and scoop in your trash bag.

If only one salt is provided, once you tap Next, CAPI checks to see if the household is eligible for water collection. If the household has an SP birth to aged 19 years, CAPI displays the first water screen, HWC.007 (Section 9.2.4). If all SPs are aged 20 years or older, CAPI closes the module with a status of Complete (final).

HOLDING THE SECOND SALT IDENTIFIED.
Is this salt used most frequently at the table, in cooking, or do you use it for both?

AT THE TABLE
 IN COOKING
 AT THE TABLE AND IN COOKING

617-13-0016 SCQ v. 1.0 *salt used most* SUQ020b

If two salts are provided, CAPI displays SUQ.020 again and instructs you to hold up the **second** salt identified. CAPI displays SUQ.030 – SUQ.090 again, asking about the second salt. If CAPI instructs you to collect a second salt sample in this household, you may reuse the gloves and white wipe if they are still clean. Never reuse a scoop, funnel, or vial.

After SUQ.090, CAPI checks to see if the household is eligible for water collection and, if so, displays HWC.007. If there is no water collection, the module closes with a status of Complete (final). Once you leave the household, store each salt sample in a dry, cool, and dark place. Do not refrigerate or leave samples in your car. Always deliver samples to the office within 3 days.

Always store salt samples in a cool, dark space. Do not refrigerate or leave them in your car. Deliver salt samples to the office within 3 days.

9.2 Water Collection Overview

Collect one sample of tap water from each household with at least one SP aged birth to 19 years. The water sample is collected from the home’s primary consumption source or faucet from which the SPs use the water most for drinking, preparing food, and cooking. The water sample will be tested for fluoride.

While the proper amount of fluoride helps prevent and control tooth decay in children and adults, too much fluoride during tooth development in children can cause color changes in the surface enamel of the tooth. These color changes are called dental fluorosis. In the U.S. water can provide approximately 75% of a person's fluoride intake. The purpose of the NHANES fluoride study is to determine the fluoride concentration in households' primary water consumption source where SPs aged birth to 19 years live.

Sources of fluoride include toothpaste, drinking water in fluorinated communities, beverages and food processed with fluorinated water, dietary prescription supplements that include fluoride (e.g., tablets or drops) and other professional dental products such as mouth rinses, gels and foams.

9.2.1 Water Sample Eligibility

Approximately 1,200 household per year are eligible for the fluoride water collection component, which is collected at every household with an SP aged birth to 19 years. One 10-mL tube of tap water from each household is collected and tested for fluoride.

9.2.2 When to Collect the Water Sample

Generally, water collection should be conducted while visiting the household for the first interview appointment. After you have completed interviews and exam consents during the first appointment, open the Collect module and complete it. You will complete the salt questions (and salt sample collection if appropriate) first, and then collect water.

Because water collection is so easy and short, we expect that few respondents will postpone or refuse this task. In the **rare** situations when water cannot be collected during the interview/ appointment making visit, plan to collect the sample if you need to return to the household for a follow up visit to complete another task. Again, we want to avoid making trips to a household or neighborhood simply to collect a water sample.

9.2.3 Water Collection Supplies

At the start of each stand, the home office warehouse ships water collection kits to the office at your stand. Each kit contains everything an interviewer needs to complete the water collection for each SP.

Water collection materials consist of:

- Tablet;
- Hand cards;
- Scan gun; and
- Water Collection Kit, which contains 1 10mL tube labeled with 2 barcodes

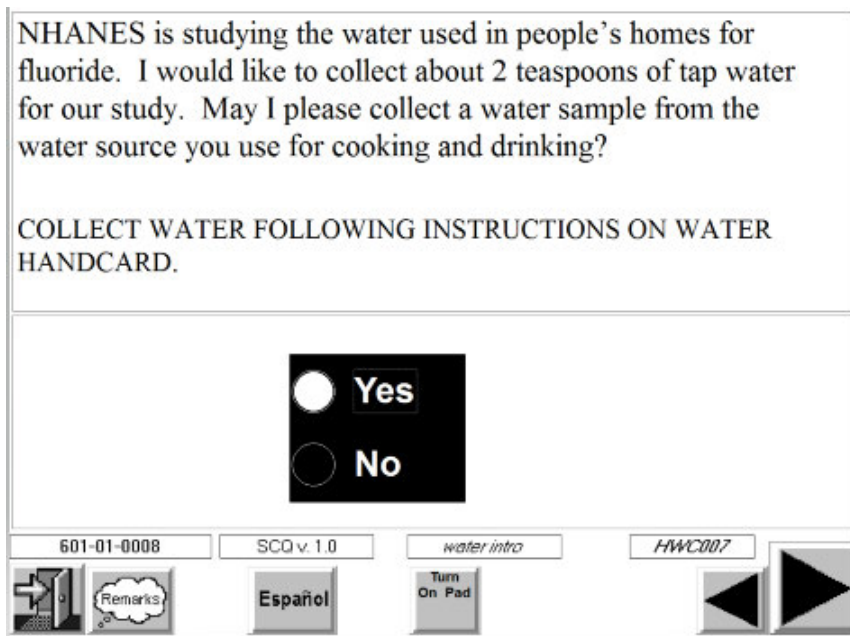
Each water collection kit contains a green label with a place to write the stand, segment, and serial number for the dwelling unit.

The plastic tube is pre-labeled with two barcodes. The top barcode is used for operational purposes. For water, it is always be an 8-digit number beginning with the number “2”. **Always scan the top barcode into CAPI.** The bottom barcode is associated with an 8-digit string of numbers and letters that is used by the testing lab to track samples.

Each interviewer has the Water Collection Instructions hand card, located behind the Water tab in the SP and Family Hand Card booklet. At each stand, you are given at least 5 water collection kits to begin your work. Always carry at least 5 water collection kits, along with your tablet, scan gun, and hand cards. This ensures that you are fully prepared to collect a water sample if necessary. Inventory your water collection kits regularly and remember to pick up additional kits from your supervisor when you are running low.

9.2.4 Water Collection in CAPI

After you have completed the salt screens in the Collect module, CAPI immediately presents the first in a series of water screens only for households with at least one SP aged birth to 19 years.



Read this screen to the respondent to introduce the water collection and obtain permission. If the respondent needs further explanation, say something like, “The NHANES survey is studying fluoride. Fluoride is in many dental products such as toothpaste, but is also found in most tap water. For this fluoride study, I will need to collect a tap water sample using a collection kit. This kit contains a plastic water vial in a plastic zip closable bag. I will collect the water sample according to the instructions I have been given. I will take the water sample with me when I leave.” This more detailed explanation may help the respondent better understand (1) why we want to collect tap water and (2) what to expect with the water collection.

If the respondent allows you to collect a water sample, tap “Yes” and open your SP and Family Hand Card booklet to the Water Collection Instructions card. Always follow steps in the hand card when collecting a water sample. **Note that you should never let the respondent collect the water sample.** We can not use water samples collected by respondents. These samples will be discarded.

Interviewers should always perform the water collection. Samples collected by respondents will be discarded.

Instructions for collecting water sample:

1. Ask respondent to identify the faucet used most for drinking and cooking.

If the household uses one tap source for drinking (e.g., refrigerator dispenser) and a different tap source for cooking (e.g., sink tap water), choose the **drinking source** for collection.

If only bottled water is used for cooking and drinking, still take a tap water sample from a faucet in the home. Do **not** take a water sample from bottled water or some other place. **All samples should be tap water.**

2. Once you have identified the faucet from which you will take the sample, ask respondent if there is a filter attached. This could be a full house filter or a filter attached to this specific faucet. (Filters may reduce or remove fluoride.)
3. Turn on the water. The temperature of the tap water is not important.
4. Let the water run for 10-15 seconds. (The first water out of the tap may have higher amounts of fluoride due to evaporation. So, be sure to let the water run for 10-15 seconds.)
5. Remove the tube from the plastic bag and take the cap off the tube. Carefully fill the tube to the 9mL line with water.
6. Screw the cap tightly on the tube. Turn the tube upside down to make sure it does not leak. If the tube does leak, then remove the cap and try tightening the cap again. Be sure the tube is filled to the 9mL line with water.
7. Turn the water off.
8. Using an ink pen, write the household ID (stand-seg-serial), date, and time on the green label.
9. Return to CAPI to complete HWC.007-HWC.011 (scanning the sample barcode).
10. Place the water tube into the small plastic bag and seal the bag. Return to CAPI.

HAS WATER BEEN COLLECTED FROM THE HOUSEHOLD?

Yes

No

617-13-0016 SCQ v. 1.0 water collected HWC010

Remarks Español Turn On Pad ◀ ▶

Indicate whether a water sample was collected.

ENTER THE REASON WATER WAS NOT COLLECTED

SP REFUSED

LOST

INTERVIEW NOT CONDUCTED IN HOME

OTHER SPECIFY

617-18-0004 SCQ v. 1.0 water reason HWC021

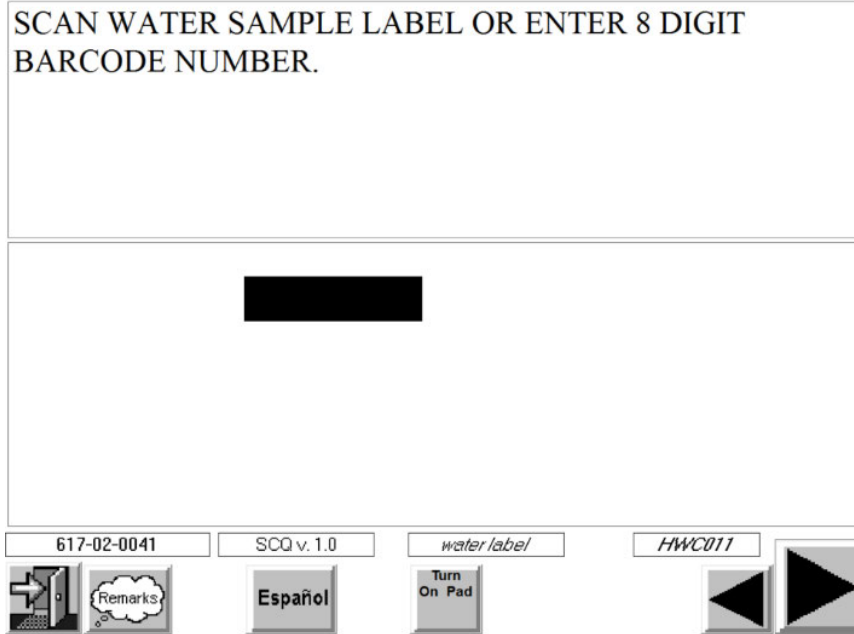
Remarks Español Turn On Pad DK RF ◀ ▶

If you tap No to HWC.007, asking permission to collect a water sample, or HWC.010, asking if a water sample has been collected, CAPI asks you to indicate whether the SP refused, the sample was lost, the sample was not collected because the interview was not conducted in the SP's home, or some other reason.

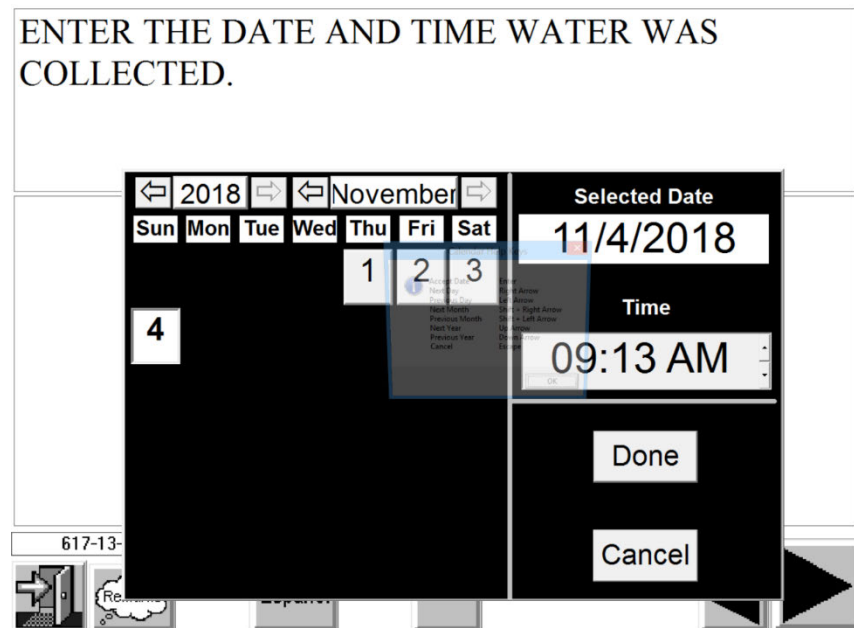
Select "LOST" if the sample was lost between the time you collected the sample and the time you completed the Collect module. This should be rare since you complete the Collect module and collect water at the same time in the SP's home in most cases.

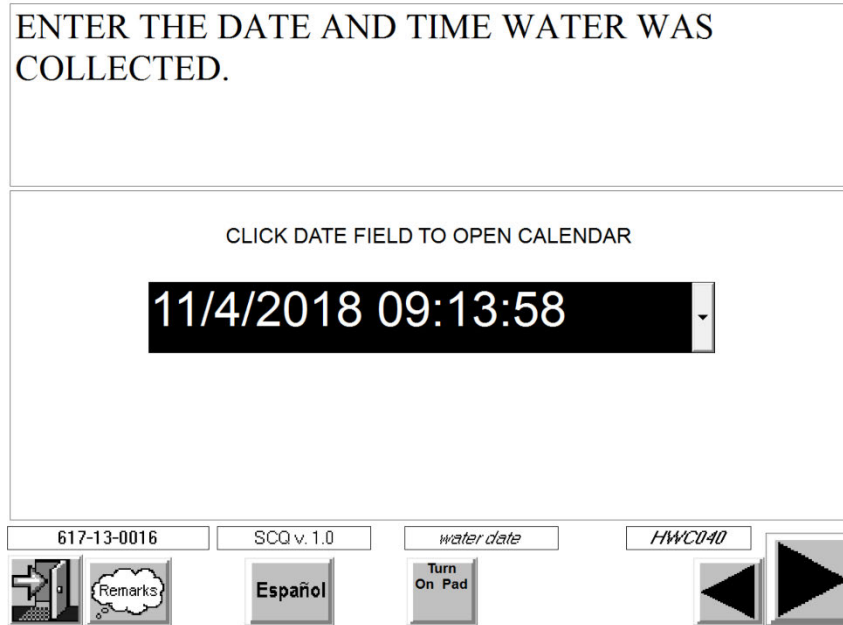
If the interview was conducted at the respondent's job or some other location outside the SP's home and you cannot get to the SP's home to collect water, select, INTERVIEW NOT CONDUCTED IN HOME."

If water was not collected for a reason not listed, select "OTHER SPECIFY", and type the specific reason on the next screen.



Scan the top barcode on the water tube, and then CAPI automatically move to the next screen. Remember to return to the hand card and complete step ten by placing the water tube into the small plastic bag and sealing the bag.





If “Yes” was selected, the collection date and time will display. It defaults to current date and time. Review this date and time for accuracy. You should complete the Collect module in the household at the same time that you collect samples, so you should be able to tap “Done” to save the current date and time in most cases.






- To change the month – tap on the arrow to the left of the month.
- To change the day – tap on the date you want to select.
- To change the time (hours or minutes), first tap on the hour or the minutes on the screen and then on the up or down arrows. You cannot change the date or time to something in the future.

When you are finished, tap the “Done” button to display your collection date and time. The time will be displayed in military time. If you realize that you have made a mistake or need to change the date and time, or you want to confirm your entry, press the arrow key to bring up the date/time selection box.

IS THERE A FILTER ATTACHED TO THE FAUCET WHERE THE TAP WATER WAS DRAWN?

Yes
 No

617-13-0016 SCQ v. 1.0 *water filtered* *HW/C050*












Record whether a filter is attached to the faucet where you collected the water sample.

IS THIS HOME TAP WATER USED AS A PRIMARY DRINKING OR FOOD PREPARATION SOURCE?

Yes
 No

617-13-0016 SCQ v. 1.0 *water primary* *HW/C060*

Record if the faucet from which you collected the sample is the household's primary source of water for drinking or food preparation.

What is the source of tap water in this home? Is it a private or public water company, a private or public well, or something else?

- PRIVATE \ PUBLIC WATER COMPANY
- PRIVATE \ PUBLIC WELL
- SOMETHING ELSE

617-13-0016 SCQ v. 1.0 water source HWC070

  **Español** Turn On Pad DK RF  

Are any of the water treatment devices listed on this card used in your home?
HAND CARD HWC1

- Yes
- No

617-13-0016 SCQ v. 1.0 water device HWC080

  **Español** HELP Turn On Pad DK RF  

Which of these water treatment devices are now used in your home?
HAND CARD HWC1
CODE ALL THAT APPLY

- 1. BRITA OR OTHER PITCHER WATER FILTER
- 2. CERAMIC OR CHARCOAL FILTER
- 3. WATER SOFTENER
- 4. AERATOR
- 5. REVERSE OSMOSIS

601-01-0008 SCQ v. 1.0 use water device HWC083

Español
HELP
Turn On Pad
DK
RF

Do you use tap water when cooking/preparing meals?

Yes
 No

617-13-0016 SCQ v. 1.0 water cooking HWC090

Español
Turn On Pad
DK
RF

For the next few questions, you will ask the respondent to identify the source of the home’s tap water and if specific water treatment devices are used in the home. A water treatment device is any device intended to improve the safety and quality of water in the home. There are seven main types of treatments: carbon filters, fiber filters, reverse osmosis units, neutralizers, chemical feed pumps, disinfection, and softeners. Devices such as Brita and other pitcher water filters should be counted

as water treatment devices. This definition is included in help text for WHC.080 and WHC.083. If applicable, you will indicate which water treatment devices are used in the home. Finally, you will ask the respondent he or she uses tap water when cooking or preparing meals.



Once you enter a response for WHC.090 and tap Next, CAPI will close and finalize the module as Complete (final). You will no longer have access to the Collect module for this case. Once you leave the household, store each water sample in your refrigerator. Do not freeze water samples or leave them in your car. Always deliver samples to the office every 3 days. And, always turn in any unused sample collection materials before leaving each stand.

Store water samples in your refrigerator. Bring them to the office within 3 days.

10. Quality Control

This chapter describes NHANES procedures for quality control (QC) of field work and the many steps taken to ensure high-quality data collection.

QC is an ongoing process woven throughout all phases of the NHANES Study. QC of field work begins at training and continues throughout data collection. As interviewers, you share the responsibility for QC with the rest of the NHANES team.

Collecting and recording data accurately is a vital aspect of your role as a field interviewer on NHANES and as a Westat employee. You receive training, documentation, and guidance at all levels throughout the data collection process so you can correctly follow standard procedures to collect data, and to document your interactions with each NHANES respondent. **QC processes are necessary to reduce errors and, when errors occur, to quickly identify and correct them.**

Some of the QC processes are obvious, while many are behind the scenes. In some instances, **you** perform the QC step. In other cases, the NHANES home office or field management staff or NCHS staff perform the QC step. Regardless of who performs the QC, the procedures support the quality of your performance and help you succeed so that the study succeeds.

This chapter discusses the quality control techniques employed on NHANES, including:

- Interviewer Training (Section 10.1);
- Field Observation (Section 10.2);
- Field Editing and Materials Reconciliation (Section 10.3);
- Supervisor e-Consent Signature Review (Section 10.4);
- Validation of Field Work (Section 10.5);
- Home Office Review of Paradata (Section 10.6);
- Review of Audio-recorded Interviews (Section 10.7);
- Quality Reports on key data items (Section 10.8);

NHANES uses a variety of methods to ensure that every FI collects high-quality data and follows the study protocol.

- Field Memos to Update Procedures and Specifications (Section 10.9); and
- Feedback from Field Management Staff (Section 10.10).

10.1 Interviewer Training

All NHANES interviewers complete new interviewer training, including:

- Pre-classroom distance learning (Learning Management System [LMS] and home study/remote training);
- In-person classroom sessions;
- Post-classroom distance learning; and
- Ongoing access to training memos.

In addition, NHANES conducts an annual in-person training in early January of each year, where interviewers receive instruction on the protocol for completing new study components, updates on new study forms and materials, and time to discuss strategies for gaining respondent cooperation.

Each summer, NHANES conducts a mid-year in-person training where interviewers learn new study procedures, receive feedback on existing study components, and discuss techniques for gaining cooperation.

Throughout in-person training, knowledgeable staff evaluate you on essential skills such as:

- Knowledge about NHANES;
- Using study information and materials to gain cooperation;
- Correct administration of home interview and MEC consent and assent procedures;
- Interviewing skills;
- Collecting salt and water samples;
- Setting appointments for MEC examinations; and
- Computer skills.

10.2 Observations

Following new interviewer training, new interviewers may be paired with an experienced NHANES interviewer. The experienced interviewer will help the new interviewer organize and prepare for his/her first day of data collection. In cases where field management staff feel that a new interviewer, based on observation at training, would benefit from further in-person guidance, the new interviewer will accompany an experienced interviewer on a field visit within the first few days of data collection. The new interviewer observes the experienced interviewer complete an interview. Next, the experienced interviewer will accompany the new interviewer to complete his/her first interview.

The goals of field observation are to provide interviewers with ongoing training and feedback, and to look for ways to improve study procedures. Observers do not intervene in the data collection process, but do the following once the visit is concluded:

1. Review the Field Observation Form (Exhibit 10-1), where the observer records details on the interviewer's performance;
2. Discuss feedback immediately with the interviewer, with the goal of providing constructive suggestions and mentoring; and
3. Send the Field Observation Form to supervisory staff and discuss the results of the observation.

Before accompanying you on a field visit, the observer explains the process you will both follow to ensure that the respondent is comfortable with the observer's presence. An observer will not complete the observation if the respondent objects to his/her presence, although this would be a rare occurrence.

In addition, interviewers may be observed 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, informed consent, and contact attempt 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.

Exhibit 10-1. Field Observation Form

NHANES OBSERVATION FORM – 2019

Interviewer: _____

Date: _____

ID#: _____

Time Started: _____

Observer: _____

Time Ended: _____

TYPES OF QUESTIONNAIRE AND LANGUAGE:

	English	Spanish
Screener – Module 1	<input type="checkbox"/>	<input type="checkbox"/>
Screener – Module 2	<input type="checkbox"/>	<input type="checkbox"/>
SP	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>
Salt Collection	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the following components of the interviewer’s performance:

	<u>SCREENER</u>				<u>EXTENDED INTERVIEW</u>			
	E	G	F	P*	E	G	F	P
I. Respondent Relations								
A. Explaining Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintaining Good Rapport with Respondent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Interviewing Techniques								
A. Reading Questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Probing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Recording Answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Use of Show Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Overall Facility in Conducting Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Maintaining Rapport with Respondent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. List below the strengths and weaknesses of this interviewer’s performance:

- A. Strongest Points: _____

- B. Weakest Points: _____

* E = Excellent, G = Good, F = Fair, P = Poor

Exhibit 10-1. Field Observation Form (continued)

IV. Please provide observations below for each section of the questionnaire as necessary.

SCREENER QUESTIONNAIRE

SP QUESTIONNAIRE

EARLY CHILDHOOD (ECQ)

HOSPITAL UTILIZATION AND ACCESS TO CARE (HUQ)

IMMUNIZATION (IMQ)

MEDICAL CONDITIONS (MCQ)

Exhibit 10-1. Field Observation Form (continued)

HEPATITIS (HEQ)

KIDNEY CONDITIONS (KIQ)

DIABETES (DIQ)

BLOOD PRESSURE (BPQ)

CARDIOVASCULAR DISEASE (CDQ)

OSTEOPOROSIS (OSQ)

AUDIOMETRY (AUQ)

DERMATOLOGY (DEQ)

Exhibit 10-1. Field Observation Form (continued)

ORAL HEALTH (OHQ)

PHYSICAL ACTIVITY AND PHYSICAL FITNESS (PAQ)

FUNCTIONING (FNQ)

STANDING BALANCE (BAQ)

SLEEP DISORDERS (SLQ)

DIETARY BEHAVIOR (DBQ)

WEIGHT HISTORY (WHQ)

Exhibit 10-1. Field Observation Form (continued)

SMOKING (SMQ)

OCCUPATION (OCQ)

ACCULTURATION (ACQ)

DEMOGRAPHICS (DMQ)

HEALTH INSURANCE (HIQ)

INFANT FORMULA (IFQ)

DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION (DSQ)

MAILING ADDRESS (MAQ)

Exhibit 10-1. Field Observation Form (continued)

FAMILY QUESTIONNAIRE

DEMOGRAPHIC BACKGROUND/ (DMQ-FAM)

HOUSING CHARACTERISTICS (HOQ)

SMOKING (SMQ-F)

CONSUMER BEHAVIOR (CBQ)

INCOME (INQ)

FOOD SECURITY (FSQ-F)

TRACKING AND TRACING (TTQ)

Exhibit 10-1. Field Observation Form (continued)

SALT COLLECTION

10.3 Field Editing and Materials Reconciliation

A core part of your job is field editing, or reviewing all paperwork, computer modules, and materials. This should take place as soon as possible after you complete a data collection visit. It is good practice to carefully review the documentation you entered into Interviewer Management (IM) to ensure it is complete and accurate before completing a data transfer.

Questions to consider include:

- If you wrote any notes on the case card, did you transfer all relevant information from the Record of Calls (ROC) on the Case Card to the Electronic Record of Contacts (ERO) on your tablet or phone?
- Did you record important information in the Household Notes on your phone?
- Did you completely obscure any personally identifiable information (PII) written on the Case Card and other materials?
- Did you complete the Refusal Information section of the ERO correctly?
- If the Screener is not complete, did you complete the DU Observation module on the phone?
- If the Screener is not complete, did you record your observations of household occupants in the household observations grid for screener nonresponse on your tablet?
- If you have discovered a hidden dwelling unit, have you completed the Hidden DU Form, checked the listing sheets to see whether the DU was already listed, and turned in to the Site Coordinator?

If interviewing for a case is final, return the Case Card to the Site Coordinator.

If the household has sample persons (SPs), you must pay particular attention to consent. Most households complete consent forms electronically, in which case the computer guides you through reviewing materials and collecting signatures. However, if you collected hard copy home interview and/or MEC consent forms, you must ensure that all required fields are completed and that all required signatures have been collected. During your edit, confirm that you have reviewed the following:

If the household has an SP aged 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 all consent forms are complete (either hardcopy or electronically) and the sample persons are appointed to the MEC, ensure that you have completed the entire MEC Appointment module on the tablet and that it is coded “Scheduled (final)”.

When interviewing is complete for a household, check the following screens on your tablet:

- Each finalized **module** (Screener, Relationship Questionnaire, SP Questionnaire, Family Questionnaire, MEC Appointment, Collect) of the case must have a finalized disposition entered on your tablet case assignment screen.
- If MEC appointments have been made, the MEC Appointment module must be completed **for each SP**.
- The TROC/mFOS should have entries for each non-complete contact attempt for the case.

10.4 Supervisor Consent Review

Electronic Consent forms are regularly reviewed by supervisory staff using an automated application. The application allows supervisory staff to check forms that require QC, to document any issues identified, and to search for and view any consent form at the stand, if the need arises.

The eConsent QC application displays the consents for adult SPs who had a proxy complete their interviews and SPs aged 7-17 years old where the SP interview is ‘complete-final’, the MEC Appointment module has the consent section completed, the SP is not a minor whom the interviewer indicated will provide his/her signature at the MEC, and the interviewer has completed a data transfer. Consent forms for 7-17 year olds who provided a signature in the MEC module and adult SPs requiring a proxy are checked 100 percent of the time to ensure that the correct person has signed as the SP and the parent/guardian. Other forms are checked on an as-needed basis.

For those respondents who do not want to sign electronically, 100 percent of the hardcopy consent forms are reviewed for completeness.

If any issues are identified, either electronic or hardcopy, interviewers may be asked to re-contact or meet a respondent or SP at the MEC to correct issues with the consent forms.

10.5 Validation of Field Work

A routine part of the QC procedures is to validate a portion of your work. The purpose of validation is to verify that you contacted the correct individual and conducted the interview(s) according to study protocol. NHANES uses the following validation methods:

- GPS validation;
- Telephone validation; and
- Field validation.

10.5.1 GPS Data Validation Review of Screeners and Interviews

NHANES procedures require you to turn on your phone and have MyDay running while you are working. Also, you must turn on your tablet and log in to IM whenever you contact a household to conduct a screener or interview. In addition to ensuring your readiness for data collection, powering on your phone (and eventually the tablet) allows the system to record GPS data. The GPS information is part of the daily data transfer from your tablet to the home office. Westat uses the GPS data to perform QC checks on your location during data collection.

Try to avoid common problems with GPS by following these tips:

- The phone should remain turned on any time you are charging hours to NHANES, even if you are at the hotel working on administrative tasks.
- If you need to interview an SP at a different location away from his/her home, be certain to record this when prompted at the end of the CAPI interview. Also, add an EROC and let us know the location where the interview was completed. For example, “Met SP at his office on the corner of Main and First Street.”
- If you take a break or run personal errands while you are working, you may log off MyDay. Just remember to turn it back on when you resume work.
- At the end of your workday, remember to log off the MyDay app after completing your daily data transfer.

10.5.2 Telephone Screener Validation

A percentage of your finalized Screeners at each stand is selected for telephone validation by supervisory staff. Finalized Screeners include both those complete with SPs and those complete without SPs. Survey Support staff will call the DUs and confirm the address as well as the information you collected in the Screener and SP interviews.

10.5.3 Field Screener Validation

In situations when a visit cannot be validated by GPS or telephone, Site Coordinators will conduct in-person field validation visits. If the validation visit results in a questionable outcome (e.g., not completed according to protocol, completed with the wrong person), field management initiates a validation review. During this review process, the FI is instructed to stop work. If an FI's work is determined to be invalid, he/she is released from the NHANES study. The invalid cases are purged from the study databases and reassigned to other FIs to be reworked.

10.6 Home Office Review of Paradata and Data

Throughout data collection, home office/field management staff review reports that contain NHANES data and paradata. These reports also alert management staff to FIs who may be having difficulty following study protocol. Information in these reports includes:

“Paradata” refers to information about data collection administration.

- Response rates and break-off rates by participant type;
- Number of contact attempts and time of day/day of week of each attempt;
- Completion of work within the target data collection window for each case;
- Missing data and partial completion rates;
- Time of completed interview; and
- Process statistics, including completed interviews, number of assignments to be completed, average time to complete a case, number of cases still being worked, and rates of audio-recording refusals.

Despite extensive testing of the study's data collection instruments and procedures, data review helps identify any issues in data collection instruments and procedures. These findings may lead to

the fine-tuning of question wording, systems, and procedures, as well as identification of topics requiring additional training.

10.7 Audio Recording Reviews of SP and Family Interviews

Over 95% of respondents agree to be recorded!

Home office staff review a minimum of one of your SP and Family recordings per quarter and provide detailed feedback using the Westat NHANES Household Interviewer Audio-Recording Evaluation Form (Exhibit 10-2). 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. NCHS reviewers listen to and provide feedback either 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 as well as to see how well questions are working; for example, if many respondents seem to be confused by a particular question, it may need to be reworded or a hand card added. The goal of these reviews is to improve the quality of our data. The best way to improve is by giving you actionable feedback. Please listen carefully to the feedback that is provided. If you have questions and would like to practice your skills, let us know.

Exhibit 10-2. 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 Fair Poor
Family Rating: Excellent Very Good Good Fair Poor
Salt/Water Rating: Excellent Very Good Good Fair 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.	<input type="checkbox"/> Always/Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
Remains neutral when addressing respondent questions or comments	<input type="checkbox"/> Always/Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
GENERAL ADMINISTRATION			
Reads questions clearly as written	<input type="checkbox"/> Always/Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
Adjusts pace of interview to accommodate respondent	<input type="checkbox"/> Always/Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never

Revised: 6-10-2019

Exhibit 10-2. Westat NHANES Household Interviewer Audio-Recording Evaluation Form (continued)

Backs up and corrects/clarifies responses as appropriate	<input type="checkbox"/> Always/Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
Refers to handcards/materials appropriately	<input type="checkbox"/> Always/Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
Reads Help Screen as needed	<input type="checkbox"/> Always/Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
Provides appropriate feedback to respondent questions	<input type="checkbox"/> Always/Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
Limits non-interview related conversations	<input type="checkbox"/> Always/Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
PROBING			
Probes to verify unusual responses when needed and required	<input type="checkbox"/> Always/Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
Responds appropriately to edit checks	<input type="checkbox"/> Always/Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
Uses nondirective probes	<input type="checkbox"/> Always/Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never

Revised: 6-10-2019

**Exhibit 10-2. Westat NHANES Household Interviewer Audio-Recording Evaluation Form
(continued)**

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: 6-10-2019

10.8 Key Data Item Quality Reviews

10.8.1 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, birth date, 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.

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, birth date, and name. Name, age, birth date, 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.

10.8.2 Checks for Key Information

Supervisory staff 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 your supervisor.

10.9 Quality Control Reports

Seven times 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 supplement containers, seeing prescription medication containers, obtaining tracking and tracing references, and obtaining Social Security Numbers.

10.9.1 Semi-annual Quality Reports

Twice a year, the home office Quality Control Supervisor compiles and reports summary-level statistics for each interviewer. This report reviews the previous seven or eight stands of data collection and includes, for each interviewer:

- The total number of SP and Family Questionnaires completed;
- Specific feedback and comments for the interviewer on trends for the review period; and
- Summary level graphs (Exhibit 6-7) that display for each interviewer, the percent of supplement and prescription containers seen, percent of DK/RF entries for the first and second set of tracking references, percent of SSNs refused and obtained, and percent of questionnaires with audio recordings. For each measure, the graphs also display the average rate for all interviewers for the current and previous review periods.

Exhibit 10-3 displays an example of the Semi-annual Quality Control Report interviewer feedback.

Exhibit 10-4 displays an example of a chart from the Semi-annual Quality Control Report, displaying the rates of prescription containers seen by all interviewers.

Exhibit 10-3. Semi-Annual Quality Control Report – Interviewer Feedback

Mary Interviewer
Field Interviewer Quality Control Report
2019 – Stands 398-405

Total SP Questionnaires Completed: **89**

Total Family Questionnaires Completed: **35**

The graphs in the attached packet contain feedback on rates of containers seen, rates of social security numbers obtained, and audio recording rates. The graphs display rates for individual interviewers and the project overall. The notes below each graph describe the graph's contents

Use your randomly assigned ID number to find your information on each graph. Your ID number for all graphs is: **12**

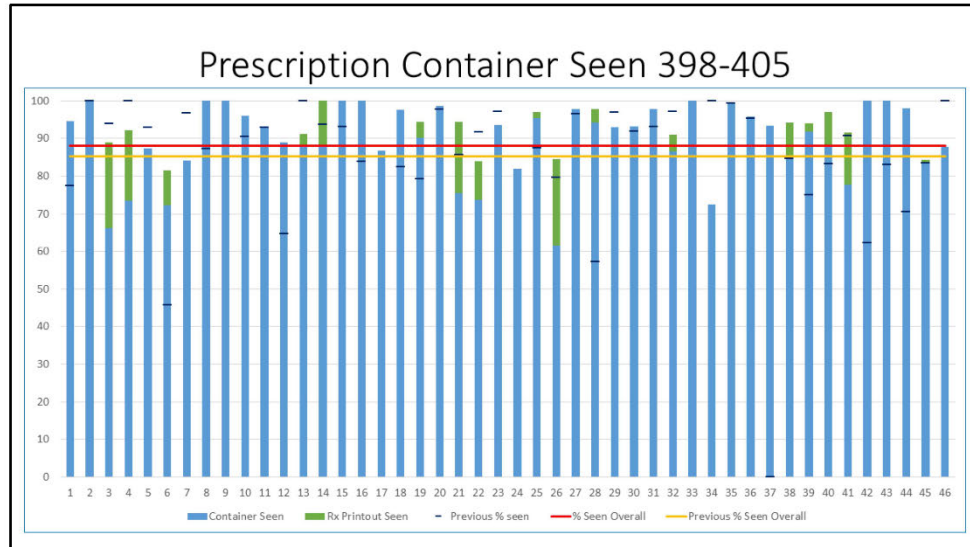
Nice work improving prescription containers seen from 65% to 89%!

Nice work improving your TTQ1 DK/RF rate from 37% to 23%. Continue to strive toward our goal of less than 20% DK/RF.

100% audio-recording rate!

Exhibit 10-4. Semi-Annual Quality Control Report – Chart

Quality Control Reports - Stands 398-405



This bar graph displays the **rates of prescription containers seen** for all interviewers working Stands 398-405.

Each bar represents your individual interviewer rates of containers seen, out of all entries for RXQ.251.

- The blue portion of each bar represents the percent of cases where a **container was seen**.
- The green portion of the bar represents the percent of cases where an **Rx printout** was seen, instead of the container.
- The small black line on each bar represents your rate of containers seen from the review for stands 391-397, where applicable.

The overall average of 88% for Stands 398-405 is denoted by the red line. The previous overall average of 85% for Stands 391-397 is denoted by the yellow line. As you can see, we have experienced a small increase in the percentage of prescription containers seen since the previous QC review. 17% of our interviewers (8/46) see prescription containers 100% of the time. Nice work!

10.9.2 Stand Block Production and Quality Reports

Each data collection year is subdivided into five stand blocks, with each block consisting of three stands. For each stand block, the progress of screening, interviewing, and examinations is monitored by home office staff to ensure adequate production and a high level of data quality. At the conclusion of each stand block, a summary report is generated for each interviewer detailing his/her production and level of data quality for the previous block (Exhibit 6-6).

The Stand Block Production and Quality Report contains the following information for each of the Stand Blocks completed so far for that data collection year:

- Production numbers for screening, interviewing, and MEC examinations;
- Number of hours charged by the interviewer and number of hours per complete for each SP MEC examined; and
- Measures of data collection quality including audio recording rate, supplement and prescription containers seen, and TTQ data obtained.

The home office sends stand block reports to the Study Managers to be shared with interviewers. Exhibit 10-5 displays an example of a report.

Exhibit 10-5. Stand Block 4 Production Report

11/22/2019

NHANES FIELD INTERVIEWER PRODUCTION AND QUALITY REPORT

STAND BLOCK 4

Name: Interviewer, Mary **ID:** 9999 **Status:** Full time **Stands Worked this Year:** 4

PRODUCTION	Block 1	Block 2	Block 3	Block 4	Block 5	Cumulative
# Screeners Completed:	69	73	43	144		329
# SPs Interviewed:	44	28	9	18		99
# SPs MEC Examined:	41	27	6	15		89
HOURS	Block 1	Block 2	Block 3	Block 4	Block 5	Cumulative
Screening:	126	140	51	187.5		504.5
Interviewing:	81	43	11	34		169
Admin:	99	73	35	63.5		270.5
Within- Stand Travel:	70	48	27	60		205
Between- Stand Travel:	8	16	0	N/A	N/A	24
Total:	384	320	124	345		1173
Hours per Complete:	8.55	10.86	13.78	19.17		11.61
QUALITY	Block 1	Block 2	Block 3	Block 4	Block 5	Cumulative
Audio Recording Rate:	100%	100%	100%	96%		99%
Supplement Containers Seen:	100%	100%	92%	92%		99%
Prescription Containers Seen:	98%	100%	100%	100%		99%
TTQ Data Obtained:	86%	100%	67%	80%		86%

Prior Years Annual MEC Examined:

2018: 149 **2017:** 157 **2016:** 161 **2015:** 146 **2014:** 120

10.10 Field Memos to Update 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, either emailed to you or provided hard copy. You are responsible for reading these memos and adhering to revised protocols. If you have any questions regarding the content of a field memo, ask your supervisor for clarification.

10.11 Feedback From Field Management Staff

Expect continual feedback from your supervisors throughout the data collection period. The home office reviews FI performance on an ongoing basis, and your supervisor notifies you if any problems are discovered with your work so you can resolve them. Some items that may cause concern for supervisors include:

- Incomplete and inaccurate data collection;
- Improper handling of salt or water samples;
- Unusual numbers of contact attempts with limited results;
- High rates of refusal and other nonresponse outcomes;
- Broken appointments;
- Infrequent data transfers;
- Spreading out your work, rather than working efficiently;
- Poor recordkeeping;
- Repeated and/or continuous unavailability for work; and
- Failure to enter/update EROCs.

If you find yourself exhibiting any of these behaviors, please improve your performance before your supervisor brings it to your attention. Work with your supervisors on how to improve your work habits.

Discussions of data quality are a regular feature of your **weekly report calls** (see Chapter 12). Your supervisor will review your overall performance and QC feedback, and discuss your areas of strength and any potential problems. Be open and receptive to this feedback to improve the quality of the data you collect. As a professional data collector, view the feedback as an opportunity to learn about your performance and improve your skills.

Note that your supervisor has access to various reports in the Supervisor Management System, and uses them to monitor your performance in all aspects of data collection.

11. Quality Control of Listing

This chapter describes the purpose and process for the Hidden DU check and missed structures. In this chapter, you will learn how to:

- Identify hidden DUs and missed structures;
- Conduct a Hidden DU check and complete the Hidden DU form;
- Add hidden DUs to your case list; and
- When to contact your supervisor about hidden DUs and missed structures.

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 not visible or hidden. 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 a building or locked community;
- 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 Hidden DU check and the Missed Structure procedure. These allow staff, while in the field, to select and interview 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 Hidden DU check, how to deal with completing the necessary forms, selecting the DUs, and interviewing additional households.

11.1 Hidden DU Check

DUs are randomly selected for the Hidden DU check to ensure we periodically check that we have not missed any DUs. An assigned address where you are instructed to perform the Hidden DU check may be a single-family house or a multi-unit building (e.g., apartment building). If you are required to perform the Hidden DU check at the assigned address, the following message will be printed or written on the Case Card under the heading Hidden DU, “Check for any DUs in this building that are not on the listing sheet.” You will also be prompted to begin this check at the end of the screener. Specifically, once you complete all screener questions to determine eligibility, discuss selected respondents (if applicable), discuss NHANES in the media, and collect a phone number, CAPI will present SCQ.560 prompting you to ask the screener respondent if there are additional DUs at the address.

We want to be sure that every household in this area has been given a chance to participate in this important survey. Are there any other living quarters here that we may have missed?

Yes
 No

601-01-0001 SCQ v. 19.00/5.00 other living qtrs SCQ560

Remarks Español Turn On Pad DK RF

If the respondent reports any additional DUs that you think were missed, tap Yes and Next to continue to document the hidden DU(s). When you indicate that there is a hidden DU, the Site Coordinator is notified to expect a hardcopy Hidden DU form (Exhibit 11-1).

Exhibit 11-1. Hidden DU Form

HH ID: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

HIDDEN DWELLING UNIT PROCEDURE

1. IF SCREENER RESPONDENT MENTIONS A HIDDEN DU NOT FOUND ON LISTING SHEETS, SKIP TO STEP #3
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.
4. IF 1 TO 4 HIDDEN DUs ARE DISCOVERED, CREATE A NEW HIDDEN DU CASE ON YOUR LAPTOP AND FILL OUT A CASE ASSIGNMENT BOX ON A BLANK CASE CARD FOR EACH. ELIGIBILITY, FASTING AND INCENTIVES WILL BE THE SAME AS THE DU WHERE THE UNITS WERE FOUND. CONDUCT SCREENER INTERVIEW(S).
5. IF 5 OR MORE HIDDEN DUs ARE DISCOVERED, CALL SUPERVISOR FOR INSTRUCTIONS AND WAIT FOR INSTRUCTIONS BEFORE YOU DO ANY ADDITIONAL SCREENER INTERVIEWS. ALL DISCOVERED UNITS MAY NOT BE SELECTED.

HIDDEN DU FORM

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

TOTAL ADDITIONAL DUs:

TOTAL SELECTED DUs TO ADD IN CAPI:

OFFICE USE ONLY:
 CARDS MADE FOR HIDDEN DUs
 INITIALS _____ DATE _____

If the respondent does not report any additional DUs, select No and Next to continue to a closing statement and complete the screener. Then, complete any other appropriate study activities, such as interviews if SPs were selected and are available. However, if the DU is part of a multi-unit structure (e.g., apartment building), you must still check the structure for hidden DUs after you have completed the visit with the household. Check in the lobby (e.g., mailboxes and bells) and around the outside of the building for additional units or entrances to the house/building. Be sure 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, follow the steps below to complete the Hidden DU check, beginning with step 1 below.

The screenshot displays a software interface for completing a Hidden DU form. At the top, a text box contains the instruction "COMPLETE THE HIDDEN DU FORM." Below this, a large black box with a white checkmark and the text "FORM COMPLETE" indicates that the form has been successfully submitted. At the bottom of the screen, there is a control panel with several elements: a field containing "601-01-0001", a field with "SCQ v. 19.00/5.00", a field labeled "DU form", and a field with "SCQ570". To the left of these fields are icons for "Remarks" and "Español". In the center are buttons for "Turn On Pad", "DK", and "RF". To the right are navigation arrows (left and right).

When you select “YES” on the previous screen , you must complete the Hidden DU Form and turn it in to the Site Coordinator at the stand office (see Exhibit 11-1). You must keep a supply of the Hidden DU form with you in the field. These can be stored in your accordion “grab and go” folder.

You should complete the Hidden DU form according to the following specifications.

1. Record the Household ID of the DU where you completed the Hidden DU. Check at the top left of the form.
2. 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:

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

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

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

3. Number each case consecutively (i.e., 1, 2, 3, . . .).

Note: If the respondent reported additional DUs, complete steps 1 through 3 and then continue with the household visit until your contact is complete. That is, complete the Screener and try to complete interviews if appropriate. Then, continue to step 4.

4. 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 hidden 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.

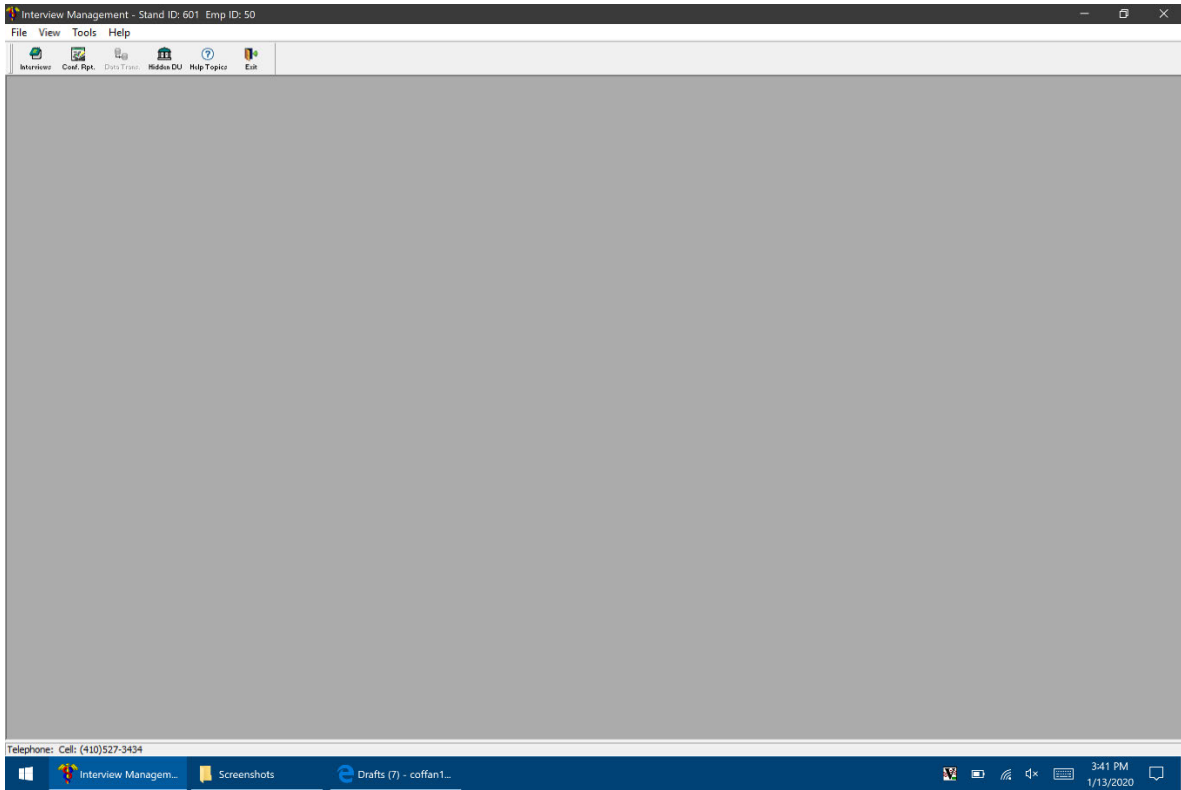
When you find hidden DUs, complete the form and turn it in to the Site Coordinator. Once you receive supervisor approval to add the DUs, continue to step 5.

If all DUs are listed appropriately on a separate listing line, then submit the form to the Site Coordinator. Do not add DUs to your tablet.

5. If four or fewer hidden DUs are discovered in a particular structure, and you have supervisor approval, enter the address of each DU in your tablet, using the Hidden DU screen (see Exhibit 11-2). The procedure for entering addresses in your tablet appears below:

- A. While in Interviewer Management (IM) on the Interviews screen, tap “CLOSE”;
- B. Tap on the “HIDDEN DU” button;
- C. Indicate whether the new dwelling unit was discovered as a result of a Hidden DU or Missed Structure procedure message by selecting DU or Structure from the Type drop down;

Exhibit 11-2. Missed Structure/DU Entry screen



Interview Management - Stand ID: 601 Emp ID: 50
File View Tools Help

Missing Structure/Hidden DU entry
Please fill in the source, type, and address for the missing structure/hidden DU.

Type

Source

Segment #: [dropdown]
Linked Serial #: [text]

Right Click for a list of valid linked Serial numbers.

[text] Dir Pre [dropdown] Street Name [text] st/rd/av [dropdown] Dir Post [dropdown]

Unit Type [dropdown] Unit # [text]

City [text] State [dropdown] Zip [text]

1 of 1 Turn On Pad Next Previous OK Cancel

Ready
Interview Managem... Screenshots Drafts (7) - coffan1... 3:45 PM 1/13/2020

- D. Enter the Segment;
- E. For hidden DUs, enter the serial number of the DU at which you discovered the hidden DU;
- F. Use the “Turn On Pad” button to access the keypad and enter the address of the dwelling unit; and
- G. Tap on the “Next” button to enter another address or the “OK” button to accept your entries and exit the Missing Structure/Hidden DU entry screen.

This will create a separate case on your tablet for each DU. Next:

- A. CAPI will create a new case for the new unit;
 - B. 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;
6. If it would be helpful to you, use the information on your tablet fill out a case assignment box on a blank Case Card for each new case created. Note that the eligibility, fasting, and incentives will be the same as the DU where the units were found;
- A. If you have another new DU to enter, tap the “NEXT” button; and
 - B. When you are finished entering all new DU addresses, tap the “OK” button.

7. If five or more hidden DUs are discovered in a particular structure, follow the procedures described below:
 - A. List all addresses on the lines provided;
 - B. Call your supervisor before entering any addresses in CAPI. Your supervisor will select those DUs that should be entered in CAPI and contacted for screening;
 - C. For each new **selected** DU, create a new case in CAPI using the steps described above;
 - D. The case will then be added to the bottom of your Case Assignment List on your tablet; and
 - E. If it would be helpful to you, use the information on your tablet, create a Case Card for each new case (see Section 11.2).
8. 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 Hidden DU Form.
9. 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 Hidden DU Form.

REMEMBER: Conduct the Hidden DU check only if there is a Hidden DU message on the Case Card for the address and CAPI presents SCQ.560 prompting you to ask the screener respondent if there are additional DUs at the address. If you discover a hidden DU at an address that does not have a Hidden DU message, do not add the discovered DU to the materials and do not contact the household for screening.

11.2 Creating a Case Card for Hidden DUs

If you find the Case Cards helpful, carry several blank Case Cards with you in case additional DUs are discovered as a result of the Hidden DU check. You can create a Case Card 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 case assignment box;

- Record the address and/or location description in the case assignment box; and
- Document the same fasting requirement and incentives as the DU where the unit was found.

This card can be used to help organize your cases and record quick notes about contacts. You should attempt to contact the household and conduct the Screener. Even if you record notes about contacts on your Case Card, you must record all contacts electronically on your tablet or phone.

11.3 Sampling Messages for Hidden DUs

When screening Hidden DUs, use the sampling message associated with the assigned address where you were instructed to perform the Hidden DU check. To access the sampling message, login into IM, tap the screener case to highlight it, tap Tools, and then tap Sampling Criteria.

11.4 Examples of Hidden DU Situations

The following examples illustrate some situations where hidden DUs were discovered and the interviewer used the Hidden DU check.

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 Case Card for this case contains the Hidden 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 Hidden DU form in the following manner:

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 DUs:

TOTAL SELECTED DUs TO ADD IN CAPI:

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

Since there are four or fewer hidden DUs, the interviewer creates a new case for each dwelling unit by using the Missing Structure/Hidden DU Entry screen in CAPI (after receiving his/her supervisor's approval), creates Case Cards, if helpful, 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 Case Card for this case contains the Hidden DU message. When the interviewer completes the screener with the assigned household, s/he asks SCQ.560 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 Hidden DU Form in the following manner:

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 DUs:

TOTAL SELECTED DUs TO ADD IN CAPI:

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

Since there are four or fewer hidden DUs, the interviewer creates a new case for each dwelling unit using the Missing Structure/Hidden DU Entry screen in CAPI (after receiving his/her supervisor's approval), creates Case Cards, if helpful, and contacts each to conduct the Screener.

11.5 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 hidden 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 your supervisor in order to proceed and your supervisor will contact the home office.

When the home office receives a call from the field to report an interviewer having identified five or more hidden DUs, information will be collected about the hidden 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 Hidden DU/Missed Structure procedure have been uploaded to ISIS, it will not be possible to schedule a MEC exam appointment in the Appointment Management application. In the event that you call Survey Support to schedule an SP from a hidden DU/missed structure before you have done a data transfer, the details of this appointment must be recorded on hard copy.

12. Reporting

12.1 Overview

NHANES is a fast paced study and to insure the success of every stand, good communication is essential to case management. Communication with your supervisor comes in many forms:

- Mandatory weekly conference reports which includes a comprehensive case-by-case review;
- Entering and maintaining descriptive EROCs, Household Notes and Household Members Observed;
- Completing your electronic timesheet each day you work;
- Submitting your Trip Expenses each week and Field Expense Form monthly; and
- Responding to emails, texts and voicemails in a timely manner.

This chapter describes NHANES Reporting procedures, including:

- Completing and submitting your electronic timesheet and Trip Expense Reports; and
- Weekly reporting with the Field Management staff and Study Manager (SM).

12.1.1 The Electronic Timesheet, Field Expense Form and Expense Report

It will be necessary for you to produce an electronic Trip Expense Report, Field Expense Form and make sure your electronic timesheet is up to date weekly for reporting purposes. 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 study manager will use these 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.

You are required to use Westat's electronic timesheet to report hours worked on a daily basis. At the end of the work week, review your timesheet to make sure all entered information is complete and accurate, before signing and submitting for approval.

You must complete your timesheet each day that you work.

You are required to complete and submit an electronic Trip Expense Report (eTER) for each week that you are traveling.

Monthly, or more often if reimbursement is needed sooner, you must submit the electronic Field Expense Form.

Please refer to the “User Guide for the Electronic Timesheet” and the “User Guide for Field Expense Form and Travel Expense Report” available on the FIG and distributed with your training home study for more detailed instructions.

See the NHANES Travel and Administrative Policy Manual for information on allowable expenses.

12.2 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**. Each conference will be approximately 1 ½ hours. If you cannot report at your scheduled time, phone or email 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.

12.2.1 Preparing for the Conference

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

- Edit all hard-copy documents. All work being turned in to the Site Coordinator should be completely filled out and edited, including any hardcopy consent/assent forms, Hidden DU Forms and collection sample kits;
- Check to make sure your EROC (TROC/mFOS), DU Obs, Household Notes and Observations are up to date electronically. While you may use optional hardcopy materials to organize yourself, electronic entries are required;
- **Perform a data transfer prior to your report time** so that your supervisor can see all of your up-to-date work;

- **Review all of your assignments.** This includes preparing questions and/or notes related to not worked and worked cases about which you are having difficulty with or concerns;
- Be prepared to discuss cases where you have completed all work and are ready to turn in the Case Cards (ineligible households, vacants, not a DU, eligible households where all interviews and MEC appointments are scheduled) and interim cases that you still need to work or think should be turned in as refusals for another interviewer to work or close out; and
- Be ready to request non-response letters for cases that you would like to have sent

12.2.2 Meeting with Survey Support Staff

Survey Support 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 you data transfer each day that you work. Survey Support staff will review all materials, hardcopy and electronic, for accuracy and completeness and keep all complete and final cases for processing.

Survey Support staff may also review quality control items, such as questionnaire editing, audio recording feedback, critical data item quality control reports, electronic review of consent forms, that you have turned in all collected sample kits, and inform you of policy and procedure updates. Survey Support staff will email feedback forms that will be discussed on telephone report calls. Survey Support will make every effort to schedule calls immediately before or after weekly conference calls with Study Managers.

12.2.3 Study Manager Conference

The Study Manager will review each case in depth that you currently have assigned, including any upcoming appointments, your assessment of the case, as well as any problems you have with the case or questions about procedures. The Study Manager will give final approval on Vacant, and Not a Dwelling Unit, and s/he may pull cases from you and/or assign new cases. You should review new assignments during the conference so that you can discuss any questions pertaining to them. 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 without waiting for your next regular conference.**

Always discuss any problems or concerns you have with the study manager. If you encounter a problem and need an immediate solution, talk to your Study Manager right away without waiting for your next regular conference.

12.3 Data Transfer

The final step in the Reporting Process is to complete a Data Transfer. Successfully completing a Data Transfer will cause all finalized and re-assigned cases that were reviewed by the Study Manager to be removed from your machine. If the Study Manager assigned you new cases during the report, the necessary modules to complete those cases will now be on your machine. More specific data transfer information and troubleshooting information is found in Attachment D.

You must data transfer each day that you work. Also, you must data transfer before and after each Study Manager

13. Specifications and Definitions for the Sample Person and Family Questionnaires

This chapter provides detailed information on the Sample Person (SP) and Family questionnaires, and a review of select questionnaire items. In this chapter, you learn about:

- General administration rules;
- When to enter remarks in the questionnaires;
- The focus of each section of the SP and Family questionnaires; and
- Contact information collected for future contacts.

13.1 Overview of the SP and Family Questionnaires

13.1.1 SP Questionnaire

The SP questionnaire is divided into twenty-eight 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 13-1 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 varies depending on the SP'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.

13.1.2 Family Questionnaire

One Family questionnaire is administered for each family containing at least one SP. The eight sections in this questionnaire collect information about a broad range of topics. Exhibit 13-2 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 13-1. Sections in the SP Questionnaire

Section	Target age group
Respondent Selection	Birth +
Early Childhood	Birth to 15
Hospital Utilization and Access to Care	Birth +
Immunization	Birth +
Medical Conditions	1+
Hepatitis	6+
Kidney Conditions	20+
Diabetes	1+
Blood Pressure	16+
Cardiovascular Disease	40+
Osteoporosis	50+
Audiometry	1+
Dermatology	20-59
Oral Health	1+
Physical Activity and Physical Fitness	2+
Functioning	5+
Standing Balance	40+
Sleep Disorders	16+
Diet Behavior and Nutrition	Birth +
Weight History	16+
Smoking and Tobacco Use	0-11, 18+
Occupation	16+
Acculturation	3+
Demographics Information	Birth +
Health Insurance	Birth +
Infant Formula	Birth-24 months
Dietary Supplements and Prescription Medication	Birth +
Mailing Address	Birth +

Exhibit 13-2. Sections in the Family Questionnaire

Section	Target group
Respondent Selection	Respondent
Demographic Background	Non-SPs Heads of Household & Spouses
Housing Characteristics	SP's Family
Smoking	Household
Consumer Behavior	Family
Income	SP/Family/Household
Food Security	Household
Tracking and Tracing	Family

13.2 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 and emphasize key points that may have been missed.
- 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.
- Bold words or phrases in a question should be emphasized when read.

- Unless indicated on the screen (e.g., Code All That Apply), code only one answer for each question. If a range is given, you may have to probe for a more specific answer.
- Reference periods vary frequently throughout all of the questionnaire sections (e.g., in the past year, during the past month, ever, during your lifetime, in the last 2 weeks). Be sure to stress all reference periods when reading the questions. When necessary, re-read and emphasize 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 get the respondent to narrow it down as much as possible to a single number, date, or age. In most instances, the interview cannot proceed unless a specific response is given. If only a whole number can be entered and a fraction or decimal is given, use the rounding rule.
- 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.

13.3 Using Remarks

Sometimes, in the course of the interview, a respondent gives 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. Record F5, for "Don't Know" in the response field and record the respondent's answer in the comment field. 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 field to enter the response. If you do **not** receive a prompt to "SPECIFY," no remark should be made.

13.4 Detailed Specifications

13.4.1 The SP Questionnaire

Before you begin the SP questionnaire, ask the respondent to gather containers you will ask to review as part of the interview. Then, based on the SP's age, provide either the "For SPs 2 Years and Older" or "For SPs 0 to 24 Months" Screener hand card that displays the specific types of products you will ask to review during the interview (Chapter 5, Section 5.4). You will review these containers while administering the Infant Formula (IFQ) and Dietary Supplements and Prescription Medications (DSQ) sections of the questionnaire.

The SP questionnaire is administered for each eligible SP. It is divided into twenty-eight 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 13-1, "Sections in the SP Questionnaire").

Below is a description of each of the sections comprising the SP questionnaire followed by question-by-question specifications. For details on the Respondent Information Questions that precede the health questions of the SP questionnaire, see Chapter 5.

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, as well as the birth mother's age and weight before pregnancy. The target group is SPs aged birth to 15 years.

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 to if you are sick and need health care?

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 s/he 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. In this scenario, code “THERE IS NO PLACE” (2).

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 (i.e., 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 s/he is sick or needed advice about his/her health.

HUQ.071	During the past 12 months , have you been hospitalized overnight .
	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 aged less than one year, do **not** include hospitalization covering his/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 their immunization history. All SPs are asked at least one question in this section.

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 aged 1 year 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 are asked of adults aged 20 years or more. In many 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 s/he has the condition but has never been told by a doctor or health professional that s/he has it, the response entered should be “NO.” If a doctor or health professional told the SP that s/he is likely to develop the condition or that it is likely s/he 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 change (e.g., “**ever**”, “**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.

<p>AGQ.030 During the past 12 months, have you been told by a doctor or other health professional that you had hay fever or seasonal allergies?</p> <p style="text-align: right;">YES 1 NO 2</p>
--

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.).

<p>MCQ.520 During the past 12 months have you had pain in the area shaded on the diagram?</p> <p>FOR FEMALES DO NOT INCLUDE MENSTRUAL PAIN.</p> <p>HAND CARD MCQ1</p> <p style="text-align: right;">YES 1 NO 2</p>

SPs aged 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 last 12 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 is a follow-up question that asks for the type of cancer.

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 aged 6 years and 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 aged 20 years and older.

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 aged one year and 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 What does {your/SP's} doctor or other health professional say {your/his/her} blood pressure should be?
G/S/D

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, select “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 aged 16 years and 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	How old {were you/was SP} when {you were/he/she was} first told that {you/he/she} had hypertension or high blood pressure? <input type="text"/> <input type="text"/>
G/Q	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 aged 40 years and 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 aged 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?	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	ENTER NUMBER OF TIMES	
OSQ.030	How old {were you/was SP} when {you/s/he} fractured {your/his/her} hip {the {1st/2nd/10 th or more recent time . . .} time}?	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	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 s/he had broken or fractured the hip, wrist, and spine, as these are common fracture sites 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 s/he 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 s/he 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, s/he will be asked OSQ.90 to determine whether the fracture was as result of severe trauma, such as a car 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 years 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 are 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 are asked about loud noise, AUQ.330. If the SP has been exposed to loud noise at work, s/he 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 is 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 13-1. 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 13-1. 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 sun exposure and sun protective behavior. The questions are asked of SPs aged 20 to 59 years. Please note that questions DEQ.120 and DEQ.125 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 is asked of SPs aged one year and older. NHANES has 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 as well as questions about 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 aged 3 to 15 years 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 aged 3 to 19 years are also asked about how many times s/he brushes his/her teeth in one day and how much toothpaste s/he uses. Use the following descriptions when helping the respondent confirm the best response option:

OHQ.033	What was the main reason {you/SP} last visited the dentist?										
	<table> <tr> <td>WENT IN ON OWN FOR CHECK-UP, EXAMINATION OR CLEANING</td> <td>1</td> </tr> <tr> <td>WAS CALLED IN BY THE DENTIST FOR CHECK-UP, EXAMINATION OR CLEANING.....</td> <td>2</td> </tr> <tr> <td>SOMETHING WAS WRONG, BOTHERING OR HURTING {ME/SP}.....</td> <td>3</td> </tr> <tr> <td>WENT FOR TREATMENT OF A CONDITION THAT DENTIST DISCOVERED AT EARLIER CHECK-UP OR EXAMINATION.....</td> <td>4</td> </tr> <tr> <td>OTHER</td> <td>5</td> </tr> </table>	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
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.

<p>OHQ.835 The next questions will ask about the condition of your teeth and some factors related to gum health.</p> <p>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?</p> <p>YES 1 NO 2</p>
--

This question asks about the SP's gum and teeth health.

<p>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?</p> <p><input type="text"/> ENTER NUMBER OF DAYS</p>

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 aged 2 to 11 years and 16 years 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.

<p>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.</p> <p>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.</p> <p>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?</p> <p>YES 1 NO 2</p>
--

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 interested only 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 question ask about television watching and computer use.

Functioning (FNQ)

The functioning section consists of questions about physical and social functioning for SPs aged 5 years and older. Questions in this section collect information about the physical, mental, and social wellbeing of the SP. This information can help determine if the SP is limited, has difficulty, or needs assistance with various activities because of a physical, mental, or emotional health problem.

Both adults and children are asked about the use of glasses and a hearing aid, use of equipment or assistance with walking, difficulty communicating or being understood by others while speaking, and how often the SP feels worried, nervous, anxious, or depressed.

FNQ.010 I would like to ask you some questions about difficulties {you/SP} may have.

{Do you/Does SP} wear glasses or contact lenses?

YES 1
NO 2

FNQ.020 {When wearing {your/his/her} glasses or contact lenses}, {do you/does SP} have difficulty seeing? Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

HAND CARD FNQ1

NO DIFFICULTY 1
SOME DIFFICULTY 2
A LOT OF DIFFICULTY..... 3
CANNOT DO AT ALL 4

FNQ.050 {Do you/Does SP} use any equipment or receive assistance for walking?

YES 1
NO 2

FNQ.060 Without {your/his/her} equipment or assistance, {do you/does SP} have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. Would you say {you have/SP has}: some difficulty, a lot of difficulty, or cannot do at all?

HAND CARD FNQ2

SOME DIFFICULTY 2
A LOT OF DIFFICULTY..... 3
CANNOT DO AT ALL 4

In this section, “assistance” includes personal assistance in physically doing the activity or receiving instruction and guidance in order to perform the activity. Equipment includes any device, tool, or instrument used as an aid.

Child SPs are also asked about difficulty learning and controlling their behavior compared with children of the same age.

FNQ.120 Compared with children of the same age, {do you/does SP} have difficulty learning things? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ3

NO DIFFICULTY 1
SOME DIFFICULTY 2
A LOT OF DIFFICULTY..... 3
CANNOT DO AT ALL 4

FNQ.130 Compared with children of the same age, {do you/does SP} have difficulty controlling {your/his/her} behavior? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ3

NO DIFFICULTY 1
SOME DIFFICULTY 2
A LOT OF DIFFICULTY..... 3
CANNOT DO AT ALL 4

Adult SPs are also asked about difficulty with memory and concentration, self-care (e.g., bathing and dressing), physical movement, and daily living activities.

FNQ.490 {Do you/Does SP} have difficulty using {your/his/her} hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?]

HAND CARD FNQ3

NO DIFFICULTY 1
SOME DIFFICULTY 2
A LOT OF DIFFICULTY..... 3
CANNOT DO AT ALL 4

FNQ.500 Because of a physical, mental, or emotional condition, {do you/does SP} have difficulty doing errands alone such as visiting a doctor's office or shopping? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?]

HAND CARD FNQ3

NO DIFFICULTY 1
SOME DIFFICULTY 2
A LOT OF DIFFICULTY..... 3
CANNOT DO AT ALL 4

Most questions in this section ask the respondent to rate the degree of difficulty experienced when performing an activity. The response is based on the SP's **subjective** assessment of his/her ability to perform the activity. Do **not** attempt to explain the differences between the answer categories (i.e., "some difficulty" vs. "a lot of difficulty"). Similarly, it does not 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 health problem?

Standing Balance (BAQ)

The standing balance section consists of questions about the SP's history of balance problems and falls, and is administered to SPs aged 40 years and older. The prevalence of balance disorders in the U.S. is high and increases with age. The control of balance becomes increasingly dependent on visual cues and internal sense of position, motion, and balance as we age. Responses to standing balance questions will be used to interpret standing balance and vision exam results and classify participants with diagnosed and undiagnosed balance dysfunction.

This sections begins with a series of questions about dizziness sensations and problems with balance. If the SP has experienced any of the specific symptoms discussed, the respondent will be asked to identify the most bothersome symptom in the last 12 months. For these questions, the screen includes the question text and a definition of the symptom that must be read to each respondent.

BAQ.340 This next section focuses on {your/ SP's} most bothersome symptom in the past 12 months.

During the past 12 months, which one of these problems with dizziness, balance, or light-headedness bothered {you/SP} the most?

- Vertigo: a sensation of spinning, tilting, swaying or rocking of yourself or your surroundings 1
- Blurring of your vision when you move your head..... 2
- Unsteady: a feeling of being off-balance or not stable when standing or sitting upright 3
- Light-headed: a feeling your sense of space is mildly distorted, or not quite sharp, but not that you or objects around you are moving 4
- Fainting: a feeling you are going to pass out or faint..... 5
- Disconnected: a detached, floating, or spacey sensation..... 6
- Other: problems with balance, dizziness or light-headedness that are not well-described by the above list of symptoms 7

Respondents are also asked to identify the age of onset, duration of each episode in the last 12 months, what triggered the episode, whether the SP has received treatment from a doctor, and whether the SP's balance problems were caused by a specific condition, such as a head injury. Most questions in this section include help text that further defines key terms included in the question.

BAQ.460 Did {your/SP's} doctor(s) or health care professional(s) tell {you/him/her} the cause or causes of {your/his/her} problem(s) with balance, dizziness, or light-headedness was any of the following health conditions?

HAND CARD BAQ3

CODE ALL THAT APPLY.

- ANEMIA 1
- ANXIETY OR PANIC ATTACKS 2
- DIABETES 3
- HEART DISEASE..... 4
- HORMONAL CHANGES (INCLUDING PREGNANCY) 5
- LOW BLOOD PRESSURE OR HYPOTENSION 6
- LOW BLOOD SUGAR OR HYPOGLYCEMIA 7
- STROKE 8
- NONE OF THESE 9

Sleep Disorders (SLQ)

Sleep disorders and insufficient sleep are pervasive public health problems. A third of U.S. adults report that they get less than the recommended amount of sleep. 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 s/he does not work, ask if the time s/he falls asleep or wakes up on weekdays is different than the time s/he 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, 9AM to 5PM 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 s/he 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. Although many U.S. adults report getting less than the recommended amount of sleep, most are not “short sleepers”. 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.

<p>SLQ.030 In the past 12 months, how often did {you/SP} snore while {you were/s/he was} sleeping?</p> <p>INTERVIEWER INSTRUCTION: IF R SAYS “DON’T KNOW”, PROBE IF ANYONE HAS TOLD THEM THAT THEY SNORE.</p> <p>Never 0 Rarely 1-2 nights/week 1 Occasionally 3-4 nights/week 2 Frequently 5 or more nights/week..... 3</p>
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<p>SLQ.040 In the past 12 months, how often did {you/SP} snort, gasp, or stop breathing while {you were/s/he was} asleep?</p> <p>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.</p> <p>Never 0 Rarely 1-2 nights/week 1 Occasionally 3-4 nights/week 2 Frequently 5 or more nights/week..... 3</p>

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/her lifetime, and meals or food provided by various community or government programs. The section is asked of all SPs. For SPs aged birth to five years, 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. For SPs aged 0 to less than 24 months, there are questions about modes of feeding, mixed feeding, and introduction of first foods.

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 Maggie Jones ever breastfed or fed breastmilk?
	YES 1
	NO 2

Code “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

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 DBQ4

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 . . .

INCLUDE ALL TYPES OF MILK (FOR EXAMPLE, LACTAID AND OTHER LACTOSE-FREE MILKS, SOY MILK, ALMOND MILK, RICE MILK, COCONUT MILK, EVAPORATED MILK, ETC.)

- 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 DBQ6

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.

DBQ.360 During the **school year**, {do you/does SP} attend a kindergarten, grade school, junior or high school?

INTERVIEWER INSTRUCTION: ENTER 'NO' IF THE SP IS HOME SCHOOLED.

YES 1
NO 2 (BOX 14)
REFUSED 7 (BOX 14)
DON'T KNOW 9 (BOX 14)

SPs aged 4 to 19 years will also be asked if they attend a kindergarten, grade school, junior or high school during the school year.

DBQ.370 Does {your/SP's} school serve school lunches? These are **complete** lunches that cost **the same every day**.

YES 1
NO 2 (DBQ.400)
REFUSED 7 (DBQ.400)
DON'T KNOW 9 (DBQ.400)

DBQ.400 Does {your/SP's} school serve a **complete** breakfast that costs **the same every day**?

YES 1
NO 2 (BOX 9A)
REFUSED 7 (BOX 9A)
DON'T KNOW 9 (BOX 9A)

If the response to DBQ.360 is "YES," the respondent is asked if the school the SP attends serves school lunches (DBQ.370) and breakfasts (DBQ.400). These questions are interested in school meal programs where breakfasts and/or lunches are provided by the school. If the student is home schooled, the respondent should answer "NO" to these questions.

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 SPs aged 0 to 5 years. 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. If the SP never received WIC or stopped receiving WIC, the respondent is asked to provide a reason.

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, select, “NEVER.”

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 DBQ7

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. Select, “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. It is the current nutrition guide published by the United States Department of Agriculture (USDA) Center for Nutrition Policy and Promotion. The program uses an image of a plate to display the five food groups and indicate what and how much we should eat to stay healthy.

The series of questions about My Plate are intended to collect data to assess the SP's awareness and knowledge of the My Plate program. Do **not** explain the My Plate program or guidelines to the respondent, as this could bias the results. If a respondent asks about the My Plate program, politely say, "I can't tell you. We ask these questions because we want understand if people in American know about this program." If a respondent continues to ask about the My Plate program and might refuse further participation if you do not provide information, you may give an overview and suggest that the respondent search the term "My Plate" on the internet **after** the household questionnaires are completed.

DBQ.930	{Are you/Is SP} the person who does most of the planning or preparing of meals {in your family/in 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 family/in SP's family}?

IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES.

YES 1
NO 2

These questions are related to the Flexible 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 s/he does the food preparation or shopping "sometimes" or splits either responsibility "50/50" with someone else, select, "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/her life and about the SP's attempts to lose and/or maintain weight in the past 12 months. Weight History is asked of SPs aged 16 years 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 CENTIMETERS

- 01. ENTER HEIGHT IN FEET AND INCHES
- 02. ENTER HEIGHT IN CENTIMETERS

The first question is a gate question that requires you to indicate whether you will enter the response in feet and inches or 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 1/2 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 s/he?” 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 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. Information from this section will be used by the CDC and other organizations to prevent and treat obesity.

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 are 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 s/he weighed the most recent time s/he 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 aged 16 to 59 years during the time period referenced. For example, for item WHQ.053, it appears for females aged 17 to 60 years when asking how much the SP weighed **a year ago**.

Smoking and Tobacco Use (SMQ)

This section includes questions on lifetime cigarette smoking, questions on indoor secondhand smoke exposure, and a question about the use of electronic cigarettes (e-cigarettes). The questions on cigarette smoking include regularity of use, starting and quitting experiences, and a few questions about usual cigarette smoked. The questions on cigarette use and electronic products are asked of all SPs aged 18 years and older. The questions about secondhand smoke include exposure to all tobacco products smoked in indoor locations, and are asked of SPs aged 18 years and older and those aged 0-11 years (by proxy). Youths aged 12 to 17 years 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. Please make sure that the respondent is reporting about cigarette use, and not use of a little cigar or cigarillo (see images on hand card SMQ1. 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, at any point, you realize that the SP is reporting about the use of little cigars, you must go back to the first question in

SMQ where you show hand card SMQ1. If this happens, it is likely that the respondent has been a former cigarette smoker but now smokes little cigars.

Respondents who answer, “YES” indicating that they have smoked at least 100 cigarettes over their lifetime 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, s/he 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 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 fairly 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,” select, “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 “every day” or “some days.”

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, ask the SP to state the closest whole number.

“Every day” and “some days” current smokers are asked a few questions about the cigarettes s/he usually smokes:

SMQ.653 Do you usually smoke filtered or non-filtered cigarettes?
 ENTER ‘1’ FOR FILTERED
 ENTER ‘0’ FOR NON-FILTERED

FILTERED..... 1
 NON-FILTERED..... 0

SMQ.657 Do you usually smoke menthol or non-menthol cigarettes?

ENTER ‘1’ FOR MENTHOL
 ENTER ‘0’ FOR NON-MENTHOL

MENTHOL 1
 NON-MENTHOL..... 0

The next set of 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 s/he 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) answer for youths aged 11 years and younger.

The last question asks about the SP’s use of e-cigarettes. E-cigarettes and other “electronic nicotine delivery systems” vaporize tobacco leaves in a solution that the user inhales. Include reports of “hookah pens,” “e-hookahs,” or “vape pipes.” Do not include vaping devices used for marijuana or substances other than nicotine.

SMQ.940 The next question is about e-cigarettes.

During the last 7 days, {were you/was SP} in an indoor place where someone was using an e-cigarette, e hookah, vape-pen or other similar electronic product?

YES 1

NO 2

Occupation (OCQ)

Overview

This section of the questionnaire obtains information about employment status, the number of hours and days that working SP usually works, and the SPs overall work schedule. Question in this section are asked of SPs aged 16 years and older.

Note the following definitions with respect to Question **OCQ.152**:

OCQ.152 In this part of the survey I will ask you questions about {your/SP's} work experience.

Which of the following {were you/was SP} doing last week . . .

working at a job or business, 1

with a job or business but not at work, 2

looking for work, or 3

not working at a job or business? 4

1. Work

A. Include the following as “work”:

- (i) 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).
- (ii) Working for profit or fees in one’s own business, professional practice, partnership, or farm even though the efforts may produce a financial loss.
- (iii) Working without pay in a business or farm operated by a related household member.
- (iv) Working as an employee of the National Guard or Department of Defense.

- (v) Serving on paid jury duty.
- (vi) Participating in “exchange work” or “share work” on a farm.

B. Do not include as “work”:

- (i) Unpaid work which does not contribute to the operation of a family business or farm (e.g., home housework).
- (ii) 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).
- (iii) Unpaid work for an unrelated household member or for a relative who is not a household member.
- (iv) Volunteer or other unpaid work for a church, charity, political candidate, club, or other organization, such as the Red Cross, Community Fund, etc.
- (v) 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.)
- (vi) 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.

- A. 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.
- B. 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.
- C. 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.

- D. 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.
 - E. 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.”
 - F. 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:

- A. Machinery or equipment of substantial value is used in conducting the business, or
- B. An office, store, or other place of business is maintained, or
- C. 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:

- A. Sewing performed in the sewer’s house using his/her own equipment.
- B. 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:

- A. Yard sales; the sale of personal property is not a business or work.
- B. 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.
- C. 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:
 - A. Filled out applications or sent out resume.
 - B. Placed or answered classified ads.
 - C. Checked union/professional registers.
 - D. Bid on a contract or auditioned for a part in a play.
 - E. Contacted friends or relatives about possible jobs.
 - F. Contacted school/college university employment office.
 - G. Contacted employment directly.

Job search methods that are not active include:

- A. Looked at ads without responding to them.
- B. 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
 - (i) Consider the person as working if s/he receives any pay for the work or an on-the-job training.
 - (ii) 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.

- (i) Consider the participants as working if s/he receives on-the-job training.
 - (ii) Do not consider the participants as working or with a job if s/he receives training in a school or other institutional setting.
 - (iii) 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.
- (i) 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.)
 - (ii) 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.
 - (i) Consider persons receiving public assistance or welfare who are referred to the State Employment Service and placed in a regular job as working.
 - (ii) 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.
 - (iii) 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.

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. These categories are designed to classify those with daylight or nighttime work schedules. Help the SP find a category that fits her work schedule as best as possible.

If the SP has a hard time selecting a response, ask the SP to think about his/her main working hours. Select “Traditional 9 AM to 5 PM day,” if much of the shift is during the daylight, for example, a 7 AM to 4 PM shift or a twelve-hour day shift. Note that a traditional 9 AM-5 PM day can be any day of the week, Monday through Sunday.

Select “Evening or nights,” if much of the shift is during the nighttime, for example, 6 PM to 6 AM.

Select “Early Mornings” if the job begins around 2 AM or 3 AM when it is dark, even though there may be daylight when the shift ends.

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 (early mornings, days, and nights),” 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 (early mornings, days, and nights).” You should not need to code a response as “Don’t Know.” Data from this question and questions in the Sleep Disorder section will be used to learn about sleep patterns and behaviors.

Acculturation (ACQ)

The Acculturation section asks respondents aged 3 years and older what about the language s/he speaks at home. SPs get one of the three language questions below, depending on whether the SP was identified as Hispanic, Asian, or some other race/ethnicity in the Screener questionnaire.

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 or Spanish, 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, veteran status, whether the SP was born in the United States, length of residence in this country, ethnicity and race. It also collects information that is used primarily to track SPs for future studies, including their 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 whether the SP was born in the United States, 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 individual 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.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's response to this question conflicts with what is coded in the Screener, a soft error message will come up to alert you that the inconsistency needs to be addressed with the SP. You may have simply mis-keyed the response and need to correct the entry, or there may be a legitimate discrepancy in responses between the Screener and SP questionnaire. For example, the latter may occur if the respondent who provided the SP's ethnicity in the Screener is not sure how the SP identifies him or herself. In this case, suppress the edit check message and move forward. However, you **must** confirm the updated response with the respondent before suppressing the message and moving on. Bypassing this message without reconciling the information with the SP can cause SPs to become de-sampled and their data to be deleted. 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 de-sampled. Close attention and careful coding are needed in these questions to avoid inappropriate de-sampling.

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 “OTHER HISPANIC/LATINO (SPECIFY)” if the SP’s response/ responses are listed as coded responses. For example, this response should not be selected if the SPs says they are “PERUVIAN” since it’s a valid response category.

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 DMQ3

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

The self-report race question 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 appear to alert you that the inconsistency needs to be addressed with the SP. This message is similar to the message displayed when there is an inconsistency with the ethnicity question. Confirm the response and move forward.

Please note that if you believe changing the ethnicity and/or race in the SP questionnaire will result in desampling the SP, do not be alarmed. The SP will still be allowed to go through the MEC and collect all incentives. In addition, the SP will count toward the interviewer's stand block production bonus. Do not tell the SP about the possible desampling. This will most likely cause unnecessary alarm and is irrelevant to his or her experience for the remainder of his or her participation in the study.

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 SP considers him/herself Hispanic and selects “OTHER” race, DMQ.266 appears. **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 DMQ5

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.263, 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 DMQ4

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.263, 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 DMQ6) 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 includes only the text required by the Institutional Review Board, and a Social Security number is not asked for until after the statement is read. Social Security Numbers must include all 9 digits. The last 4 digits do not provide enough information.

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 (DMQ6) to assist you with reluctant respondents. This text must be read for all respondents who refuse to provide their Social Security number. The NHANES SP questionnaire includes a 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.

If the respondent will complete multiple interviews (e.g., one for himself each of his three children), and has refused to provide Social Security number for the first few interviews, you are not required to read the text for DMQ.281a for later interviews. Instead, at DMQ.281a, verbally confirm that the respondent has previously refused for all interviews and allow CAPI to record this verbal note. Then, you may enter refused, omit the refusal conversion text, and move to the next question.

If the respondent refuses to verbally provide his/her Social Security number, but is willing to type it directly into CAPI, it is acceptable for him/her to provide Social Security information in this way. If the respondent does not remember his/her SSN, and does not have a card available at the time of the SP interview, let him/her know to bring the card to the MEC. The MEC can update the SP's Social Security number at the time of the MEC examination.

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 14 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 aged 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. Please note that the Medicare Health Insurance Claim number was changed. All SPs should have a new Medicare card with the new number beginning in 2019. You should be able to enter the old and new number into your computer. If you cannot, please notify your supervisor immediately. Hand card (HIQ2) shows an example of the old and new Medicare card and claims numbers.

Infant Formula (IFQ)

The Infant Formula section consists of questions about infant and toddler formulas the SP consumed in the last two weeks. The questions facilitate collection of information on each formula container. This section is asked for SPs aged birth to 24 months who are still taking formula.

Specifically, as part of the DBQ section, parents of SPs aged 6 years and younger are asked DBQ.050, “How old was {SP} when {he/she} completely stopped drinking formula?” If the SP is between 0 and 24 months and the respondent reports that the SP is still taking formula, the respondent will receive questions from the IFQ section. Information from infant and toddler formula containers can be used to assess infant and toddler nutrient intakes and enhance research on child diet quality and nutritional status, growth and development.

The respondent is asked to provide the containers for all the infant and toddler formulas the SP consumed in the past two weeks.

IFQ.001	<p>Now I'd like to know about any infant and toddler formulas {SP} had in the past two weeks. May I please see the containers for all the infant and toddler formulas that were fed to {SP} (in the past two weeks)?</p> <p>INTERVIEWER INSTRUCTION: TODDLER FORMULAS MAY ALSO BE CALLED TODDLER MILK, GROWING UP MILK, OR FOLLOW-ON FORMULA.</p> <p style="text-align: center;">ENTER INFANT AND TODDLER FORMULA NAME..... 1 DID NOT TAKE INFANT OR TODDLER FORMULA 2</p>
----------------	---

First you must enter the formula name using a lookup list.

If a container is provided, find the formula by entering the name of the formula into the lookup table at IFQ.005. The container label should be read from top to bottom, and the name typically consists of the brand name, base, form, added ingredients or descriptions, and age range. Each formula name has been entered into the database in the previously mentioned format, making it easier for you to find a formula on the list. As you enter words into the lookup, the program will narrow your search, presenting only the products containing words from your entries. Select the exact match from the list.

You do not need to enter the entire formula name. Instead, enter just enough information to allow the lookup list to present the formula provided by the respondent and select it. If you can't find the formula on the list because there are too many matches, add **one more key word and check the list again.**

If the container is not provided or you cannot find the formula on the list, you will be prompted to enter key words about the formula. You may have to probe the respondent for this information. The SP and Family hand card titled “Tips for Entering NEW

Infant and Toddler Formulas” provides guidance on finding key words on the container label. Key words include:

- Brand name;
- Base (i.e., soy, milk, other);
- Form (i.e., powder, ready to use, liquid concentrate);
- Added ingredients or descriptions (e.g., iron, low iron, DHA, prebiotic, etc.); and
- Age range (e.g., 0-3 months).

When the formula is not found on the list or the container is not seen, you will be asked to enter the information below. You will likely have to probe the respondent for this information.

- Is the base of the formula soy, milk, or some other base?
- Is the form a powder, ready to use, a liquid concentrate, or some other form?
- Are there any added ingredients or descriptions, such as iron, low iron, DHA, prebiotic, etc.?
- What is the age range for this formula? For example, “birth to 12 months,” “6 to 12 months,” “1-3 years,” etc.
- Select the manufacturer from the lookup list. If the manufacturer is not on the lookup list, ask for the name and location (City, State).

Once you select a formula from the list or enter all available information about the formula, all respondent’s will be asked how long the SP has been fed the formula.

IFQ.055	For how long has {SP} been fed this formula?
Q/U	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)
	<input type="text"/>
	ENTER UNIT
	DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS..... 4

You may enter up to five infant and toddler formulas.

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 for all SPs.

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 SP 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 respondent 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 s/he 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). For female SPs aged 16 to 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 s/he 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, 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, gels, 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 (e.g., echinacea, garlic, ginseng, ginkgo biloba).
- **Specialty Supplements:** Glucosamine, chondroitin, melatonin, SAME, DHEA, bee pollen, choline, probiotics.
- **Enzymes:** 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 (e.g., 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 ginkgo 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 (e.g., 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 (e.g., 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:** Vitamin E or Vitamin A creams.

- **Fluid replacers and rehydration formulas for adults and infants** Pedialyte, and Lytren.
- **All antacids:** These are 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, 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, 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 | 18. CALCIUM |
| 12. VITAMIN B6 | 19. CHROMIUM (CHROMIUM PICOLINATE) |
| 13. VITAMIN B12 | 20. FOLATE (FOLIC ACID) |
| 14. VITAMIN C (WITH OR WITHOUT ROSE HIPS) | 21. IRON (FERROUS XXXATE) |
| 15. VITAMIN D (D3) | 27. MAGNESIUM |
| 16. VITAMIN E | 28. POTASSIUM |
| | 29. SELENIUM |
| | 40. ZINC (ZINC GLUCONATE) |

YES 1
NO 2
DON'T KNOW 9

First 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 select “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 (cholecalciferol).

DSQ.056 WHICH PRODUCT IS IT?
ENTER 1 PRODUCT CODE

- | | |
|---|------------------------------------|
| 10. VITAMIN A | 18. CALCIUM |
| 12. VITAMIN B6 | 19. CHROMIUM (CHROMIUM PICOLINATE) |
| 13. VITAMIN B12 | 20. FOLATE (FOLIC ACID) |
| 14. VITAMIN C (WITH OR WITHOUT ROSE HIPS) | 21. IRON (FERROUS XXXATE) |
| 15. VITAMIN D (D3) | 27. MAGNESIUM |
| 16. VITAMIN E | 28. POTASSIUM |
| | 29. SELENIUM |
| | 40. ZINC (ZINC GLUCONATE) |

YES 1
NO 2
REFUSED 77
DON'T KNOW 9

If any of the supplements you see are on the special products list, type in the number of the product. CAPI displays 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 is seen, you are 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 appears 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.

However, it is acceptable to enter “Don’t Know” for the strength of a prescription supplement if it is not given.

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 are 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 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 makes 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 only if displayed on the front of the container as part of the name:
 - Brand name – NatureMade, Spring Valley, Centrum;
 - Type of supplement – Multi-vitamin and multi-mineral, garlic, fish oil, Vitamin E;
 - Qualifiers – senior, silver, women’s, men’s, prenatal, standardized extract, triple strength, root extract, timed release;
 - Strength – if displayed on the front of the container; and
 - Include the information below as part of the supplement name **only** if displayed on the **front** of the container **as part of the name**.
 1. Form (e.g., tablets)
 2. Manufacturer (e.g., Eckson Labs)
 3. “Rx Only.” When including “Rx only,” type at the end of the supplement name

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 enables 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”, attempt to collect information about the manufacturer. This information is 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.

Select the name on this list only if **it is identical or nearly identical to the entry for DSQ.081k**. For example, 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 are 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 “every day,” 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 On the days that {you/SP} 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. 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 prompted to ask if they took the entire package, since some people do not take all of the pills in a package.

DSQ.124	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 DSQ2	
	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, ask 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. It is ok if the SP provides only one reason. Please do not over probe and encourage her/him 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 <u>in addition</u> 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 <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.
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.127 and respond “YES,” CAPI takes 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 are then 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 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 cycles 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 in 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.

<p>RXQ.180Q/U For how long have you been using or taking {PRODUCT NAME}?</p> <p style="text-align: center;"> _ _ _ _ ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)</p> <p style="text-align: center;">ENTER UNIT</p> <table><tr><td>DAYS.....</td><td>1</td></tr><tr><td>WEEKS.....</td><td>2</td></tr><tr><td>MONTHS</td><td>3</td></tr><tr><td>YEARS.....</td><td>4</td></tr></table>	DAYS.....	1	WEEKS.....	2	MONTHS	3	YEARS.....	4
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 produce a big error in the amount of time it appears the person took the product.

<p>RXQ.191 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did you take {PRODUCT NAME}?</p> <p style="text-align: center;"> _ _ ENTER NUMBER OF DAYS FROM 1-30</p>
--

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 “Every day,” 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 Q/U/OS 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. 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 response option 1, since they are most common. The other options provided are mainly units of measurement (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 takes 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 are 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, 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. If there is an abbreviation for a prescription name on the label, enter it exactly as written. If there is not an exact match on the look-up list, then select “not a match.” Do not include the dose or strength in the name of the drug or the “IC” designation that may appear at the beginning of the prescription name.

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 is automatically linked to the generic name, with or without 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 populates 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, 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.

If the prescription is provided as a Multi-Drug Prescription Pack, use the following guidelines when entering it into CAPI:

- If multiple prescriptions are contained in a single unlabeled pack and a medication list (usually from a pharmacy) is not available:
 - Record as “container not seen” for RIQ.251
 - List each prescription in the pill pack as a separate medication and follow CAPI questions asking the respondent about each prescription.
 - Enter as much information as the respondent can provide and enter “don’t know” responses as needed.
- If multiple prescriptions are contained in a single unlabeled pack and a medication list (usually from a pharmacy) is available:
 - Record as “only pharmacy print out seen” for RIQ.251
 - Use the medication list to record the prescription information listing each prescription in CAPI and follow CAPI screens as appropriate.

<p>RXQ.251 INTERVIEWER: ENTER 1 RESPONSE</p> <p>CAPI INSTRUCTION: DISPLAY PRODUCT NAME AS A LEFT HEADER.</p> <p style="text-align: right;">CONTAINER SEEN..... 1 CONTAINER NOT SEEN..... 2 ONLY PHARMACY PRINT OUT SEEN..... 3</p>

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 reasons displayed by CAPI 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 may select up to three reasons based on the response from the SP. The medication may be prescribed or used for any other reasons determined by the SP. If none of the reasons on the list are appropriate, select “OTHER SPECIFY” for RXQ.289 and enter text describing the reason selected in RXQ.290. In addition, if the product is not on the drug lookup list you are required to enter text in RIQ.290 describing the reason for use.

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. (“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 you decide to read the list, be sure to read the entire list. If s/he still does not know, enter it as “DK.” Do not suggest a reason to the SP.

<p>RXQ.294 CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?</p> <p>OR ASK RESPONDENT: [Are there any other prescription medications that {you/SP} used in the past 30 days?]</p> <p>YES 1 NO 2</p>
--

If you select “YES” for RIQ.294, the computer takes 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 checks the prescriptions entered with previous answers about medications in the questionnaire.

RXQ.372	<p>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?</p> <p>CODE ALL THAT APPLY.</p> <p>SELECT MEDICATION FROM DISPLAY OR SELECT OTHER-NEW MEDICATION</p>
RXQ.378	<p>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?</p> <p>CODE ALL THAT APPLY.</p> <p>SELECT MEDICATION FROM DISPLAY OR SELECT OTHER-NEW MEDICATION</p>
RXQ.384	<p>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?</p> <p>CODE ALL THAT APPLY.</p> <p>SELECT MEDICATION FROM DISPLAY OR SELECT OTHER-NEW MEDICATION</p>
RXQ.390	<p>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?</p> <p>CODE ALL THAT APPLY.</p> <p>SELECT MEDICATION FROM DISPLAY OR SELECT OTHER-NEW MEDICATION</p>

The computer checks the class of the medication to confirm if an SP has said that s/he has taken 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 appear. The medications that you have entered 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" prompts the computer to loop 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".

There are three questions about taking preventive low dose aspirin asked of SPs aged 40 years and older as well as SPs younger than 40 years 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 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 SP and Family Hand Card booklet.

Mailing Address (MAQ)

After you exit the Blaise questionnaire, you administer several additional screens before ending the SP questionnaire. Ask the SP for his/her complete mailing address. If it is exactly as it appears on the screen, tap the forward arrow.

If the SP gives you a different mailing address, record the new information. Notice the cursor rests on the Street # because you do 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 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.” Be sure to select PO BOX from the Apt/Unit/Bldg dropdown and enter the number in the Unit # field. Do not enter PO Box information in any other 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. 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 are then 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 exactly as it would appear on an address label** (or as close as possible).

Email Address

You will ask each respondent if s/he has an email account. For those who report having an email account, you 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 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, ask the SP for his/her home phone and a second number where s/he can be reached (work, cell, relative's, etc.). The questions you 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 respondents may be asked to participate in a longitudinal study to assess changes in health outcomes over time. The mailing address information you verify/collect in this question is 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 and SPs aged 16 years and older. If a cell phone has not been reported by the SP, ask if the SP has a cell phone. If SP does have a cell phone, 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.

Post Interview Questions

After you complete the interview, CAPI presents two interviewer-only questions before the program closes.

First, you must indicate the interview location. As you use your project phone and tablet, the system records GPS data that is used to perform QC checks on your location during data collection (Chapter 10, 10.5.1). The data from MAQ.300 can be used with your GPS data to validate when and where you work during data collection.

Be sure to code the specific place where the SP interview was completed. Note that conducting an interview in an SP’S or respondent’s yard or driveway should be recorded as “SP/RESPONDENT’S HOME.”

MAQ.300	WHERE WAS THIS INTERVIEW COMPLETED?	
	SP/RESPONDENT’S HOME.....	1
	THE OFFICE.....	2
	SP/RESPONDENT’S WORK	3
	LIBRARY.....	4
	SOME OTHER PLACE.....	5

Finally, you must indicate whether you want to complete the MEC Appointment module to collect exam consent and set the SP’s MEC appointment now. If you have other interviews to complete in the household and the respondents are available now, select “NO” and continue to complete interviews. You can always access each SPs MEC Appointment module by tapping the MEC Appt tab and finding the SP’s name on the list.

APPTCONT	PERFORM THE APPOINTMENT MODULE AT THIS TIME?	
	YES	1
	NO	2

13.4.2 The Family Questionnaire

A Family questionnaire is 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 are completed.

The Family questionnaire is organized to ask questions about non-SPs, SPs, all members of the family, and the household in general. Below is a description of each of the eight sections comprising the Family questionnaire and question by question specifications for each.

Respondent Information (RIQ-FAM)

This section is comprised of interviewer-only questions and contains electronic Household consent screens. First, 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 guide you through collecting consent either electronically or using the hardcopy consent form. If consent is obtained electronically, indicate whether the respondent requested to be mailed a copy of the consent form with his/her signature. Request the SP’s permission for audio recording and answer questions about whether an interpreter was used, and, if so, how the interpreter was identified, his/her name, contact information, age range and gender, and you will obtain the interpreter’s signature on consent forms.

Demographic Background (DMQ – FAM)

This section is asked of the head of the family **if s/he is not an SP** and of the spouse of the head of the family, **if not an SP**. It collects demographic information for the non-SP head of the family and his/her spouse. Information collected includes whether the respondent was born in the United States and education level. Question-level specifications for all of the questions in this section of the Family questionnaire can be found in the in the Demographics section for the SP questionnaire (DMQ-SP).

Housing Characteristics (HOQ)

The housing characteristics section asks questions about the dwelling unit in which the family resides. Information collected in this section provides social and economic data to aid in the analysis of health data.

HOQ.012	I would like to ask you a few questions about your home.	
	Please look at this card. Which best describes your house or building?	
	HAND CARD HOQ1	
	A ONE-FAMILY HOUSE DETACHED FROM ANY OTHER HOUSE	1
	A ONE-FAMILY HOUSE ATTACHED TO ONE OR MORE HOUSES	2
	A BUILDING WITH 2 APARTMENTS	3
	A BUILDING WITH 3 OR 4 APARTMENTS	4
	A BUILDING WITH 5 TO 9 APARTMENTS	5
	A BUILDING WITH 10 TO 19 APARTMENTS.....	6
	A BUILDING WITH 20 TO 49 APARTMENTS.....	7
	A BUILDING WITH 50 OR MORE APARTMENTS.....	8
	A MOBILE HOME, TRAILER, OR MANUFACTURED HOME.....	9
	A DORMITORY OR SIMILAR BOARDING HOUSE.....	10
	REFUSED.....	77
	DON'T KNOW	99

If the respondent is unclear or offers an answer that does not make sense, reread the question, emphasizing house or building, and be sure to refer the respondent to hand card HOQ1 where all options are listed

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

“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 aged 18 years and older 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 (during the past seven days). 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 the respondent and his/her family's 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 is 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/her 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 respondent 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 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.)
Q/U

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 knows only what s/he spends, select, "DON'T KNOW." Do not enter the amount for the respondent because then it is interpreted as the amount for the entire family.

CBQ.131 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.)
Q/U

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 aged 1 to 15 years. The family's main meal planner or shopper is asked to answer the Flexible Consumer Behavior Survey (FCBS) phone follow-up interview for any SPs aged 1 to 15 years 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 is displayed. 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 aged 11 years and older. If you attempt to select a child who is aged 10 years or younger, you receive an error message indicating that anyone aged less than 11 years 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 s/he 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 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 is asked if the person selected for CBQ.210 shares the meal planning or preparing with someone else. If so, the respondent is asked CBQ.230 to identify the person who shares in the planning or preparing of meals.

Then, a similar series of questions are 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**. Ask if anyone in the family receives various types of income and if so, 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 also enable analysts to determine the relationship between family income and family size. This information is used in research on healthcare utilization and health outcomes.

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;
and
 - 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; and
- G. Money received from other non-family (not related) household members.

INQ.170 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}. In {LAST CALENDAR YEAR}, did {you/you and OTHER NHANES FAMILY MEMBERS} receive income from **wages, salaries, commissions, bonuses, tips, or self-employment**?

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 ask total income for Mary and then total income for Bill. The CAPI program takes 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 2020, the question asks about income during 2019.

INQ.235	<p>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.]</p>
	\$ _ _ _ _ _ _ _ _ _

Family income in the last month is 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	<p>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.</p>
	<p>HAND CARD INQ3</p> <p style="text-align: right;"> YES 1 NO 2 </p>

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 is 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 benefits from the Women, Infants, and Children program (WIC), the Supplemental Nutrition Assistance Program (SNAP), or the Food Stamps program. 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 ask about the WIC program and are asked only for households with a child aged 5 years and younger and/or a woman aged 12 to 59 years. 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 the 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 fills in the correct card name.

FSQ.805 Are {you/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 appears with a grid to identify which person(s) is on which card(s).

FSQ.855	<p>Have/Has {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?</p> <p style="text-align: right;">YES 1 NO 2</p>
FSQ.860 FSQ.861 FSQ.862	<p>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?</p> <p>INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE. IF THERE ARE MULTIPLE ANTICIPATED STARTING DATES, ENTER THE ONE CLOSEST TO THE CURRENT DATE.</p> <p style="text-align: center;"> - - MONTH DAY YEAR </p>
FSQ.865	<p>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?</p> <p style="text-align: center;"> ENTER DOLLAR AMOUNT </p>

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) 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 participation in SNAP in the past 12 months. 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 past 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 past 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 be entered only 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.

Post Interview

After you complete the interview, CAPI presents an interviewer-only question before the program closes. As with the SP interview, you must indicate the interview location (13.4.2, Post Interview Questions). In most cases, the SP and Family interviews take place in the same location, but not always. For example, you might complete the wife’s SP interview at the household and the Family interview with the husband at his work. For TTQ.220, be sure to code the specific place where the Family interview was completed. Again, in the respondent’s yard or driveway should be recorded as “SP/RESPONDENT’S HOME.”

TTQ.220	WHERE WAS THIS INTERVIEW COMPLETED?
	SP/RESPONDENT’S HOME..... 1
	THE OFFICE..... 2
	SP/RESPONDENT’S WORK 3
	LIBRARY..... 4
	SOME OTHER PLACE 5

14. 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. 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.

- Many of the terms listed in this section are also defined in your CAPI instrument in on-line (F1) help screens.
- 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.
- Familiarize yourself with these definitions and pronunciations so that you know when and where help is available for respondents. Pronunciation help can also be found in your Merriam-Webster Dictionary application on your project iPhone. However, do not use this application to provide definitions for respondents.

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. People serving in the Public Health Service Commissioned Corps are also **not** considered active duty.

Acupuncture: A method of traditional Chinese medicine involving the stimulation of points on the body by penetrating the skin with thin, solid, metallic needles.

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 (ane-mia): A condition in which a person's blood has a lower than normal number of red blood cells (RBCs).

Angina (Angina Pectoris) (an-gi-na pec-to-ris): 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.

Anxiety: Periods of worry or fear around everyday life circumstances. Worry or fear that does not go away or gets worse over time can indicate the presence of an anxiety disorder.

Armed Forces: Non-civilian members of any of the armed services of the federal government (Army, Navy, Air Force, Coast Guard, Marines). People serving in the Public Health Service Commissioned Corps are not included.

Arthritis (ar-thri-tis): 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.

Asthma (asth-ma): 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.

Autoimmune Disease: A disease that occurs as a result of the immune system attacking the body's own organs, tissues, and cells. Common autoimmune diseases include lupus, rheumatoid arthritis, and Sjörger's syndrome.

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.).

Balance Disorder or Problem: A disturbance that causes an individual to feel unsteady when standing or walking. The individual experiences loss of equilibrium (balance) and may fall since they are unable to maintain a standing position, or walk, without support.

Bed: Anything used for lying down or sleeping, including a sofa, cot, or mattress.

Benign (be-nign): A cancer (growth) that does not spread to the rest of the body. Not recurrent or progressive. The opposite of malignant.

Benign Positional Vertigo (BPV): A balance disorder that results in sudden onset of dizziness, spinning, or vertigo when moving the head.

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 (bron-chi-tis): 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.”

CHAMPUS/TRICARE/CHAMP-VA: (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.

Chiropodist: A practitioner who treats superficial foot complaints, such as ingrown toenails, callouses, and corns.

Chiropractor (chi-ro-prac-tor): Practitioners who perform manipulations of the spine and other body parts with the goal of correcting alignment problems, alleviating pain, improving functioning, and supporting the body’s natural ability to heal itself

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.

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.

Colic (col-ic): Uncontrollable crying or fussing in an otherwise healthy and well-fed infant under three months. Crying lasts for more than three hours per day and more than three hours per week for three weeks.

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 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.

Concussion: A mild traumatic brain injury that generally caused by a bump, blow, or jolt to the head. They can result in headaches, confusion, dizziness, difficulty concentration, impairments to memory, blurred vision, and mood alterations.

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.

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 not 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.

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.

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.

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.

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.

Depression: A mood disorder characterized by persistent sadness or feelings of “emptiness;” pessimism or hopelessness, irritability, loss of energy, reduced interest in pleasurable activities, major changes to concentration, disruptions to sleeping patterns, changes to eating behaviors, and suicidal thoughts and behaviors. Some individuals also experience aching, cramps, or digestive problems with no direct medical cause or reduction of symptoms after treatment.

Diabetes: A glandular disease that impairs the ability of the body to use sugar and causes sugar to appear abnormally in the urine. Common symptoms are persistent thirst and excessive discharge of urine. Do not include gestational diabetes or diabetes that was only present during pregnancy. Also, do not include self-diagnosed diabetes, pre-diabetes or high sugar.

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 in addition 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 not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Difficulty: It is important to determine for the questions in this section whether the problems that a respondent might have with an activity are because of an impairment or a physical or mental health problem. Some people may not do these activities because of gender or social norms or because of personal preferences. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn’t do the activity at all, remember to ask if that is due to an impairment (deaf), a physical health problem (high blood pressure), or mental health problem (depression).

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.

Disconnected: A detached, floating, or spacy sensation.

Dizziness: A general descriptive term that includes various symptoms, such as vertigo (the illusion of a spinning, rocking, falling, or other motion), or blurred vision when moving your head.

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.

Double Vision: A condition that causes people to see two images of an object. Also known as diplopia

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.

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 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 (em-phy-se-ma): 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.

Epley Maneuver: A series of movements designed to treat the balance disorder, benign paroxysmal positional vertigo.

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.

Fainting: A feeling like you are going to pass out.

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 composed 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.

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.

Gentamicin Injections: A commonly used antibiotic used to treat moderate-to-severe bacterial infections

Glasses: Includes prescription eyeglasses as well as nonprescription reading glasses purchased at drug stores or variety stores. **Do not include safety glasses, which are worn for protection only. Do not include non prescription sunglasses or glasses or contact lenses worn for cosmetic purposes.**

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.

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 (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturapaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Health Center: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals that is not located at a hospital.

Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.

Health Problem: Respondent defined, should be limited to chronic conditions.

Hearing Aid: A small electronic 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 (hep-a-ti-tus): 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.

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-Rodriguez de Martinez).

In this case "Gonzales-Rodriguez" 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.

Hypoglycemia (hy-po-gly-ce-mia): When the level of glucose (sugar) in your blood drops below normal.

Impaired Fasting Glucose (Impaired Glucose Tolerance, Prediabetes, Borderline Diabetes): A condition that occurs when blood sugar (glucose) levels are higher than normal, but not high enough to be diabetes.

Impaired Glucose Tolerance (Impaired Fasting Glucose, Prediabetes, Borderline Diabetes): A condition that occurs when blood sugar (glucose) levels are higher than normal but not high enough to be diabetes.

Impairment: An objective assessment of anatomical, physiological or mental losses “as a result of injuries, health conditions or birth defects”. Impairments may or may not interfere with physical or mental functioning. Examples include missing limbs, digits or other body parts; partial paralysis from an early case of polio, accident or war wound; stiff joints, deformed fingers or other physical evidence of arthritis; and vision or hearing loss.

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Indian Health Service: The federal 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.

Iodine: Iodine, a trace mineral, is present in certain vegetables and seafood and is essential for normal thyroid functioning. It is often added to salt to prevent iodine deficiency.

IPA (Individual Practice Association): A type of HMO that makes contractual arrangements with individual physicians or small groups of physicians who treat plan members out of their own offices. Plan members are usually required to use only doctors in the plan network. Sometimes members may go to doctors outside of the plan network, but usually at a greater cost. Generally, members do not have to submit health insurance claims. Visits to specialists usually require a referral or authorization from the member's primary care physician.

Job: 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.

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.

Light-headedness: A feeling that your sense of space is mildly distorted or not quite sharp, but not that you or objects around you are moving. With light-headedness, you may feel as if you are going to pass out or faint.

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.

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 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).

Malignancy (ma-lig-nan-cy): 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 (mel-a-no-ma): A type of skin cancer. Cancer of the cells that produce pigment in the skin, which usually begins in a mole.

Meniere’s Disease: A disorder of the inner ear that causes severe dizziness, vertigo, ringing in the ears, hearing loss, and a feeling of fullness or congestion in the ear. This disease usually affects only one ear.

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. See TRICARE/CHAMP-VA.

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.

Multiple Sclerosis (sclero-sis): A disease of the central nervous system in which the immune system attacks brain cells, interrupting communication between the brain and the rest of the body. The effects can range from benign to severely disabling, with symptoms that include blurred or distorted vision, blindness, muscle weakness, and difficulties with balance.

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.

Nephew: The son of a person’s brother or sister.

Neurological Disorder: Diseases of the brain and nervous systems.

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."

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.

Optometrist (op-tom-e-trist): 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 (os-te-o-ar-thri-tis): 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 (os-te-o-por-ro-sis): 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; and
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.

Panic Attacks: Sudden attacks of anxiety and overwhelming fear that occurs unpredictably. They are characterized by a fear of disaster or losing control, even when there is no danger around.

Parent: Include a person’s biological, adoptive, step or foster mother or father, as well as his/her mother or father-in-law.

Parkinson’s Disease: A progressive disorder of the nervous systems that affects the region of the brain that controls balance and movement. Symptoms include bodily tremors, stiffness of the limbs and torso, an inability to move, or impaired coordination.

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.

Physical Therapy: A team of practitioners provide education and management for patients who are acutely or chronically ill with musculoskeletal, neuromuscular, cardiopulmonary, and other disorders.

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.

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

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;
- Diaphragms and IUD’s (Intra-Uterine Devices); or
- Prescriptions for eyeglasses or contact lenses.

Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Private Company or Business: Employees of an organization whose operations are owned by private individuals and not a governmental entity. This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes private organizations doing contract work for government agencies.

Private Health Insurance Plan: Any type of health insurance, including HMOs, that is not a public program. Private health insurance plans may be provided in part or full by a person’s employer or union, or may be purchased directly by an individual.

Private Health Insurance Plan through a State or Local Government Program or Community Program: A type of health insurance for which state or local government or community effort pays for part or all of the cost of a private insurance plan, such as Blue Cross/Blue Shield. The individual may also contribute to the cost of the health insurance and may receive a card such as a Blue Cross/Blue Shield card. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private company giving a grant to an HMO to pay for health insurance coverage.

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

Psoriasis (pso-ri-a-sis): 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 (psy-chi-a-trist): 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 (psy-chol-o-gist): A non-physician who specializes in the counseling and testing of persons with mental, addictive or emotional disorders.

Race: Respondent defined.

Railroad Retirement: U.S. Government Railroad Retirement Benefits are based on a person's long-term employment in the railroad industry.

Recreational Drugs: The misuse of drugs that can alter a person's thinking and judgment, leading to health risks, including addiction, drugged driving, and infection disease.

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 (ret-i-nop-a-thy): 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), IRAs, annuities, paid-up life insurance policies, and KEOGH accounts.

Retired: Respondent defined.

Rheumatoid (rheu-ma-toid) 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.

Seizure: Sudden abnormal electric activity in the brain that can cause temporary confusion, loss of awareness, random staring episodes, anxiety, and convulsions in severe cases.

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: An unexpected health problem that is caused by a medicine. For example, some side effects of aspirin are stomach problems, easy bruising or bleeding, runny nose, wheezing and skin rashes.

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 Media: Social Media refers to interactive electronic platforms that allow users to share ideas and information with a network of contacts (popular sites include Facebook, Twitter, Reddit, Snapchat, LinkedIn, etc.).

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 Consideration Codes for the MEC Appointment:

NB = No Blood

CB = Convert Blood

BL = Blind

CN = Cane Needed

CR = Crutches

DF = Deaf

HI = Hearing Impaired

LN = Lift needed

MI = Mental Impairment

OB = Obese

OP = Other Physical Impairment

SA = Substance Abuse

WL = Walker

WC = Wheelchair

Special Education: Teaching designed to meet the needs of a child with special needs and/or disabilities. It is designed for children and youths aged 3 to 21. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

Special Equipment: Any device, tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult "diapers" for incontinence. However, ordinary eyeglasses and hearing aids should not be considered "special equipment." For example: a spoon is not normally considered as "special equipment;" however, a uniquely designed or functioning one used for eating by a person because of physical, mental or emotional problems is considered "special equipment."

Spouse (Husband/Wife): Persons who are legally married or have a common-law marriage.

SSI: Also known as Supplemental Security Income (SSI), this federal program provides monthly cash payments in accordance with uniform, nationwide eligibility requirements to persons who are both needy and aged (65 years or older), blind, or disabled. A person may be eligible for SSI payments even if they have never worked. SSI is NOT the same as Social Security. A person can get SSI in addition to Social Security. The SSI program is issued by the Social Security Administration. Each state may add to the federal payment from its own funds. This additional money may be included in the federal payment or it may be received as a separate check. If it is combined with the federal payment, the words “STATE PAYMENT INCLUDED” will appear on the federal check. A few states make SSI payments to individuals who do not receive a federal payment.

State or Federal Government Employees’ Health Insurance: Most government employees have a private health insurance plan from their employer or workplace.

State-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.

Steroid Injections into the Ear: A treatment method for restoring hearing to people who experience sudden deafness.

Stroke: 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.

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 thyroiditis (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-ih-tus)(tin-ni-tus): is the medical term for ringing, roaring or buzzing in the ears or head.

Transient Ischemic Attack (tran-sient is-che-mic): When blood supply to a part of the brain is briefly interrupted, causing a temporary and mild stroke. Symptoms include numbness or weakness in the face or another part of the body, difficulty with walking, dizziness, and loss of balance or coordination.

Ulcer (ul-cher): 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).

Urgent Care Center: Urgent care centers and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time and do not usually see the same health care provider.

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.

Vertigo (ver-ti-go): Vertigo is an illusion of rotation, rocking, or other motion, such as riding a carousel.

Viral Labyrinthitis: Irritation and swelling of the inner ear that can cause vertigo or hearing loss.

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 performed.

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