



Centers for Disease
Control and Prevention
National Center for
Health Statistics

2022 Interviewer Procedures Manual

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National Health and Nutrition Examination Survey

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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 the National Center for Health Statistics (NCHS) and the ongoing NHANES conducted from 1971 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 of 1956, the NCHS, a branch of the Centers for Disease Control and Prevention (CDC), in the U.S. Department of Health and Human Services, has conducted seven separate examination surveys to collect interview and physical examination data from national samples of the U.S. population.

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 emphasis was introduced. The study of nutrition and its relationship to health status had become increasingly important as researchers began to discover links between dietary habits and disease. In response to this concern, 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:

1. 1971-75—National Health and Nutrition Examination Survey I (NHANES I);
2. 1976-80—National Health and Nutrition Examination Survey II (NHANES II);
3. 1982-84—Hispanic Health and Nutrition Examination Survey (HHANES);
4. 1988-94—National Health and Nutrition Examination Survey (NHANES III); and
5. 1999-present—National Health and Nutrition Examination Survey (Continuous NHANES).

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, physical examination, and a battery of clinical measurements and tests. 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 segments 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 to produce 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 in NHANES III. 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 year, 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 technological innovations in computer-assisted interviewing and data processing result in rapid and accurate data collection, data processing, and publication of results.

NHANES became a continuous survey in 1999.

Each year since 1999, approximately 5,000 individuals of all ages from 15 locations across the nation are interviewed in their homes and complete the health examination component of the survey. These data have been used by government agencies, state and community organizations, private researchers, consumer groups, companies, and health care providers.

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 health conditions, 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 biospecimens and genetic materials for future public health studies and surveillance uses.

Each year since 1999, 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 mid-2023. Each year nearly 10,000 individuals of all ages in households across the United States are randomly selected to participate. In previous data collection cycles, NHANES oversampled participants by specific race, ethnicity, income, and age criteria. No oversampling by race, ethnicity, or income level will take place in the 2021-2022 data collection cycle.

Selected persons are invited to take part in surveys administered via telephone, or in-person in their homes when COVID infection rates allow close contact. Interview data are collected via computer-assisted interview (CAI) and include 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 exams conducted. The trailers are divided into rooms to ensure the privacy of each study participant during the examination and interview. This examination includes measurements like height and weight, blood pressure, liver elastography, body composition, laboratory tests, and other health measurements conducted by highly trained health professionals. The household interviews and MEC exams collect data on the following important health-related areas:

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

- Heart disease;
- Diabetes;
- Oral health;
- Infectious diseases and immunization status;
- Obesity, growth and development;
- Body composition;
- 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 consists of several groups of employees who work together as a team: The management and support staff, the interviewers, and the MEC staff. Each site, also known as a stand, is headed by a Study Manager (SM), and assigned a Site Coordinator (SC) and a Facility Equipment Specialist (FES). Survey Support (SS) staff support all active stands via remote locations.
 - The Study Manager (SM) is responsible for the overall management of operations and success of the stand. S/he also has primary responsibility for supervision of the household interviewers (health representatives). Management is conducted remotely. The SM travels to a new stand to open the stand and as needed to address issues.
 - The Site Coordinator (SC) is a field-based, traveling position that supports staff onsite, working out of a room in stand lodging. This position coordinates supplies, interpreters, car issues, and hotel issues; assists with community outreach; and provides general onsite troubleshooting.
 - 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: completing multi-mode phone questionnaires and answering respondent questions; scheduling MEC appointments; making reminder calls; monitoring MEC check-in; assisting with quality control tasks; assisting with hotel and car logistics; and other support tasks as needed. Designated SS are responsible for managing hotel reservations and oversight of the rental and fleet cars.
 - The Facility Equipment Specialist (FES) team is responsible for transportation, setup, and maintenance of the MEC. They also support the field team.
 - Interviewers are primarily responsible for identifying and enrolling the survey participants by completing a household Screener, conducting sampled persons' interviews via telephone or in-person, and appointing the study participants to the MEC.

Interviewers are in contact with the SM several times a week. During the course of the study, interviewers also interact with the other field support staff as well as the home office staff.

Some of the interviewers will work onsite at the stands. Other interviewers will be home based, conducting telephone interviews while being deployed to the stands from 4-6 weeks at a time to meet project needs.

- MEC Staff are health professionals who conduct the physical examinations. The main study includes two exam teams traveling from stand to stand. There are 11 individuals on each traveling team: 1 MEC manager, 1 MEC coordinator, 1 clinician, 3 medical technologists, 4 health technologists, and 1 phlebotomist. In addition, local interpreters are recruited, trained, and employed at each stand to assist the exam staff as needed.

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. 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), usually a county. The advance arrangement team performs the following activities: identify health department liaison; notify community leaders of the arrival of the survey; select a site to locate the MEC; select staff housing; and set up the MEC; assist with community outreach; and
5. Before data collection begins at a stand, **four separate mailings** will be sent to each dwelling unit with a mailing address. These items (three letters and a postcard) briefly describe the study and invite the household to participate by completing the Screener to determine eligibility. The Screener is considered “multi-mode” because a household member may respond online (Web), by completing a mail-in Screener (paper), or via the phone with Survey Support staff. The final mailing informs the household that an interviewer will be contacting them in the near future.

The tasks interviewers perform at a stand include:

1. Each assignment will consist of pre-labeled case cards and the appropriate Segment Folder. The corresponding cases are loaded onto the tablet. Interviewers will be given an **assignment** that is a mixture of three types of cases:
 - A. identified sampled persons (SPs) ready to be interviewed;
 - B. sampled dwelling units (addresses) that need to complete a household Screener; or
 - C. partially completed Screeners that need more information to determine if anyone is eligible for the NHANES.

For the latter two types of assignments, interviewers are responsible for obtaining information to complete the screening activity for the assigned dwelling units. Interviewers will contact an adult (aged 18 years or older) who lives in the selected household and **administer the Screener** by phone or in-person.

2. The **DU Observation Module** should be completed via the study iPhone on the first visit prior to attempting contact.
3. **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 (EROCC).

Interviewers use tablets and iPhones to complete the majority of their interviewing tasks.
4. When **eligible** household members are identified, the interviewer will contact the eligible participants either by phone or in-person to **gain their cooperation** for participation and schedule them for a telephone appointment to conduct the home interview.
5. After the home interview is scheduled, the interviewer will arrange for the participant to receive an introductory letter with the 2021 NHANES Household Interviewer Booklet via Express mail or deliver the package to the participant's home.
6. At the beginning of the home interview, the interviewer will obtain **verbal consent** for the Sample Person Questionnaire and/or the Family Questionnaire for each eligible participant.
7. Interviewers will administer **Sample Person Questionnaire** to eligible participants. The questions asked depend upon the age of the SP.
8. Interviewers will administer a **Family Questionnaire** to one adult family member from each eligible family in the household. In most cases, there is only one family in a household.

Eligible individuals will be asked to complete the SP and Family Questionnaires.
9. Once the questionnaires are completed, interviewers will conduct the **MEC Appointment Module**, also located on the tablet. This module is designed to set the

appointment and answer any questions regarding the MEC exam. This task includes walking through the MEC informed consent documents with participants. Interviewers are expected to be familiar with all aspects of consent, but respondents will officially sign consent forms at the MEC.

10. Interviewers will explain examination instructions, including COVID screening protocols and any fasting protocols to the participants. Interviewers will then call the Survey Support team to schedule MEC appointments for the SPs while attempting to coordinate appointments for the family or household that conform to the examination center schedule and are also convenient for the SPs.
11. Interviewers will **record the result of each contact or attempted contact** with the household in the EROC located in either the iPhone mFOS app or in the tablet. If at any time interviewers are unable to complete any of the questionnaires or procedures, this is also recorded in detail in the EROC.
12. Interviewers also support the survey by conducting **field reminders** prior to MEC appointments and assisting with **rescheduling broken** (canceled or no-show) **appointments** for the MEC examinations.
13. Interviewers sync remotely each workday or before beginning work the next day in order to upload their contact attempt information and completed work to the office system.
14. Interviewers **report to the SM** by telephone via a regularly scheduled conference once a week. During these conference calls, 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.
15. To ensure the accuracy and completeness of the survey, **interviewer work is subject to many quality control checks. Quality control checks include validating completed cases** by re-contacting respondents conducted by Survey Support staff. A random review of audio-recorded interviews is also conducted by Westat Home Office/Survey Support staff and NCHS staff. After these reviews, the Survey Support staff provide interviewers with feedback concerning the quality of the work.
16. Finally, at the end of each stand field period, interviewers **return all interviewing materials** to the office.

Interviewers report to the Study Manager at least once a week but are in regular contact with the Survey Support team and must sync their data daily.

2. Preparing to Make Contact and Locating the Dwelling Unit

Westat is excited to have you as a member of the NHANES team! Our goal is to invite households to participate in this important national health study. Your help is needed at every step in the process, from locating the dwelling unit (DU) to making contact with the household members and establishing rapport, to interviewing and then making the mobile examination center (MEC) appointment. Westat and NHANES will provide you with many resources to gain cooperation of invited households successfully. Your Study Manager (SM) is also a resource for NHANES protocol questions.

In this chapter, you will be introduced to the materials needed to prepare for making contact with households and locating the DU to complete the DU Observation Module.

Materials discussed here include:

- Reference materials to help you prepare for your job (Section 2.1);
- Assignment materials to be used to locate DUs and interview respondents in the field (Section 2.2);
- Administrative materials for organization and recordkeeping (Section 2.3); and
- Outreach materials to encourage respondent cooperation (Section 2.4).

Interviewers learn:

- Preparing for the field (Section 2.5);
- The definition of a DU, including examples (Section 2.6);
- How to complete the DU Observation Module (Section 2.7);
- How to introduce NHANES at the door (Section 2.8); and
- How to answer the respondent's questions (Section 2.9).

2.1 Reference Materials

These materials are designed both as study guides for new interviewer training 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 two parts:

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

Part I

- **Field Procedures (Chapters 1, 2, 4, 5, 6 and 8)**—These chapters provide the specific procedures that must be followed for this survey.
- **Specifications for Screener, Relationship and Household Interviews (Chapters 3 and 9)**—These chapters contain instructions and explanations for administering the Screener, Relationship, Sample Person (SP), and Family questionnaires.
- **MEC Appointment Examination (Chapter 7)**—This chapter describes the NHANES health exam at the MEC and describes how to schedule an SP for a MEC appointment.
- **Glossary (Chapter 10)**—This chapter contains a list of words and terms used in the Screener, Relationship, SP, and Family questionnaires. Many of the terms listed in the glossary are also included in the computer-assisted interview (CAI) instrument's help screens.

Part II

- **Gaining Respondent Cooperation Manual**—This manual contains specific techniques used to gain respondent cooperation and facilitate professional rapport with NHANES participants.
- **Job Aid Booklet**—This booklet serves as a quick reference for COVID-19 screening questions, obtaining consent for the household interview and MEC appointment, steps and information for making the MEC appointment, and information for handling prepaid VISA® cards containing respondent incentives.

2.2 Assignment Materials

These materials identify you as an NHANES field interviewer and are designed to help interviewers complete all tasks related to the assigned case, including: locating DUs to complete the DU Observation Module, making contact to administer the Screener by phone or in-person, recording

Electronic Record of Calls (EROCs), administering the SP and Family Questionnaires, and completing the MEC Appointment Module.

2.2.1 Receiving and Reviewing Your Assignments

Throughout the field period you will receive assignments from your SM. Assignments will initially be made by segment. Your first step in preparing for contact is to review your assignment thoroughly. 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 later in this chapter; and
- Check the Household ID and address on the case card with those listed on your tablet Household Progress screen 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 SM 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 Locating Materials & Study Equipment

- **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:

Writing information on the case card is optional! All information must be recorded electronically.

 - 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;
 - The line number from the listing sheets;
 - The subsample to which this DU belongs;
 - A field for the interviewer to indicate the number of families in the household;
 - Fields where the interviewer may document contact attempt time windows;
 - A table labeled “Record of Calls,” where the interviewer may choose to record contacts and results of contacts with the household, along with comments and appointment information;

Never write personally identifying information (PII) on the case card.
 - A list of the Result Codes and Refusal Reason Codes used to record the dispositions of the survey modules; and
 - A table to manually calculate household participation incentives.
- **Identification Badge**—The study photo ID verifies that you are a health representative working on the study.

- **NHANES Phone, Headset, and Accessories**—Each field interviewer is provided a Westat-issued iPhone, microphone earpiece, professional wired headset, and accessories (e.g., charger, car charger, phone case, headphone jack adapter). 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. The Westat-issued iPhone is for business use only; do not download any apps without instruction from your SM and/or the home office.
- **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 carrying case helps you carry your tablet accessories (e.g., charger/power cord, car charger, touchscreen stylus, extension cord, etc.) and materials safely. The tablet computer is for NHANES project use only; do not download any software or apps without instruction from your SM and/or the home office.
- **CDC Car Magnet**—This magnet is available and may be placed on the door of the interviewer’s car while working and is used to identify him/her as a representative of the study.

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:

- **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.
- **Interviewer Time Report**—This electronic report is your means of reporting hours worked in order to receive the correct pay. You will record and save the hours worked 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.

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 many of these materials have been redesigned for NHANES 2021-22 and materials have been updated to include information on COVID-19 safety protocols in accordance with CDC guidelines. Some materials have very specific purposes, like the Confidentially Brochure, and are designed to be for use throughout interview and MEC appointing process, by FIs and home office staff. Other materials are designed to be used by home office staff (e.g., the nonresponse letters) but interviewers should be familiar that these letters are available for outreach. The Outreach materials listed below are all brochures, letters, and forms that are most often used on NHANES. Copies of all Outreach Materials are found in Appendix D. All MEC-related outreach materials are found in Appendix E.

Advance Materials: Prior to interviewers going into the field, sample DUs are invited to complete the Screener online, return a paper Screener via mail, or call the toll-free number to complete the Screener with Field Support staff. Below are the materials that are sent to households prior to the start of the interviewers' arrival, listed in order sent to households:

- **First Contact Invitation Letter (English and English/Spanish)**—This letter is mailed *six weeks* before the field period at a particular stand.
- **Advance Contact 2: Postcard (English and English/Spanish)**—This postcard is mailed one week after the first Contact Invitation Letter, at *five weeks* prior to the start of interviewing.
- **Advance Contact 3: Reminder Letter (English and English/Spanish)**—This letter is sent via express delivery one-and-a-half weeks after the advance postcard, at *three-and-a-half weeks* before the start of interviewing.
- **Advance Contact 4: Final Reminder Letter (English and English/Spanish)**—This letter is mailed one-and-a-half weeks after the second reminder letter, at *two weeks* prior to the start of interviewing. This letter is the final reminder sent before the field period begins.
- **First Contact Invitation Letter (Subsample Release) (English and English/Spanish)**—This letter is mailed when additional cases are released, after field interviewing has started at a particular stand.

Materials most often used by interviewers to gain cooperation for the household interviews:

- **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.
- **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 Federal survey sponsor, the NHANES website address, and a request for the respondent to call the project’s 800 number if s/he has questions.
- **Confidentiality Brochure (English and Spanish)**—This brochure contains a brief description of the procedures used to ensure the confidentiality of all survey participants, their responses, and their examination results.
- **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 checkmark next to their spoken language.
- **Make A Plan Card (English and Spanish)**—Use these colorful cards to encourage SPs to complete their NHANES activities. They contain space for the SP to write SP Interview and MEC examination appointment dates and times.
- **National Endorsement Letters**—National organizations supply letters in support of the survey and to encourage study participation
- **NHANES Data Briefs 2019**—This colorful brochure displays infographics related to NCHS publications in 2019 based on NHANES data.
- **NHANES Household Interview Booklet (English and Spanish)**—This booklet will be distributed directly to an SP who has been scheduled for an interview. It will be sent with the Welcome letter and VISA debit card. The Health Measurements List is inserted in the Booklet and together, these materials are called the NHANES Household Interview Booklet Packet. The Packet provides the SP with the hand cards needed for the SP and Family interviews and copies of the MEC Consent/Assent Brochures and Forms.
- **NHANES Magnet**—This magnet can be affixed to a refrigerator. This magnet is mailed along with the initial letter (First Contact Invitation Letter or First Contact Invitation Letter: Subsample Release) and is often used by interviewers at the doorstep to remind the respondent of the mailing.
- **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. It has been updated for NHANES 2021-22.

- **Welcome to NHANES Brochure (English and Spanish)**—This brochure welcomes SPs to the study and gives them general information about the selection process, use of data, history of NHANES and next steps.

Materials most often used by interviewers to introduce the health exam and answer questions about the MEC:

- **Adult and Child Blood Draw Flyers (English and Spanish)**—These flyers answer some basic questions participants may have about the blood draw.
- **Appointment Slip (English and Spanish)**—This card provides SPs a tool to note their health exam appointment details (e.g., appointment date and time, location of the MEC) and includes MEC visit instructions for the SP (e.g., time to begin fasting, if applicable). The slip should be used only when there is not enough time to mail a reminder letter.
- **Confidentiality Brochure (English and Spanish)**—This brochure contains a brief description of the procedures used to ensure the confidentiality of all survey participants, their responses, and their examination results.
- **Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies (English and Spanish)**—This form provides SPs with information about the storing of specific exam specimens for future studies. A copy of this form is included in the Household Interview Booklet that is delivered to the participant’s household prior to the interview. Interviewers must refer to it as part of MEC exam explanation protocol. The official signature will be collected at the time of the MEC exam.
- **COVID-19 Protocol Flyer (English and Spanish)**—This flyer lists the COVID-19 protocol that NHANES follows to protect the health and safety of participants and staff in the MEC in accordance with CDC guidelines.
- **Health Measurements List**—This form must be reviewed with the SP’s and/or SP’s proxy along with the Sample Person MEC Consent/Assent Brochures as part of the MEC exam explanation protocol. This lists the examination components conducted at the MEC along with the eligible ages for each component and whether the SP will receive a report of the findings for that component. This list is also included with the Household Interview Booklet.
- **Home Interview Consent Form**—This form provides respondents with information about the interview process, discusses how verbal consent will be obtained, and provides confidentiality assurance and data linkage information. A copy of this consent form is included in the Household Interview Booklet that is delivered via mail, or by the interviewer to the participant’s household after the home interview appointment is scheduled.

- **MEC Consent/Assent Brochures**—These brochures (child and adult) contain more detailed information about the purpose of the study, particularly the examination module. Copies of these brochures are included in the Household Interview Booklet, which is delivered to the participant’s household prior to the interview. Interviewers need to refer these to the SP, and/or the parent of the SP, as part of the explanation of the MEC examination process when they complete the MEC Appointment Module.
- **MEC Consent/Assent Form**—This form, included in the Household Interview Booklet, will be reviewed by the interviewer with the SP and/or the parent of the SP prior to the completion of the MEC appointment scheduling. It will be officially signed at the time of the MEC Exam for all SPs.
- **Environmental Exposures Flyer (English and Spanish)**—This flyer highlights some of the lab blood and urine tests participants may receive that indirectly measure environmental exposures.
- **Genetic Testing for Liver Health FAQ (English and Spanish)**—This flyer answers questions about the types of genetics test that are conducted on the blood sample provided by participants at the MEC.
- **Growth Charts**—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.
- **Laboratory Blood Tests Flyer (English and Spanish)**—This is a double-sided flyer briefly describing laboratory exams run on the blood samples obtained during the exam.
- **Outreach Folders**—These colorful two-pocket folders are designed for NHANES and they can be left with eligible households to hold informational materials at the conclusion of interviews or visits to the household.
- **Welcome to the MEC Brochure**—This brochure has a brief overview what the exam is about, what we check for during the exam, common questions the SP may have and how to schedule.

Materials available upon SP participation in the health examination:

- **Certificate of Appreciation**—This PDF document includes the NHANES and CDC logo and includes space to fill in the SP’s name. The certificate is signed by Dr. Duong (Tony) Nguyen, Chief Medical Officer, NHANES, National Center for Health Statistics.
- **Community Service Letter (English and Spanish)**—This is a letter that all participants receive when they complete the MEC exam documenting participation for 3 volunteer service hours.

- **School Excuse Letter (English and Spanish)**—This letter can be presented to the SP’s school, explaining the nature of the study and the need to examine the SP.
- **Work Excuse Letter (English and Spanish)**—This letter can be presented to the SP’s employer, explaining the nature of the study and the need to examine the SP.

Letters addressing participation concerns:

- **Nonresponse Letters (English and Spanish)**—This set of eight different letters, which address different concerns by different types of respondents, may be sent to a household that has expressed reluctance to participate. Nonresponse letters are requested by your SM and sent from the home office.

All Assignment Materials can be found in Appendix I. All Outreach Materials can be found in Appendix D.

2.5 Preparing for the Field

Westat will provide you with case-specific assignment materials as well as “Grab-and-Go” folders containing Outreach Materials when you begin work in a stand.

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 doorbell card;
- 2022 NHANES Household Interview Booklet;
- Tablet computer and carrying case (with accessories);
- Black ink pen;
- Interviewer Procedures Manual (available electronically on tablet for reference);
- NHANES iPhone and charger; and
- Brochures, letters, and forms appropriate for your day’s activities, including multiple copies of the sub-sample release version of the First Contact Invitation Letter.

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

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.

2.6 Locating the Dwelling Unit and Making Contact

This section 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 2.6.1);
- How to locate the DU using the listing sheets, maps, and case cards (Section 2.6.2);
- How the listing sheets are created (Section 2.6.2);
- How to use the maps located in the Segment Folder (Section 2.6.2);
- How to complete the DU Observation Module (Section 2.7); and
- How to introduce NHANES at the door (Section 2.8).

2.6.1 Case Assignment and Definition of a DU

Field-based interviewers will receive an initial assignment of cases, including: DU Observation modules for households that completed the multi-mode Screener, Screener and DU Observation modules for households that did not complete or partially completed the multi-mode Screener, Relationship modules for households that partially completed the multi-mode Screener, and SP Interview and MEC Appointment Modules for households that completed the multi-mode Screener but did not provide phone numbers. Home-based interviewers will receive an initial assignment of SP Interview and MEC Appointment Modules for households that completed the multi-mode Screener and provided a phone number to contact the SP.

Case information on Screener modules in 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.

2.6.1.1 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.

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 non-institutional 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, shelters, and halfway houses for people with a history of 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.

2.6.1.2 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 SM 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, 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;
 - 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 EROC and assign an EROC result code of “vacant” or “not a DU.” Your SM will confirm and assign a final result code. Instructions for completing EROCs are discussed in Chapter 6.

2.6.2 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 addresses for all selected DUs within your assigned segment appears on the list of assigned cases on your tablet computer. The address of the selected DU also appears at the top of the case card.
- 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.

2.6.2.1 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 follow these two basic rules:

- Listers begin at the northwest corner of the segment and record **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 2-1 and 2-2 on the following pages show how the listers proceeded in a typical urban segment and a typical rural segment. In this example, the listers began in the northwest corner and proceeded to record all DUs in the segment as shown on the listing sheet.

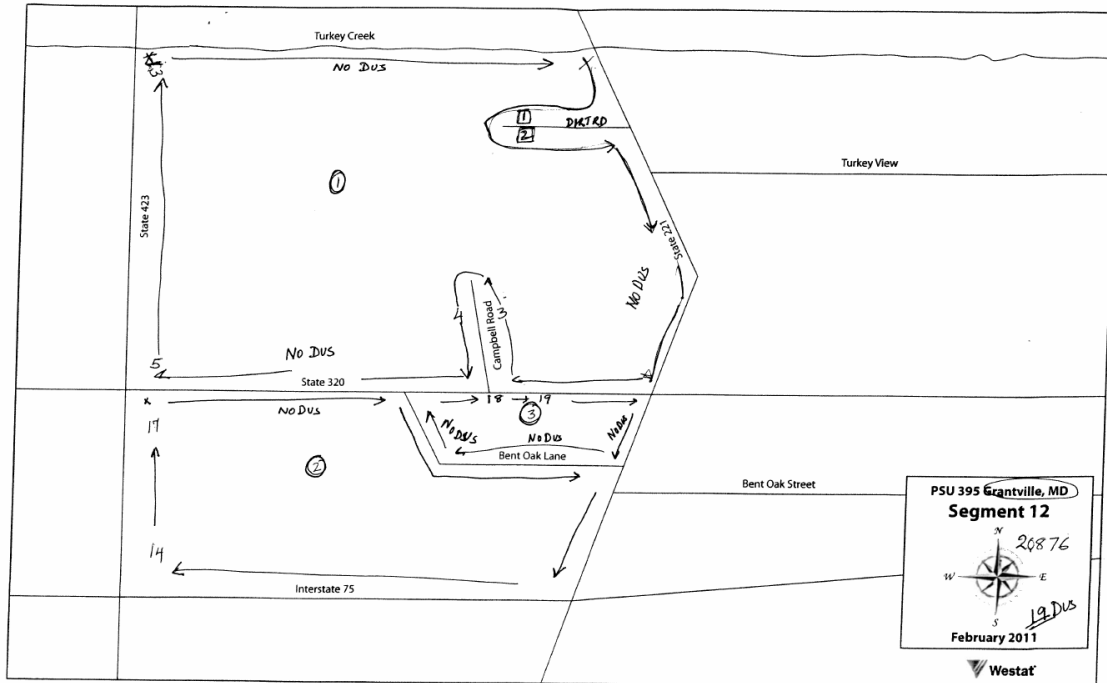
Exhibit 2-1. Typical Urban Segment



Uiter Addresses # 199
 Stand 999 Montgomery (Rockville), 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 2-2. 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

2.6.2.2 Using the Case Card to Locate the Address on the Listing Sheet

When all listings are completed, Westat’s Sampling Department reviews the listings and selects the sample DUs you are to contact. During this process, sample DUs are 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.

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 section 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.

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 SM before working on the case.

2.6.2.3 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.

2.6.2.4 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 2-3, 2-4, and 2-5) and the Segment Profile Form (Exhibit 2-6) are included in the Segment Folder.

2.6.2.5 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 or resources available in the office. You can also use the map software on your NHANES iPhone to find a DU, but be careful as GPS systems can sometimes be inaccurate.

Exhibit 2-3. Annotation Map with Directional Arrows

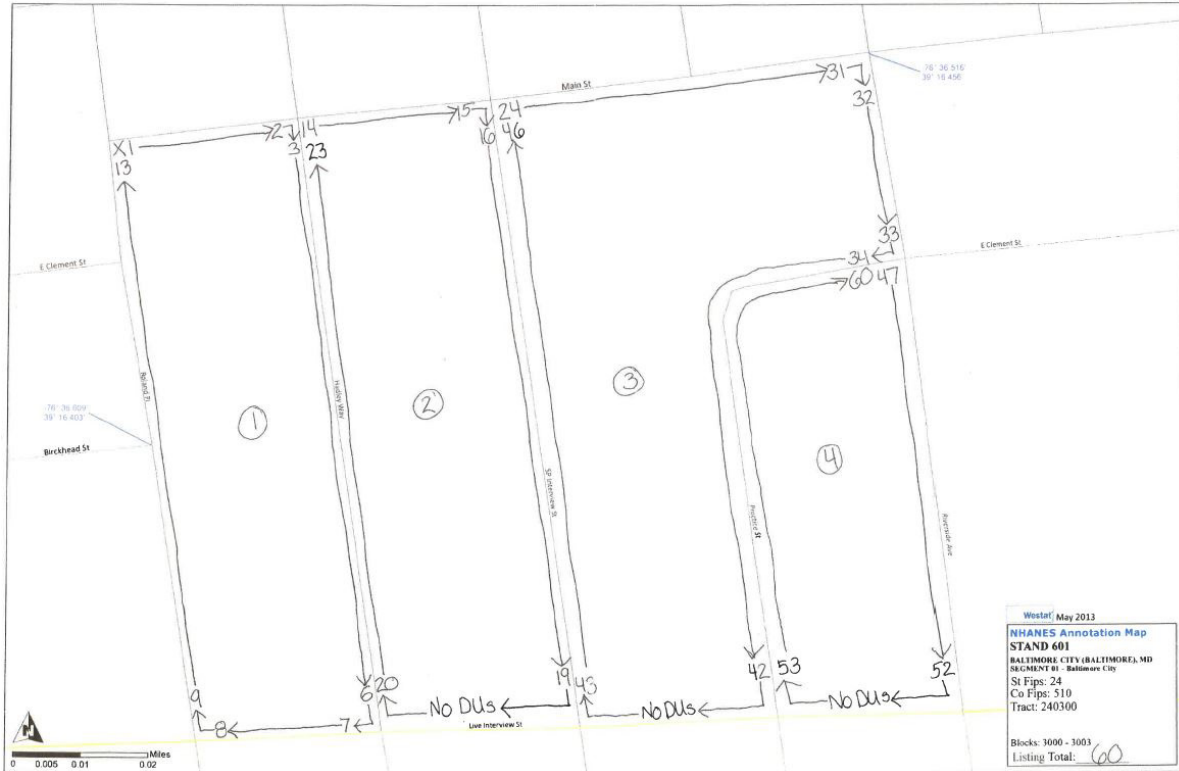



Exhibit 2-6. Segment Profile Form

 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>															

2.7 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 captures field interviewers' 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 and therefore inaccurate.

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 its 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 United States.

2.7.1 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 before you make contact with the people living there. Follow this protocol for all fielded cases: cases with a multi-mode partial or completed Screener or cases where you need to complete the Screener in-person.

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

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 Observation module after it is completed.

After completing the DU Observation module, try and make contact with the DU. In rare cases you may need to complete the Screener right away—for example, if someone is out in the yard and sees you when you arrive.

Once the in-person Screener is complete, you will not be able to open the DU Observation module. Observations must be recorded before the in-person Screener is complete to ensure that the DU observations are not biased by what you hear from the Screener respondent. This same rule holds for Screeners that have been completed via multi-mode: always complete the DU Observation module prior to having contact with the SP for the SP interview. If the SP interview is assigned to a home-based interviewer, it is not imperative that the field-based interviewer complete the DU Obs module before the home-based interviewer completes the SP interview. However, if the DU Obs module and the SP interview module are assigned to the same interviewer, DU Obs must be completed first. 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 interested in your first impressions of a DU, which 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.

2.7.2 Working with the DU Observation Module

The mFOS User Guide in Appendix 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. For completed multi-mode Screener cases, the DU Observation module will be assigned to an interviewer for completion. Please note that the DU observations must be completed *prior* to the first contact attempt for the household. You will learn more about Multi-mode Screener dispositions in Chapter 3.

2.7.3 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 2-7)

- 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 2-7. Question 1

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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 2-8)

- 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
- Nonresidential/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 “nonresidential” 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 2-9)

- 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 5 to 10 stories and may be equipped with an elevator. A high-rise apartment or condominium building is more than 10 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 2-8. Question 2

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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 2-9. 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 2-10)

- 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 2-11)

- 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 2-10. 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 2-11. 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 2-12)

- 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 or 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.”

Question 5 (Video Doorbell): Is a video doorbell camera visible? (Exhibit 2-13)

- Yes
- No

Based on your observation, without going all the way to the door, indicate if you can see a video doorbell or camera facing the doorway. If you cannot see a video doorbell or camera, record “No.”

Exhibit 2-12. 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

Exhibit 2-13. Question 5

The screenshot shows a mobile application interface for a 'DU Observation'. At the top, the status bar displays 'Verizon LTE', '1:06 PM', and battery/charging icons. Below the status bar, there is a navigation bar with 'Back' on the left, 'DU Observation 7/16' in the center, and 'Next' on the right. A blue header bar contains the address '51 COLLING AVE, ALAMO, TX 12345'. The main content area has a grey background with the question 'Is a video doorbell camera visible?'. Below the question, there are two radio button options: 'Yes' and 'No'. The 'No' option is selected, indicated by a blue checkmark. There are several horizontal lines below the 'No' option, likely representing a list of other options or a scrollable area.

Question 6 (Vacant DU): Does the dwelling unit appear to be vacant? (Exhibit 2-14)

- Yes
- No

To answer “Yes” for this question, it should be clear that no one is living in the home, including several of the following observations: untended or overgrown lawn, no evidence of cars at the DU, boarded windows and/or doors, or signs indicating that the property is abandoned or condemned. If you aren’t sure, the answer should be “No.” After completing the DU Observation, you will still need to confirm the vacant status by making additional visits and/or confirming with a neighbor or property manager. The DU Observation is not a substitute for an EROC entry with a status of “vacant.” Note that a vacant DU observation does not necessarily imply a “vacant” EROC status. For example, unoccupied vacation cabins would be marked as “vacant” in the DU Observation but would be assigned an EROC status of “not a DU.”

Question 7 (Number Locks): Does the dwelling unit or building containing it have 3 or more door locks? (Exhibit 2-15)

- 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.

Question 8 (Disabled Residents): Does the dwelling unit or building containing it have a wheelchair ramp or other indicator that any residents are handicapped or disabled? (Exhibit 2-16)

- 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.

Exhibit 2-14. Question 6

Verizon 7:47 PM

Back DU Observation 8/16 Next

18 COLLING AVE FL 2ND, ALAMO, TX 12345

Does the DU appear to be vacant?

Yes

No

Exhibit 2-15. 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

Exhibit 2-16. Question 8

Verizon 7:48 PM

Back DU Observation 10/16 Next

18 COLLING AVE FL 2ND, 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

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 2-17)

- 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 2-18)

- 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 worst one’s condition.

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.

Exhibit 2-17. 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 2-18. 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

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 (dogs, locked gate, etc.)? (Exhibit 2-19)

- 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 2-20)

- 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.

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 2-21)

- 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.

Exhibit 2-19. Question 11

Verizon 7:49 PM

Back DU Observation 13/16 Next

18 COLLING AVE FL 2ND, ALAMO, TX 12345

13/16

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

Exhibit 2-20. 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 ✓

Exhibit 2-21. 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

Question 13 (Number of Residents): What is your best guess of the total number of people living in the dwelling unit? (Exhibit 2-22)

- 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 2-23)

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 entries. After making changes, return to the summary screen and review the responses again. Remember that after tapping Submit, the DU Observation module cannot be opened again.

Accessing the DU Observation Report on the Tablet

A read-only version of the DU Observation 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 IMS by “DU Observations” from the drop-down list. A window will pop up containing the DU Obs report.

Exhibit 2-22. 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 2-23. Summary screen

The screenshot shows a mobile application interface. At the top, the status bar displays 'Verizon', signal strength, Wi-Fi, and the time '7:50 PM'. Below the status bar is a dark header with a blue back arrow and the text 'Back Submit DU Observation'. The main content area has a white background with the following elements:

- A paragraph: "Please review DU Observation details below and press Submit button to save and transmit your DU Observation."
- A large blue button with the text "Submit".
- A grey rectangular box containing the question: "On this contact attempt, are you able to observe the dwelling unit or building containing it?"
- The text "Yes" below the question.
- A second grey rectangular box containing the question: "Is the dwelling unit or building a..."
- The text "Apartment or condo" below the question.
- A third grey rectangular box containing the question: "Describe the apartment/condo type. Is it a..."

2.8 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 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 is positive and friendly. If you can communicate your interest and enthusiasm about the survey and the interview, the respondent will view it as a pleasant and worthwhile experience.

A brief introduction is printed on the first screen of the CAI 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;
- Whom you represent; and
- Why you are there.

Your introduction must include:

- Who you are;
- Whom 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 OR REFER RESPONDENT TO WEBSITE FOR A 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.

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 2018 (CIPSEA Public Law No. 115-435, 132 Stat. 5529 Sec. 302)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

You also have several Outreach Materials that help confer the legitimacy of the study and address common respondent concerns. All these materials can be found in Appendix D. You may choose to show them the Confidentiality Brochure, which contains information about the data protection laws holding us accountable for their privacy. You have a Door Card 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 Materials and the Sample Selection Brochure ready to give to the respondent. The materials help to establish credibility since they arrive to sampled households in an envelope with logos for the CDC and the Department of Health and Human Services. These will help offset possible suspicions about your identity or purpose by providing information about the study and your arrival to their home. With these materials, you can help the respondent to overcome any reservations about being part of the NHANES.

Now you have all the materials and first steps needed to complete DU Observations. Recall that your assignments may include eligible SPs who have already completed the Screener via the web, returned a paper Screener via mail, or called the toll-free number to complete the Screener with Field Support staff. In the next chapters, you will learn how to administer the Screener when it has not been completed (Chapter 3) and then how to administer the Household Interviews (Chapters 4 and 5).

While door-to-door visits are an important part of the job, interviewer safety is paramount to Westat. The NHANES has been designed with safety in mind for interviewers and participants. While you will administer the household interviews via the phone, when you are in the field completing DU Observations or attempting a Screener in-person, trust your instincts if you ever feel unsafe. You may always leave a situation or end an interaction with a person who makes you feel unsafe. Your SM may approve the use of an escort that can travel with you to your assigned DUs if needed.

2.9 Answering the Respondent's Questions

Often, you will have to answer questions before you begin the interview. Respondent 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.

It is extremely important that you be thoroughly familiar with the purpose of the study so that you can answer questions accurately. You should also be familiar with the contents of the Advance Materials and Outreach Materials so that, when appropriate, you can reference the written answers as you respond to questions.

If you don't know the answer to a question, it's ok to admit that you don't know it. Your respondent will appreciate your authenticity. Continue with the interview but volunteer to have your SM talk with the respondent if the respondent wants to.

The Gaining Respondent Cooperation Manual (IPM Part II) includes questions respondents will frequently ask about the survey and suggested answers.

3. Administering the Interview – Screener

This chapter describes the process for administering the Screener, including a Screener questionnaire and a Relationship questionnaire, using the computer-assisted interviewing (CAI) application on the tablet. In this chapter, you will learn about:

- The multi-mode Screener: web, paper, and CAI (you administer the instrument on the tablet either in-person or over the phone);
- How the Screener questionnaire selects household members to participate;
- How the Relationship questionnaire divides household members into families; and
- Identifying who is eligible to respond to each questionnaire.

3.1 Overview of the Multi-mode Screener

For each sampled dwelling unit (DU), NHANES uses a multi-mode Screener approach to complete two critical tasks: (1) Identify Sample Persons (SPs) to enroll in the study and (2) Organize household members into separate families, as necessary.

Prior to Field Interviewers going into the field, sampled DUs are invited to complete the Screener online (web), return a paper Screener via mail (paper), or call the toll-free number to complete the Screener with Survey Support staff via telephone (using the web Screener module). If the respondent provides enough information to select SPs and establish family relationships, no additional screening activities are necessary. The SP and Family questionnaires and MEC Appointment module are generated and assigned to Field Interviewers.

However, if the respondent does not provide enough information to select SPs and establish family relationships, or if no response is received from a selected household, you must contact the household to complete the Screener using the CAI application on your tablet. The CAI Screener application is designed to be administered in-person as well as over the telephone with someone from the sampled DU. Unlike the web or paper Screeners, the CAI application executes the Screener in two separate questionnaires: the Screener questionnaire and the Relationship questionnaire. The Screener questionnaire identifies SPs whereas the Relationship questionnaire

establishes family relationships among members of the household. Listed below are the three possible scenarios for completing the Screener using CAI on your tablet.

1. **Household Did Not Respond to the Web or Paper Screener:** You are assigned to complete the Screener questionnaire on your tablet. You will need to contact the household in person to administer the Screener. At the end of the complete Screener questionnaire, CAI will ask you if you wish to complete the Relationship questionnaire at that time. If you select yes, you will immediately be directed to the Relationship questionnaire. If not, you will exit the instrument and will see an unworked Relationship questionnaire in the Interview Management System (IMS).
2. **Household Responded to the Web or Paper Screener, But the Respondent Did Not Provide Enough Information to Select SPs:** You are assigned the partially worked Screener questionnaire on your tablet. Attempt to complete the Screener with the original respondent, if possible. If the IMS has a phone number and valid name for the respondent, you can attempt to do this over the phone. When speaking to the original respondent, acknowledge that s/he completed questions online or via the Paper Screener but you need to verify responses and complete some missing information. Verify all prefilled responses and administer fully any questions with no response option prefilled.

If the original respondent is not available, and someone else living in the household aged 18 years or older is willing to complete the Screener, proceed with the available household member. Verify responses provided in the instrument and administer all screens with no response.

As in scenario one, you will complete the Relationship questionnaire immediately after the Screener questionnaire is completed. If you do not, it will appear in the IMS as Not Worked.

3. **Household Responded to the Web or Paper Screener, and the Respondent Provided Enough Information to Select SPs but Not Enough Information to Establish Family Relationships:** The Screener questionnaire will appear in the IMS as Complete (final). The Relationship questionnaire will appear as Not Worked or Partially Worked, depending on whether any relationship questions were answered. You are assigned to complete only the Relationship questionnaire on your tablet using the CAI application. Follow the same procedures as above for scenario 2. However, you will administer only the Relationship questionnaire in this case.

Upon completion of the Screener questionnaire, SPs are selected for the study based on age. The sampling program to identify SPs automatically runs on your tablet during the Screener questionnaire. Under most circumstances, each sampled DU will have at least one SP. Details of sampling are discussed in Section 3.2.2.8. In the rare event that no SPs are selected, CAI classifies the case as having no SPs, and no further interviewing will take place at that DU. If SPs are selected, CAI identifies whom to interview and the Interview Management System (IMS) creates additional

modules on your tablet for you to complete. These additional modules include the SP questionnaire(s) and MEC Appointment module(s). If enough information is provided in the Relationship questionnaire to establish a family relationship, then the IMS generates the appropriate Family questionnaire(s).

3.2 Content of the CAI Screener Questionnaire

The CAI Screener questionnaire on your tablet provides a record of all household members and has five primary stages as follows:

1. Introduction, address/respondent verification, and collection of basic health information for the respondent;
2. Enumeration of all people living in the household;
3. Classification of all household members by the various demographic categories—gender, age, ethnicity, and race;
4. Collection of contact information; and
5. Selection of SPs.

The Screener questionnaire also serves several other important purposes:

- Provides a gateway for you to gain cooperation for the household interview; and
- Assures confidentiality of the information you obtain.

One Screener questionnaire is loaded on your tablet for each address in your assignment if the DU has not responded via the web or paper Screener or has not provided complete information. You also receive a hard-copy case card (see Chapter 6) for each address. Each dwelling unit in your assignment must have a Screener questionnaire completed, regardless of whether anyone in the household is eligible to participate in the survey.

3.2.1 Eligible Respondent for the Screener Questionnaire

An eligible respondent for the Screener questionnaire 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. You may not conduct the interview with an emancipated minor without Study Manager [SM] permission. See Section 3.2.2.4 for questions used to verify the respondent's age and residence. The Screener questionnaire respondent needs to be able to provide accurate information about everyone who lives in the household including their names, ages, genders, and races/ethnicities.

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 Screener questionnaire. In addition, the NHANES interviewing team includes bilingual (English/Spanish) interviewers. If you encounter a situation where a Spanish language screening is needed for the respondent and you are not a trained Spanish interviewer, return the case to your SM. If you start a Screener questionnaire with a respondent whom you believe to be bilingual, and you find they have difficulty with the questions or concepts in English, stop the interview. Explain to the respondent that we have Spanish-speaking interviewers, set an appointment to have the Screener completed in Spanish, and return the case to your SM. If you encounter a situation where the respondent only speaks another language (e.g., Chinese, French, or Japanese) or does not speak enough English to conduct the interview, consult your SM on how to proceed.

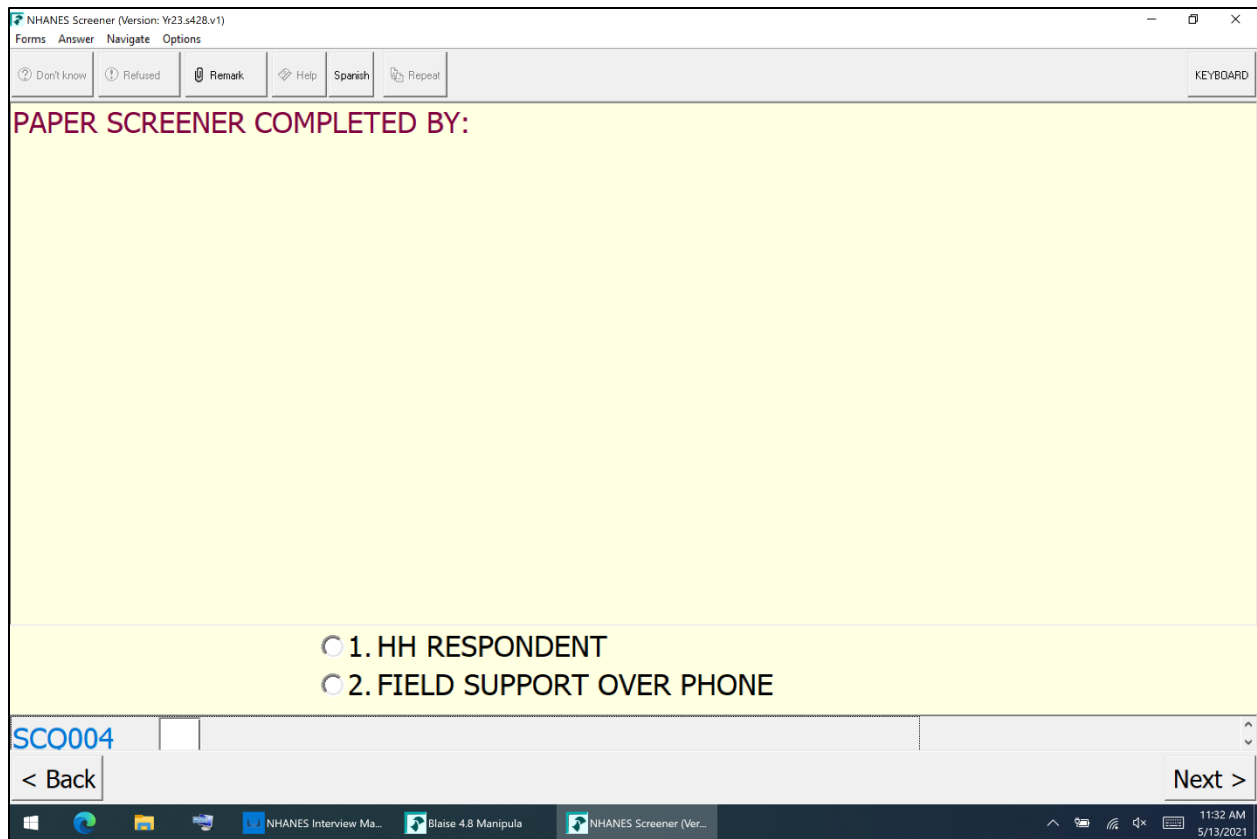
3.2.2 Screener Questionnaire Specifications

Once you have prepared yourself and the equipment for the interview (see NHANES Interviewer Job Aid and Chapter 6, Section 6.6), it is time to conduct the interview in CAI.

3.2.2.1 Interview Mode

The screenshot shows the NHANES Screener application window. At the top, the title bar reads "NHANES Screener (Version: Y23.s428.v1)". Below the title bar is a navigation menu with buttons for "Forms", "Answer", "Navigate", and "Options". A secondary menu contains buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", and "Repeat". The main content area has a yellow background and displays the instruction: "SELECT INTERVIEW MODE. SELECT 'PAPER' ONLY IF RECEIVING INFORMATION FROM FIELD SUPPORT STAFF." Below this instruction are three radio button options: "1. IN-PERSON", "2. PHONE", and "3. PAPER". At the bottom of the screen, there is a header bar with the identifier "SCO003" and navigation buttons for "< Back" and "Next >". The Windows taskbar is visible at the very bottom, showing several open applications including Mail, NHANES Interview, Pulse Secure, and Blaise 4.8 Manipula.

To begin the Screener questionnaire, first select the administration mode. In general, you will select either “IN-PERSON” or “PHONE.” The “PAPER” response option is typically for Survey Support staff to use when they manually enter the responses from returned Paper Screeners to create the electronic record. However, there may be rare instances when the Paper Screener is completed after you have been assigned the case. A staff member will contact you by phone to provide the responses for you to enter. In this case, select “PAPER” to continue. Select a response by tapping the response on your screen using your stylus, by entering the numerical value on your attached keyboard, or by entering the value using the on screen keyboard (accessed by tapping the Keyboard button in the top-right corner). Advance to the next screen by tapping Enter on your keyboard or by swiping on an empty space on the touch screen from right to left.



If “PAPER” was selected as the mode of the Screener for SCQ.003, the application asks if the original record came from a Paper Screener completed by a household respondent or by Survey Support staff on behalf of the respondent over the phone.

3.2.2.2 Introduction

The screenshot shows the NHANES Screener software interface. At the top, the title bar reads "NHANES Screener (Version: Y23.s428.v1)". Below the title bar is a navigation menu with buttons for "Forms", "Answer", "Navigate", and "Options". A secondary menu contains buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", and "Repeat". The main content area has a yellow background and contains the following text:

HELP AVAILABLE

Hello, I'm Practice Mode and we are conducting a survey for the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC).

IF IN PERSON, 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 RESPONDENT DOES NOT REMEMBER LETTER, HAND A NEW COPY OR REFER RESPONDENT TO WEBSITE FOR A COPY.

FOR IN PERSON, IF NEEDED: REASSURE RESPONDENT THAT YOU ARE WELL AND THAT YOU CHECK YOURSELF DAILY FOR CORONAVIRUS SYMPTOMS FOLLOWING CDC GUIDELINES.

IF RESPONDENT SAYS S/HE COMPLETED THE WEB OR MAIL SCREENER AND ASKS WHY YOU ARE ASKING THESE QUESTIONS AGAIN, LET HIM/HER KNOW WE NEED TO VERIFY INFORMATION PROVIDED IN THE SCREENER TO DETERMINE WHO IN THE HOUSEHOLD IS ELIGIBLE TO PARTICIPATE.

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.

1. CONTINUE

At the bottom of the screen, there is a "SCO IN" field, a "< Back" button, and a "Next >" button. The Windows taskbar at the very bottom shows several open applications, including "Mail - MichelleMill...", "NHANES Interview...", "Pulse Secure", "Blaise 4.8 Manipula", and "NHANES Screener (...)", along with system icons and the date/time "2:51 PM 9/8/2021".

Use the paragraph on this screen when you are introducing yourself. If the initial contact is in person, show your ID badge and have available a hard copy of the first contact Invitation Letter (in case the respondent does not recall or did not receive a letter). If the contact is by phone, you may also refer the respondent to the CDC NHANES website for an electronic copy of the letter.

If the contact is in person, if appropriate, reassure the respondent that you are well and are required to check yourself daily for any symptoms of coronavirus. This is particularly important if the respondent seems uncomfortable or expresses concerns about talking to you because of COVID. You can also offer to complete the Screener via phone if you think this will put the respondent more at ease.

If the respondent says s/he completed the Screener already via the web or paper Screener, inform him/her we need to collect just a little more information in order to select participants.

3.2.2.3 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 2018 (CIPSEA Public Law No. 115-435, 132 Stat. 5529 Sec. 302)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to 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 the Assurance of Confidentiality and Public Reporting Burden statement by tapping once on the “HELP” button or entering F1 on your keyboard at the introduction screen. Read these statements to the respondent only when necessary.

3.2.2.4 Respondent Verification

The screenshot shows the NHANES Screener software interface. At the top, there is a title bar with the text "NHANES Screener (Version: Y23.s428.v1)" and standard window controls. Below the title bar is a menu bar with "Forms", "Answer", "Navigate", and "Options". A toolbar contains buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", and "Repeat", along with a "KEYBOARD" button. The main content area has a yellow background and contains the following text: "Before we begin, I would like to verify a few things." followed by "ASK ALL PERSONS WHO APPEAR UNDER 30 YEARS OF AGE:" in red. Below this is the question "Are you 18 years or older?". At the bottom of the content area are three radio button options: "1. YES", "2. NO", and "3. NO, EMANCIPATED MINOR". The bottom of the interface features a navigation bar with a "SCO011" label, a "< Back" button, and a "Next >" button. The Windows taskbar at the very bottom shows the system tray with the time "11:32 AM" and date "5/13/2021".

The first question is designed to verify that the Screener respondent is 18 years or older.

The screenshot displays the NHANES Screener software interface. At the top, the title bar reads "NHANES Screener (Version: Yr23.s428.v1)". Below the title bar is a menu bar with "Forms", "Answer", "Navigate", and "Options". A secondary toolbar contains buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", "Repeat", and "KEYBOARD". The main content area is a large yellow rectangle containing the question "Do you live here?". At the bottom of this area are two radio button options: "1. YES" and "2. NO". Below the question area is a grey bar with the identifier "SCO016" and a small input field. At the bottom of the interface are navigation buttons: "< Back" on the left and "Next >" on the right. The Windows taskbar at the very bottom shows several open applications: "NHANES Interview Ma...", "Blaise 4.8 Manipula", and "NHANES Screener (Ver...". The system tray on the right shows the time as "11:32 AM" and the date as "5/13/2021".

If the mode of the Screener questionnaire is in person, this second question confirms the respondent is a member of the selected household. You are allowed to conduct Screener questionnaires only with adults (or emancipated minors) who live in the household. If “NO” is selected for either question, the Screener questionnaire ends and displays a message asking you to identify a household resident who is 18 years or older to interview instead.

3.2.2.5 Address Verification

The screenshot shows the NHANES Screener software interface. At the top, there is a title bar with the text "NHANES Screener (Version: Yr23.s428.v1)" and standard window controls. Below the title bar is a menu bar with "Forms", "Answer", "Navigate", and "Options". A toolbar contains buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", "Repeat", and a "KEYBOARD" button. The main content area has a yellow background and contains the instruction "Please tell me your complete physical street address." Below this, the address "405 FRANKLIN TPKE APT 63 ALAMO, TX 12345" is displayed. At the bottom of the main area, there are three radio button options: "1. YES", "2. NO (WRONG ADDRESS)", and "3. YES (CORRECTIONS)". Below the main area is a grey bar with the identifier "SCO070" and a small white input field. At the very bottom, there is a navigation bar with "< Back" on the left and "Next >" on the right. The Windows taskbar is visible at the bottom of the screen, showing the Start button, taskbar icons for "NHANES Interview Ma...", "Blaise 4.8 Manipula", and "NHANES Screener (Ver...", and system tray icons for volume, network, and power, along with the date and time "11:32 AM 5/13/2021".

This next screen asks the respondent to tell you his/her physical address. Listen to the address given by the respondent and check it against the information displayed at the top of the screen. Ask this question to confirm 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).” CAI will allow you to make the correction in the appropriate address field. A typical minor address correction is a change to the ZIP code.

NHANES Screener (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

Please tell me your complete physical street address.

ADDITIONAL ADDRESS

STREET # 405

DIRECTION PRE

STREET NAME FRANKLIN

ST/RD/AVE TPKE

DIRECTION POST

UNIT/APT/BLDG APT

UNIT # 63

CITY ALAMO

STATE TX

ZIP 12345-____

< Back Next >

Windows Taskbar: NHANES Interview Ma... Blaise 4.8 Manipula NHANES Screener (Ver... 11:32 AM 5/13/2021

To make a correction, tap the field you wish to correct. Select the correct option from the dropdown or enter the updated response by using the attached keyboard. If you are using the touchscreen, tap the keyboard button to bring up the onscreen keyboard. Once the field has been updated, press the Enter key on your keyboard or tap the “Next” button at the bottom-right corner of the screen to advance through the fields and to the next screen.

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

NOTE: If you are conducting the interview in person and the respondent provides a correction to the street address number, 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 ADDRESS.” CAI will go to the end of the Screener questionnaire. You will need to locate the correct dwelling unit.

3.2.2.6 Respondent Health Characteristics (Non-Response Bias Analysis)

NHANES Screener (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

First, I have some general questions about your health.

Would you say your health in general is ...

1. excellent,
 2. very good,
 3. good,
 4. fair, or
 5. poor?

SCO600

< Back Next >

11:32 AM 5/13/2021

NHANES Screener (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

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

1. YES
 2. NO

SCO610

< Back Next >

11:32 AM 5/13/2021

NHANES Screener (Version: Y23 s428.v1)

Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

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

1. 1 to 2,
 2. 3 to 5, or
 3. 6 or more?

SCO620

< Back Next >

Windows Taskbar: NHANES Interview Ma... Blaise 4.8 Manipula NHANES Screener (Ver... 11:32 AM 5/13/2021

NHANES Screener (Version: Y23 s428.v1)

Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

Has a doctor or other health professional ever told you that you had diabetes?

IF DIABETES ONLY DURING PREGNANCY, CODE NO.

1. YES
 2. NO
 3. BORDERLINE OR PREDIABETES

SCO630

< Back Next >

Windows Taskbar: NHANES Interview Ma... Blaise 4.8 Manipula NHANES Screener (Ver... 11:32 AM 5/13/2021

These 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 the persons selected by the Screener as SPs do not complete the SP interview or the MEC exam, we need to understand whether respondents who go on to complete these interviews are significantly different from those who do not. These questions also help build trust with respondents by introducing health questions at the beginning of the interview process.

If the respondent does not know a response, or refuses to provide a response, press the Don't Know or Refused button at the top of the screen. You can also enter F5 for Don't Know or F6 for Refused. Note that any time these buttons are active at the top of the screen, you may enter these as a response for the question.

3.2.2.7 Household Composition Questions Overview

The next series of questions is designed to provide a record of household members. The information collected in this series generates a complete list of all persons living or staying in the

dwelling unit and identifies and deletes non-household members. It also obtains the gender, age, race, and Hispanic origin of each person.

Since the first objective of these questions is to obtain a complete listing of all household members, let us review the 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 (see 3.2.2.8) 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 (DU).
- Persons staying in the DU 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 their 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. Students should consider where they live for the majority of the calendar year their usual place of residence.
- **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 DU 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. Include foreign citizens living in a home rented by their country's embassy. 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 DU. They are usual residents of the institution and are out of the

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

3.2.2.8 Household Composition Questions

Total Number of Persons in the Household

The screenshot shows the NHANES Screener software interface. At the top, there is a title bar with the text "NHANES Screener (Version: Y23.s428.v1)". Below the title bar is a menu bar with "Forms", "Answer", "Navigate", and "Options". A toolbar contains buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", and "Repeat", along with a "KEYBOARD" button. The main content area displays the question: "To continue, I need to know more about this household. How many people live here? Please do not include anyone who usually lives somewhere else." Below the question, the text "SELECT NUMBER OF HOUSEHOLD MEMBERS" is displayed in red. At the bottom of the main area, there is a drop-down list and a text input field. The bottom navigation bar includes "< Back" and "Next >" buttons. The Windows taskbar at the very bottom shows the time as 11:33 AM on 5/13/2021 and several open applications.

Select the number of people given by the respondent using the drop-down list or by entering the number on your keyboard. Be sure to read the entire screen. If you learn later that the number you entered here is incorrect, do not go back and 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 or remove members on the subsequent roster screens using the ANY OTHERS dropdown.

Identifying a Reference Person (Head of Household)

NHANES Screener (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

What are the names of all of 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.)

FIRST	MIDDLE	LAST	SUFFIX	GENDER	18+/EMANCIPATED	ANY OTHERS
						YES
						YES

< Back Next >

This screen asks you to enter the names of all the persons living in the DU. Always start with the name of the person, or one of the persons, who owns or rents this home. This person is established as the “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 also “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 3.3), asking demographic questions about the wrong person in the Family questionnaire (see Chapter 5), 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).

Recording Names on the Household Composition Roster

Household member names are separated into individual response fields for the first, middle, and last name and suffix. This is done to encourage the accurate recording of names.

Always try to enter a first and last name. Enter a middle name or suffix 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. If the two household members have identical first, middle, and last names, with no suffix, add a unique identifier such as ‘I’ and ‘II.’

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

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).

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. Probe the respondent for the correct field to enter the names provided.

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 staff member returning to the household can identify who each person is (e.g., mother, father, child1, child2, man of hh, boarder, etc.).

What are the names of all of 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.)

IF OBVIOUS, VERIFY ONLY: Is Amanda male or female?

FIRST	MIDDLE	LAST	SUFFIX	GENDER	18+/EMANCIPATED	ANY OTHERS
Amanda	Lynn	Smith		MALE FEMALE		YES YES

< Back Next >

Once you have entered the reference person’s name, select a gender from the drop-down list.

NHANES Screener (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

IS THIS PERSON AT LEAST 18 YEARS OLD OR AN EMANCIPATED MINOR?

FIRST	MIDDLE	LAST	SUFFIX	GENDER	18+/EMANCIPATED	ANY OTHERS
Amanda	Lynn	Smith		FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> YES

< Back Next >

Windows Taskbar: NHANES Interview Ma... Blaise 4.8 Manipula NHANES Screener (Ver... 11:33 AM 5/13/2021

In order to prevent errors when recording the reference person, this question appears for the first row. Make sure that the person is at least 18 years old or an emancipated minor. If you select “NO,” the system will display an error indicating you must enter someone that meets these criteria for the first row. On rare occasions, you may encounter **DUs 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 sampled DU, designate that person as the reference person.
- If more than one household member owns or rents the sampled DU, designate the oldest owner/renter as the reference person.
- If none of the household members owns or rents the sampled DU, designate the oldest household member as the reference person.

The names and genders of the other household members obtained through the household composition questions are recorded in additional rows as follows.

Identifying All Persons in the Household on the Household Membership Roster

The screenshot shows the NHANES Screener software interface. At the top, there is a title bar and a menu bar with options: Forms, Answer, Navigate, and Options. Below the menu bar are several buttons: Don't know, Refused, Remark, Help, Spanish, Repeat, and a KEYBOARD button. The main text area contains the question: "What are the names of all of 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.)" followed by a pink "PROBE: Any others?". Below the text is a table with columns: FIRST, MIDDLE, LAST, SUFFIX, GENDER, 18+/EMANCIPATED, and ANY OTHERS. The table contains three rows of data for Amanda Lynn Smith, Arnold Smith, and Ashley Smith. The ANY OTHERS column for Ashley has a dropdown menu open showing "NO". At the bottom of the table are "< Back" and "Next >" buttons. The Windows taskbar at the bottom shows the time as 11:34 AM on 5/13/2021.

FIRST	MIDDLE	LAST	SUFFIX	GENDER	18+/EMANCIPATED	ANY OTHERS
Amanda	Lynn	Smith		FEMALE	YES	YES
Arnold		Smith		MALE		YES
Ashley		Smith		FEMALE		NO

All members of the household are to be entered into the roster. This question is meant to let the respondent know we want to list 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 are listed that live 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 rows that appear initially on this roster will equal the number of persons you have entered as living in the household in a previous question. If the respondent realizes there are not as many people as reported on the previous screen, select “NO” for ANY OTHERS as soon as you have added all reported household members and press “Next” or the Enter key to move to the next

screen. Likewise, if the respondent wants to add additional household members, select “YES” to add another row.

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

First Review of Household Composition

The screenshot shows the NHANES Screener software interface. At the top, there is a title bar with the text "NHANES Screener (Version: Yr23.s428.v1)" and standard window controls. Below the title bar is a menu bar with "Forms", "Answer", "Navigate", and "Options". A toolbar contains buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", and "Repeat", along with a "KEYBOARD" button. The main content area has a yellow background and displays the text: "I have 3 people living here --", "REVIEW NAMES LISTED BELOW. REFER TO THE LIST AS NEEDED.", and a list of names: "AMANDA LYNN SMITH, FEMALE", "ARNOLD SMITH, MALE", and "ASHLEY SMITH, FEMALE". At the bottom of the main area is a radio button labeled "1. CONTINUE". Below the main area is a navigation bar with "SCO145" on the left, a "< Back" button, and a "Next >" button on the right. The Windows taskbar at the bottom shows the system tray with the time "11:34 AM" and date "5/13/2021".

Read the text as written. This text is meant to verify the number of people in the household you have recorded with the respondent, and use it as an introduction to the next question. CAI will also display the names and genders of each household member you have listed on the household membership roster on the screen as a reference. You do not need to read the entire roster of names to the respondent at this time. The list is provided so you can refer to it when there is a discrepancy of the total number of household members that needs to be reconciled. Select “CONTINUE” and press the “Next” button or Enter to continue.

Household Membership “Sweep” Questions

The screenshot shows the NHANES Screener (Version: Yr23.s428.v1) interface. At the top, there are navigation buttons: "Forms", "Answer", "Navigate", and "Options". Below these are action buttons: "Don't know", "Refused", "Remark", "Help", "Spanish", "Repeat", and a "KEYBOARD" button. The main content area has a yellow background with the text "Have I missed ...". Below this, there are four questions, each with a dropdown menu for the answer:

SCQ150	NO	... any babies or small children?
SCQ160	NO	... any lodgers, boarders, or persons in your employ who live here?
SCQ170	NO	... anyone who usually lives here but is now away from home?
SCQ180	NO	... anyone else living or staying here?

At the bottom of the interface, there are navigation buttons: "< Back" and "Next >". The Windows taskbar at the very bottom shows the time as 11:34 AM on 5/13/2021.

This series of four 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.

NHANES Screener (Version: W23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

[Have I missed anyone else living or staying here?] (What are their names?)

PROBE: Any others?

FIRST	MIDDLE	LAST	SUFFIX	GENDER	ANY OTHERS
Amanda	Lynn	Smith		FEMALE	YES
Arnold		Smith		MALE	YES
Ashley		Smith		FEMALE	YES

< Back Next >

Windows taskbar: NHANES Interview Ma... Blaise 4.8 Manipula NHANES Screener (Ver... 11:34 AM 5/13/2021

If the respondent answers “YES” to any of these sweep questions, the household membership roster appears. Select “YES” from the ANY OTHERS column to add another row and complete the name and gender fields for the person you want to add. 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?”). Once you have finished adding any additional household members, select “NO” from the ANY OTHERS column and press “Next” or Enter to continue to the next screen.

Second Review of Household Composition

The screenshot shows the NHANES Screener software interface. At the top, there is a title bar with the text "NHANES Screener (Version: Yr23.s428.v1)" and standard window controls. Below the title bar is a menu bar with "Forms", "Answer", "Navigate", and "Options". A toolbar contains buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", and "Repeat", along with a "KEYBOARD" button. The main content area has a yellow background and contains the instruction: "[VERIFY HOUSEHOLD MEMBERS BY READING NAMES LISTED BELOW.]". Below this, the names of household members are listed: "AMANDA LYNN SMITH, FEMALE", "ARNOLD SMITH, MALE", and "ASHLEY SMITH, FEMALE". At the bottom of the main area, there are two radio button options: "1. HOUSEHOLD ROSTER CORRECT" and "2. MAKE CHANGES TO HOUSEHOLD ROSTER". The bottom of the screen features a navigation bar with a "SCO190" label, a "< Back" button, and a "Next >" button. The Windows taskbar is visible at the very bottom, showing the Start button, taskbar icons for "NHANES Interview Ma...", "Blaise 4.8 Manipula", and "NHANES Screener (Ver...", and system tray icons for network, volume, and time (11:35 AM, 5/13/2021).

The intent of this interviewer instruction is to ensure the complete listing of all household members during the initial screening. **By reading the list of names in its entirety to 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 CAI. Be sure to use the scroll arrow to view all the names on the roster, if necessary. If the respondent mentions another person at this point, probe to see if he or she usually lives in the household.

If the roster is correct, select “HOUSEHOLD ROSTER CORRECT” and press “Next” or Enter to continue. If an error is discovered (e.g., too many/few persons listed, gender incorrect), select “MAKE CHANGES TO HOUSEHOLD ROSTER” and press “Next” or Enter to go back to the household roster grid.

NHANES Screener (Version: W23.s430.v1)

Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat

[VERIFY HOUSEHOLD MEMBERS BY READING NAMES LISTED BELOW.]

SELECT 'OK' TO KEEP ROW OR ADD A NEW ROW. SELECT 'DEL' TO DELETE ROW.

STATUS	FIRST	MIDDLE	LAST	SUFFIX	GENDER
OK	Amanda	Lynn	Smith		FEMALE
OK	Arnold		Smith		MALE
OK	Ashley		Smith		FEMALE
OK	Randy		Smith		MALE
OK					

< Back Next >

A STATUS column will appear at the beginning of each row and defaults to “OK.” To delete a row, select “DEL” from the dropdown. To add a new row, select “OK” from the row at the bottom of the grid without any information prefilled. 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 Screener questionnaire is complete.**

If there is any doubt about a person’s membership in the household, contact your Study Manager before you continue with the Screener. Once you have confirmed the updated roster, leave the bottom row STATUS dropdown blank and press “Next” or Enter to continue.

Identifying Persons With Other Homes

The screenshot shows the NHANES Screener software interface. At the top, there is a title bar with the text "NHANES Screener (Version: Yr23.s428.v1)". Below the title bar, there are several buttons: "Forms", "Answer", "Navigate", and "Options". A secondary row of buttons includes "Don't know", "Refused", "Remark", "Help", "Spanish", "Repeat", and "KEYBOARD". The main content area contains the question: "Do any of the persons in this household have a home anywhere else?". Below the question, there is a large yellow rectangular area containing the instruction: "STUDENTS AWAY AT SCHOOL WHO STILL LIVE SOMEWHERE ELSE FOR PART OF THE YEAR ARE CONSIDERED TO HAVE A HOME SOMEWHERE ELSE." At the bottom of the yellow area, there are two radio button options: "1. YES" and "2. NO". Below the yellow area, there is a grey bar with the text "SCO195" on the left and a "Next >" button on the right. At the bottom of the screen, there is a Windows taskbar with several open applications: "NHANES Interview Ma...", "Blaise 4.8 Manipula", and "NHANES Screener (Ver...". The system tray shows the time as "11:36 AM" and the date as "5/13/2021".

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”), CAI will display a list of all persons in the household with a column labeled Other Home and prompt you to ask, “Who is that?”

NHANES Screener (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

(Who is that?)

SELECT MEMBERS WITH HOME ELSEWHERE
PROBE: Anyone else?

Name	Other Home	Live Here
AMANDA LYNN SMITH	NO	
ARNOLD SMITH	NO	
ASHLEY SMITH	NO	
RANDY SMITH	YES	

< Back Next >

11:36 AM 5/13/2021

NHANES Screener (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

Where does RANDY SMITH usually live and sleep; here or somewhere else?

STUDENTS SHOULD SELECT WHERE THEY LIVE FOR THE MAJORITY OF THE CALENDAR YEAR.

Name	Other Home	Live Here
AMANDA LYNN SMITH	NO	
ARNOLD SMITH	NO	
ASHLEY SMITH	NO	
RANDY SMITH	YES	HERE SOMEWHERE ELSE

< Back Next >

11:36 AM 5/13/2021

Update to “YES” under Other Home for each person who has been identified as having another home.

CAI then displays a question to determine where each person you recorded as having another home usually lives and sleeps. The response for the column Live Here is blank for each person selected as “YES” for Other Home. There are two response options: “HERE” and “SOMEWHERE ELSE.” Again, there is an interviewer instruction assisting you with the proper designation for students living away from home. For students, select as their main residence where they live the majority of the calendar year. 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.

If you do not select at least one person who has a home somewhere else and try to move forward, CAI produces a message that asks you to resolve the issue (that is, you indicated on the previous screen that someone in the household had a home elsewhere but, in the grid, you did not identify the person). If no one lives somewhere else, suppress the message to move on. No one will be recorded as living somewhere else. If someone does live somewhere else, tap GOTO to go back to the question and update the response for the correct household member.

Military Status

The screenshot shows the NHANES Screener software interface. At the top, there is a title bar with the text "NHANES Screener (Version: Yr23.s428.v1)". Below the title bar, there are several buttons: "Forms", "Answer", "Navigate", and "Options". A secondary bar contains buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", "Repeat", and "KEYBOARD". The main area of the screen displays the question: "Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States?". Below the question, there are two radio button options: "1. YES" and "2. NO". At the bottom of the screen, there is a navigation bar with a "< Back" button on the left and a "Next >" button on the right. The task ID "SCO220" is visible in the bottom left corner. The Windows taskbar at the very bottom shows the time as 11:36 AM on 5/13/2021.

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

“Active duty with the Armed Forces” means full-time active duty in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force, 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;
- National Oceanic and Atmospheric Administration (NOAA) Commissioned Officer Corps;

- 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.

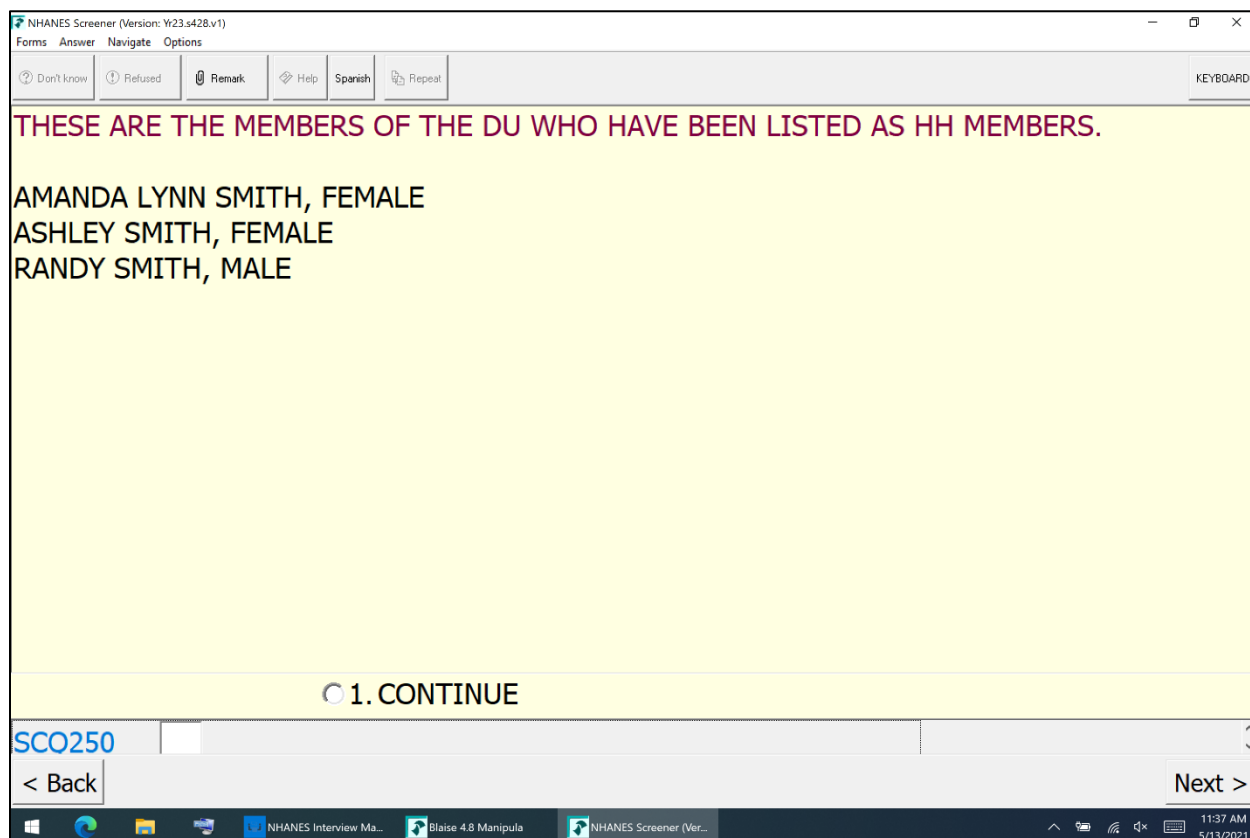
If you select “YES” for the military question, as with the previous question about persons living somewhere else, CAI displays a list of all persons in the household with a column labeled “Military” and prompts you to ask, “Who is that?” For each person identified as being in the military, update to a “YES” response.

Again, as before, CAI 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.

If you do not select at least one person who is on active military duty and try to move forward, CAI produces a message that asks you to resolve the issue (that is, you indicated previously that someone in the household was on active military duty, but you did not identify a person on the subsequent screen).

Final Review of Household Composition



The screenshot shows the NHANES Screener software interface. At the top, there is a title bar with the text "NHANES Screener (Version: Yr23.s428.v1)" and standard window controls. Below the title bar is a menu bar with "Forms", "Answer", "Navigate", and "Options". A toolbar contains buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", and "Repeat", along with a "KEYBOARD" button. The main display area has a yellow background and contains the following text:

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

AMANDA LYNN SMITH, FEMALE
ASHLEY SMITH, FEMALE
RANDY SMITH, MALE

At the bottom of the yellow area, there is a radio button next to the text "1. CONTINUE". Below the yellow area is a grey bar with "SCO250" on the left, a "< Back" button, and a "Next >" button on the right. The Windows taskbar is visible at the bottom of the screen, showing the time as 11:37 AM on 5/13/2021.

CAI 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 doubts about a person's household membership. Review the entries to yourself to be sure that you have the correct listings.

At this point, you may have learned that your original ordering of household members was incorrect. If the person originally listed on the first line was deleted at some point during the sweep questions 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, CAI will

consider the next household member aged 18 years or older listed on the roster as the reference person. Select CONTINUE and press “Next” or Enter to move to the next screen.

Age

The screenshot shows the NHANES Screener software interface. At the top, the title bar reads "NHANES Screener (Version: W23-s435.v1)". Below the title bar is a menu bar with "Forms", "Answer", "Navigate", and "Options". A toolbar contains buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", and "Repeat". The main content area has a yellow background and contains the following text: "How old is ASHLEY SMITH?", "IF PERSON IS LESS THAN ONE YEAR OLD, ENTER '0.'", and "ENTER NUMBER OF YEARS". At the bottom of the main area, there is a text input field containing "0". Below the input field is a navigation bar with "< Back" on the left and "Next >" on the right. The Windows taskbar at the bottom shows the system tray with the time "10:57 AM" and date "2/3/2022".

Next, ask the age for each household member. Enter the person’s age in years unless s/he is less than one year old. If the person is less than one year old, enter “0.”

NHANES Screener (Version: Y23.s428.v1)

Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

How old is ASHLEY SMITH in months?

IF INFANT IS LESS THAN ONE MONTH OLD, ENTER '0.'

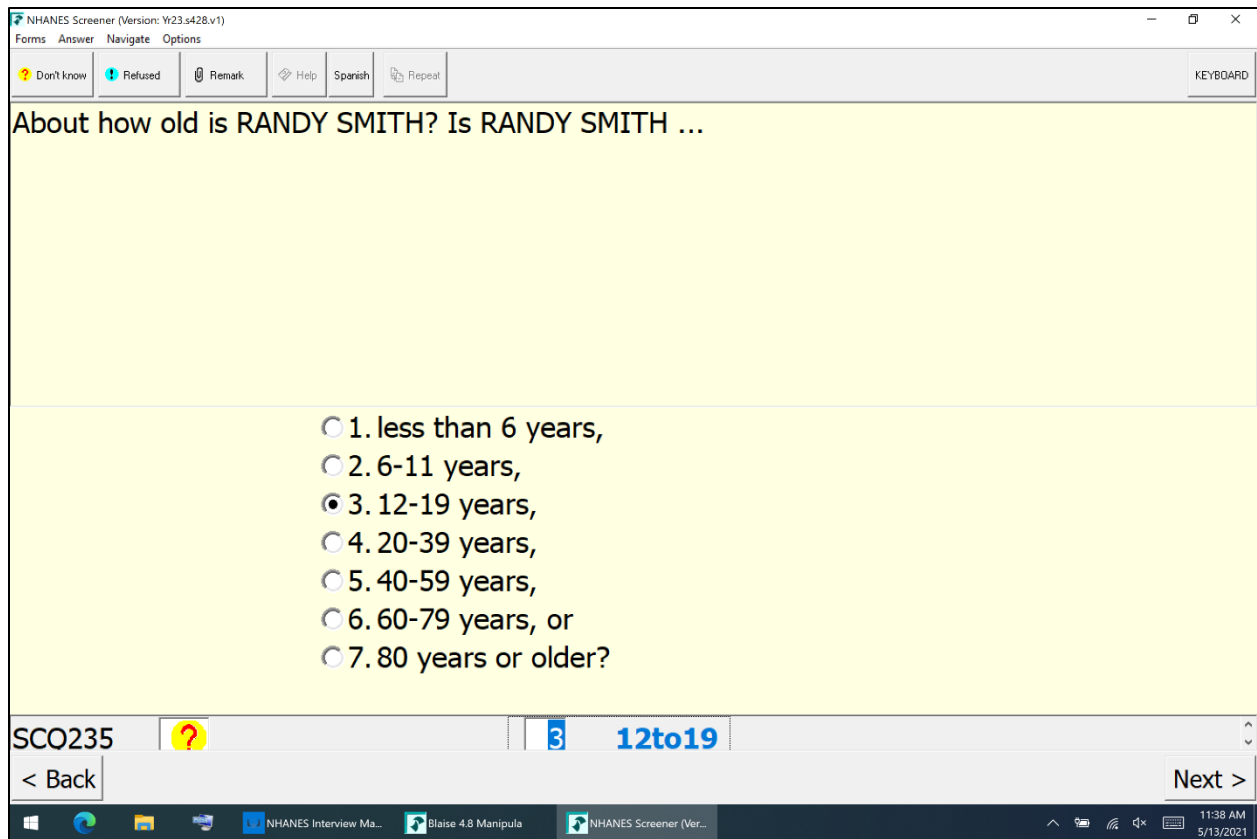
ENTER NUMBER OF MONTHS

SCO235 0 11

< Back Next >

Windows taskbar: NHANES Interview Ma... Blaise 4.8 Manipula NHANES Screener (Ver... 11:37 AM 5/13/2021

If you entered “0” for number of years, the next screen will ask for you to provide an age in months between 0 and 11. If the infant is less than one month old, enter “0.”



The respondent may not know one of the household member's ages or refuse to give an exact answer. In this case, "DK" or "RF" should be selected. CAI then displays a range of ages for the respondent to choose from. Ask the respondent to make his/her best estimate of the age range of the household member and select the appropriate range.

Age/Sampling Review Screen

NHANES Screener (Version: Yr23.s428.v1)

Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

WARNING: REVIEW AGE FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED. YOU WILL NOT BE ABLE TO BACK UP TO MAKE CHANGES TO THE HOUSEHOLD ROSTER, INCLUDING AGE, ONCE THE ALGORITHM HAS BEEN APPLIED.

AMANDA LYNN SMITH, FEMALE, 22 years old
ASHLEY SMITH, FEMALE, 11 months old
RANDY SMITH, MALE, 12 to 19 years old

1. CONTINUE

SCO301

< Back Next >

Windows taskbar: NHANES Interview Ma... Blaise 4.8 Manipula NHANES Screener (Ver... 11:38 AM 5/13/2021

Age information is critical to sampling. It is extremely important that age information, as reported by the respondent, is entered correctly. CAI will list the age (or age range) 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 for that household member and change your entry. **Once you leave this screen, you will no longer be able to access any previous screens critical for sampling. This includes all grids for editing the household roster, sweep questions, lives somewhere else/military questions, and age entry screens.** Once you have verified the information on the screen is correct, select "CONTINUE" and then press "Next" or Enter to go to the next screen.

Once you leave this screen, CAI applies the sampling criteria to determine if any person in the household is selected as an SP based on **the total number of persons in the household and their ages**. All household members aged 19 years and younger or 60 years and older will be selected to participate. Household members between the ages of 20 and 59 will be subject to a sampling

algorithm. For this age group, up to two household members will be randomly selected depending on the number of members in this age group living in the household. It will be rare that no one in the household is selected to participate. This will occur only if all household members are active military, institutionalized, or live somewhere else.

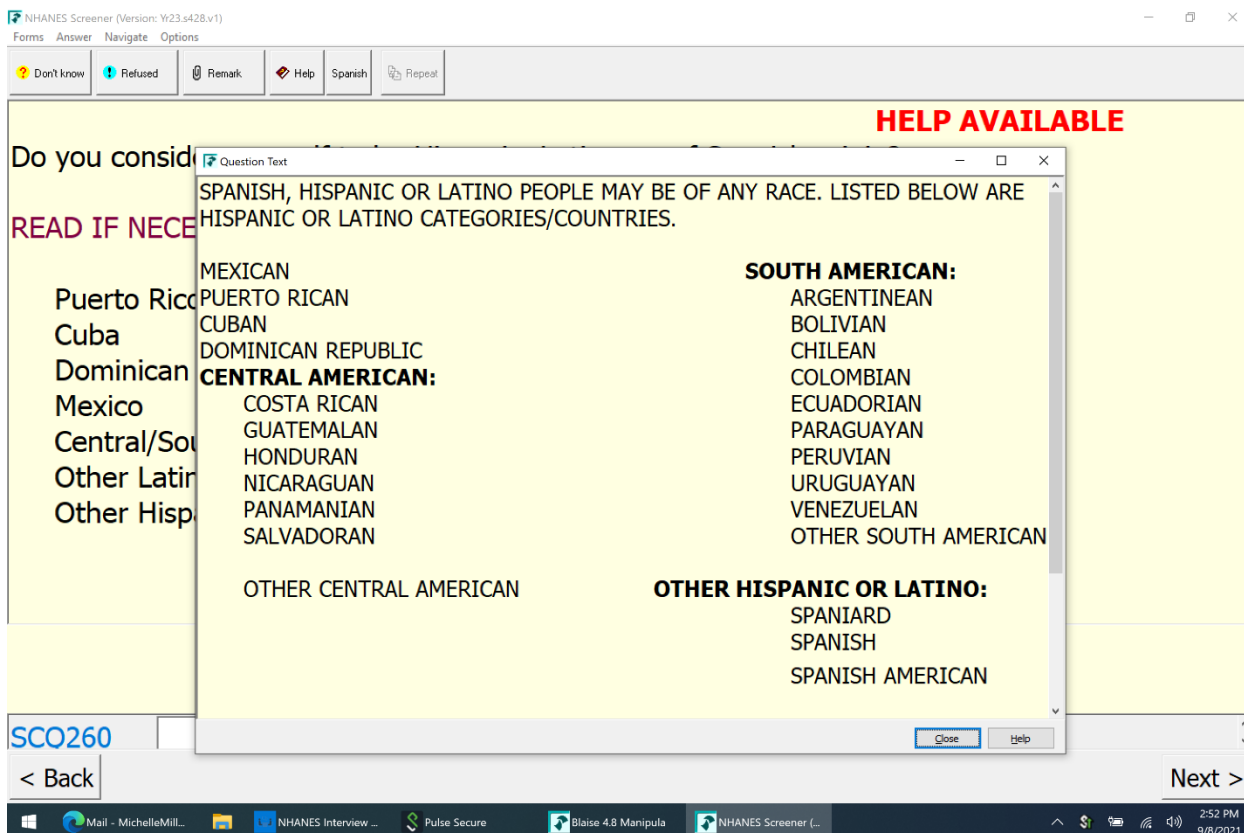
Ethnicity and Race Questions

The screenshot shows the NHANES Screener interface. At the top, it says "NHANES Screener (Version: Y23.s428.v1)" with navigation options: Forms, Answer, Navigate, Options. Below this is a toolbar with buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", and "Repeat". The main content area has a yellow background and contains the question: "Do you consider yourself to be Hispanic, Latino, or of Spanish origin?" followed by "HELP AVAILABLE" in red. Below the question is the instruction "READ IF NECESSARY: Where do your ancestors come from?" and a list of options: Puerto Rico, Cuba, Dominican Republic, Mexico, Central/South America, Other Latin American Countries, and Other Hispanic or Latino Countries. At the bottom of the question area are two radio button options: "1. YES" and "2. NO". The interface also shows a "SCO260" label, a "< Back" button, and a "Next >" button. The Windows taskbar at the bottom shows the time as 2:52 PM on 9/8/2021.

Next, ask for each household member’s Hispanic ethnicity. Ethnicity is based on identification by **the household member himself/herself**.

There is an optional statement on the screen to be used if you or the respondent is unsure how to answer to this question. It is also useful when the household member in question is a young child and the respondent does not think the child has identified himself/herself with any ethnicity yet. This is the same statement used in the SP questionnaire.

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



There is also a help screen for 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.

NHANES Screener (Version: Y23.s428.v1)

Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

What race or races do you consider AMANDA LYNN SMITH to be? Please select one or more.

CHECK ALL THAT APPLY.

1. American Indian or Alaska Native

2. Asian

3. Black or African American

4. Native Hawaiian or Pacific Islander

5. White

6. Other

SCO270

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11:38 AM 5/13/2021

Next, ask for the race for each household member. Unlike the ethnicity question, race is based on identification **by the respondent**. Please read the question as written. 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. 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.

3.2.2.9 Re-contact Questions (Mailing Address and Phone Number)

Next, ask for contact information for the reference person and the respondent.

Mailing Address

NHANES Screener (Version: Yr23.s428.v1)

Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

Is AMANDA LYNN SMITH's mailing address the same as her street address?

1. YES

2. NO

SCO420

< Back Next >

11:39 AM
5/13/2021

NHANES Screener (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

Please tell me AMANDA LYNN SMITH's complete mailing address.

ADDITIONAL ADDRESS

STREET # 405

DIRECTION PRE

STREET NAME FRANKLIN

ST/RD/AVE TPKE

DIRECTION POST

UNIT/APT/BLDG APT

UNIT # 63

CITY ALAMO

STATE TX

ZIP 12345

< Back Next >

NHANES Interview Ma... Blaise 4.8 Manipula NHANES Screener (Ver... 11:39 AM 5/13/2021

First, verify that the physical address recorded for this dwelling unit is also the mailing address for the reference person. If so, code “YES.” If it is not, code “NO,” and CAI displays an additional screen that allows you to enter a new mailing address. It is prefilled with the physical street address. Update fields as necessary.

If the respondent has a PO Box, delete the text from the Street # and Street Name fields. Then, select PO Box from the Unit/Apt/Bldg. drop-down list and enter the PO Box number in the Unit # field. Correct any errors in the address, using the drop-down list when appropriate. Always verify that the remaining information, city, state and zip code are the same.

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.

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 from this household. Keep in mind

the importance of accurate address information, verify, and record all data very carefully. In addition, an accurate address is needed for mailing survey material and correspondence to the household.

Telephone Number

The screenshot shows the NHANES Screener software interface. At the top, there is a title bar with the text "NHANES Screener (Version: Yr23.s428.v1)" and standard window controls. Below the title bar is a menu bar with "Forms", "Answer", "Navigate", and "Options". A toolbar contains buttons for "Don't know", "Refused", "Remark", "Help", "Spanish", "Repeat", and "KEYBOARD". The main question is "What is the best telephone number to reach you in case my office wants to check my work?". Below the question is a large yellow text input area with the instruction "ENTER 10 DIGIT PHONE NUMBER". At the bottom of the input area are two radio button options: "1. ENTER PHONE NUMBER" and "2. NO TELEPHONE". The bottom of the screen shows a navigation bar with a "Back" button, the identifier "SCO431", and a "Next" button. The Windows taskbar at the very bottom shows the time as 11:39 AM on 5/13/2021.

Next, collect the telephone number of the Screener respondent. Ask this question in all households, regardless of whether SPs are selected from the household.

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

NHANES Screener (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

What is the best telephone number to reach you in case my office wants to check my work?

ENTER 10 DIGIT PHONE NUMBER

Phone (301)245-2555 Extension

< Back Next >

Windows taskbar: NHANES Interview Ma... Blaise 4.8 Manipula NHANES Screener (Ver... 11:40 AM 5/13/2021

NHANES Screener (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

Is this number a cell phone or landline?

1. CELL PHONE
 2. LAND LINE

SCO450

< Back Next >

Windows taskbar: NHANES Interview Ma... Blaise 4.8 Manipula NHANES Screener (Ver... 11:40 AM 5/13/2021

NHANES Screener (Version: Y23.s428.v1)

Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

May we send a text message to this number? We may need to follow up with you regarding your household's participation in this study.

1. YES

2. NO

SCO470

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11:40 AM 5/13/2021

After recording the telephone number, select the type of phone. If it is a cell phone, ask for the respondent's permission to send text messages about participation in the study to the phone number.

If a first telephone number is provided, you will also ask for a second number. Again, ask for the type of phone and for permission to send text messages. An edit check will prevent you from entering the same number twice.

3.2.2.10 Sampled Persons Screen

NHANES Screener (Version: Yr23.s428.v1)

Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Repeat KEYBOARD

Thank you for your responses today. This household has eligible survey participants.

READ NAMES LISTED BELOW.

AMANDA LYNN SMITH, FEMALE, 22 years old
ASHLEY SMITH, FEMALE, 11 months old
RANDY SMITH, MALE, 12 to 19 years old

[IF APPROPRIATE, EXPLAIN PARTICIPATION IN STUDY TO RESPONDENT.]

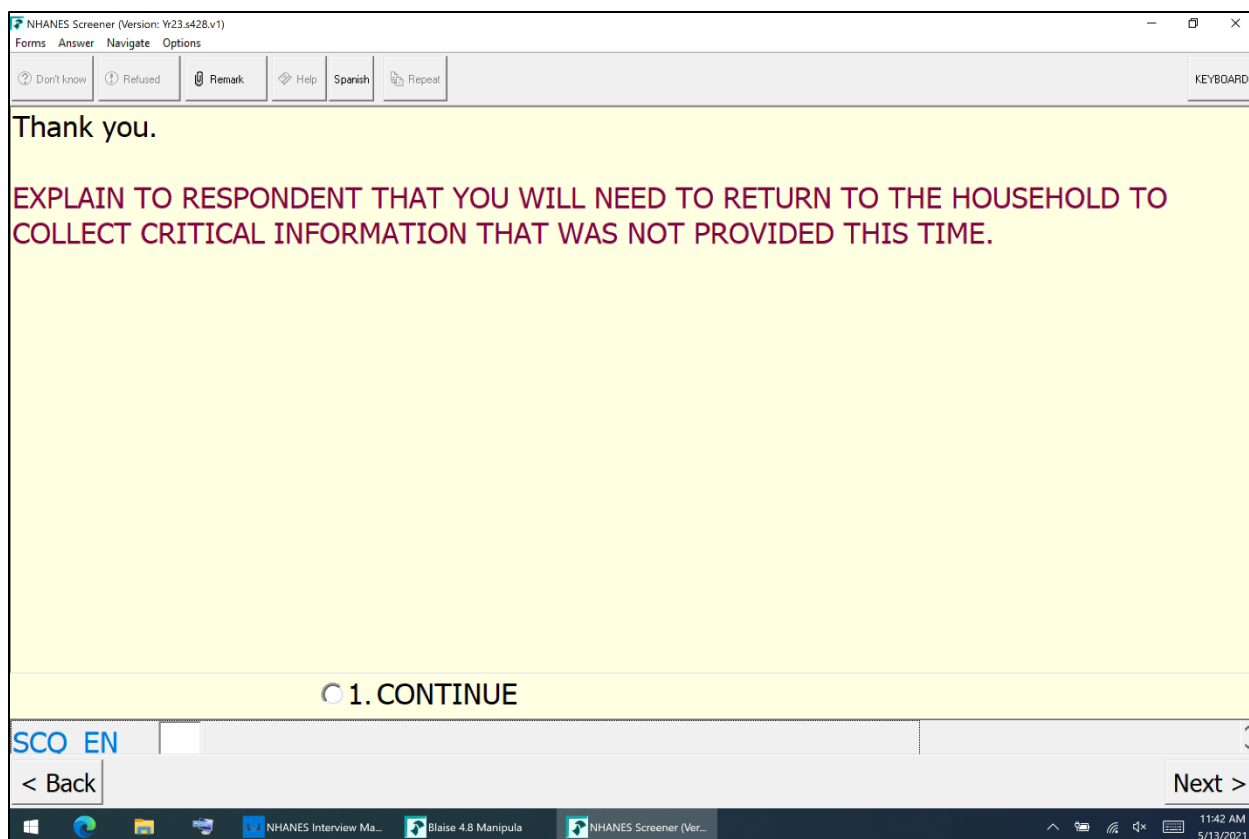
1. CONTINUE

SCO EN

< Back Next >

Windows taskbar: NHANES Interview Ma... Blaise 4.8 Manipula NHANES Screener (Ver... 11:40 AM 5/13/2021

If SPs are selected, this screen displays and lists the household members selected to participate. CAI will next prompt you to complete the Relationship questionnaire (Section 3.3). If no SPs have been selected, CAI displays a thank-you screen for you to let the respondent know that no members of the household have been selected to participate.



If key sampling information is missing because the respondent does not know or has refused age information, CAI instead displays a message indicating that you are required to re-contact the household to obtain additional information before it can apply the sampling criteria. The Screener questionnaire cannot be finalized and SPs selected until critical information is obtained.

3.3 Content of the CAI 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 each individual household member’s relationship to the Reference Person and their relationships to each other. If there are persons living in the household who are unrelated to the reference person, CAI will group them into separate “family units.” The intent of this questionnaire is to assign all household members into individual family units for the purpose of administering the Family questionnaire.

In NHANES, the definition of a family is as follows: An individual or a group of two or more related persons who are living together in the same household.

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.

In addition,

- Unmarried couples (partners) are considered as belonging to the same family.
- Additional groups of persons living in the household 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. For practical reasons, the extent of these detailed relationships are not recorded in the web or paper Screener. In these situations, the web or paper Screener is incomplete and will have to be completed by an interviewer using CAI.

Note: If the household consists of only one person, CAI 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 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).

3.3.1 Completion Order for Relationship Questionnaire

In general, the Relationship questionnaire should be administered **immediately** after the Screener questionnaire. CAI will facilitate this process by providing the opportunity to move directly into the Relationship questionnaire after the last question in the Screener is answered.

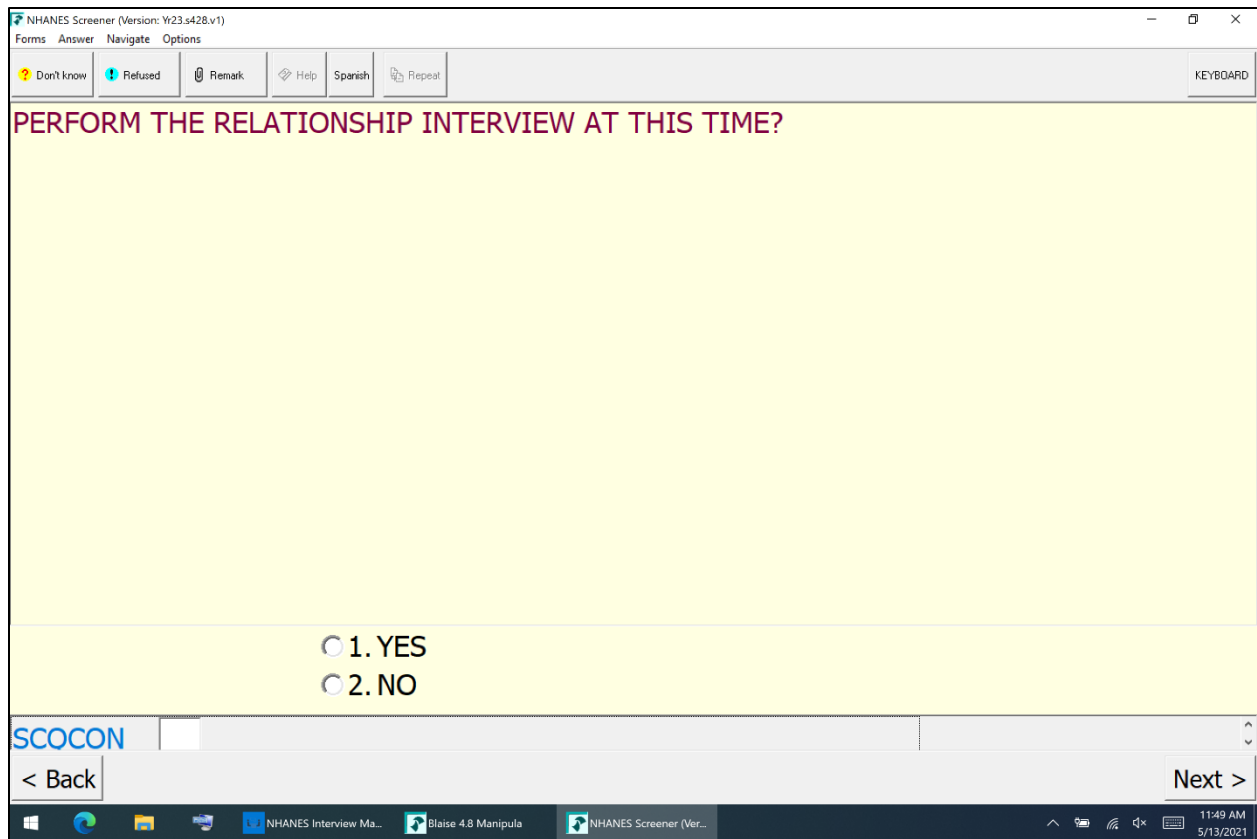
Except in rare instances, the Relationship questionnaire should be asked immediately after the Screener.

In **some circumstances**, the Relationship questionnaire is administered during another interview session after the Screener questionnaire is completed. For example, you may complete the Screener questionnaire on Monday and contact the household later that week to complete the Relationship questionnaire and the appropriate additional questionnaires (SP and Family). Or, if enough information was provided in the web or paper Screener to select SPs, but not enough information was provided to assign household members to families, only the Relationship questionnaire will be loaded on the tablet as Not Worked or Partially Worked.

No household questionnaires or SP-specific appointment modules are created until the Relationship questionnaire is accessed and either completed or otherwise finalized. This means the SP and Family questionnaires do not appear on your case list until you finalize the Relationship questionnaire.

No SP questionnaires appear on your case list until the Relationship questionnaire is completed.

Because of this, always move directly from the Screener questionnaire into the Relationship questionnaire whenever possible. Once you have completed the Screener questionnaire, CAI displays the screen below.



This question, which appears in all capital letters, is asked of the interviewer and it provides you the opportunity to decide whether the circumstances are suitable for continuing with the Relationship interview. Tap “No” for this screen if you want to come back and complete the Relationship questionnaire at a later time. While it is preferable to complete the Relationship questionnaire on the first attempt, there may be circumstances when you need to break off at this point. For example, if the respondent is refusing to participate further, exit the questionnaire and speak to your Study Manager about finalizing the case as a refusal.

If you do not move directly from the Screener to the Relationship questionnaire, you will be asked to identify the respondent of the Screener and enter interpreter use information before you close the module. If the interview was conducted in person, you will also be asked questions about the location circumstances of the interview. See Section 3.3.3.5 for more details. Later when you come back and open the Relationship questionnaire, you will be asked once again to specify the mode the Relationship questionnaire is being completed. If you move directly from the Screener to Relationship questionnaire, the interpreter and location questions will be asked at the end of the Relationship questionnaire.

3.3.2 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 3.2.1). 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.

3.3.3 Relationship Questionnaire Details

3.3.3.1 Relationship of All Household Members to the Reference Person

NHANES Relationship Module (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish KEYBOARD Close

The next questions are about family relationships.

IF RESPONDENT SAYS S/HE COMPLETED THE WEB OR PAPER SCREENER AND ASKS WHY YOU ARE ASKING THESE QUESTIONS AGAIN, LET HIM/HER KNOW SOME INTERVIEW QUESTIONS CONSIDER FAMILY RELATIONSHIPS AND WE NEED JUST A LITTLE MORE INFORMATION ABOUT HOW HOUSEHOLD MEMBERS ARE RELATED TO ONE ANOTHER.

1. CONTINUE

SFQ000

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In this first series of questions, 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 household member roster (the first person mentioned in the Screener who owns or rents the house).

NHANES Relationship Module (Version: Y23.s429.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Close

What is ZOE GOODMAN's relationship to RON GOODMAN?
READ RESPONSE CATEGORIES IF NEEDED.

<u>RELATED</u>	<u>NOT RELATED</u>
<input type="radio"/> 1. WIFE	<input type="radio"/> 12. HOUSEMATE/ROOMMATE
<input type="radio"/> 2. PARTNER	<input type="radio"/> 13. ROOMER/BOARDER
<input checked="" type="radio"/> 3. DAUGHTER (BIOLOGICAL, DAUGHTER-IN-LAW, ADOPTIVE, FOSTER, STEP)	<input type="radio"/> 14. OTHER/NON RELATED
<input type="radio"/> 4. DAUGHTER OF PARTNER	<input type="radio"/> 15. LEGAL GUARDIAN
<input type="radio"/> 5. GRANDDAUGHTER	<input type="radio"/> 16. WARD
<input type="radio"/> 6. MOTHER	
<input type="radio"/> 7. SISTER	
<input type="radio"/> 8. GRANDMOTHER	
<input type="radio"/> 9. AUNT	
<input type="radio"/> 10. NIECE	
<input type="radio"/> 11. OTHER RELATIVE	

SFQ007 3

< Back Next >

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. If the respondent needs assistance, read the response options to him or her.

There are 16 relationship categories. All categories are defined on the HELP screen in CAI and in the Glossary (Chapter 10). 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

- Note that if there is no gender identified for a person, then the terminology for the relationships will be slightly different. For example, instead of husband or wife, spouse will appear. Use your best judgment of the situation when deciding how to use the terminology for persons with a gender that is not provided.

Degree Questions

If you have entered a household member's relationship to the reference person as "Child," "Parent," or "Brother/Sister," 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.

The screenshot shows the NHANES Relationship Module (Version: Y23.S428.v1) interface. At the top, there are navigation buttons: "Forms", "Answer", "Navigate", and "Options". Below these are several action buttons: "Don't know" (with a question mark icon), "Refused" (with a red exclamation mark icon), "Remark" (with a paperclip icon), "Help" (with a question mark icon), and "Spanish". On the right side, there are "KEYBOARD" and "Close" buttons. The main question area is highlighted in yellow and contains the text: "Is ZOE GOODMAN, RON GOODMAN's biological (natural), adoptive, step, foster daughter or daughter-in-law?". Below the question, there are five radio button options: "1. BIOLOGICAL (NATURAL) DAUGHTER", "2. ADOPTIVE DAUGHTER", "3. STEPDAUGHTER", "4. FOSTER DAUGHTER", and "5. DAUGHTER-IN-LAW". At the bottom left, there is a text input field containing "SFQ020". At the bottom, there are navigation buttons: "< Back" on the left and "Next >" on the right.

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

NHANES Relationship Module (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish KEYBOARD Close

Is LUPITA QUINTERO, TONY RAMOS's biological (natural), adoptive, step, foster parent or mother-in-law?

1. BIOLOGICAL (NATURAL) PARENT
 2. ADOPTIVE PARENT
 3. STEP PARENT
 4. FOSTER PARENT
 5. MOTHER-IN-LAW

SFQ030

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

NHANES Relationship Module (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish KEYBOARD Close

Is NANCY RAMOS, TONY RAMOS's full, half, adoptive, step, or foster sister or sister-in-law?

1. FULL SISTER
 2. HALF SISTER
 3. ADOPTIVE SISTER
 4. STEPSISTER
 5. FOSTER SISTER
 6. SISTER-IN-LAW

SFQ100

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3.3.3.2 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. CAI 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, CAI 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.

NHANES Relationship Module (Version: Y23.s428.v1)
Forms Answer Navigate Options

Now I would like to talk about those persons in the household who are not related to JULIAN DRAKE. That is JANET MARCUS and TAMIE MARCUS and ALLYSON MARCUS.

Is JANET MARCUS related to anyone in the household?

1. YES
 2. NO

SFQ050

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NHANES Relationship Module (Version: Y23.s428.v1)
Forms Answer Navigate Options

Who is JANET MARCUS related to?

5. TAMIE MARCUS
 6. ALLYSON MARCUS

SFQ060

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The relationship categories that appear for these persons are defined exactly as in the initial relationship questions (see Section 3.3.3.1). 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.

3.3.3.3 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, CAI 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 below question appears 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.

NHANES Relationship Module (Version: Yr23.s435.v1)

Forms Answer Navigate Options

Don't know Refused Remark Help Spanish Close

I recorded that JULIAN DRAKE is the mother of MELANIE DRAKE and is the wife of JEREMY DRAKE. Is MELANIE DRAKE the biological, adoptive, step, foster child, daughter-in-law or a non relative of JEREMY DRAKE?

1. BIOLOGICAL CHILD
 3. ADOPTIVE CHILD
 4. STEP CHILD
 5. FOSTER CHILD
 6. DAUGHTER-IN-LAW
 7. NON RELATIVE

SFQ110

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There are additional questions designed to identify parent-child relationships that do not include the Reference Person or that cannot be inferred by CAI based on answers to previous relationship questions.

For example, the next questions are asked when a person's father or father-in-law has not been identified, and there is at least one male or person on the roster with unknown gender that is at least 14 years old or older. The roster in the follow-up question SFQ.160 contains only the males and persons with unknown gender in the household that are at least 14 years old. If a father is chosen in SFQ.160, the degree of that relationship is captured in SFQ.170. Select "LEGAL GUARDIAN IN HOUSEHOLD" in SFQ.150 if the person has no parent in the household, but does have a legal guardian. Similar questions are asked when a person's mother or mother-in-law has not been identified, and there is at least one female or person with unknown gender 14 years old or older.

NHANES Relationship Module (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish KEYBOARD Close

Is JANET MARCUS's father a household member? [Include father-in-law].

IF OBVIOUS, VERIFY ONLY.

CHOOSE FATHER OVER FATHER-IN-LAW IF BOTH PRESENT

1. YES - FATHER IN HOUSEHOLD
 2. NO - FATHER NOT IN HOUSEHOLD
 3. LEGAL GUARDIAN IN HOUSEHOLD

SFQ150

< Back Next >

NHANES Relationship Module (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish KEYBOARD Close

Who is that?

[SELECT PERSON FROM HOUSEHOLD MATRIX.]

2. JEREMY DRAKE

SFQ160

< Back Next >

NHANES Relationship Module (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish KEYBOARD Close

Is JEREMY DRAKE, JANET MARCUS's biological [natural], adoptive, step, or foster father or father-in-law?

1. BIOLOGICAL (NATURAL) FATHER
 2. ADOPTIVE FATHER
 3. STEP FATHER
 4. FOSTER FATHER
 5. FATHER-IN-LAW

SFQ170

< Back Next >

3.3.3.4 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 asked if marital relationship for all household members have already been recorded or inferred from answers to previous questions.

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

3.3.3.5 Ending the Relationship Questionnaire

If more than one family is established, CAI will ask for the mailing information for each additional family reference person. Next, CAI presents a thank-you screen to be administered to the respondent. It then prompts you to select the name of the person who responded to the questions from the list of persons in the household. Finally, CAI asks if an interpreter was used. If so, it

presents additional questions about the interpreter. Note that if (1) No one was selected as an SP in the Screener or (2) You broke off after the completion of the Screener questionnaire, CAI presents the respondent and interpreter screens before exiting the Screener questionnaire. If you enter the Relationship questionnaire separately, you will be asked these questions again as the respondent and/or interpreter may have changed.

The screenshot displays the NHANES Relationship Module software interface. At the top, the title bar reads "NHANES Relationship Module (Version: Y23.s428.v1)". Below the title bar is a menu bar with "Forms", "Answer", "Navigate", and "Options". A toolbar contains buttons for "Don't know", "Refused", "Remark", "Help", and "Spanish". On the right side of the toolbar are "KEYBOARD" and "Close" buttons. The main content area has a yellow background and displays the question "WAS AN INTERPRETER USED FOR INTERVIEW?". Below the question are two radio button options: "1. YES" and "2. NO". At the bottom of the screen, there is a navigation bar with a text box containing "INT001", a "< Back" button, and a "Next >" button.

NHANES Relationship Module (Version: Y23.s428.v1)
Forms Answer Navigate Options

LANGUAGE USED FOR INTERVIEW

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

INT003

< Back Next >

When an interpreter is used, and you are completing the Relationship questionnaire in a different session than the Screener questionnaire, you have the option to select if it was the same interpreter used for the Screener questionnaire. If it was not, or you are continuing the Relationship questionnaire directly from the Screener questionnaire, you must answer additional questions about the interpreter. First, select the language in which the interview was conducted.

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, discuss the situation with your Study Manager.

If the option “ARRANGED BY THE OFFICE” is selected, you are presented with a list of interpreters stored in the system. 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 and phone number of the interpreter.

NHANES Relationship Module (Version: Y23.s428.v1)
Forms Answer Navigate Options

SELECT INTERPRETER SOURCE

1. RELATIVE LIVING IN HOUSEHOLD
 2. NON-RELATIVE LIVING IN HOUSEHOLD
 3. NEIGHBOR, RELATIVE OR FRIEND - NOT IN HOUSEHOLD

INT007

If the option “RECRUITED DURING VISIT OR APPOINTMENT” is selected, you will 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.”

If the interpreter is someone living in the household, CAI presents a list of names of household members. Select the name of the interpreter from the list. If you select “NEIGHBOR, RELATIVE, OR FRIEND - NOT IN HH,” for INT007, you are asked for the name and phone number for the interpreter.

After the completion of the interview screens, if you have selected that the interview is being conducted in person, a few additional questions appear asking about the location and circumstances surrounding the interview.

For this screen, select where the interview took place.

If you are at the DU, select:

- **“DOORSTEP”** if you conducted the interview outdoors in front of the DU.
- **“INDOOR SPACE AT THE RESIDENCE”** if you conducted the interview indoors at the DU.
- **“OUTDOOR SPACE AT THE RESIDENCE”** if you conducted the interview outdoors at the DU such as on the front porch, patio, or in the backyard.
- **“INDOOR COMMON SPACE AT THE RESIDENCE (E.G., APARTMENT HALLWAY)”** if you conducted the interview indoors outside of the DU such as in the hallway of an indoor apartment complex.

If you are not at the DU, select:

- **“INDOOR SPACE AT SOME OTHER LOCATION”** if you conducted the interview at another indoor location such as a library or community center.
- **“OUTDOOR SPACE AT SOME OTHER LOCATION”** if you conducted the interview at another outdoor location such as a park or restaurant with outdoor seating.

If you conducted the interview at a location that does not fit any of these options, select “OTHER (SPECIFY).” You will then be prompted to enter the details of the location of the interview on another screen.

NHANES Person Questionnaire - Version: Yr23.s430.v1

Forms Answer Navigate Options Recording

Spanish

PAUSE RESUME STOP

WAS THE RESPONDENT WEARING A MASK?

1. YES

2. NO

SCAWRMSK

11:13 AM 9/14/2021

Next, if you selected that the interview was conducted indoors, CAI will ask additional questions about the circumstances of the interview. First, identify if the respondent was wearing a mask.

The screenshot shows a web browser window titled "NHANES Person Questionnaire - Version: W23.4430.v1". The browser's address bar shows "Spanish" and there are "PAUSE", "RESUME", and "STOP" buttons. The main content area is yellow and contains the question: "WERE OTHER PEOPLE PRESENT IN THE SPACE WITH YOU?". Below the question are two radio button options: "1. YES" and "2. NO". At the bottom of the form, there is a text input field labeled "SCAOTHPR" with a small square icon to its right. The Windows taskbar at the bottom shows several open applications: "8-18-21 - Google ...", "File Explorer", "Microsoft Teams", "Pulse Secure", "NHANES Intervie...", "Blaise 4.8 Manipula", and "NHANES Person ...". The system tray on the right shows the time as "11:13 AM" and the date as "9/14/2021".

Next, identify if any other people were present in the space with you during the interview. For the purposes of this question, select “YES” if anyone was present with you during the interview or entered the room in which you were conducting the interview.



Finally, if you responded that other people were in the space with you, identify if those people were wearing a mask. If some, but not all, people were wearing a mask, select “NO.”

3.3.3.6 Breaking Off

If you need to break off during the Relationship questionnaire, press F10 or tap the Close button in the top-right corner of the screen. Break off only if you are unable to convince the respondent to complete the questionnaire while you are speaking with them.

NHANES Relationship Module (Version: Y23.0428.v1)

Forms Answer Navigate Options

Don't know Refused Remark Help Spanish KEYBOARD Close

DO YOU WANT TO COMPLETE THE RELATIONSHIP QUESTIONNAIRE AT ANOTHER TIME?

1. YES

2. NO

SFQATI

CEOMCP

< Back Next >

Select “YES” if you would like to complete the questionnaire at another time. The case will close and the status will be updated in IMS to Partially Worked. Select “NO” if you would like to exit the questionnaire and update the status as a Refusal (final). If you select “NO,” a follow-up screen appears.

NHANES Relationship Module (Version: Y23.s428.v1)
Forms Answer Navigate Options

Don't know Refused Remark Help Spanish KEYBOARD Close

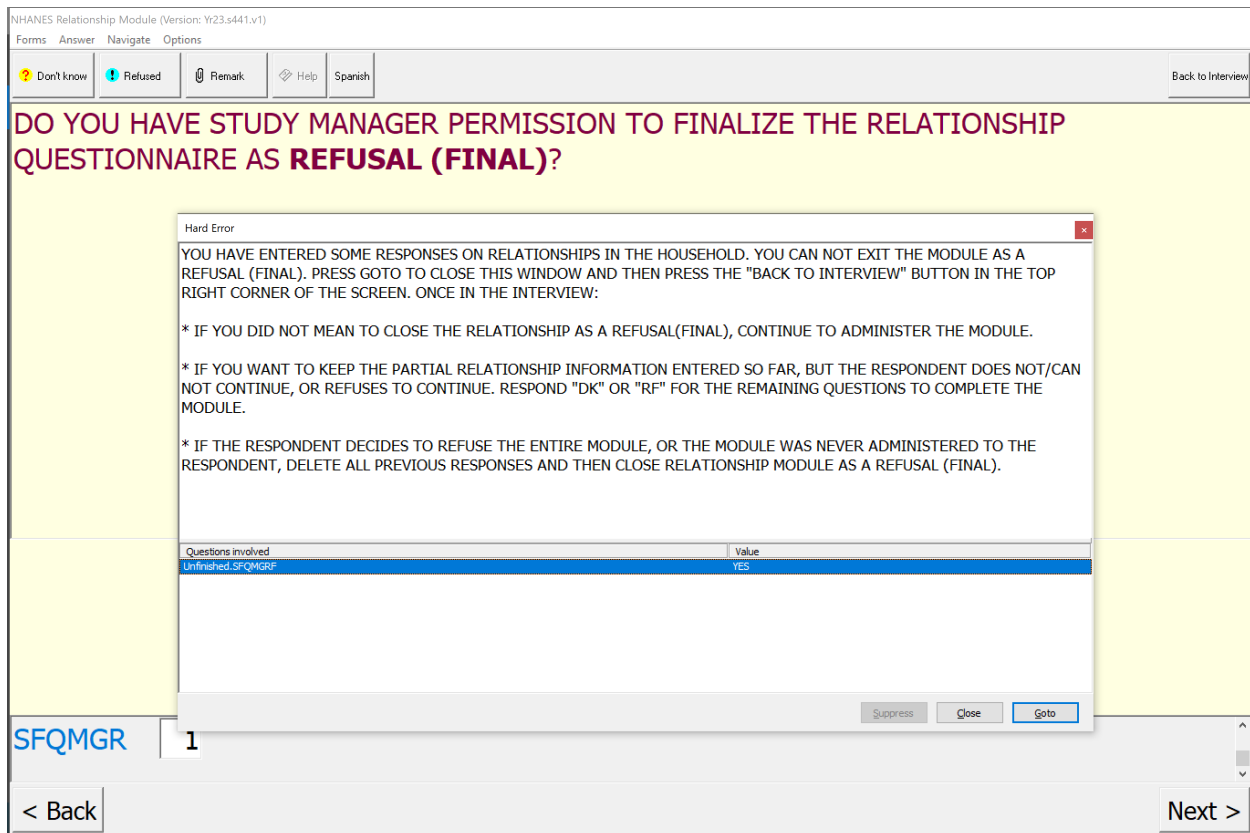
DO YOU HAVE STUDY MANAGER PERMISSION TO FINALIZE THE RELATIONSHIP QUESTIONNAIRE AS **REFUSAL (FINAL)?**

1. YES
 2. NO

SFQMGR

< Back Next >

Since you have selected that you do not wish to complete the questionnaire at another time, this screen asks if you have permission from your Study Manager to finalize the Relationship questionnaire as a refusal. DO NOT select “YES” to this question without permission from your SM. Once you select “YES” and move forward, the case will be finalized as a refusal and you will not be able to access it again. If you select “NO,” the case will close as Partially Worked.



In order to prevent back end data issues, an edit check will appear if some, but not all, relationship questions have been answered when you try to close the module as a REFUSAL (FINAL). You must either answer all of the questions or none of the questions.

The edit check provides instructions on what to do in order to close out the module. You must first return to the interview and complete one of the listed actions in the edit check.

- If you accidentally tried to close the case out as a refusal, you can simply go back and resume the interview.
- If some relationship information was entered by you, or previously by the respondent online, and the respondent refuses/does not want to continue, enter DK/RF for the remaining questions to complete the module.
- In the rare event that the module contains some responses but the respondent now refuses the entire module, delete any responses and then close the module as a REFUSAL (FINAL).

Note that the button in the top right corner is called “Back to Interview” for these exit screens and will take you back to the main Relationship module questions. There, you can finalize the module depending on the circumstances of the interview.

3.4 Making SP and Family Interview Appointments

Once the Screener is completed and eligible SPs are identified, immediately attempt to schedule an appointment to complete the SP and Family interviews. If possible, schedule to complete the interviews via telephone. Although conducting the interview in-person is an option, telephone is the preferred interview mode for these interviews in 2021-22. Refer to Part II for tips on gaining cooperation to make an interview appointment. Refer to Chapter 6 for specific steps to document the interview appointment with an EROC using your tablet or iPhone.

4. Administering the Interview – SP Questionnaire

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

- Who is eligible to respond to the SP interview;
- The procedures for handling interviews that require Spanish or another language other than English;
- How to obtain informed consent to conduct and audio record the interview;
- Details of the Respondent Information Questions (RIQ); and
- Preferred completion order of the household questionnaires.

In NHANES 2021-22, the SP questionnaire is designed to be administered to each eligible SP through a telephone interview. It can be administered in-person, if needed, but telephone is the preferred interview mode for this cycle. The specific questionnaire sections and questions administered depend upon the SP's age at the time of the Screener and gender. During each interview, the CAI application on your tablet walks you through identifying a respondent and collecting multiple consent, which includes consent to audio record, consent to conduct the interview, and consent to link their data. The questionnaire also walks the FI through confirming the SP's personal and demographic information, documenting the reason a proxy may be needed, documenting whether an interpreter is needed, administering the appropriate questionnaire sections, and confirming the respondent's contact information. This chapter reviews these steps in detail. Details of the health questions as well as post-interview questions for the SP questionnaire are reviewed in Chapter 9. The post-interview questions collect contact information for the respondent and mailing address for the SP, as well as offer a monetary incentive for completing the SP interview.

4.1 Respondent for the SP Questionnaire

To be eligible for the SP questionnaire, the person must have been selected through the sample person selection procedures applied by CAI in the Screener questionnaire. Once SPs are selected through the screening process, the interviewer identifies a respondent at the beginning of the SP questionnaire. This respondent completes the SP questionnaire by answering questions about the

SP's health and nutrition as 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 or guardian (see Section 4.4.5).

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 from the SP directly.

SPs Birth to 15 Years Old

Questionnaires for SPs 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 person most knowledgeable about the child's health and nutrition (usually the mother or father, or guardian). Generally, the proxy respondent for the child is an adult household member aged 18 years and older. 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). See Section 4.4.4 for more information about selecting a proxy to conduct the interview.

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 an excessive amount of time because the SP does not understand, cannot hear you over the phone, or 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. In CAI, document the reason given (i.e., Cognitive or Physical) (see Section 4.4.4 on Following General Eligibility Rules – Selecting a Proxy for an SP Who is Aged 16+);
2. Identify a knowledgeable adult proxy respondent (i.e., person knows about the SP's health);
3. Seek approval from your Study Manager (SM) to conduct the interview with a proxy; and
4. Obtain consents from the proxy to complete the interview (see Section 4.4.5 on Interview Consent—Proxy for Adult SP 16+ 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 discreetly 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 CAI the reasons why a proxy is needed (see Section 4.4.4 on Following General Eligibility Rules – Selecting a Proxy for an SP Who is Age 16+);
4. Discuss the case with your SM 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 captured at the start of the interview. 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, CAI displays text wording for each questionnaire item to refer appropriately to the SP.

Selecting a Proxy for the Respondent

A proxy must be aged 18 years or older or an emancipated minor. Usually, the best proxy is a relative (e.g., spouse, son, daughter, or parent). The proxy may, however, be a non-relative, such as 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, a proxy with a 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 SM prior to administering the interview.

NHANES IV Person Questionnaire

Forms Answer Navigate Options Recording

Spanish

PAUSE RESUME STOP

WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

1. SP HAS COGNITIVE PROBLEMS

2. SP HAS PHYSICAL PROBLEMS

RIQ039

When selecting someone other than the SP to be the questionnaire respondent, you must indicate in CAI the reason why a proxy is needed. Select “SP has Cognitive Problems” or “SP has Physical Problems (Specify)” based on the following guidelines.

Cognitive Problems

Cognitive impairment is defined as the loss of intellectual function (i.e., 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 only 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 judgment should be used in such cases. If you feel your safety is or will be compromised, contact your SM immediately.

Physical Problems

These include any impairment that limits the physical function of limbs or fine or gross motor ability, and that limits the 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 CAI. 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 a minor SP lives alone, lives only with persons who are aged less than 16 years, or is married, talk with your SM to determine if the minor SP is emancipated (see Section 4.3.1). An emancipated minor does not require parental consent to participate in the study, and s/he may respond to the SP questionnaire. With your SM's approval, you can document the minor SP's emancipation status on the Respondent Information Screens (see Section 4.4) and then interview the minor SP. The emancipation rules vary by state and your SM will guide you on the correct procedure for each stand.

4.2 Language Problems

NHANES has an English and Spanish version of the CAI 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 SM. If you start an interview with an SP whom you believed to be an English/Spanish bilingual, and find he or she 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 SM.

If you encounter a situation where the SP speaks only a language other than English or Spanish (e.g., Chinese, French, Japanese) or does not speak English well enough to conduct the interview, try to find a household interpreter or a friend or neighbor to help you communicate with the respondent and conduct the interview over the phone using the speaker phone or the 3-way calling function. All interpreters must be aged 18 years or older. Before conducting the interview with the help of a household member, friend, or neighbor, discuss the case with your SM to devise a course of action. Use the NHANES Interpreter Protocol card and the Interviewer Procedures for Identifying, Working With, and Paying Interpreters for Non-English and Non-Spanish Speaking Households and SPs to train the interpreter in the conduct of the interview. The NHANES Interpreter Protocol and Procedures cards are located behind the Interpreters tab in the NHANES Interviewer Job Aid. If you cannot find an appropriate interpreter, or you are conducting the interview over the phone and there is no speaker phone or 3-way calling function available, discuss the case with your SM. In rare circumstances, s/he may hire a professional interpreter to assist with the interview. Always enter a record of contact on your tablet or iPhone (Attachment B or H) indicating that a Spanish-speaking interviewer is needed or that the case requires a language other than English.

4.3 Overview of Informed Consent for the SP Interview

Each respondent for the SP and Family questionnaires must give verbal consent at the start of the interview. This permission is collected electronically during the Respondent Information (RIQ) section of the questionnaire and audio recorded to ensure integrity. In addition, respondents aged 16 and 17 years must also have a parent first consent to the interview before providing consent for

themselves. A blank hard copy of the Consent Form (see Appendix E, Exhibit E-7 and E-8) is provided to the respondent as part of the 2022 NHANES Household Interview Booklet so the interviewer can refer to it as needed. This booklet is mailed or hand-delivered to the DU ahead of the SP interview appointment. If a respondent is not capable of giving his or her consent to be interviewed, informed consent may be obtained by an adult proxy informant who knows about the health of the respondent.

The CAI interview informed consent screens (see Section 4.4.5) address several key survey concepts including:

- Discussing data uses, linkage, and possible follow-up in the future;
- Stating that all respondent responses are confidential; and
- Explaining the voluntary nature of participation and the rights of survey participants.

Note that:

- It is not necessary to consent to data linkage in order to continue with the interview but it is a requirement to administer the data linkage question.
- If consent is not obtained for the interview, this case is flagged as nonresponse or a refusal.
- Consent must be completed for each individual respondent to the SP and family questionnaires.

4.3.1 Emancipated Minors

Emancipated minors are SPs aged 12 to 17 years who are not under parental/guardian care and can provide their own verbal consent for the interview. 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 4-1, Texas example) and review it with your SM. If s/he 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 12 to 17 years are non-emancipated minors and have a parent or guardian who provides consent prior to the teenager consenting.

Exhibit 4-1. Waiver of Parental Consent Checklist – State of Texas Example

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: _____

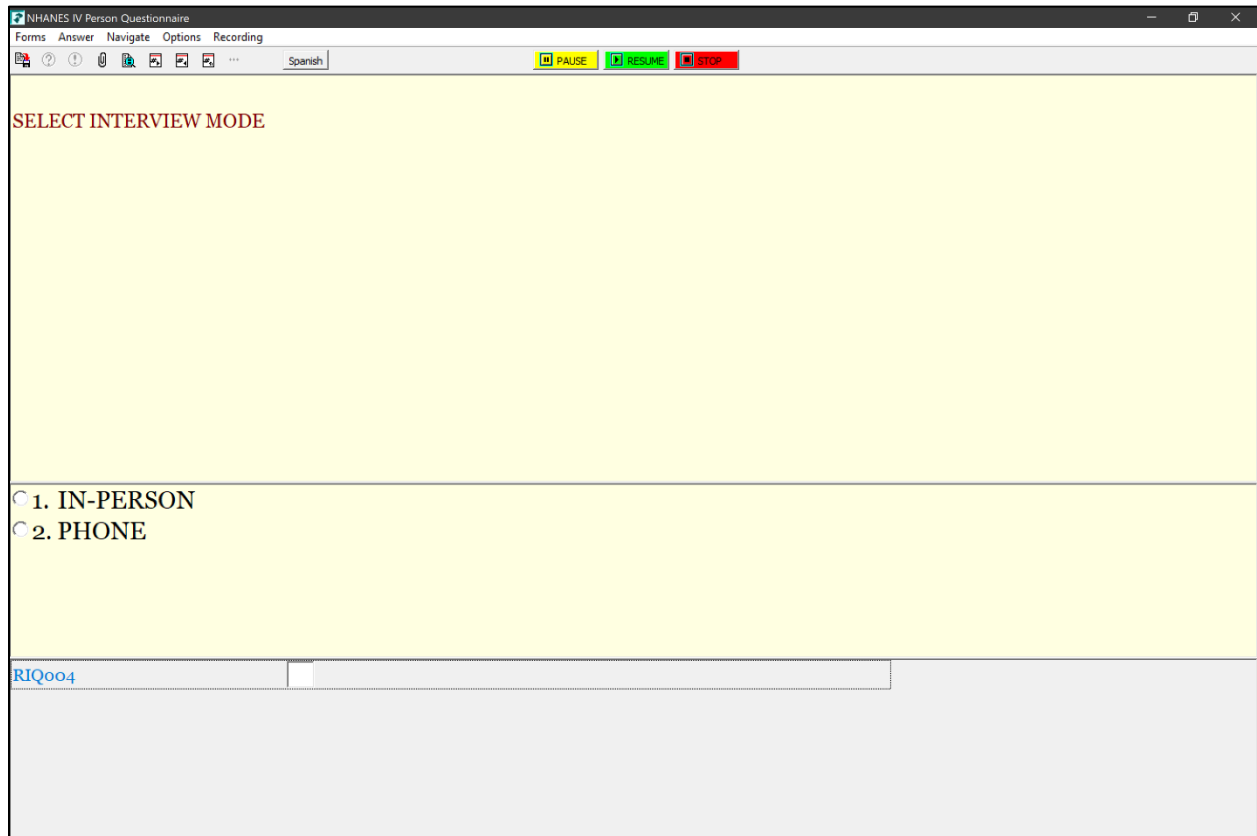
4.4 Respondent Information Questions (RIQ) Details

Before administering the first set of health questions, you must do the following in CAI:

1. Select the mode of the interview;
2. Identify the respondent;
3. Gain consent to audio recording;
4. Verify SP's age and name;
5. Collect proxy information if one is being used;
6. Obtain consent for the SP interview and consent to data linkage (first from the parent/guardian if the SP is 16-17 years old, then from the 16-17 year old SP);
7. Record the SP's birthdate and confirm gender that was collected in the Screener questionnaire; and
8. Enter interpreter information if one is being used.

4.4.1 Selecting Mode, Respondent, and Introduction

Mode of the Interview



The screenshot shows a software window titled "NHANES IV Person Questionnaire". The window has a menu bar with "Forms", "Answer", "Navigate", "Options", and "Recording". Below the menu bar is a toolbar with icons for help, back, forward, and a dropdown menu currently set to "Spanish". To the right of the toolbar are three buttons: "PAUSE" (yellow), "RESUME" (green), and "STOP" (red). The main content area has a yellow background and displays the text "SELECT INTERVIEW MODE" in red. Below this text are two radio button options: "1. IN-PERSON" and "2. PHONE". At the bottom of the window, there is a grey bar containing the text "RIQ004" and a small white rectangular box.

First, as with the Screener and Relationship questionnaires, select the mode of the interview. Select “IN-PERSON” or “PHONE.”

Respondent for the Interview

The screenshot shows a software window titled "NHANES IV Person Questionnaire". The window has a menu bar with "Forms", "Answer", "Navigate", "Options", and "Recording". Below the menu bar is a toolbar with icons for help, back, forward, and other navigation functions, along with a language dropdown set to "Spanish". At the top right of the window are three buttons: "PAUSE" (yellow), "RESUME" (green), and "STOP" (red). The main content area has a yellow background and contains the following text in red:

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

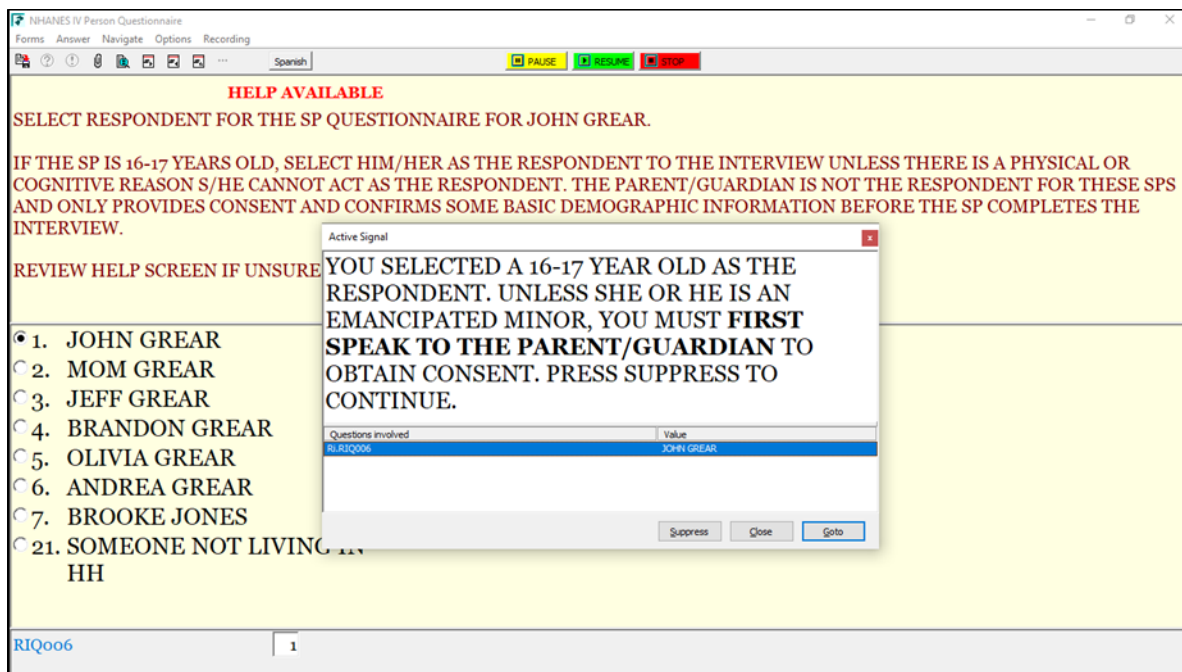
Below the text is a list of seven radio button options:

- 1. SAM FLEISCHER
- 2. JEFF FLEISCHER
- 3. BRANDON FLEISCHER
- 4. OLIVIA FLEISCHER
- 5. ANDREA FLEISCHER
- 6. BROOKE JONES
- 21. SOMEONE NOT LIVING IN HH

At the bottom left of the window, the text "RIQ006" is visible.

Next, 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. SPs aged 16 years and older must respond to their own interview unless there is a reason they cannot. Select the SP aged 16 years or older as the respondent on this screen unless there is a physical or cognitive reason s/he cannot complete the interview. The interviewer instructions tell you to refer to the help text if you are unsure which respondent to select for the questionnaire.



An edit check appears if you select a 16-17 year old SP as the respondent. Generally, you are correct in selecting the 16-17 year old as the respondent for his or her own questionnaire. This check is just a reminder that you must first speak to the parent/guardian of the SP (unless it is a very rare case where the SP is an emancipated minor). If you need to change the entry, use the “Goto” button to go back to the question and change the entry. If no change is needed and you have confirmed that your entry is correct, suppress the edit check and proceed to administer the first part of the RIQ section to the parent/guardian of the 16-17 year old SP. Note that the parent/guardian of the 16- or 17-year-old first responds to a series of questions in the RIQ section before CAI instructs you to speak directly with the SP. However, you should still select the 16- or 17-year-old SP as the respondent on this screen. Even though you are going to talk to the parent/guardian first, the SP will eventually answer all the health questions in the SP questionnaire on his/her own. The help text contains details about who to select as the respondent based on common, as well as more rare, scenarios. There are several additional scenarios for using proxies outlined in Section 4.4.4.

If you find yourself confused about how to proceed with the consent process for the 16-17 year old, please do not hesitate to contact your supervisor. It is better to get it right the first time and to avoid having to recontact the SP or the parent for a missing consent.

Introduction Screen

NHANES IV Person Questionnaire
Forms Answer Navigate Options Recording
Spanish PAUSE RESUME STOP

HELP AVAILABLE

ADMINISTER WELCOME SCREEN TO ADULT SP.
THIS IS FOR THE HEALTH INTERVIEW FOR EMILY CREWS.

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

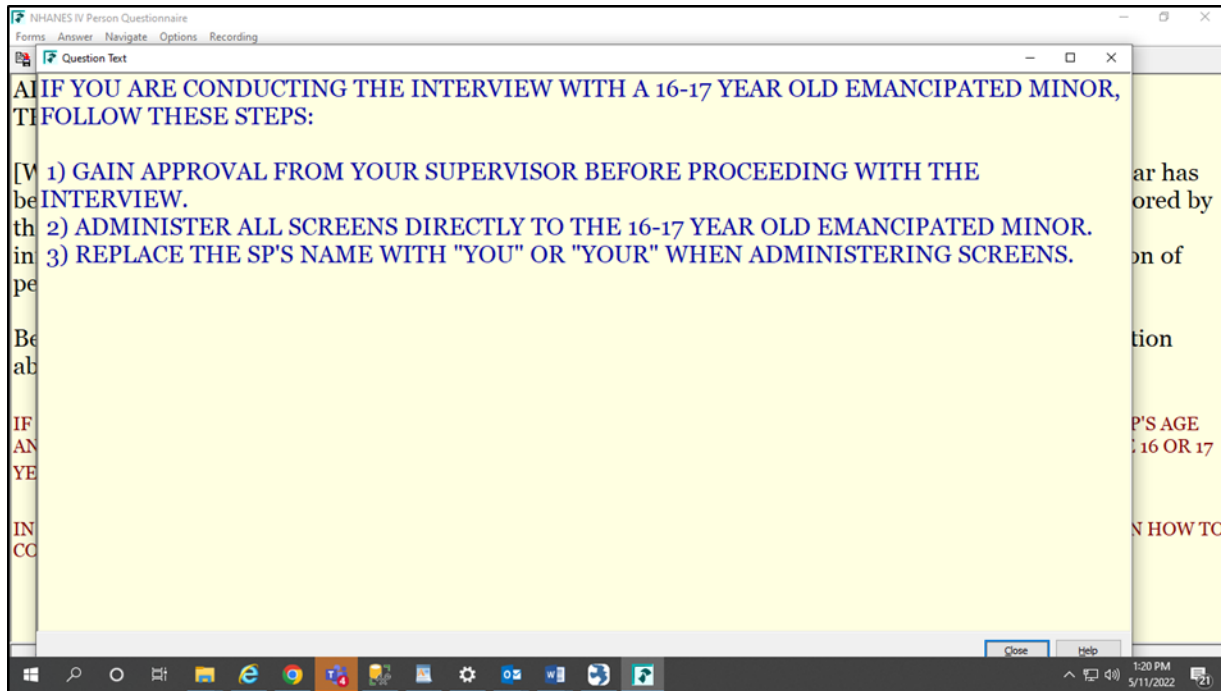
Before we begin the health interview, I will collect consent to the interview and some additional information about you.

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

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

21 DMQINTRO

Administer the introduction screen to the respondent. The header text in UPPER CASE tells you exactly to whom each screen should be administered as well as who is the SP for the questionnaire. In the case of SPs less than 16 years old, this screen is administered to the proxy, which is typically the parent/guardian. The interviewer instructions, shown at the bottom of the screen in red upper case text, explain the steps for administering the interview for a 16-17 year old SP. The text also refers you to the help screen for administering the interview to an emancipated minor. The bracketed text on the welcome screen is optional if you have already administered this screen to the same respondent in another interview for this household.



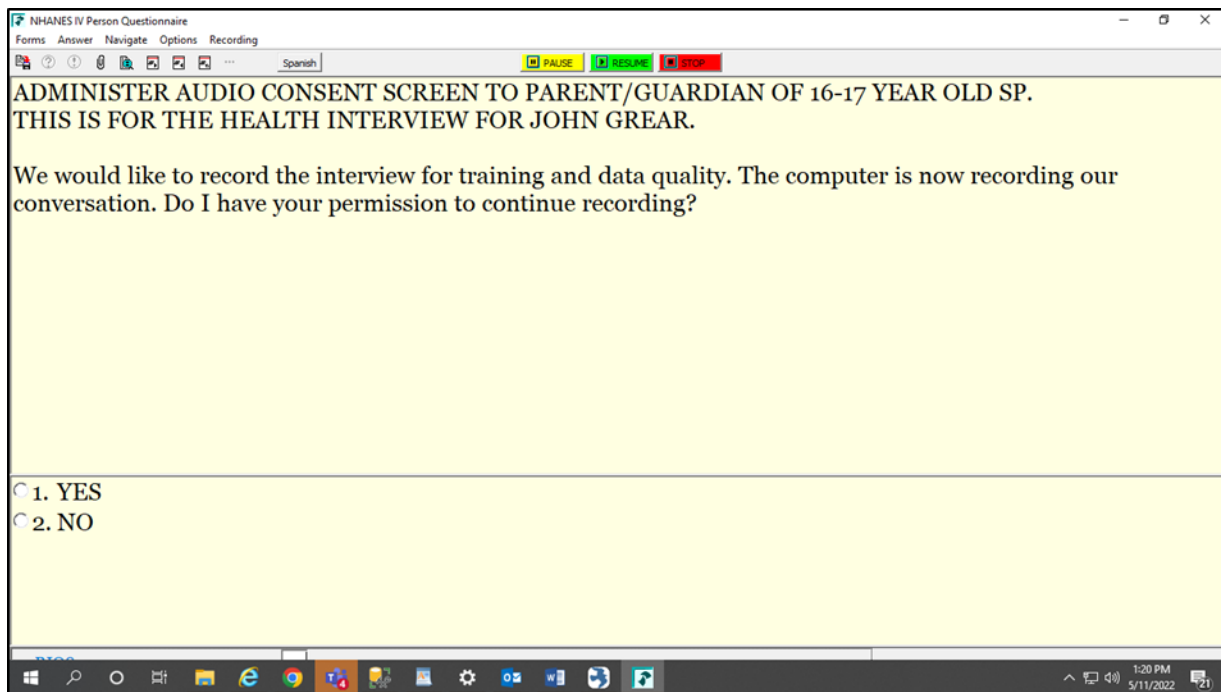
Your Study Manager will have walked through the steps in this help text with you prior to the interview with an emancipated minor, but they are included here as a reminder in case you need them.

4.4.2 Consent to Audio Record

Next, obtain permission to audio record the interview by obtaining verbal 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.

Audio recording interviews is a critical part of data quality control. The recordings serve many purposes. First and foremost, audio recordings capture the respondent's verbal consent to complete the interview and link data. The recordings are also used 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; to identify common issues or concerns across interviewers that may require additional training or retraining; and to assess how the questions are working. If respondents sound confused by a question or if interviewers have to probe frequently 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 revised or added.



All SP and Family questionnaires are recorded using the audio recording capability built into your tablet and headset. Recording begins as soon as the introduction screen (DMQ.INTRO) displays. Permission to continue to audio record the interview is captured in the next question, RIQ.800.

There are two additional audio consent screens for SPs 16-17 years old. Because these SPs are minors, but complete their own interviews, administer three questions to collect consent to audio record as follows:

1. Parent/guardian consent to record his/her own responses to the initial RIQ questions (RIQ.800);
2. Parent/guardian consent to record the interview with the 16- to 17-year-old SP; and
3. 16- to 17-year-old SP consent to record his/her own interview.

If the same respondent will be completing multiple interviews (e.g., one for each of her four children), and has refused audio recording for one of the interviews, you are not required to read the text for RIQ.800 for subsequent interviews. Instead, for RIQ.800, verbally confirm that the


respondent has previously refused for all interviews and allow CAI to record this verbal note. Then, select “NO” to move forward.

During the interview, you have the opportunity to pause or stop the recording.



Tap/click the “PAUSE” button to stop the recording momentarily – you have the option to resume recording at a later time. Tap/click 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. You can also use the pause option if you must momentarily stop the interview for an urgent matter (e.g., calling your supervisor to discuss an issue with the case).

4.4.3 Verifying SP Age and Name

A screenshot of a web browser displaying the NHANES IV Person Questionnaire. The page title is "NHANES IV Person Questionnaire" and the browser language is set to "Spanish". At the top, there are navigation tabs for "Forms", "Answer", "Navigate", "Options", and "Recording". A recording control bar is visible at the top right, with "PAUSE", "RESUME", and "STOP" buttons. The main content area has a yellow background and contains the following text: "ADMINISTER AGE VERIFICATION SCREEN TO PARENT/GUARDIAN OF 16-17 YEAR OLD SP. THIS IS FOR THE HEALTH INTERVIEW FOR BASHFUL WHITE." followed by "Before we begin the health interview, I would like to verify some information about Bashful White." and "[How old is Bashful White?]" in red. Below this, it says "AGE REPORTED IN SCREENER: 16 YEARS OLD" in red. Further instructions in red state: "IF AGE FROM SCREENER IS DK/RF, ASK FOR AGE. IF AGE IS ALREADY PROVIDED, VERIFY AGE. COLLECT AGE IN MONTHS IF AGE IS LESS THAN 12 MONTHS. IF INFANT IS LESS THAN ONE MONTH OLD, ENTER 'o.'" The section "ENTER UNIT" is followed by a form with three rows: "DMQ011Q" with a text input field containing "16", "DMQ011U" with a dropdown menu set to "YEARS", and "DMQ011R" with an empty text input field.

Next, confirm the SP’s age that was originally provided by the Screener respondent. It is critical that accurate age information is entered as it confirms eligibility as well as determines the flow of the

consent process. If the Screener respondent did not provide an age but provided an age range, the age field displays as DK or RF and the reported age range (DMQ.011R) displays on the screen. In this case, ask again for the age and enter for DMQ.011Q and DMQ.011U. If the respondent still does not wish to provide an exact age, try to get as close to an exact age whenever possible. This is especially important for SPs under 20 years of age as there are many routing patterns for consent and the questionnaires in this age group. If, after probing, the respondent still does not wish to provide an age, confirm the age range provided in the Screener.

If you have updated this field automatically by entering the date of birth in a later part of the interview in DMQ.500 (see Section 4.4.6) and then are passing through this question again, you will not be able to update this field. You must navigate to DMQ.500 and update the year of birth to update the age. This is to ensure the age and date of birth stay in alignment in the instrument.

DMQ040	Mohmmad
DMQ050a	
DMQ050b	
DMQ060a	Moulton
DMQ060b	
DMQ070	

Next, collect the SP’s first, middle, last name, and a suffix, if applicable. The suffix field may be left blank. If the respondent does not have a middle name, you must enter “NMN” in the first middle name field. If the SP is from a culture with multiple last names, confirm with the respondent what should be entered in the middle and last name fields. 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. Please also be sure to confirm spelling of the name with the respondent.

4.4.4 Using a Proxy Respondent

As previously mentioned, you may encounter situations where it is necessary to use a proxy respondent to conduct the interview. In general, there are two situations that require a proxy:

- Proxy for an SP who is 16+ who cannot perform the interview by him/herself due to a physical or mental impairment, and
- Proxy for an SP aged 15 or under.

This section walks you through the screens for each scenario as well as how to handle an emancipated minor or a proxy respondent from outside the household.

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

If you select a proxy for a person who is 16 years or older, CAI displays the following screens.

NHANES Person Questionnaire - Version: Y123.s430.v1
Forms Answer Navigate Options Recording
Spanish PAUSE RESUME STOP

ASK OR MARK IF KNOWN.
(What is your relationship to Henry Grear?)

1. SPOUSE (WIFE/HUSBAND) OR PARTNER
 2. DAUGHTER OR SON (BIOLOGICAL/ADOPTIVE/IN-LAW/STEP/FOSTER)
 3. PARENT (BIOLOGICAL/ADOPTIVE/STEP/FOSTER)
 4. GRANDPARENT (GRANDMOTHER/GRANDFATHER)
 5. BROTHER/SISTER
 6. OTHER RELATIVE
 7. NON-RELATIVE

RIQ014

4:20 PM 1/26/2022

NHANES IV Person Questionnaire

Forms Answer Navigate Options Recording

Spanish PAUSE RESUME STOP

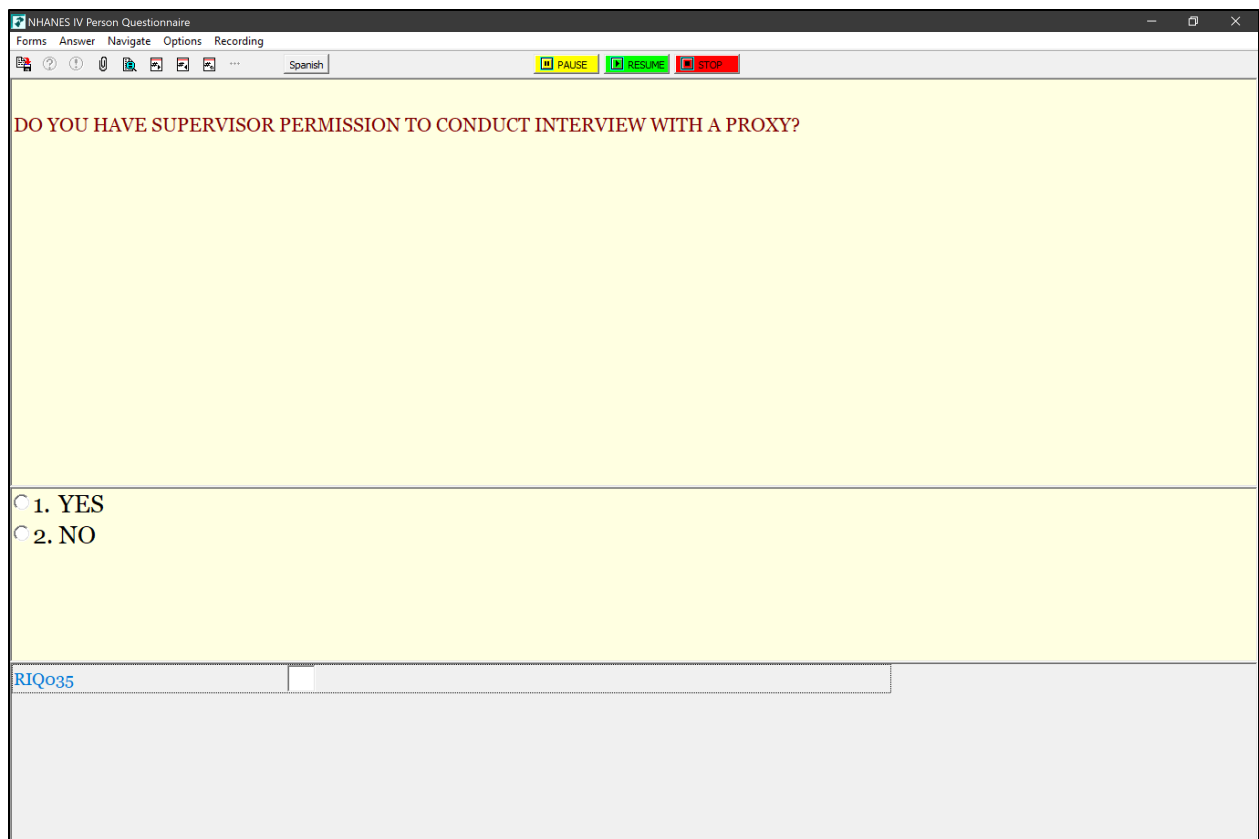
WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

1. SP HAS COGNITIVE PROBLEMS

2. SP HAS PHYSICAL PROBLEMS

RIQ039

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



If “SP HAS COGNITIVE PROBLEMS,” is selected, CAI asks if you have permission to conduct the interview with a proxy. 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.

NHANES IV Person Questionnaire

Forms Answer Navigate Options Recording

Spanish

PAUSE RESUME STOP

ENTER SPECIFY TEXT - PHYSICAL PROBLEMS

RIQ039OS

The other possible reason for using a proxy with an adult is the option “SP has Physical Problems (Specify).” If this option is selected, CAI requires you to first specify the physical problems that required the interview to be conducted with a proxy. Then, as with cognitive problems, it confirms that you have permission from the SM to use this proxy.

Following General Eligibility Rules – Selecting a Proxy for an SP 15 and Under

Similar to selecting a proxy’s relationship to an SP 16+, you must select a proxy’s relationship to SPs 15 and under. Since all SPs under this age require a proxy to complete the interview, you are not asked for a reason why a proxy is being used.

Following General Eligibility Rules – Selecting an Emancipated Minor as the Respondent

If you select a child aged less than 16 years as a respondent for the SP interview, CAI requires you to identify why you are doing this.

NHANES IV Person Questionnaire

Forms Answer Navigate Options Recording

Spanish

PAUSE RESUME STOP

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

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

RIQ020

If you select “SP IS AN EMANCIPATED MINOR,” CAI confirms the emancipated minor is at least 12 years old, then asks you to confirm whether you have permission from the SM to conduct the interview with the emancipated minor. If you select “PERSON SELECTED AS RESPONDENT IN ERROR,” CAI displays an edit check to take you back to RIQ.006 to select the correct respondent. Finally, if you select “SP AGE ENTERED IN ERROR - SP IS AGE 16+,” CAI displays an edit check to take you back to DMQ.011 to correct the SP’s age before proceeding with the interview.

Following General Eligibility Rules – Selecting a Proxy Who Does Not Live In the Household

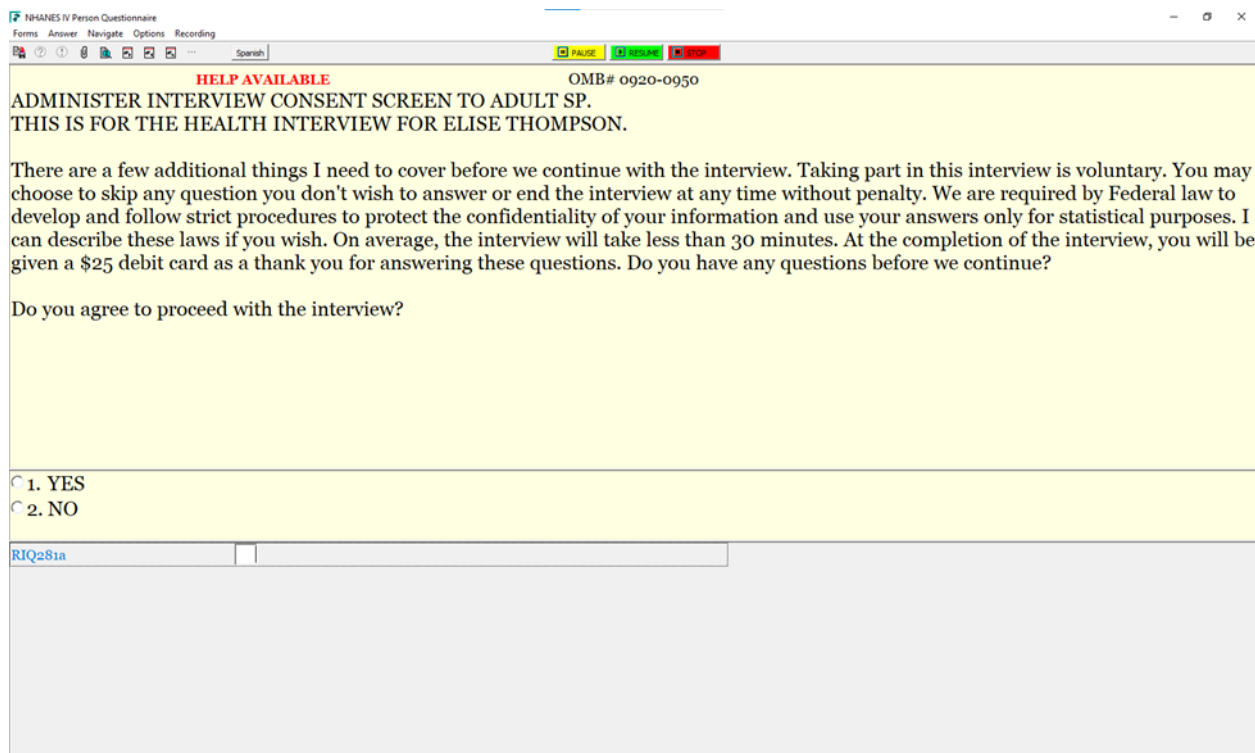
If you select a proxy respondent that does not live in the SP’s household, CAI prompts you to identify why someone living outside of the home is being selected to complete the interview. It then prompts you to enter the name and phone number of the proxy.

4.4.5 Obtaining Informed Consent

Once the respondent has been identified, 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. The consent pathway is determined by the age reported in the Screener.

If the respondent speaks a language other than English or Spanish, be sure to select the SP as the respondent and use the interpreter during the consent process (and interview). The interpreter orally translates the consent information to the language understood by the respondent.

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



The screenshot shows a web browser window titled "NHANES IV Person Questionnaire". The browser address bar shows "Spanish" and navigation buttons for "PAUSE", "SKIP", and "STOP". The main content area has a yellow background and contains the following text:

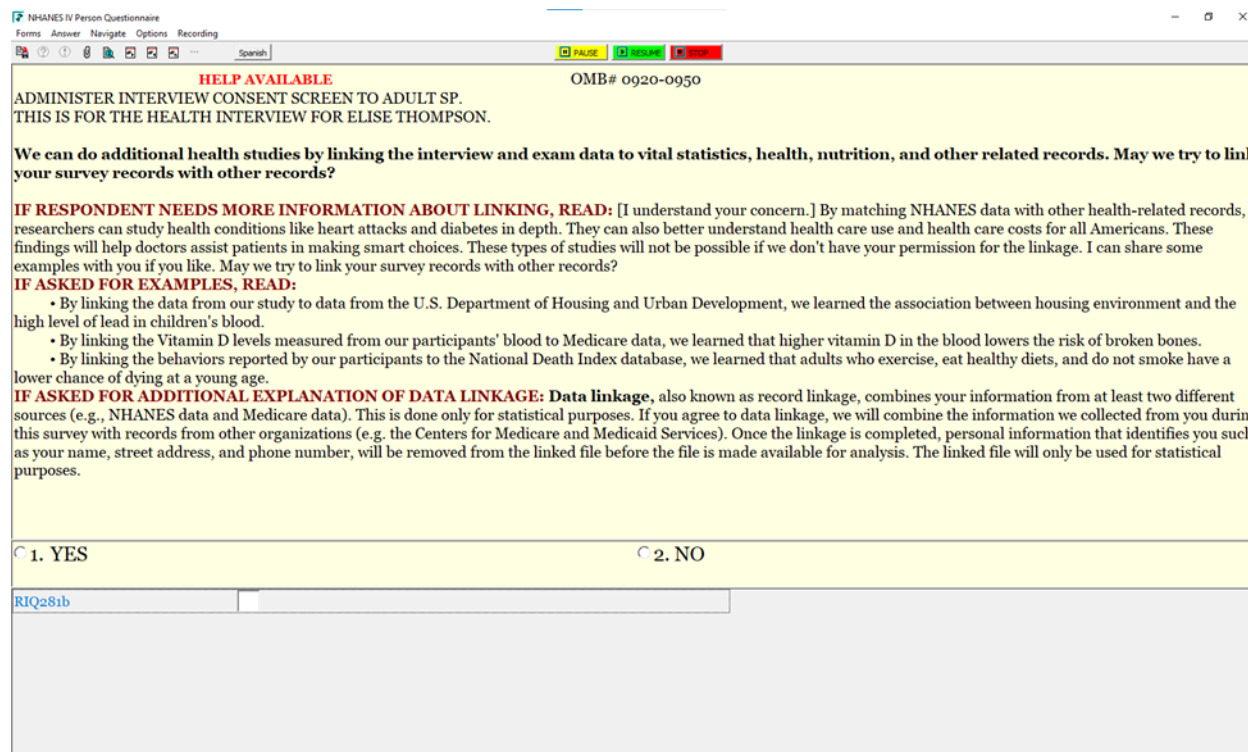
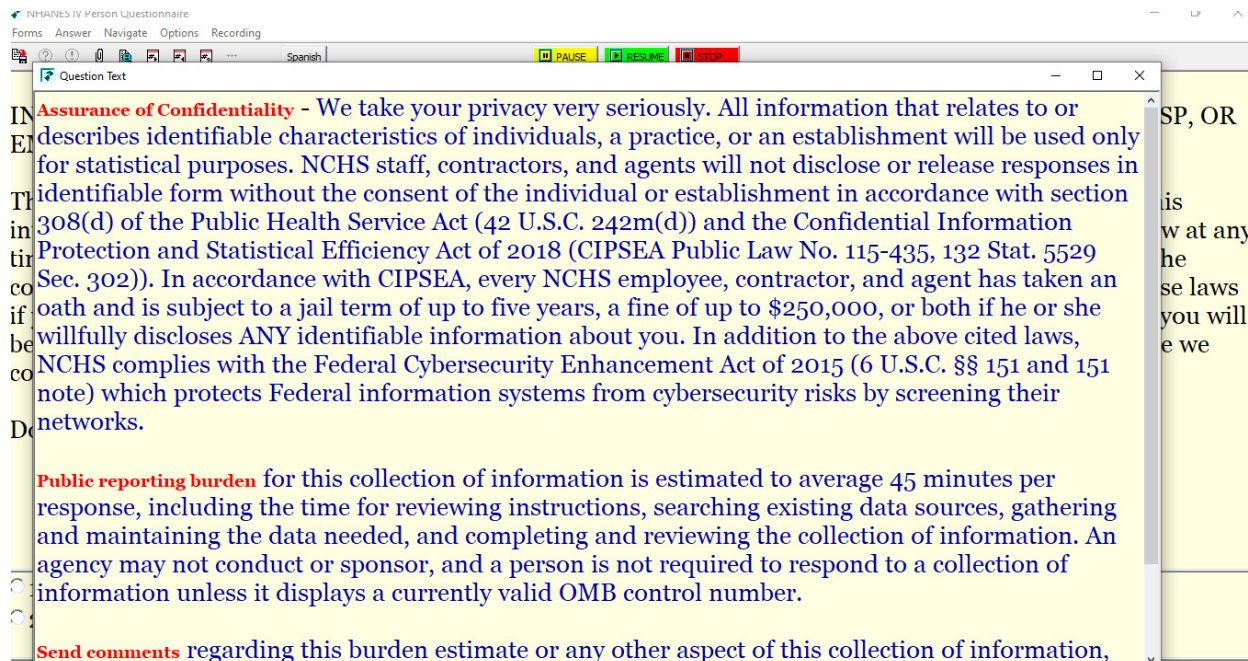
HELP AVAILABLE OMB# 0920-0950
ADMINISTER INTERVIEW CONSENT SCREEN TO ADULT SP.
THIS IS FOR THE HEALTH INTERVIEW FOR ELISE THOMPSON.

There are a few additional things I need to cover before we continue with the interview. Taking part in this interview is voluntary. You may choose to skip any question you don't wish to answer or end the interview at any time without penalty. We are required by Federal law to develop and follow strict procedures to protect the confidentiality of your information and use your answers only for statistical purposes. I can describe these laws if you wish. On average, the interview will take less than 30 minutes. At the completion of the interview, you will be given a \$25 debit card as a thank you for answering these questions. Do you have any questions before we continue?

Do you agree to proceed with the interview?

1. YES
 2. NO

Below the radio buttons is a text input field with the label "RIQ281a" and a small square icon to its right.



The consent screens ask the respondent to consent to proceed with the interview as well as consent to link survey records with other records. Read each screen verbatim and answer any respondent questions, as necessary. If the respondent has further questions about linking data or confidentiality,

read the relevant optional text on the screen or tap/click the HELP button and read the help text as needed.

Interview Consent—Proxy for Adult SP (Aged 16 Years or Older)

Once you select the proxy respondent and indicate the reason for selecting a proxy, CAI guides you through the appropriate consent screens.

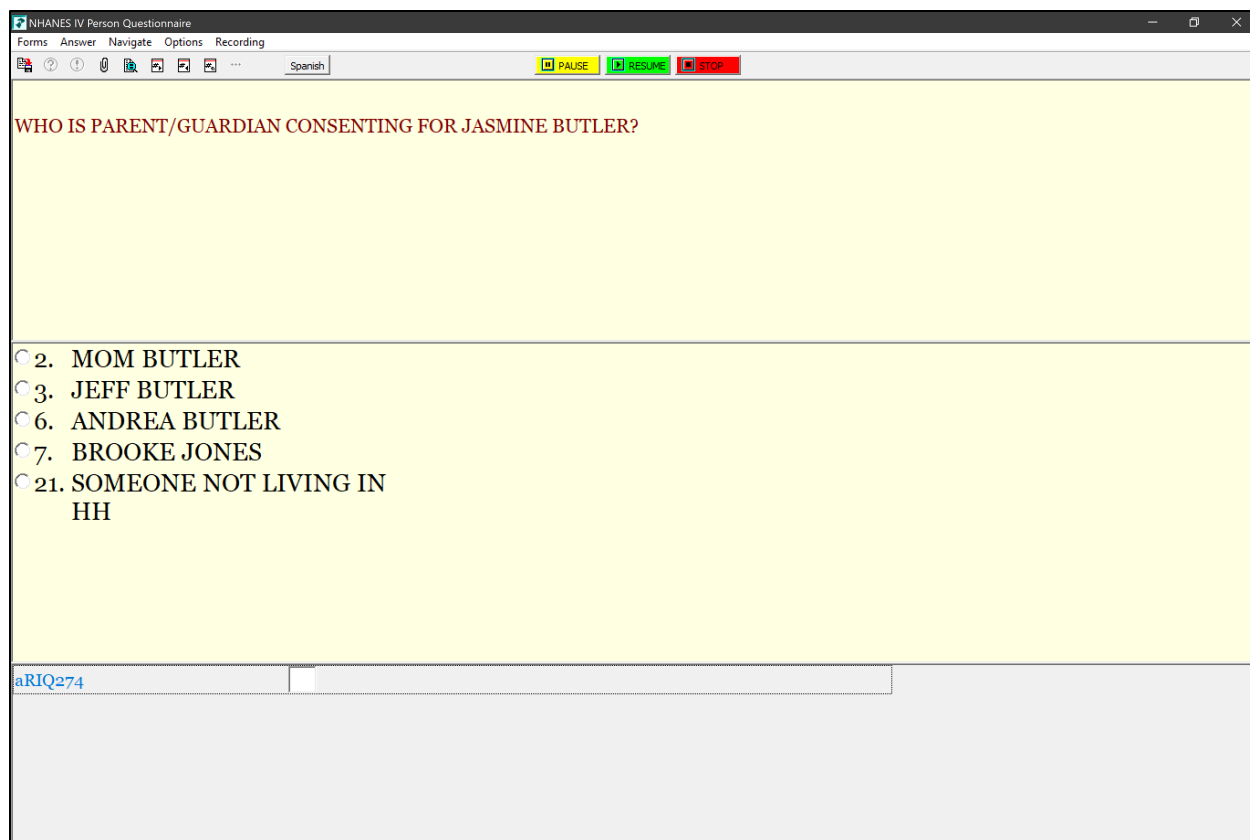
Similar to the consent screen for an SP aged 18 years or older, the consent screen for a proxy asks him or her for permission to audio-record the interview, proceed with the interview for the SP, and consent to linking the SP’s survey records with other records.

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

For an SP aged 16-17 years who is not an emancipated minor, you must first obtain verbal consent from the parent or guardian, and then from the SP, to complete the SP Interview.

The screenshot shows a web browser window titled "NHANES IV Person Questionnaire". The interface includes a menu bar with "Forms", "Answer", "Navigate", "Options", and "Recording". Below the menu is a toolbar with icons for help, back, forward, and other navigation functions, along with a language dropdown set to "Spanish". A yellow banner at the top of the main content area contains the text: "IS SP AN EMANCIPATED MINOR? YOU SHOULD HAVE APPROVAL FROM YOUR SUPERVISOR BEFORE CONDUCTING THE INTERVIEW WITH AN EMANCIPATED MINOR." Below this banner are two radio button options: "1. YES" and "2. NO". At the bottom of the form, there is a question ID field labeled "RIQ248" with a small input box next to it.

After confirming the age and name of the SP with the parent/guardian, CAI asks if the SP is an emancipated minor. As noted earlier in this chapter, it is VERY RARE that you will interview an emancipated minor SP. Select YES for this question only if you have already discussed the case with your Study Manager. In general, select NO to indicate that the SP is not an emancipated minor.



The screenshot shows a web browser window titled "NHANES IV Person Questionnaire". The browser's address bar shows "Spanish" and there are buttons for "PAUSE", "RESUME", and "STOP". The main content area has a yellow background and contains the question: "WHO IS PARENT/GUARDIAN CONSENTING FOR JASMINE BUTLER?". Below the question are five radio button options: "2. MOM BUTLER", "3. JEFF BUTLER", "6. ANDREA BUTLER", "7. BROOKE JONES", and "21. SOMEONE NOT LIVING IN HH". At the bottom of the form, there is a text input field containing the alphanumeric string "aRIQ274".

CAI then instructs you to select the parent/guardian consenting for the 16-17 year old 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 prompted to enter the name of the person who will give consent for the minor SP.

The next two screens are the same as for an adult SP (see Interview Consent—Adult SP (Aged 18 Years or Older)/Emancipated Minor) and instruct you to ask the parent/guardian to consent for the child SP’s participation as well as allow linkage of their survey records with other records. If the parent does not consent to the interview, the instrument will break immediately.

After the parent/guardian consents to the interview, the next screen asks him/her to consent to audio recording the SP’s interview. Next, CAI asks if the SP is available to complete the interview. If

he/she is not available, the instrument will break off as partially worked. Make an appointment to conduct the interview with the SP at a later time.

The screenshot shows a web browser window titled "NHANES IV Person Questionnaire". The browser's address bar shows "Spanish" and there are "PAUSE", "RESUME", and "STOP" buttons. The main content area has a yellow background and contains the following text:

ADMINISTER AUDIO CONSENT SCREEN TO 16-17 YEAR OLD SP.
THIS IS FOR THE HEALTH INTERVIEW FOR JASMINE BUTLER.

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

Below the text are two radio button options:

- 1. YES
- 2. NO

At the bottom of the screen, there is a blue bar with the ID "RIQ845" on the left and a text input field containing "YES" on the right.

If the 16-17 year old SP is available, conduct the remainder of the interview with him/her.

Administer to him/her the welcome screen. If the parent/guardian consented to audio record the SP interview, CAI displays a screen asking the SP for permission to audio record the interview, explicitly stating that his/her parent or guardian has already provided permission to do so. If the SP declines the audio recording, the recording will stop automatically but you may still continue with the interview. Finally, CAI asks the SP for his/her consent to be interviewed and to have his/her survey records linked with other records. If the parent/guardian did not agree to linkage for the SP earlier in the interview, the linkage question is skipped. You then proceed with asking the SP for his/her DOB and gender (Section 4.4.6).

Interview 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 verbal consent from a parent/guardian for the SP Interview. The consent screen is very similar to that of an adult SP but references the minor. The

parent or guardian must consent to the interview on behalf of the SP and is asked if s/he is willing to have the SP's survey data linked with other records.

4.4.6 Collecting SP Date of Birth and Gender

The last pieces of demographic information collected in RIQ are the SP's date of birth (DOB) and gender. Both of these answers have many implications for the remainder of the SP interview and MEC exams so it is vital that the information is recorded properly. Adults, SPs 16-17, and proxies of adults and minors 15 years and under respond to these questions.

Date of Birth

ADMINISTER DOB SCREEN TO 16-17 YEAR OLD SP.
THIS IS FOR THE HEALTH INTERVIEW FOR JASMINE BUTLER.

What is your birthdate?

ENTER MONTH OF BIRTH

REPORTED AGE: 16 YEARS OLD

DMQ500m	10
DMQ500d	17
DMQ500y	2005

Collect the SP's birthdate as a one- or two-digit month and day and four-digit year. CAI displays on the screen the age or age range confirmed earlier in RIQ for reference. Once the DOB has been

entered, CAI calculates the SP's age based on the reported DOB and compare this with the age reported at the beginning of the interview. Edit checks appear for the following scenarios:

- If the newly calculated age does not match the reported age, verify the age and date of birth with the respondent. If the DOB is correct, suppress the message and continue. The age is updated for the SP. This includes updating the age response field earlier (see Section 4.4.3). If the respondent instead wishes to update the year of birth, select GOTO to go back to the question to update the year field.
- If the respondent did not know or refused to provide the SP's year of birth, confirm the calculated year of birth provided in the edit check. If correct, select suppress to continue. If the respondent provides an alternate DOB, go to the DOB year field and update.

Gender

NHANES IV Person Questionnaire

Forms Answer Navigate Options Recording

Spanish PAUSE RESUME STOP

ADMINISTER GENDER SCREEN TO ADULT SP.
THIS IS FOR THE HEALTH INTERVIEW FOR HENRY GREAR.

VERIFY GENDER.

IF RESPONDENT CANNOT DECIDE BETWEEN MALE OR FEMALE, OR DOES NOT IDENTIFY WITH EITHER, PROBE:
"What would you tell your doctor?"

IF RESPONDENT STILL CANNOT DECIDE OR REFUSES TO SELECT A RESPONSE, SELECT 'DOES NOT IDENTIFY AS EITHER.'

1. MALE
 2. FEMALE
 3. DOES NOT IDENTIFY AS EITHER

DMQ021 Male

Next, you must ask for or verify the SP's gender aloud. Note that this question is not optional and must be asked even if only asked as verification of previously collected information. The response prefills with the gender specified for the SP from the Screener. It is important to note while most individuals will be able to identify as male or female, some individuals may not. If the respondent cannot decide, administer the probe provided in the Interviewer Instructions. If the respondent still

cannot decide, or refuses to provide a response, select “DOES NOT IDENTIFY AS EITHER.” You cannot enter “DK” or “RF” as a response for this question. Note that if the Screener respondent entered “DK” or “RF” for this SP during the screening interview, option 3 is prefilled. The administration of this question is never to be skipped so be sure to ask for gender before moving forward.

The screenshot shows a web browser window titled "NHANES IV Person Questionnaire". The browser's address bar shows "Forms", "Answer", "Navigate", "Options", and "Recording". The page content is as follows:

ADMINISTER GENDER SCREEN TO PROXY FOR ADULT SP.
THIS IS FOR THE HEALTH INTERVIEW FOR HENRY GREAR.

What sex was Henry Grear assigned at birth?

IF ASKED, 'ASSIGNED AT BIRTH' MEANS THE SEX NOTED ON AN ORIGINAL BIRTH CERTIFICATE.

1. MALE
 2. FEMALE

DMQ510

If you select “DOES NOT IDENTIFY AS EITHER,” ask what sex the SP was assigned at birth as displayed on his/her birth certificate. Select “DK” or “RF” for this item if the respondent still cannot decide or refuses to provide a response. While it is preferred to get a selected gender if possible, gender is a highly sensitive and personal topic so you must accept the final response provided by the respondent.

4.4.7 Capturing Interpreter Information

The screenshot shows a software window titled "NHANES IV Person Questionnaire". The window has a menu bar with "Forms", "Answer", "Navigate", "Options", and "Recording". Below the menu bar is a toolbar with icons for help, back, forward, and other navigation functions, along with a language dropdown set to "Spanish". To the right of the toolbar are three buttons: "PAUSE" (yellow), "RESUME" (green), and "STOP" (red). The main content area is a large yellow rectangle containing the question "IS AN INTERPRETER BEING USED FOR INTERVIEW?". Below the question are two radio button options: "1. YES" and "2. NO". At the bottom of the window, there is a grey bar with a text input field containing "INT001" and a small white square to its right.

NHANES IV Person Questionnaire

Forms Answer Navigate Options Recording

Spanish

PAUSE RESUME STOP

LANGUAGE USED FOR INTERVIEW

1. AMERICAN SIGN LANGUAGE

2. CHINESE (CANTONESE)

3. CHINESE (MANDARIN)

4. FRENCH

5. GERMAN

6. ITALIAN

7. JAPANESE

8. KOREAN

9. RUSSIAN

10. SPANISH (READER)

11. VIETNAMESE

99. OTHER SPECIFY

INT003

Similar to the Screener, you must record whether an interpreter is used for the SP interview and if so, the language in which the interview is conducted.

This screen appears only during the SP and Family interviews. If the interpreter is someone that has been used to complete another questionnaire in this household, select “SAME INTERPRETER USED IN OTHER INTERVIEW OF HOUSEHOLD.” You are then able to select the name of the interpreter from the list of interpreter names used to complete the other questionnaires.

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 contact with the household. Refer to Chapter 3, Section 3.4.3.5, for information on the remaining interpreter screens.

4.4.8 Prepare the Respondent for the Interview

The last screen of the RIQ section prompts you to prepare the respondent for the health interview. Help the respondent prepare by asking him/her to gather certain items you will review during the interview. This helps the respondent stay engaged because it minimizes the number of times you need to pause the interview.

Below is a suggested script for you to use when making this request.

“During the interview, I will ask for information from your Medicare card (if applicable), Visa debit card, Social Security card (if necessary), and will reference the 2022 NHANES Household Interview Booklet we provided you. To save time, would you please collect these items before we begin the interview? Thank you.”

If the respondent does not have the booklet available, proceed with the interview as scheduled.

When a question requires hand cards, read the content of the hand card in its entirety. You can also direct the respondent to the CDC website to view the hand cards.

4.5 Completion Order for the Household Interviews

As mentioned in Chapter 3, interviewers must first complete the Screener questionnaire with an adult household member who is at least 18 years old. If SPs are selected, the interviewer also completes the Relationship questionnaire. Then, interviewers should try to follow the preferred interviewing order: SP questionnaires, Family questionnaires, and then MEC Appointment modules. However, depending on each SP’s schedule and whether you are conducting interviews over the phone or in-person, you may have to deviate from the preferred order.

5. Administering the Interview – Family Questionnaire

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
- Preferred completion order of the household questionnaires.

Details of the Family questionnaire are reviewed in Chapter 9, Section 9.4.2.

5.1 Overview of the Family Questionnaire

Similar to the Sample Person (SP) questionnaire, for NHANES 2021–22 the Family questionnaire is designed to be administered through a telephone interview. It can be administered in-person, if needed, but telephone is the preferred interview mode for this cycle. A separate Family questionnaire is to be completed for each family living at an address 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 first ask questions about the head of the family and the spouse of the family head, if the family head or the spouse is not an SP himself/herself. If the family head or the spouse of the family head is an SP, the information is collected in the SP questionnaire, and will not need to be repeated here. The questionnaire then proceeds with questions for 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 the overall income for the entire household (i.e., the income combining the respondent’s family with the other families in the household) if there are more than one family in the household. If there are other families in

For households with multiple Family questionnaires, only the first family interviewed is asked overall income questions about the entire household.

the household that will receive a Family questionnaire, these household-level income questions will not be repeated as they are only asked during the first Family interview within the household. Finally, the questionnaire asks for contact information of two persons that live outside of the household.

5.2 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 at least 18 years of age. In families where there is no one aged 18 years or older, the respondent should be 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, have a respondent from each family complete the appropriate Family questionnaires. It does not matter which Family completes their interview first. Nonfamily members should not respond to the Family questionnaire except in very unique circumstances.

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.

5.3 Obtaining Consent for the Family Interview

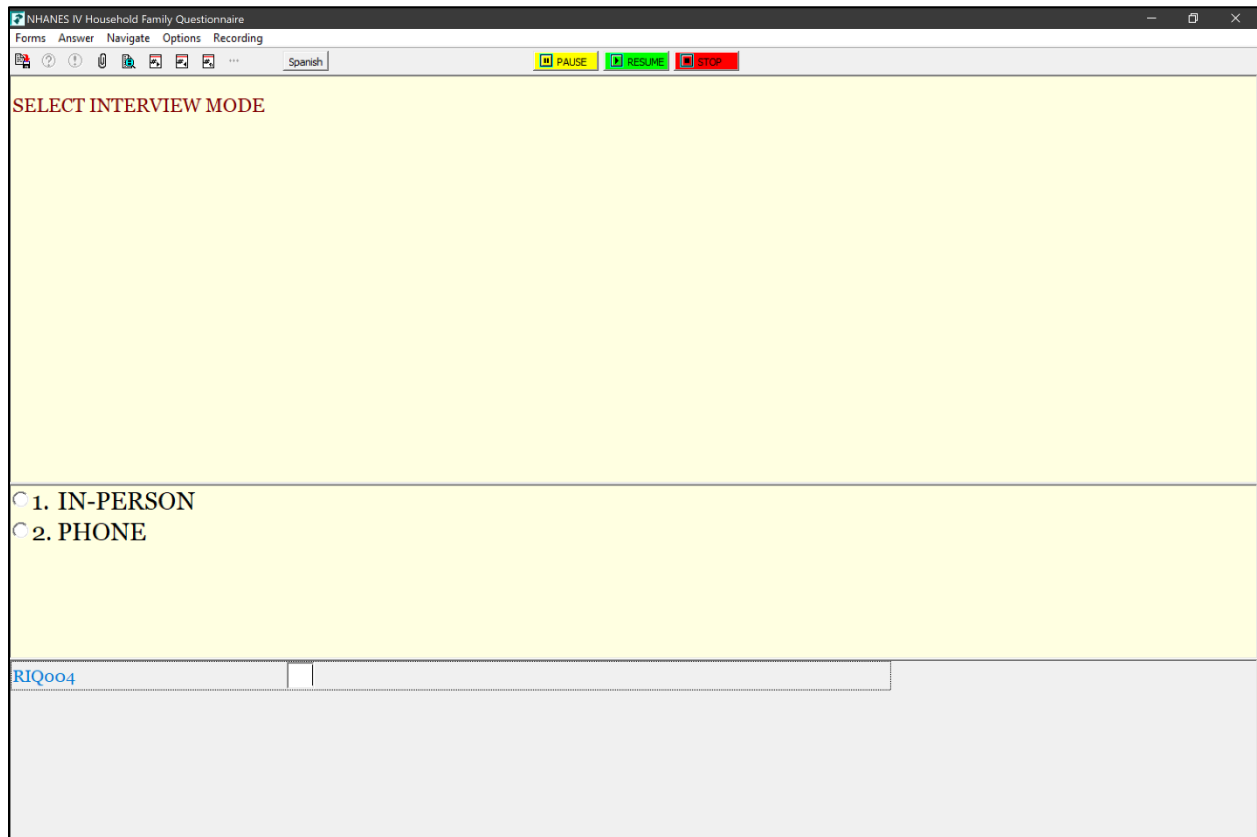
As mentioned previously, each respondent for the household questionnaires must provide verbal consent before completing the interview. Use the basic instructions described in Chapter 4, Section 4.3, for completing the consent process for the Family questionnaire. The consent screens displayed in computer-assisted interviewing (CAI) are also reviewed in the next section.

5.4 Respondent Information Questions (RIQ) Details

After selecting the appropriate Family questionnaire and before administering the first set of questions, you are asked to identify the mode you are conducting the interview in, enter information

about the respondent, obtain consent for the interview and audio recording, and respond to questions about the use of an interpreter.

Mode of the Interview



The screenshot shows a software window titled "NHANES IV Household Family Questionnaire". The window has a menu bar with "Forms", "Answer", "Navigate", "Options", and "Recording". Below the menu bar is a toolbar with icons for help, back, forward, and other navigation functions, along with a language dropdown set to "Spanish". In the top right corner of the window, there are three buttons: "PAUSE" (yellow), "RESUME" (green), and "STOP" (red). The main content area is a large yellow rectangle with the text "SELECT INTERVIEW MODE" at the top. Below this text are two radio button options: "1. IN-PERSON" and "2. PHONE". At the bottom of the yellow area, there is a small input field containing the text "RIQ004".

Similar to the other questionnaires, you must first select the mode of the Family questionnaire.

Respondent for the Interview

NHANES IV Household Family Questionnaire

Forms Answer Navigate Options Recording

Spanish PAUSE RESUME STOP

SELECT RESPONDENT FOR THE FAMILY QUESTIONNAIRE.

1. MARIA PEREZ

2. MANUEL PEREZ

3. TONY PEREZ

21. SOMEONE OUTSIDE FAMILY

RIQ010

NHANES IV Household Family Questionnaire

Forms Answer Navigate Options Recording

Spanish PAUSE RESUME STOP

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?

1. ONLY FAMILY MEMBER HAS COGNITIVE PROBLEMS
 3. SOMEONE OUTSIDE THE FAMILY SELECTED IN ERROR

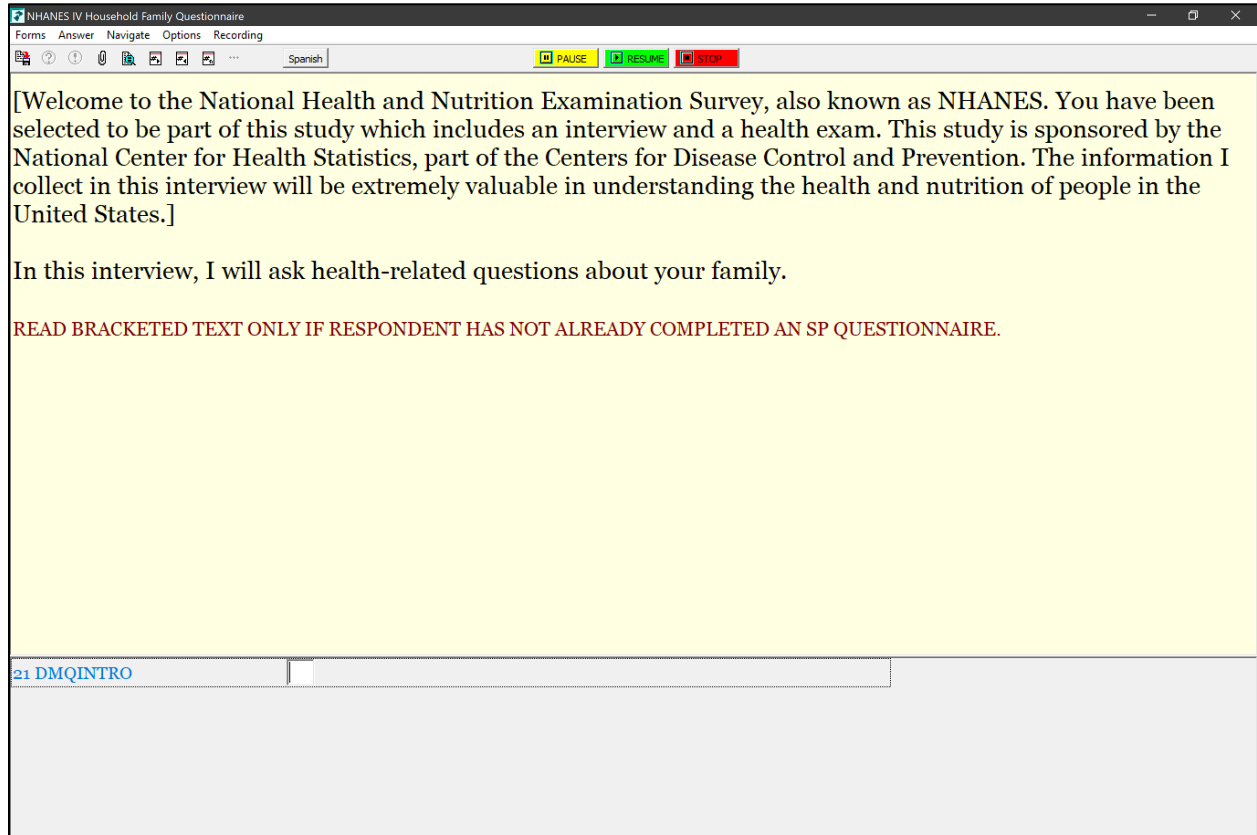
2. ONLY FAMILY MEMBER IS A CHILD UNDER 16 (WARD OF STATE)
 4. OTHER (SPECIFY)

RIQ041

CAI 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 these instances, you must first obtain permission from your Study Manager (SM). If you do not have permission to conduct the interview with a proxy, the application will exit the interview.

If it is one of the rare instances where you are completing the questionnaire with someone outside of the family and have obtained permission to do so, you will then collect additional information about the respondent including his/her name, telephone number, and how the respondent is related to the family.

Intro/Audio Recording



The screenshot shows a web browser window titled "NHANES IV Household Family Questionnaire". The browser's address bar shows "Spanish". The page content is as follows:

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

In this interview, I will ask health-related questions about your family.

READ BRACKETED TEXT ONLY IF RESPONDENT HAS NOT ALREADY COMPLETED AN SP QUESTIONNAIRE.

At the bottom of the screen, there is a progress bar for "21 DMQINTRO" which is approximately 10% full.

After selecting the respondent, introduce him/her to the Family questionnaire. If the respondent has not yet completed an SP questionnaire, read the text in brackets as it provides a brief description of the purposes and importance of the study. The system starts audio recording on this screen.

The screenshot shows a web browser window titled "NHANES IV Household Family Questionnaire". The browser's address bar shows "Spanish" and there are buttons for "PAUSE", "RESUME", and "STOP". The main content area has a yellow background and contains the text: "We would like to record the interview for training and data quality. The computer is now recording our conversation. Do I have your permission to continue recording?". Below this text are two radio button options: "1. YES" and "2. NO". At the bottom left, there is a label "RIQ211" next to a small input field.

As discussed for the SP questionnaire in Chapter 4, permission to audio record must also be requested for all respondents to the Family questionnaire.

If you select “YES” to record the interview, the recording continues. If you select “NO,” the recording stops at that time. Similar to the recording for the SP questionnaire, Westat and NHANES staff monitor the rate at which interviewers obtain permission to record interviews.

For respondents who completed an SP questionnaire and already gave permission to record the interview, CAI revises the text slightly and asks if it is OK to continue recording.

Obtaining Consent

NHANES IV Household Family Questionnaire

Forms Answer Navigate Options Recording

Spanish PAUSE RESUME STOP

HELP AVAILABLE OMB# 0920-0950

ADULT AND EMANCIPATED MINOR RESPONDENT INTERVIEW CONSENT

There are a few additional things I need to cover before we continue with the interview. Taking part in this interview is voluntary. You may choose to skip any question you don't wish to answer or end the interview at any time without penalty. We are required by Federal law to develop and follow strict procedures to protect the confidentiality of your information and use your answers only for statistical purposes. I can describe these laws if you wish. Do you have any questions before we continue?

ANSWER QUESTIONS AND REFER TO HELP SCREEN AS NECESSARY.

Do you agree to proceed with the interview?

1. YES

2. NO

21 RIQ510

It is essential to obtain informed consent from the respondent prior to beginning the Family questionnaire. This screen must be read word-for-word to ensure the respondent is aware of his or her rights by participating in the interview. If the respondent does not provide consent, the case will be automatically broken off as partially worked. Additional details regarding the consenting process can be found in Chapter 4, Sections 4.3 and 4.4.5. As with other questionnaire consent screens, this screen contains help text with the Assurance of Confidentiality statement and the Public Reporting Burden statement.

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. You must also record how the interpreter was obtained and his or her name and telephone number. These screens are identical to those presented in the SP questionnaire. See Chapter 4, Section 4.4.7, for details on completing the interpreter screens.

5.5 Completion Order for the Family Questionnaire

The Family questionnaire is completed for every family in the household with at least one SP. Ideally, the Family questionnaire 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 during the same telephone call or visit to the household.

Note: As discussed in Chapter 3, the Relationship questionnaire must be completed in order for CAI to identify families within the household and create Family questionnaires for each eligible family. You **must** administer the Relationship questionnaire or CAI will not create Family questionnaires.

5.6 Updating a Completed Family Interview

You may encounter a situation when a Family interview has been completed but you must contact the household again to ask certain questions. This happens most often if additional family members are added to the household roster after the completion of the Family interview. Your SM will provide details on how to complete the Family interview again if this occurs.

6. Contact Procedures

This chapter provides a description of procedures you should follow to make contact with households and sample persons (SPs) and how to document those contacts in the Electronic Record of Calls (EROC). These procedures have been designed to aid you in working on 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 6.1);
- Recording Contact Attempts in the EROC (Section 6.2);
- Result Codes (Section 6.3); and
- Nonresponse and Refusal Information (Section 6.4).

When receiving a set of cases, your first step is to quickly study your cases to identify what the next task for each case might be. Even at the beginning of a stand, some cases will have completed through Multi-Mode the Household (HH) Screener and Relationship Module with identified SPs but may still need a dwelling unit observation (DU OB). Other cases will have a completed the Screener but will still need the Relationship Module completed. While still other cases will not have any task completed. If you have any questions, please ask your SM.

Also, before attempting any contacts, always check through the addresses to confirm that none of them are addresses of your 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 SM 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 SM during your next conference so it can be reassigned.)

6.1 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 available?" 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. Some respondents' work schedules may have changed during the pandemic. Individuals with office-based jobs may be working from home now and accessible during daytime hours, a significant shift from pre-pandemic patterns.

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 and/or able to receive a telephone call. Most people's lives fall into a pattern. There are certain times of the day and days of the week when they are usually able to be reached. 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 and available.

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 available.** You will work closely with your SM to identify best contact times for a particular segment or household. Whenever you **do** have reasonably reliable information (i.e., documented in the EROC) on when a respondent will be home/be available—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, and 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 EROC on your tablet or iPhone for any notes you made on the earlier try. You can also look at the

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

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 SM will monitor the number of attempts and may reassign cases that have not been worked efficiently.

6.1.1 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 as an attempt, guidelines below should be followed:

- Each call or visit to a household 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. Instead, focus on weekends and weekday evenings when respondents are likely to be home and available.
- Multi-mode cases where there is a completed or partial Screener with a telephone number and partial or full name will receive three telephone calls in accordance with a strict protocol. Scripts are located in the Job Aid Booklet. All multi-mode case telephone calls must be made at designated times to make best use of these attempts. Research shows that three well-timed calls will have the best contact results.
- Every contact attempt to a household must have an EROC entered.

If you cannot complete a Screener within the time period determined by your SM, discuss the case with your SM 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 SM.

6.1.2 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 SM 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. To ensure privacy for

all SP and Family interviews conducted by phone, plan time to travel from the field to return to your hotel room. **All the SP and Family interviews will be conducted following study COVID-19 protocols. Your Study Manager will announce at the beginning of the stand, depending on community spread, whether interviews are conducted via telephone in the private setting from your hotel room, outside socially distance or inside the respondent's home with a mask.** Should you need to complete a phone interview in an alternate location, such as your vehicle, document the alternate location via an EROC. If you cannot enter an EROC to document the alternate location, then inform your Study Manager of the location. Your Study Manager will then make a note in the case. 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 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 a geographic area 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.
- Set a **goal** of the number of houses you will visit before returning to Stand Housing.

We always want to prioritize SP interviews whether they are identified through in-person screening or through multi-mode data collection. It is also essential to the success of the study that we maximize appointments to the MEC. The number of MEC appointments are finite and need to be filled early.

6.1.3 Secondary Information Sources/Neighbor Contacts

After two in-person attempts where you find that no one is home at the assigned 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.

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

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 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 information on:
 - The “best time” to find someone home at the assigned household. Note that 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.
 - Also determine 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 secondary source understands which household you are referring to.
- Record all information you obtain in your EROCs as well as the name, 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 of the secondary information source 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 First Contact Invitation Letter or any study specific materials with the person you contact. This will ensure you maintain confidentiality of the assigned household.
5. Secondary source/neighbor contacts should be recorded in the EROC. The person in the “who contacted” field will be “neighbor.” See Appendix B for the IMS User Guide and Appendix H for the mFOS User Guide.

6.2 Recording Contact Attempts in the EROC

Every contact attempt should be entered in the EROC: either in the Interviewer Management System (IMS) on the tablet or in mFOS on your iPhone.

See Attachment B for instructions on how to use tablet and Attachment H for instructions on how to use mFOS. Refer to the IMS User Guide for assistance with navigation.

It is essential that you keep the EROC current by making your entries immediately after each attempt, either on your telephone 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. 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 iPhone or tablet is mandatory, you may also choose to write notes on your case card in the Record of Calls section, however, these notes should **never include personally identifiable information (PII)**.

6.2.1 Household Notes

In addition to recording contact attempts and comments in the EROC, 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 SM, not ‘buried’ in the EROCs. Examples of things to record here are the gate or building entry code, presence of a large dog, or if someone works nights and the best time to reach them.

6.3 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 and refusal reasons are listed on the back of the case card (Exhibit 6-1).

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.

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 the SM when a case is transferred to another interviewer.

Exhibit 6-1. Case card

INCENTIVE INFORMATION						
Name	SP Interview (\$25)	MEC Exam (16+: \$85, 12-15: \$60, <12: \$40)	Transport. (Varies)	Phone Follow-Up Interviews (\$65)	Adult/Child Care (\$5.25/hr) & Non-SP Parent (\$20)	Total

HH TOTAL: _____

RECORD OF CALLS	
# Families: _____	
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	Scnrn SP Fam MEC		
<input type="checkbox"/>			AM PM	Scnrn SP Fam MEC		
<input type="checkbox"/>			AM PM	Scnrn SP Fam MEC		
<input type="checkbox"/>			AM PM	Scnrn SP Fam MEC		
<input type="checkbox"/>			AM PM	Scnrn SP Fam MEC		

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

RESULTS			REFUSAL REASONS	
SCREENER, SP, FAMILY, AND MEC	Screener Only			
6 – DU Access/Entry Problem	5 – Out of Scope		82 - Concern with exam / Doctor issues	
20 – Illness	7 – Vacant		83 - Government Concerns / Mistrust of Government	
22 – Refusal/Breakoff	8 – Not a DU		84 - Interview takes too much time	
23 – Not at Home	100 – Multimode Technical Issue		85 - MEC Exam takes too much time	
24 – Unavailable During Field Period	101 – Study Question		86 - MEC is too far away / Transportation problems	
25 – Language Problem			87 - Not interested / Nothing in it for me	
26 – Other (Specify)	SP & MEC Only		88 - Privacy / Confidentiality Concerns	
66 – Interview Appointment (not MEC)	72 – Moved		89 - Questions / Suspicions about survey / Legitimacy	
69 – Callback	73 - Deceased		90 - Shuts door on FI / Refuses to talk to FI	
71 – Avoidance			91 - Survey is Voluntary / doesn't do surveys	
74 – Language Problem – Spanish			92 - Think SP is too young to participate	
96 – Voicemail Full			93 - Too Busy / No Time	
99 – Callback – COVID-19			94 – Coronavirus / COVID-19 Concerns	
102 – Wrong Number				
105 – Left Message/materials				
106 – Broken Appointment				
107 – Unsafe Situation				

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, CAI will present a screen where you must choose “partially worked.”
3. Complete, or final, disposition codes, such as a completed interview, are automatically set by CAI and do not need to be documented in the EROC.
4. Final nonresponse codes: Modules that the interviewer is unable to complete will be assigned a final nonresponse result code by the SM 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.

6.3.1 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/ CAI
3	Partially Worked	The module was started, but the respondent or interviewer broke off prior to completion. Display mode in parentheses next to the status code. Set a flag if no telephone number was provided.	Interim/ CAI
	(In-person)	A Screener was partially completed by an interviewer in-person. Mode is determined by the Interview Mode variable, set at the end of the Screener module.	Interim/ CAI
	(Phone-FI) (Phone-SS)	<ul style="list-style-type: none"> • A Screener was partially completed by an interviewer over the telephone, or • A multi-mode Screener was partially completed with a field support staff member over the telephone and then entered on the web. <p>Needs in-person or telephone follow-up to complete the Screener from the point where the multi-mode or in-person Screener left off.</p> <p>Mode is determined by the variables Interview Mode and Phone Mode.</p>	Interim/ CAI

Code	Label	Description	Type/ set by
	(Paper-HH) (Paper-SS) (Paper-Multi-mode)	<ul style="list-style-type: none"> A partially-completed paper Screener, returned when the stand is open, is entered on the interviewer or IM Screeners tablet, or Field Support staff collected partial Screener information over the telephone, after the stand opened, and entered the information on a paper Screener for entry on the interviewer or IM Screeners tablet, or A multimode Screener was partially completed on paper and was entered on the web by a support staff member. <p>Needs in-person or telephone follow-up to complete the Screener from the point where the multi-mode or in-person Screener left off.</p> <p>Mode is determined by the variables Interview Mode and Paper Mode.</p>	Interim/ CAI
	(Web)	<p>A multi-mode Screener was partially completed on the web by a household member.</p> <p>Needs in-person or telephone follow-up to complete the Screener from the point where the multi-mode Screener left off.</p> <p>Mode is determined by the variable Interview Mode, set at the end of the Screener module.</p>	Interim/ CAI
10	Complete, No SPs	A Screener has been completed, but no SPs have been selected for the study. Display mode in parentheses next to the status code.	Final/CAI
11	Complete, With SPs	A Screener has been completed and the household has one or more SPs. Display mode in parentheses next to the status code. Set a flag if no telephone number was provided.	Final/CAI
	(In-person)	<p>A Screener was completed by an interviewer in-person.</p> <p>Mode is determined by the variable Interview Mode, set at the end of the Screener module.</p>	Final/CAI
	(Phone-FI) (Phone-SS)	<ul style="list-style-type: none"> A Screener was completed with an interviewer over the telephone, or A multi-mode Screener was completed with a support staff member over the telephone and then entered on the web. <p>Mode is determined by the variables Interview Mode and Phone Mode.</p>	Final/ CAI

Code	Label	Description	Type/ set by
	(Paper-HH) (Paper-SS) (Paper-Multi-mode)	<ul style="list-style-type: none"> A completed paper Screener, returned when the stand is open, is entered on the interviewer or IM Screeners tablet, or Support staff collected Screener information over the telephone, after the stand opened, and entered the information on a paper Screener for entry on the interviewer or IM Screeners tablet, or A multi-mode Screener was completed on paper and was entered on the web by a support staff member. <p>Mode is determined by the variables Interview Mode and Paper Mode.</p>	Final/ CAI
	(Web)	<p>A multi-mode Screener was completed on the web by a household member.</p> <p>Mode is determined by the variable Interview Mode, set at the end of the Screener module.</p>	Final/ CAI
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
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

Code	Label	Description	Type/ set by
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
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
96	Voicemail Full	You were unable to reach an SP and encountered a full voicemail box. Only available when mode is Phone.	EROC/ Interviewer
99	Callback - COVID-19	A Screener cannot be started or completed because a household member is in quarantine due to a positive COVID-19 test or close association with someone who tested positive for COVID-19. This is not a refusal. When assigning this code, the interviewer should collect a telephone number (if one was not previously collected) and/or distribute a paper screener. Also, this status code should alert the interviewer to attempt the SP and Family interviews by telephone and to not schedule a MEC appointment for any SPs in the household until the specified quarantine period is over. Record a date and time for the callback to complete the Screener by telephone or in-person. CONSULT YOUR STUDY MANAGER.	EROC/ Interviewer
100	Multi-mode Technical Issue	Potential multi-mode Screener respondent contacts support staff to report that s/he is unable to complete the multi-mode Screener, e.g., no computer or smart phone, difficulty accessing the website or entering the passcode. Support staff should attempt to complete the multi-mode Screener over the telephone	EROC/ Support

Code	Label	Description	Type/ set by
101	Study Question	Potential respondent, respondent, SP, or other household or family member calls the support staff respondent line with questions about the study.	EROC/ Support
102	Wrong Number	You were unable to reach an SP and learned that the SP provided you with the wrong number. Only available when the mode is Phone.	EROC/ Interviewer
105	Left Message/ Materials	Use this code if the household requests that you drop off study materials or if you were able to leave a voicemail for an SP on his or her phone. Available for either mode (In Person or Phone).	EROC/ Interviewer
106	Broken Appointment	Use this code to record all broken appointments. A status of Interview Appointment, Callback, or Callback-COVID must have been entered previously for the module for this status code to appear as an option. A comment is required when this code is selected. Available for either mode (In Person or Phone).	EROC/ Interviewer
107	Unsafe Situation	Use this to record any contact attempts that resulted in an unsafe situation, like witnessing gang or drug activity, etc. A comment is required when this code is selected. Only available when mode is In Person.	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 an 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

Code	Label	Description	Type/ set by
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

6.3.1.1 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 SM 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 the SM at your next interviewer conference. Your SM will decide what further activity is necessary.

6.3.1.2 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 review Chapter 2, Section 2.6.1, “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

SM at your next scheduled conference. Note that s/he may ask you to verify with a neighbor or building manager that the address is not a dwelling unit as defined by this study.

6.3.1.3 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 SM during your next scheduled conference.

6.3.2 Relationship Result Codes

If at least one eligible person is identified in the household by the Screener, conduct the Relationship module to determine the relationships of household members to each other. As mentioned in Chapter 3, 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, complete an EROC to assign a result code to this Relationship questionnaire. CAI records a disposition code automatically when the Relationship questions have been answered, either partially or fully completed. The relationship result code list is provided below.

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/CAI
3	Partially Worked	The interviewer started the module, but broke off prior to completion. Display mode in parentheses next to the status code.	Interim/CAI

Code	Label	Description	Type/set by
	(In-person)	A Relationship questionnaire was partially completed by an interviewer in-person. Mode is determined by the variable Interview Mode, set at the end of the Relationship module.	Interim/ CAI
	(Phone-FI) (Phone-SS)	<ul style="list-style-type: none"> A Relationship questionnaire was partially completed by an interviewer over the telephone, or A multi-mode Screener was partially completed with a support staff member over the telephone and then entered on the web. Needs in-person or telephone follow-up to complete the Screener from the point where the multi-mode or in-person Screener left off. Mode is determined by the variables Interview Mode and Phone Mode.	Interim/ CAI
	(Paper-HH) (Paper-SS) (Paper-Multi-mode)	<ul style="list-style-type: none"> A partially-completed paper Screener, returned when the stand is open, is entered on the interviewer or IM Screeners tablet, or Support staff collected partial Relationship information over the telephone, after the stand opened, and entered the information on a paper Screener for entry on the interviewer or IM Screeners tablet, or A multimode Screener was partially completed on paper and was entered on the web by a support staff member. Needs in-person or telephone follow-up to complete the Screener from the point where the multimode or in-person Screener left off. Mode is determined by the variables Interview Mode and Paper Mode.	Interim/ CAI
	(Web)	A multi-mode Relationship questionnaire was partially completed on the web by a household member. Needs in-person or telephone follow-up to complete the Relationship from the point where the multi-mode Relationship left off. Mode is determined by the variable Interview Mode, set at the end of the Relationship module.	Interim/ CAI
10	Complete	The Relationship questionnaire has been completed. Display mode in parentheses next to the status code.	Final/CAI
	(In-person)	A Relationship questionnaire was completed by an interviewer in-person. Mode is determined by the variable Interview Mode, set at the end of the Relationship module.	Final/CAI

Code	Label	Description	Type/set by
	(Phone-FI) (Phone-SS)	<ul style="list-style-type: none"> A Relationship questionnaire was completed with an interviewer over the telephone, or A multi-mode Screener was completed with a support staff member over the telephone and then entered on the web. <p>Mode is determined by the variables Interview Mode and Phone Mode.</p>	Final/ CAI
	(Paper-HH) (Paper-SS) (Paper-Multi-mode)	<ul style="list-style-type: none"> A completed paper Screener, returned when the stand is open, is entered on the interviewer or IM Screeners tablet, or Support staff collected Screener information over the telephone, after the stand opened, and entered the information on a paper Screener for entry on the interviewer or IM Screeners tablet, or A multi-mode Screener was completed on paper and was entered on the web by a support staff member. <p>Mode is determined by the variables Interview Mode and Paper Mode.</p>	Final/ CAI
	(Web)	<p>A Relationship questionnaire was completed on the web by a household member.</p> <p>Mode is determined by the variable Interview Mode, set at the end of the Relationship module.</p>	Final/ CAI
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
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).	EROC/ Interviewer

Code	Label	Description	Type/set by
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. 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
96	Voicemail Full	You were unable to reach an SP and encountered a full voicemail box. Only available when mode is Phone.	EROC/ Interviewer

Code	Label	Description	Type/set by
99	Callback - COVID-19	<p>The Relationship questionnaire cannot be started or completed because a household member is in quarantine due to a positive COVID-19 test or close association with someone who tested positive for COVID-19.</p> <p>This is not a refusal. When assigning this code, the interviewer should collect a telephone number (if one was not previously collected). Also, this status code should alert the interviewer to attempt the SP and Family interviews by telephone and to not schedule a MEC appointment for any SPs in the household until the specified quarantine period is over.</p> <p>Record a date and time for the callback to complete the Relationship questionnaire by telephone or in-person.</p>	EROC/ Interviewer
102	Wrong Number	You were unable to reach an SP and learned that the SP provided you with the wrong number. Only available when the mode is Phone.	EROC/ Interviewer
105	Left Message/ Materials	Use this code if the household requests that you drop off study materials or if you were able to leave a voicemail for an SP on his or her phone. Available for either mode (In Person or Phone).	EROC/ Interviewer
106	Broken Appointment	Use this code to record all broken appointments. A status of Interview Appointment, Callback, or Callback-COVID must have been entered previously for the module for this status code to appear as an option. A comment is required when this code is selected. Available for either mode (In Person or Phone).	EROC/ Interviewer
107	Unsafe Situation	Use this to record any contact attempts that resulted in an unsafe situation, like witnessing gang or drug activity, etc. A comment is required when this code is selected. Only available when mode is In Person.	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 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

Code	Label	Description	Type/set by
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

6.3.3 Sample Person (SP) Result 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/CAI
3	Partially Worked	The interviewer started the module, but broke off prior to completion. Include mode of 'phone' or 'in-person' as determined by the variables Interview Mode and Phone Mode.	Interim/CAI
14	Complete	The SP questionnaire has been completed with the SP or a proxy respondent. Include mode of 'phone' or 'in-person' as determined by the variables Interview Mode and Phone Mode.	Final/CAI
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

Code	Label	Description	Type/set by
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
66	Interview Appointment	You made an appointment to conduct the SP questionnaire.	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
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
96	Voicemail Full	You were unable to reach an SP and encountered a full voicemail box. Only available when mode is Phone.	EROC/ Interviewer
99	Callback - COVID-19	The SP questionnaire cannot be started or completed because the SP, or someone in the SP's household, is in quarantine due to a positive COVID-19 test or close association with someone who tested positive for COVID-19. This is not a refusal. When assigning this code, the interviewer should collect a telephone number to attempt the SP interview by telephone (if one was not previously collected). Also, this status code should alert the interviewer to not schedule a MEC appointment for any SPs in the household until the specified quarantine period is over. Record a date and time for the callback to complete the SP interview by telephone or in-person.	EROC/ Interviewer

Code	Label	Description	Type/set by
102	Wrong Number	You were unable to reach an SP and learned that the SP provided you with the wrong number. Only available when the mode is Phone.	EROC/ Interviewer
105	Left Message/ Materials	Use this code if the household requests that you drop off study materials or if you were able to leave a voicemail for an SP on his or her phone. Available for either mode (In Person or Phone).	EROC/ Interviewer
106	Broken Appointment	Use this code to record all broken appointments. A status of Interview Appointment, Callback, or Callback-COVID must have been entered previously for the module for this status code to appear as an option. A comment is required when this code is selected. Available for either mode (In Person or Phone).	EROC/ Interviewer
107	Unsafe Situation	Use this to record any contact attempts that resulted in an unsafe situation, like witnessing gang or drug activity, etc. A comment is required when this code is selected. Only available when mode is In Person.	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

6.3.4 Family Result Codes

Note: You may be required to administer more than one Family Questionnaire (Chapter 5) 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/ CAI
3	Partially Worked	The interviewer started the module, but broke off prior to completion. Include mode of 'phone' or 'in-person' as determined by the variables Interview Mode and Phone Mode.	Interim/ CAI
14	Complete	A Family questionnaire has been completed with an adult family member. Include mode of 'phone' or 'in-person' as determined by the variables Interview Mode and Phone Mode.	Final/CAI
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

Code	Label	Description	Type/set by
66	Interview Appointment	You made an appointment to conduct the Family questionnaire.	EROC/ Interviewer
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 have moved.	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
96	Voicemail Full	You were unable to reach an SP and encountered a full voicemail box. Only available when mode is Phone.	EROC/ Interviewer
99	Callback - COVID-19	The Family questionnaire cannot be started or completed because someone in the household, is in quarantine due to a positive COVID-19 test or close association with someone who tested positive for COVID-19. This is not a refusal. When assigning this code, the interviewer should collect a telephone number to attempt the Family interview by telephone (if one was not previously collected). Also, this status code should alert the interviewer to not schedule a MEC appointment for any SPs in the household until the specified quarantine period is over. Record a date and time for the callback to complete the Family interview by telephone or in-person.	EROC/ Interviewer
102	Wrong Number	You were unable to reach an SP and learned that the SP provided you with the wrong number. Only available when the mode is Phone.	EROC/ Interviewer
105	Left Message/ Materials	Use this code if the household requests that you drop off study materials or if you were able to leave a voicemail for an SP on his or her phone. Available for either mode (In Person or Phone).	EROC/ Interviewer
106	Broken Appointment	Use this code to record all broken appointments. A status of Interview Appointment, Callback, or Callback-COVID must have been entered previously for the module for this status code to appear as an option. A comment is required when this code is selected. Available for either mode (In Person or Phone).	EROC/ Interviewer

Code	Label	Description	Type/set by
107	Unsafe Situation	Use this to record any contact attempts that resulted in an unsafe situation, like witnessing gang or drug activity, etc. A comment is required when this code is selected. Only available when mode is In Person.	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
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

6.3.5 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 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 7 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/CAI
3	Partially Worked	The interviewer started the module, but broke off prior to completion. Include mode of 'telephone' or 'in-person' as determined by the variables Interview Mode and Phone Mode.	Interim/CAI
15	Scheduled (Final)	MEC appointment has been confirmed for an SP. Include mode of 'telephone' or 'in-person' as determined by the variables Interview Mode and Phone Mode.	Final/CAI
52	Refusal (Final)	The SP refuses to make a MEC appointment and the refusal questions have been answered.	Final/CAI
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.	EROC/Interviewer
23	Not at Home	The eligible SP/parent is not at home to set up a MEC appointment.	EROC/Interviewer
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
66	Interview Appointment	You made an appointment to come/call back and complete the MEC appointment scheduling 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

Code	Label	Description	Type/set by
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
96	Voicemail Full	You were unable to reach an SP and encountered a full voicemail box. Only available when mode is Phone.	EROC/ Interviewer
99	Callback - COVID-19	<p>The MEC exam appointment cannot be made because the SP, or someone in the SP's household, is in quarantine due to a positive COVID-19 test or close association with someone who tested positive for COVID-19.</p> <p>This is not a refusal. When assigning this code, the interviewer should collect a telephone number to attempt to schedule the MEC appointment by telephone (if one was not previously collected). Also, this status code should alert the interviewer to not schedule a MEC appointment for any SPs in the household until the specified quarantine period is over.</p> <p>Record a date and time for the callback to schedule the MEC exam appointment by telephone or in-person.</p>	EROC/ Interviewer
102	Wrong Number	You were unable to reach an SP and learned that the SP provided you with the wrong number. Only available when the mode is Phone.	EROC/ Interviewer
105	Left Message/ Materials	Use this code if the household requests that you drop off study materials or if you were able to leave a voicemail for an SP on his or her phone. Available for either mode (In Person or Phone).	EROC/ Interviewer
106	Broken Appointment	Use this code to record all broken appointments. A status of Interview Appointment, Callback, or Callback-COVID must have been entered previously for the module for this status code to appear as an option. A comment is required when this code is selected. Available for either mode (In Person or Phone).	EROC/ Interviewer
107	Unsafe Situation	Use this to record any contact attempts that resulted in an unsafe situation, like witnessing gang or drug activity, etc. A comment is required when this code is selected. Only available when mode is In Person.	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

6.4 Nonresponse and Refusal Information

6.4.1 Problems Completing the Interview (Screener, Relationship, SP, or Family)

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.

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.

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 SM. Your SM 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 National Center for Health Statistics (NCHS) letterhead; an overview of the survey, outreach brochures, 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 SM if you have any questions on how to proceed.

Gated communities 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. Or walkways where you can park outside and walk through the community. 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 SM during your next scheduled conference.

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 SM may obtain approval from NCHS for you to leave a "gate hanger" that provides information to the resident and a study telephone number for them to call. Obtaining secondary source 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.

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 SM 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 4.1 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 SM 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. 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 EROC entry and discuss the case with your SM 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 SM. In the Field Interviewer Job Aid Booklet, the interpreter protocol and instructions are included for your reference.

Callback - COVID-19

The MEC exam appointment cannot be made because the SP, or someone in the SP's household, is in quarantine due to a positive COVID-19 test or close association with someone who tested positive for COVID-19. This disposition should **not be used for refusals** but for cases that we will check back on at a later date. Whenever possible please enter a callback date. In the IMS, these cases will receive a badge on the case detail screen.

6.4.2 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.

Choose up to three refusal reasons from the list, starting with the most relevant and specific refusal reason.

6.4.2.1 Refusal Reason Codes

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 6-1).

- 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;
- 94 – Coronavirus/COVID-19 Concerns; and
- 95 – Weapon present.

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.” Regardless of how 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 SM 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.

6.4.3 Special Refusal Situations

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

- If one SP **refuses to complete any household interviews**, you should proceed to interview other willing SPs.
- 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**, asking to reschedule, or makes appointments and doesn't keep them. When a respondent does not keep an appointment, you should follow up, using a strategy that makes sense for the situation. You may need to consult your SM for tips and advice on a best approach. Keep in mind that the respondent might have forgotten the appointment or there may

have been some unexpected circumstance or simply a misunderstanding regarding the appointment time. 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. The elderly are also concerned of being taken advantage of by scams. 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.

6.4.4 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.

If you have any difficulties completing an SP or Family questionnaire, making a MEC examination appointment, obtaining verbal consent, or rescheduling a broken interview or MEC appointment, record the results in the EROC, and complete all of the refusal information fields.

It is important for you to be aware that your SM will decide whether to re-field the case based on the refusal information you provide. If a case is re-fielded, 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, as completely and accurately as possible to give your SM and any future interviewer a full description of the problem and any suggestions you have about how to deal with it.

All refusal information must be recorded electronically! The information you provide is critical to converting the household or SP, and the ultimate success of the stand.

Whenever necessary, make any additional notes you feel are pertinent.

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—appearance, 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 but concise, 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 observations if you feel it will help the next interviewer.

Please refer to your IMS User Guide for examples of accurately completed EROCs and refusal information.

6.5 Accessing Your Case Assignment and Case Information on the Tablet

When Screener cases are assigned to you, they are loaded into the IMS on your tablet. For each assigned Screener, you will need to view case information on the Household Details screen in the IMS and, depending on whether there are SPs in the household, view information and complete several other interviews (modules) on the SP Details screen in the IMS. 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.

- Notes for DU-level information, including critical household information as recorded in the HH (Household) Notes application in mFOS;
- A DU Observations report for each DU, displaying entries from the DU Observations module completed in mFOS;
- The EROC, where you can record contact attempts and where you can view contact attempts; 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, CAI loads the case information and creates the necessary modules in the IMS for you to work on, 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 schedule the MEC appointment (see Chapter 7);
- A DU Observations report for each DU, displaying entries from the DU Observations module completed in mFOS;
- Notes for critical household information as recorded in the HH Notes application in mFOS; and
- The Participant Summary, to view information for all household members, including SPs and non-SPs.

The 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.

6.5.1 View Interview Modules and Interviewer Case List

The IMS allows you to view the cases assigned to you and all of the modules for each case. To view your list of cases on the Household Progress screen, double tap on the IMS icon. For each case, you can see the household address, the DU Observation module status, priority, and the completion rate of SP, Family, and MEC Appointment Modules, displayed as count completed over total count within the household. A colored badge displays the case type (new in green, refusal in red, or appointment in blue). You can filter the list by Segment-Serial or by case type, that is, a newly-assigned case, a refusal case, or a case with an interview appointment. Click the Details button to go to the Household Details screen, CAI will automatically show all of your pending cases.

6.5.2 View Case Information on the Household Details Screen

You have access to DU Observation data, DU-level notes, participant summary, incentive summary, and contact records for each case in your assignment. The following sections discuss how to access and view (and in some cases record and edit) information about your cases.

6.5.2.1 DU Observations (View)

As discussed in Chapter 2, interviewers complete the DU Observation Module in mFOS. Once the module is completed, you can view these entries on the tablet in IMS. You cannot edit these entries on the tablet. To view the DU Observation data for a case, click the DU OB button on the Household or SP Details screen.

6.5.2.2 Notes

As discussed in Section 6.2.1, 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 in IMS. You can edit the notes in mFOS, but you cannot edit the notes on the tablet. The Notes display in the left pane on the Household Details screen. Click the View More button to open the note in a modal window if the notes are too long to display directly on the screen.

6.5.2.3 Participant Summary

Once the Screener has been completed, if you have any of the other modules (SP, Family, or MEC Appointment) from this household assigned to you, click the Participant Summary button to see the household members, as recorded in the Screener, including name, age, gender, race, and ethnicity. 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.

Please view these screens in Appendix B, the IMS User Guide.

6.5.2.4 Viewing EROCs on the Tablet

You can view and add EROC entries on the Household and SP Details screens. Be sure to review EROC entries before attempting to contact a household or SP. The EROC is discussed in detail in Appendix B IMS User Guide.

7. The MEC Examination Appointment

After you have completed the household interviews, your next important NHANES task is to schedule 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 as a health study.

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;
- Information on reporting medical findings to SPs;
- A review of additional resources available when answering SP questions;
- Tactics for motivating the SP to participate in the examination; and
- An overview of field reminders and rescheduling broken MEC appointments

7.1 Overview of MEC Operations

7.1.1 The MEC Unit

The NHANES examination is conducted in a specially equipped and designed MEC consisting of four trailers (Exhibit 7-1, page 1). The trailers are transported 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 a third 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 ensure 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, a wheelchair lift, and a wheelchair-accessible bathroom available to participants with mobility problems. Exhibit 7-1, page 2, shows the locations of the various exam components within the MEC.

7.1.2 MEC Staff

There are two examination teams. Each team is composed of 11 highly trained health professionals. The team members include the following personnel:

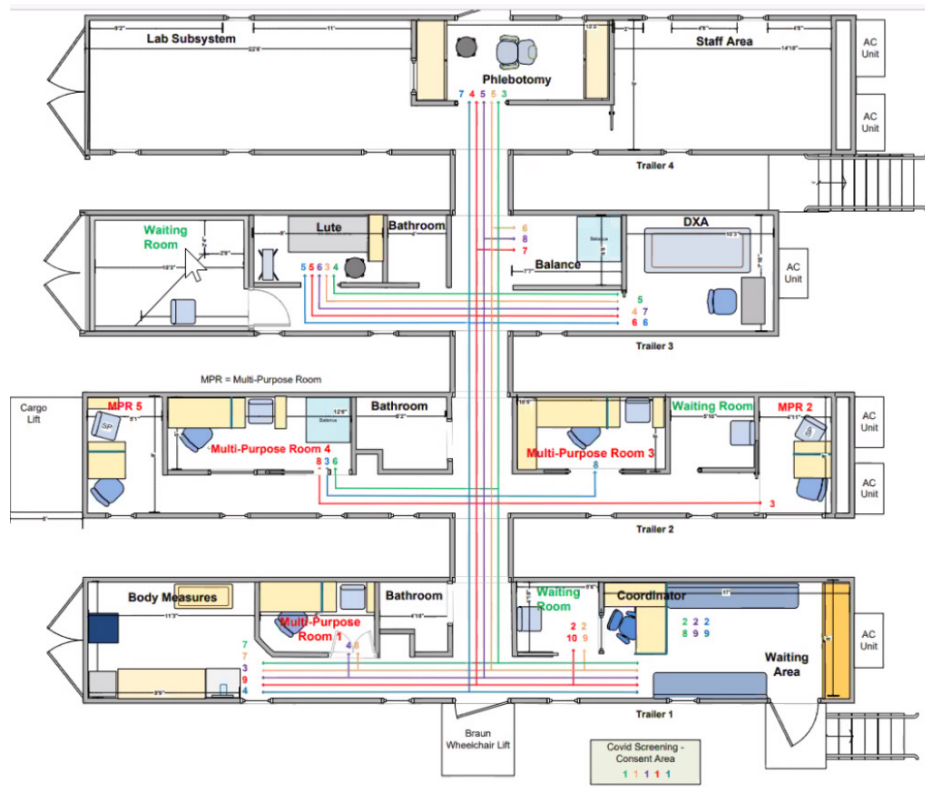
- 1 MEC Manager;
- 1 MEC Coordinator;
- 4 Health Technologists, at least 2 of whom are registered with the American Registry of Radiologic Technologists (ARRT);
- 1 Clinician;
- 1 Phlebotomist certified by one of the professional certification organizations such as ASCP, AMT, NPA, or ASPT; and
- 3 Medical Technologists certified by the American Society of Clinical Pathologists (ASCP).

All staff (except Medical Technologists) will be cross-trained for greeting participants at the MEC, COVID-19 screening, consent, child urine collection, etc. Health Technologist/Radiology Technologist, and Clinicians are cross-trained on all exam components except DXA. DXA is limited to Radiology Technologists. The MEC team includes some bilingual staff (Spanish/English). In stands with a high proportion of Spanish-speaking SPs, an interpreter can be provided as well.

Exhibit 7-1, page 1. Mobile Examination Center (MEC) exterior view



Exhibit 7-1, page 2. Mobile Examination Center (MEC) interior layout



Trailer	Room	Room use
Trailer 1	Reception Body Measurement BP Waiting Room Multi-Purpose Room 1	Welcome and waiting area for SPs Body measurements Blood pressure
Trailer 2	Multi-Purpose 2 Multi-Purpose 3 Multi-Purpose 4 Multi-Purpose 5 Waiting Room	
Trailer 3	Body Composition (DXA) Liver Ultrasound Waiting Room Balance	Body composition scans Liver ultrasound transient elastography 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

7.1.3 MEC Exam

The MEC exam consists of a variety of physical examinations, biochemical measurements, and an interview that covers a range of health-related topics. There are two dietary interviews completed by phone after the MEC visit. 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 2.5 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 2.5 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 depends on his or her age, general health, and gender. In addition, SPs can be selected to participate in examinations or tests that are given only to a random subsample of SPs. Exhibit 7-2 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.

Exhibit 7-2. MEC exam components by age

Examination	Age group
Balance	20-69
Blood Pressure	8+
Body Composition (DXA)	8-59
Body Measurements	All ages
Clinician	14-59*
Laboratory	1+
Blood Draw	1+
Urine Sample	3+
Liver Ultrasound	12+
MEC Audio Computer-Assisted Self Interview (ACASI) (Health) Interview	12+
Post MEC Dietary Interviews	All ages**

*Clinician also provides medical referrals or consultations on abnormal test results to SPs younger than 14 years or 60 years and older as needed.

**Dietary Interview is a MEC component conducted by phone after the exam.

- **Balance** – This test assesses SPs aged 20-69 years and includes a Modified Romberg Test of standing balance. 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 or her head from side to side.
- **Blood Pressure** – All participants aged 8 years and older have blood pressure measured by a technologist with an automatic blood pressure monitor.
- **Body Composition (DXA)** – This component uses dual energy x-ray absorptiometry (DXA) to evaluate body composition for SPs aged 8-59 years. A whole body scan is used to assess body composition 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). Excess body fat or body composition with a high fat-to-lean ratio can increase the risk of cardiovascular disease, type 2 diabetes, metabolic syndrome, and certain cancers.
- **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 obesity status 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.
- **Clinician** – The clinician provides pre-test counseling for STD/HIV testing to SPs 14-59 years old. SPs of all ages may also see the clinician if they require a referral or there are concerns in their preliminary medical findings such as high blood pressure, abnormal laboratory values, or other special circumstances. The clinician is also in charge of any medical emergency that occurs on the MEC.
- **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.

- **Laboratory 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 contaminants 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.
 - Diabetes mellitus is assessed by measuring levels 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. Alarmingly, type 2 diabetes (formerly considered an adult disease) is now diagnosed in children and adolescents. In addition, there has been a large increase in diagnosed diabetes among adults less than 40 years of age.
 - Blood tests can detect the presence of sexually transmitted diseases 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 in foods, for example.
 - The blood testing provides information about the levels of cholesterol and other blood lipids, another important key measure of the nation’s health, primarily for heart disease.
 - The blood testing provides information about levels of hormones, such as testosterone, estrogens, and thyroid stimulating hormone or TSH.
 - Coronavirus Disease 2019 (COVID-19) serology detects antibodies against COVID-19 due to past infection or vaccination.
- **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 sexually transmitted diseases such as chlamydia.
 - Assess participants’ exposure to various chemicals.
 - Identify participants with chronic kidney disease.

- **MEC (Health) Interview** – Participants aged 12-69 years will have a private health interview in the MEC. Generally, the interview questions 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 sexual activity, health behaviors (i.e., physical activity, tobacco, drug, and alcohol use), current health status, and bladder health. Participants will answer the questions after the examiner 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.
- **Dietary Recall Interview** – Two dietary interviews will be administered to all SPs by a trained nutritionist over the phone after the MEC exam. Questions on dietary supplement use in the past 30 days will also be asked as part of the first dietary interview.

Dietary information has been collected in NHANES since the 1970s. Researchers and policymakers rely on NHANES data for detailed information about the foods and beverages that are consumed by the U.S. population. In addition to providing important national reference data on food and nutrient intakes that are obtained on all survey participants, the data help us to learn about food patterns of ethnic subgroups, the quality and adequacy of diets consumed by young children and older persons, and the contribution of food and/or dietary supplements to total nutrient intakes. Many federal agencies use NHANES data to evaluate federal regulations in the areas of food fortification, welfare reform, and food assistance programs. NHANES dietary data are also used in risk assessment analyses measuring human exposure to contaminants found in food.

An appointment for the first dietary interview will be set up when the SP checks out of the MEC after the examination. The second interview will then be scheduled at the end of the Day 1 interview 3-10 days later. At the conclusion of the follow-up interview, the SP may also be asked if he or she is willing to answer additional questions from a module about food and grocery shopping.

It is important for you to become very familiar with the MEC examination. The MEC Consent/ Assent Brochure, discussed in Section 7.2, lists each of the exam components. In most situations, it is sufficient to use this information in conjunction with the Health Measurements List to discuss the possible exam components with the respondent. If detailed information is requested regarding the blood tests, you can provide the Lab Blood Flyer (discussed in Section 7.2). Respondents who want even more detailed information can discuss the examination with the SM or the MEC Manager directly from the respondent's home. If necessary, your Study Manager 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.

7.1.4 MEC Exam Schedule

The MECs are open 5 days each week, including appointments in the evening and on Saturdays and Sundays. There are multiple 2.5-hour examination sessions a day starting at 8:30 a.m. or 12:00 p.m. for the convenience of participants. Each exam session is **limited to six SPs**, to follow current public health guidelines.

The weekly schedule for MEC exams is set. During the stand exam period, MEC sessions may be scheduled on Thursday, Friday, Saturday, Sunday, or Monday. The MEC will be closed for exams on Tuesday and Wednesday. When you receive your first assignment at a stand, your Study Manager 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). Fifty percent of the Dwelling Units (DUs) will be assigned to a morning session. It is **critical to our study** that when DUs are assigned to a morning session, we schedule SPs aged 12 years and older within that DU for morning (8:30 or 11 a.m.) appointment slots. One critical data point is identifying undiagnosed diabetes with a blood draw after an 8-hour fast, which is administered only in morning sessions.

When the SP is scheduled for the MEC, Survey Support will place a reminder call within 48 hours of the scheduled appointment and administer a COVID screening questionnaire. When the SP arrives at the MEC, he or she is greeted by one of the MEC Staff, who will also administer a COVID screening and conduct a temperature check under a tent adjacent to the entrance to the MEC. Alternatively, the SP may be screened while parked in one of the five designated MEC parking spots, allowing the SP to remain seated in his or her vehicle. After the SP is cleared by the screening protocol, the MEC staff will invite the SP to enter the MEC. Inside, MEC staff will explain the exam procedures to the SP, answer any questions he or she may have, and help him or her consent to the exam. Once the SP provides the written consent, he or she will be asked to change from street clothes into a cotton/polyester blend top and bottom, with traction socks provided by the MEC. He or she 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. Upon completion of the exams, the SP will change back into his or her street clothes, sign a form indicating he or she has completed the exams, and receive his or her MEC participation incentive. The SP will also be invited to participate in the first of two dietary interviews by telephone. This interview will be

scheduled prior to him or her leaving the MEC, and all materials the SP will need to complete the dietary interviews will be provided at this time.

7.2 Specific Procedures – Appointing SPs to the MEC

This section discusses in detail the step-by-step process you should follow in general when appointing an SP to the MEC. The appointing process is a collaboration between you, the SP, and the NHANES Survey Support staff. The eight steps are as follows:

1. Inform the SP that he or she has been randomly selected to participate in a health examination. Introduce the MEC Exam using the Welcome to the MEC Brochure. Emphasize the importance of the exam to the study and data collection. Highlight each section of the Brochure to inform the SP about the exam. If you have not done so already, review possible incentives using the Household Incentive Summary in IMS.
2. Review the appropriate MEC Consent/Assent Brochures, MEC Consent/Assent Form, Continuing Studies Consent Form, and Health Measurements List.
3. Using the MEC Calendar in mFOS on your iPhone, review the schedule with the SP and arrange a general appointment date and time for him/her to go to the MEC.
4. Launch the MEC Appointment Module for the SP in the IMS on your tablet. Complete screens up until RIQ.750, which prompts you to call Survey Support to schedule the appointment.
5. Call Survey Support to schedule the SP to the MEC.
6. Complete RIQ.750 in the MEC Appointment module. Select YES if you were able to schedule an appointment with Survey Support. Select NO if you were not able to do so at this time.
7. Use the MEC Appointment Slip as a guide to review with the SP the details of the MEC appointment, particularly the fasting instructions.
8. Provide a closing statement to the SP. Respond to any final questions and thank the SP for his or her participation.

7.2.1 Step 1 – Inform the SP That He or She Has Been Randomly Selected to Participate in a Health Examination. If You Have Not Done So Already, Review Possible Incentives Using the Household Incentive Summary in IMS

No formal statement is provided for you to **introduce the health exam**. However, it is important that your introduction include the following points:

- **Thank the respondent** for his or her cooperation in the household interviews.
- **Introduce the respondent** to the health exam using the Welcome to the MEC Brochure. The Brochure will let them know that their time is valued and the easiest way to get them to their MEC appointment. It will give them important information regarding what happens during the exam and what the exam is about. It is a good tool to give them a quick overview of the exam before diving more in depth to scheduling and incentives amounts.
- **Inform the respondent** that the CDC cannot learn all it needs 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 pre-selected 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.

Next, provide an overview of **incentives** that are available to the SP. Available incentives include:

- A **monetary token of appreciation** that is paid at the MEC on a debit card upon completion of the examination. As noted in the MEC Consent/Assent Brochure, this incentive is paid in appreciation of the SP's time and effort for participating in the survey. This incentive varies by age.
- **The SP will receive a transportation incentive** or a pre-paid Lyft/Taxi service for their trip to and from the MEC. As the field interviewer, you should discuss with the SP how he or she plans to get to the MEC. Take time to 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 may offer to provide transportation yourself or simply say that you will pick up the SP(s) at a given time. Discuss with your Study Manager for approval. This should be offered only when there is no alternative transportation.
- 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. The structure of the payment is \$5.25 an hour, with a 2-hour

minimum and a 4-hour maximum. Work with the selected family to try and meet their needs.

- A **non-SP Parent incentive** is provided each time a non-SP parent or guardian takes a child SP to the MEC.
- There are also **three phone follow-up survey incentives**. The Day 1 Dietary Recall (\$25) and Day 2 Dietary Recall (\$25) interviews are conducted for all English- and Spanish-speaking examinees after their completed MEC exams. They are each 30-40 minutes long. Immediately after the completion of the Day 2 dietary interview by phone, all SPs 16 and older are also asked if they wish to participate in **an additional 15-minute interview called the Flexible Consumer Behavior Survey (FCBS), which contains questions about their food shopping habits (\$15)**. The incentive for completion of these three interviews are added onto the VISA[®] debit card the SP received at the MEC.

Use the Household Incentives Screen (see Appendix B) on your tablet to provide an estimate of the incentives the SP can expect to receive. A range is provided for each SP and for the total for the household. The MEC Examination Compensation table (Exhibit 7-3) is also available for reference behind the MEC tab in your NHANES Job Aid Booklet.

Incentives to participate in the MEC vary by age.

When discussing incentives with the SP:

- Be familiar with the incentives and when they are provided.
- Use the Household Incentives Screen or the MEC Compensation hand card found behind the MEC tab in the NHANES Job Aid Booklet as a reference when discussing the incentives the SP may receive.
- Avoid showing the Household Incentives screen to the SP.
- Do not promise any incentive amount and be sure to explain that this is an estimate of what they can expect to receive.
- Never write down incentive amounts for the SP.

Exhibit 7-3. MEC Examination Compensation table

MEC EXAMINATION COMPENSATION	
SPs 16+ y/o MEC Examined	\$125
SPs 12-15 y/o MEC Examined	\$60
SPs 0-11 y/o MEC Examined	\$40
Health and Nutrition Phone Interview	\$25
Dietary Recall Phone Interview	
Day 1	\$25
Day 2	\$25
Consumer Behavior Study	\$15
Transportation Allowance by Segment (Amount confirmed by Survey Support only if not already providing Lyft/Taxi.)	\$5
Additional Participation Compensation	
Non-SP Parental Assistance (per trip)	\$20
Child/ Adult Care Assistance	\$5.25 per hour

7.2.2 Step 2 –Review MEC Consent/Assent Brochures, MEC Consent/Assent Form, Continuing Studies Form, and Health Measurements List

Review copies of the appropriate brochures and consent forms with the SP and/or proxy included in the NHANES Household Interview Booklet. By reviewing the appropriate brochures and consent forms, you are making sure the SP has a general understanding of what he or she can expect for the health exam. You are also helping provide the first step to informed consent. Once the SP arrives at the MEC, MEC staff will provide and review hard copies of the brochures and forms and gain written consent at that time.

SPs will not be examined at the MEC until informed consent is obtained!

There are two consent brochures:

- A **MEC Consent/Assent Brochure** for SPs aged 12 years and older and parents of SPs under the age of 18; and
- A **MEC Child Assent Brochure – 7 – 11** for SPs aged 7-11 years.

There are also three consent forms:

- A **MEC Consent/Assent Form**,
- A **Continuing Studies Consent Form**, and
- A **Health Measurements List**.

MEC Consent/Assent Brochure

The purpose of the **MEC Consent/Assent Brochure** (Appendix E) is to inform SPs aged 12 years and older and parents or guardians of SPs aged less than 18 years about the health exam and ensure that he or she **consents** to the examination. The brochure is four pages and explains what the SP can expect during the MEC health exam and when to expect results from the health exam. Page three of the brochure explains how NHANES keeps information private and page four provides contact information for the study should the participants have any concerns.

MEC Child Assent Brochure

The purpose of the **MEC Child Assent Brochure** (Appendix E) is to inform SPs aged 7-11 years about the health examination and to ensure that he or she agrees to be examined. While a child of this age cannot give legal consent, he or she can give assent, or “an affirmative agreement to participate in research.” The brochure for children is much shorter than the MEC 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.

SPs aged 7-11 years must provide assent, meaning they agree to be examined.

MEC Consent/Assent Form

The **MEC Consent/Assent Form** (Appendix E) must be signed by all SPs aged 7 years or older and parents or guardians of SPs less than 18 years old. You do not need to review the form in detail with the SP. However, let him or her know this is a form he or she will sign at the MEC.

Continuing Studies Consent Form

Similar to the MEC Consent/Assent Form, the **Continuing Studies Consent Form** (Appendix E) must be signed by all SPs aged 7 years or older and parents or guardians of SPs less than 18 years old. Again, let the SP know the form will be signed at the MEC.

Health Measurement List

As part of informed consent, you must also review with the SP the **Health Measurements List** (HML) (Appendix E). The HML provides the SP with an explanation of the health exam, including the specific exams eligible SPs receive. The Health Measurements List is a live consent document that frequently changes to incorporate field pilot studies and new examination components. Because it changes frequently, it is printed separately and included with the NHANES Household Interview Booklet.

In addition to the above required materials for gaining consent, each “Grab-and-Go” folder (see Chapter 2, Section 5) also contains a **Lab Blood Flyer** that explains in detail the types of blood tests SPs receive at the MEC. It can be shared with respondents who want as much detail about the exam as possible and for whom, in your judgment, it would help to convey the value of the exam.

7.2.3 Step 3 – Using the MEC Calendar in mFOS on Your iPhone, Review the MEC Schedule with the SP and Arrange a General Appointment Date and Time for him or her to go to the MEC

Use the MEC Calendar in mFOS on your iPhone (see Appendix H) to view the current MEC schedule for your assigned stand and to discuss possible appointment times with the SP. The calendar displays the current MEC schedule and includes details on the SPs already scheduled for each session. Always be sure to refresh the calendar by using Refresh button to retrieve the most current schedule information.

When reviewing appointment times with the SP, keep in mind the following:

- Suggest appointment times for the SP according to his or her randomly assigned fasting session. Assigned fasting for a household can be found in the MEC Appointment Summary in the IMS on your tablet (see Appendix B).
 - **SPs aged 12 years and older** who are in the morning sample should schedule a morning appointment, at 8:30 or 11:00 a.m. It is critical that an SP attend the session to which he or she 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). 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.
 - **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 child SPs. In this case, you should suggest that the parent or guardian come in one session and that the children are scheduled into another. Explain that his or her MEC experience will improve because he or she can accompany the children through the MEC without interrupting his or her own exam or risk losing exam components.
- 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 phone call or 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:
 - **One SP in the household.** This is the simplest household situation. You administer the SP and Family questionnaires to the respondent or to a proxy (as applicable), and set up the examination appointment at the conclusion of the SP interview. Finalize the MEC Appointment module once the appointment has been made with Survey Support.

- **Two or more SPs in the household—all SPs at home during your phone interview/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 he or she should choose a day(s) that is convenient for the other SPs in the family (and, if possible, in the household). You should encourage SPs to come together to the examination center. Experience indicates that SPs are more likely to keep their appointments if they come with other household members.

Then, upon completion of the questionnaires and 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.

- **Two or more SPs in the household—not all SPs at home during your phone call/visit.** When one or more SPs are not at the household at the time of your contact, complete the SP questionnaires for all SPs who are present and set up examination appointments for those interviewed. 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, he or she 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 he or she 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 ensure 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 Study Manager 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 call back/return to a household to both interview and schedule an appointment with one or more absent SPs, be sure to establish a time for re-contacting absent members of the household. Remember that re-contact with a household in order to interview an absent SP is mandatory only 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.

- Exams start approximately 3 weeks after household interviewing begins. Thus, SPs who are interviewed at the beginning of the stand may have to wait up to 3 weeks for their

exams. **Once the MEC opens, our goal is to schedule SPs for exams within 1 week following the SP interview.** This allows Survey Support time to process the case and follow up with an Appointment Reminder Letter and phone call/text 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 1 to 2 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.

7.2.4 Step 4 – Launch the MEC Appointment Module for the SP in the IMS on Your Tablet. Complete Screens Up Until RIQ.750, Which Prompts You to Call Survey Support to Schedule the Appointment

The MEC Appointment Module **must be completed for each SP** who has completed interviews and will participate in the MEC exam. The information entered in the module is transmitted to the MEC during data transmission. This information is **critical** to the SP examination process. The MEC Appointment module **must** be completed for each SP appointed **before** the SP arrives at the MEC. Complete the module immediately **after** completing the SP interview, whenever possible.

Complete a separate MEC Appointment Module for each SP who will participate in the MEC exam.

The MEC Appointment module serves several functions:

- Confirms demographic information for the SP;
- Provides a place to document any special considerations for the SP that could affect his or her exam and accommodations that the MEC staff may need to plan for and provide;
- Provides a way to request a Work or School Excuse Letter; and
- Confirms that a MEC appointment has been successfully scheduled.

To begin, launch the MEC Appointment module for the SP in the IMS on your tablet (see Appendix B).

NHANES Household MEC Appointment Questionnaire - Version: 923.v128.v1

Forms Answer Navigate Options Recording

SEARCH [PAUSE] [RESTART] [STOP]

SELECT INTERVIEW MODE

1. IN-PERSON

2. PHONE

RIQ004

NHANES Household MEC Appointment Questionnaire - Version: 923.v128.v1

Forms Answer Navigate Options Recording

SEARCH [PAUSE] [RESTART] [STOP]

SELECT THE PERSON RESPONDING TO MEC APPOINTMENT MODULE FOR LILY VAN HORN.

1. JOSEPH HIGGINS

2. RITA HIGGINS

3. JASMINE HIGGINS

4. LILY VAN HORN

21. SOMEONE NOT LIVING IN HH

RIQ400 4

First, select the mode and respondent for the module.

NHANES Household MEC Appointment Questionnaire - Version: Y23.s444.v1

Forms Answer Navigate Options Recording

Spanish [PAUSE] [RESUME] [STOP]

DID THE SP AGREE TO BE SCHEDULED TO THE MEC?

1. YES- SCHEDULE SP TO MEC

2. NO- ADMINISTER MEC REFUSAL QUESTIONS

RIQ360

Windows taskbar: NHANES Interview..., Loading Microsoft T..., Blaise 4.8 Manipula, NHANES Househol... 8:28 AM 9/20/2022

Next, select 1- YES – SCHEDULE SP TO MEC to continue the path to schedule the SP.

NHANES Household MEC Appointment Questionnaire - Version: Y23.s428.v1

Forms Answer Navigate Options Recording

Spanish [PAUSE] [RESUME] [STOP]

SUMMARY AND SPECIAL CONSIDERATIONS SCREEN

Participant #: 601-01-0009-01-03 SP Name: VAN HORN, LILY

Gender: Language: ENGLISH

DOB: o/o/o Fasting Req: AFTERNOON/EVENING

Age: 72

1. NO BLOOD 9. OBESE

2. CONVERT BLOOD 10. OTHER PHYSICAL IMPAIRMENT

3. BLIND 11. SUBSTANCE ABUSE

4. CRUTCHES 12. WHEELCHAIR

5. DEAF 13. WALKER

6. HEARING IMPAIRED 14. LIFT NEEDED

8. MENTAL IMPAIRMENT 15. CANE NEEDED

RIQ620

Next, confirm that all the SP's demographic information is correct and select any special considerations. Some of the topics are sensitive and you must use your discretion on what to enter. 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.**

The special considerations entered on this screen are reviewed by MEC staff and may affect the SP's visit to the examination center; for example, the respondent has a physical or mental impairment (e.g., is extremely overweight, requires a wheelchair, has dementia). Two codes, **No Blood** and **Convert Blood**, may also impact which tests the SP will receive.

- Select **Convert Blood** if the SP expresses some hesitation about a blood draw when you review the tests he or she may receive. If the Convert Blood code is used, the SP is sent to the Phlebotomy Room as soon as possible and the phlebotomist will attempt conversion.
- Select **No Blood** only if the SP is adamant that he or she will not participate if a blood draw is required. If the No Blood 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 or 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 want to do the blood draw. However, there are certain things you can do to avoid 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 still 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 or her mind;
- Emphasize the expertise of phlebotomist;
- Be ready to use your knowledge and materials to discuss benefits if appropriate (e.g., Lab Tests on Blood flyer, see Appendix A); and
- Discuss with your Study Manager the SP's specific concerns about the blood draw. He or she will communicate this information to MEC staff before the SP's exam appointment.

NHANES Household MEC Appointment Questionnaire - Version: Y23.c428.v1

Forms Answer Navigate Options Recording

Spanish PAUSE RESUME STOP

SUMMARY AND SPECIAL CONSIDERATIONS SCREEN

Participant #: 601-01-0009-01-03 SP Name: VAN HORN, LILY
 Gender: Language: ENGLISH
 DOB: o/o/o Fasting Req: AFTERNOON/EVENING
 Age: 72

VERIFY THAT THE SP'S NAME AND SPELLING ARE CORRECT. RECONCILE WITH SP/PARENT/PROXY.

What is your first name?

RIQ622a	LILY
RIQ622b	Louise
RIQ622c	
RIQ622d	VAN HORN
RIQ622e	
RIQ622f	

Next, confirm that the SP's complete name has been recorded. Update any fields as necessary.

NHANES Household MEC Appointment Questionnaire - Version: Y23.c428.v1

Forms Answer Navigate Options Recording

Spanish PAUSE RESUME STOP

WE CAN PROVIDE A WORK OR SCHOOL EXCUSE LETTER. DETERMINE IF THE SP WOULD LIKE ONE SENT TO HIM/HER.

CHECK ALL THAT APPLY.

1. SCHOOL EXCUSE LETTER
 2. WORK EXCUSE LETTER
 3. NOT NEEDED

RIQ730	3
--------	---

Identify if an excuse letter is needed. For students, we can provide the **School Excuse Letter**, to be presented to the school, explaining the nature of the survey and the need to examine this individual.

This letter can be sent along with the Appointment Reminder Letter. The School Excuse Letter should be completed by the parent/guardian and sent to the school. If further contact is necessary, you can discuss the request with your SM.

We also have available a **Work Excuse Letter** that can be provided to an employer to excuse the SP from work. This letter can be included with the Appointment Reminder Letter and should be given by the SP to his or her employer.

Both letters can be requested during the MEC Appointment module, by a supervisor in the SMS letter request system, as well as directly by the SP at the MEC. An example of each letter can be found in Appendix E.

In special cases where either the SP refuses to go to the MEC, you have exhausted refusal conversion techniques, or you have discussed the case with your Study Manager, you will follow a different path of screens for this module.

NHANES Household MEC Appointment Questionnaire - Version: Y123.s444.v1

Forms Answer Navigate Options Recording

Spanish PAUSE RESUME STOP

DID THE SP AGREE TO BE SCHEDULED TO THE MEC?

1. YES- SCHEDULE SP TO MEC

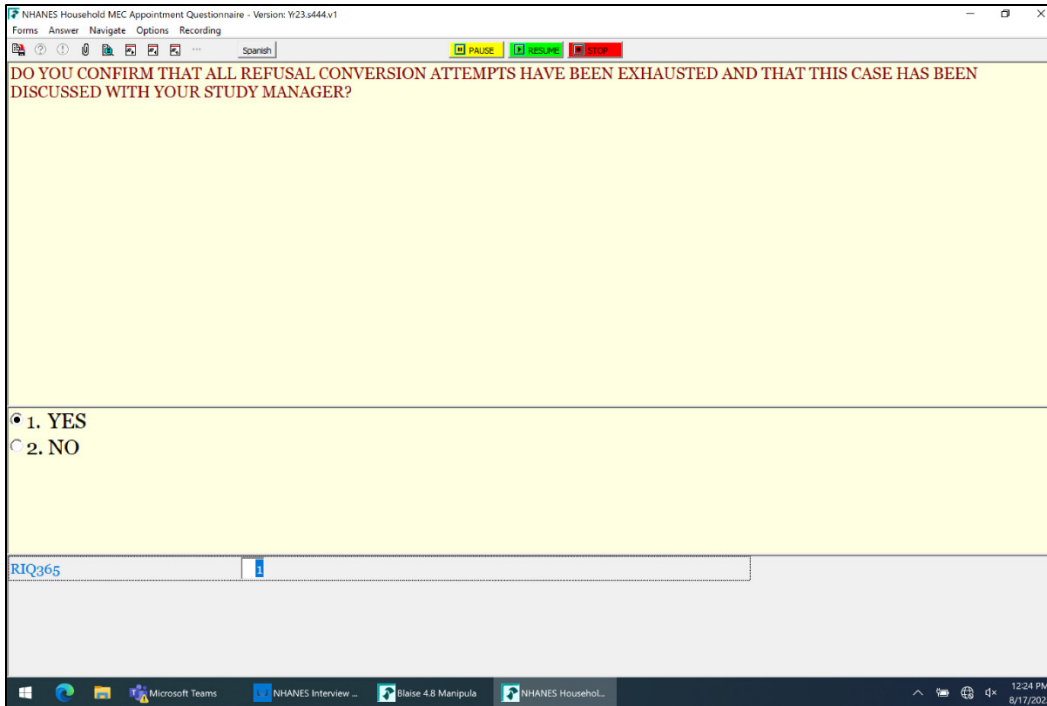
2. NO- ADMINISTER MEC REFUSAL QUESTIONS

RIQ360

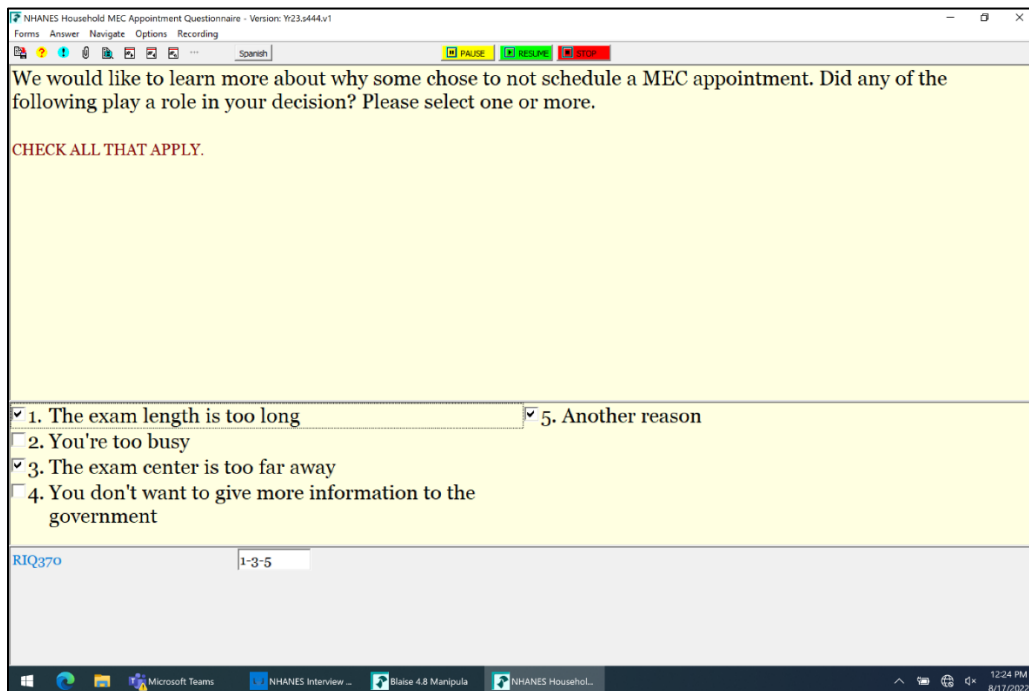
Microsoft Teams NHANES Interview ... Blaise 4.8 Manipula NHANES HousehoL...

12:24 PM 8/17/2022

If any of the cases above apply, select 2- NO- ADMINISTER MEC REFUSAL QUESTIONS on this screen to administer the MEC refusal questions.



This screen confirms that you have exhausted all refusal conversion techniques and you discussed the case with your Study Manager. If you select NO, the next screen tells you to contact your Study manager and the instrument closes. Select YES to continue to the refusal questions.



You can select all responses that apply. If you select 5- Another reason, you will receive a follow up screen to enter the reason.

NHANES Household MEC Appointment Questionnaire - Version: Y123.s444.v1

Forms Answer Navigate Options Recording

Spanish PAUSE RESUME STOP

What incentive amount would you have needed to schedule the MEC exam?

ENTER DOLLAR AMOUNT

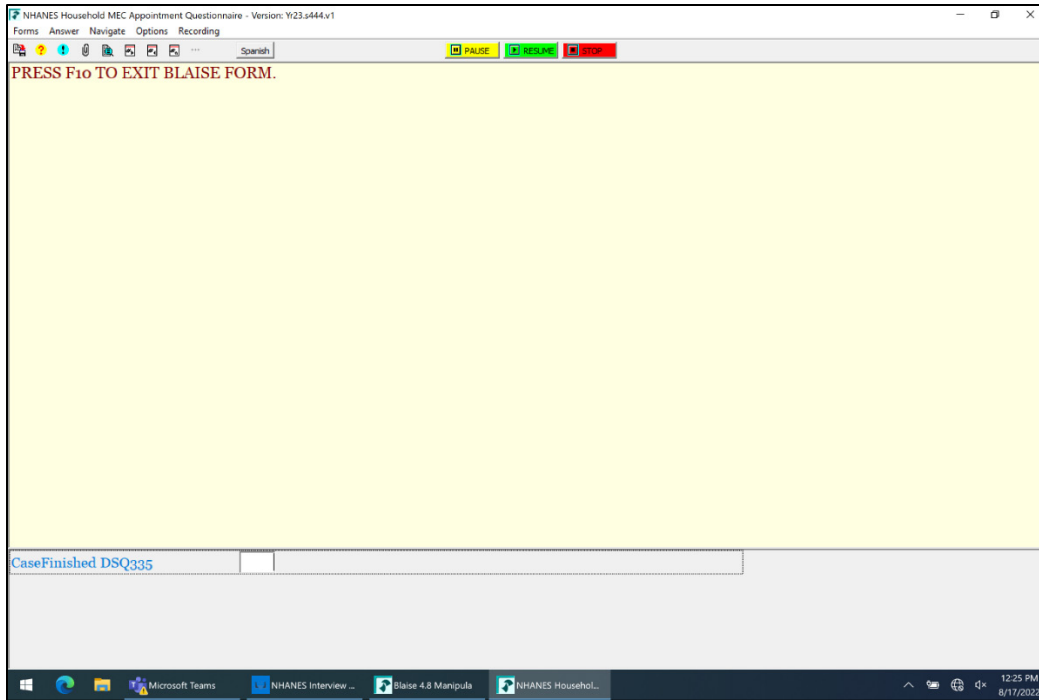
ROUND AMOUNT TO NEAREST DOLLAR. DO NOT RECORD CENTS IF PROVIDED.

RIQ380 150

Microsoft Teams NHANES Interview ... blaise 4.8 Manipula NHANES Househol...

12:25 PM 8/17/2022

Enter the dollar amount as a whole number. For example, enter 150 for 150 dollars. Do not enter cents.



Make sure to exit the instrument by pressing F10 from this screen so all responses are recorded properly.

7.2.5 Step 5 – Call Survey Support to Schedule the Health Exam at the MEC

NHANES Household MEC Appointment Questionnaire - Version: Y23.s428.v1
Forms Answer Navigate Options Recording
Spanish PAUSE RESUME STOP
CALL SURVEY SUPPORT TO SCHEDULE MEC APPOINTMENT FOR THE SP.
HAS THE MEC APPOINTMENT BEEN SCHEDULED?
 1. YES
 2. NO
RIQ750

If you are appointing an SP to the MEC, the final screen of the MEC Appointment module prompts you to call Survey Support to schedule the appointment. Make sure you have all of the necessary information ready by referencing the Calling in the MEC Appointment Checklist (Exhibit 7-4) found in the MEC section of your NHANES Job Aid Booklet.

Call Survey Support and schedule the health exam at the MEC, including confirming how the SP will travel to the MEC for his or her exam. (Note that if you are on the phone with the SP, you will need to make a 3-way call. See Appendix C for how to use the iPhone's *Merge Calls* function.) This call allows Survey Support to make transportation arrangements (e.g., schedule a Lyft or taxi) ahead of the appointment. You should also make sure to account for any non-SPs who may travel to the MEC for an SP's health exam (e.g., non-SP parents), the need for any interpreters, and confirm any additional incentives.

Exhibit 7-4. Calling in the MEC Appointment Checklist

CALLING IN THE MEC APPOINTMENT CHECKLIST

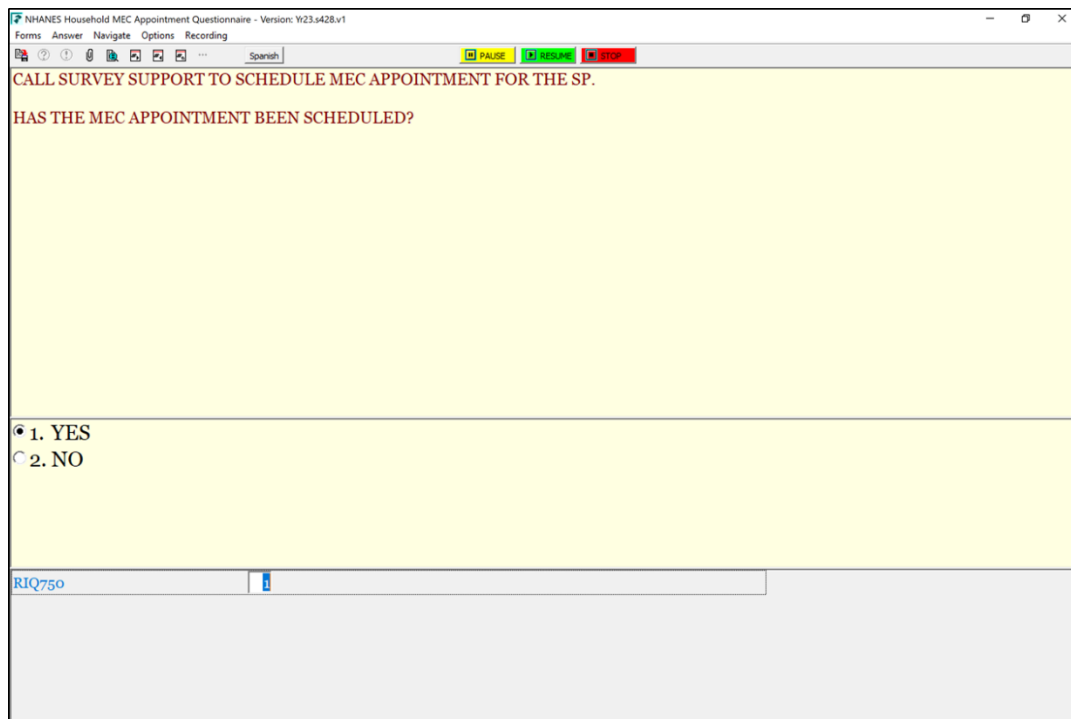
When calling to schedule a MEC appointment, place a 3-way call with respondent and SS to ensure all necessary information is provided and be prepared to answer the following questions:

1. Let the support staff know if the household screener has been transmitted.
2. How many families are there in the dwelling unit?
3. If the SP is new: (Only if the data transmission is not possible.)
 - 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 and 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. How many people will be coming to the MEC with the SP?
8. Language/interpreter needs?
9. Are there any special considerations not addressed using the MEC Appointment Module? (DO NOT discuss the Special Considerations during the 3-way call with the participant on the line. Make a separate call to the support staff after you complete the call with the SP).

When scheduling the appointment with Survey Support, keep in mind that there are additional guidelines for scheduling an SP to ensure he or she receives all appropriate exams and has an enjoyable experience. For example, for each session, Survey Support staff try to schedule no more than two SPs aged 70 years and older, no more than four SPs aged 12 years and under, and no more than one SP in a wheelchair. Survey Support will let you know which appointment spots are available.

7.2.6 Step 6 – Complete RIQ.750 in the MEC Appointment Module. Select YES if You Were Able to Schedule an Appointment with Survey Support. Select NO if You Were Not Able to Do So at This Time.

Complete the MEC appointment module by selecting a response on screen RIQ.750.



The screenshot shows a web browser window titled "NHANES Household MEC Appointment Questionnaire - Version: Y23.s428.v1". The browser's address bar shows "Spanish" and there are buttons for "PAUSE", "RESUME", and "STOP". The main content area is yellow and contains the text: "CALL SURVEY SUPPORT TO SCHEDULE MEC APPOINTMENT FOR THE SP." followed by the question "HAS THE MEC APPOINTMENT BEEN SCHEDULED?". Below the question are two radio button options: "1. YES" (which is selected) and "2. NO". At the bottom of the screen, there is a label "RIQ750" and a small information icon.

If you are able to schedule an appointment with Survey Support, select “YES.” The module closes and the case disposition reads “Scheduled (final),” indicating that the module is complete. **DO NOT SELECT “YES” IF YOU WERE UNABLE TO SCHEDULE THE MEC APPOINTMENT.**

If you are unable to schedule an appointment at this time, select “NO” and press Enter to exit the module. The case disposition displays “Partially Worked.” When you are ready to make the MEC appointment, click the launch button for the Partially Worked case to reopen it.

Use the arrow keys to advance to RIQ.750. Once you have scheduled the MEC appointment, select “YES” and press enter to continue. The MEC Appointment module closes and the disposition code changes to “Scheduled (Final).”

If the SP is a MEC no-show or cancelation, the status of the MEC Appointment module will be automatically updated to Partially Worked and the module will be reassigned to you. Once you are able to make the appointment, update RIQ.750 to “YES” to once again complete the module as Scheduled (final).

Details of MEC appointments that you have successfully scheduled are available for your reference in the MEC Appointment Summary on your tablet. More information about this screen can be found in the IMS User Guide (see Appendix B).

The MEC Appointment Summary on your tablet provides information on all MEC appointments.

7.2.7 Step 7 –Use the MEC Appointment Slip as a Guide to Review With the SP the Details of the MEC Appointment

For each SP for whom an examination appointment is scheduled, review the Appointment Slip (Appendix E). Depending on the circumstances of the interviews, you or the SP can also fill out the Appointment Slip with his or her specific appointment information and fasting time. The SP will also receive an Appointment Reminder Letter, reminder phone call, and a text message, if texting permission was granted, before his or her appointment. The reminder letter, call, and text include information about the SP’s appointment date and time as well as when to begin fasting, if appropriate.

An Appointment Slip will be dropped off to any SP who cannot receive an Appointment Reminder Letter.

When reviewing the Appointment Slip, be sure to cover the following points:

Front of Appointment Slip

1. **Appointment date and time.** Due to COVID restrictions, it is of utmost importance to remind SPs to be punctual to their appointment. Remind SPs that there is also a strict limit of number of persons allowed on the MEC trailers at one time.
2. **Transportation arrangements.** If the SP is utilizing a pre-arranged Taxi or Lyft, note the time the service will pick him/her up.

Back of Appointment Slip

1. **Fasting Requirements.** For SPs 12 years and older, discuss when the SP must stop eating or drinking before his or her exam. For morning appointments, the SP must fast for 8 hours before the appointment time. For afternoon appointments, the SP must fast for 3 hours. **Respondents should never fast for more than 16 hours.** See Exhibit 7-5.

Exhibit 7-5. Fasting requirements

Appointment time	Fasting requirement	Begin fasting time
8:30 AM	8 hours	12:30 AM
11:00 AM	8 hours	3:00 AM
12:00 PM	3 hours	9:00 AM
2:30 PM	3 hours	11:30 AM
5:30 PM	3 hours	2:30 PM
6:00 PM	3 hours	3:00 PM

2. **Additional instructions.** Review additional instructions with the SP including taking prescription medications, not taking supplements (check N/A for SPs under 12 years of age), and information about jewelry and clothing at the MEC

After reviewing the Appointment Slip, encourage the SP to also make note of his or her appointment using a reminder system that works for him or her, whether it is a paper or electronic calendar or some other method. If the SP already has a Make a Plan card (see Appendix D), and is currently using it to keep track of his or her participation, remind the SP to write down his or her appointment information including the date and time of the interview, location, and transportation arrangements.

7.2.8 Step 8 – Provide a Closing Statement to the SP. Respond to Any Final Questions and Thank the SP for his or her Participation.

Finally, provide a closing statement to the SP. Be sure to:

- **Thank** the SP for his/her cooperation and time. Stress the importance of his or her contribution to the study. Even though the SP(s) should at this point be generally familiar with the survey objectives, it is important to leave the SP(s) with a feeling that he or she has participated and should continue to participate in a worthwhile experience.
- Inform the SP that a **Certificate of Appreciation** and **Community Service Letter** are provided after the completion of the MEC examination along with the preliminary report of findings.
- Answer any final questions the SP may have about the health exam.

7.3 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 at the conclusion of the exam in the Preliminary Report of Findings or sent to the SP 3 to 4 months after the exam is completed in the Final Report of Findings. For a detailed list of the exams that are reported to the SP, see the Health Measurements List. Most results are reported to the SP in writing regardless of when they are reported. Examples of these MEC materials are located in Appendix E.

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 during the MEC exam, if it is determined that there are major medical findings that should be evaluated soon by a health care provider, the staff clinician will explain the condition to the SP, provide him or her with a written report, and urge him or her to make an appointment with a medical care provider. If the SP has no medical care provider, the clinician will provide him or her with a list of providers obtained at the stand for this purpose.

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.

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 or her to see a medical provider for a complete evaluation. This letter is usually sent within 2 to 3 weeks of the exam.

7.4 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 7-6). 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 or 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 SM will give you the appropriate local agency number at the beginning of each stand.

Exhibit 7-6. 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. Clinicians 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 evidence of physical child abuse”?

This card contains information about and definition of “child abuse” obtained from two publications produced by the American Medical Association titled “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 clinicians 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 National Health and Nutrition Examination Survey questionnaire. However, the clinicians 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 clinician 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?

Exhibit 7-6. Child Abuse Info (page 3)

Are your clinicians 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 that 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.

7.5 Motivating the SP to Participate in the Examination

Although the face-to-face SP interview is a better opportunity for the interviewer and the respondent to establish a positive working relationship, given COVID-19 restrictions, this interaction will take most likely place over the phone. Developing professional rapport with the respondent 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).

7.6 Making Field Reminders

Within 48 hours before their MEC appointment, all SPs receive a reminder telephone call from Survey Support staff and may have received an Appointment Reminder Letter mailed from the home office. Letters are sent to all SPs appointed at least 4 days before the MEC appointment. If an SP is appointed with fewer than 4 days, please provide an Appointment Slip to the SP in person. 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 to 3 days before their scheduled appointment. Your SM will inform you if you need to complete a field reminder and provide you with any details at that time.

Field reminders must be done in person, face-to-face. Interviewers conducting field reminders will need to adhere to CDC's COVID guidelines. 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 Study Manager 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 or her to come to the MEC on (mention date of appointment);
3. Ask the SP to get the Appointment Reminder Letter or Appointment Slip that was mailed or dropped off 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 or her up. If the SP is coming to the MEC on his or her own, remind the SP what time he or she 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 phase of the study—in this case, participation in the examination.

Make every effort to work with your SM to ensure the SPs you have appointed to the MEC are examined.

7.7 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 SM 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 the IMS User Guide (see Appendix B).

8. Quality Control and Administrative Tasks

This chapter describes NHANES procedures for quality control (QC) of field work. There are many steps taken to ensure high-quality data collection, which includes the timely transmission of data collected and reporting to your Study Manager (SM).

QC is an ongoing process woven throughout all phases of the NHANES Study. QC review 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 (FI) 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 quality data, document your interactions with each NHANES respondent, transmit data, and communicate any issues or concerns immediately to your SM. **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, field management staff or NCHS staff perform the QC step. Ensuring high-quality work requires a team approach to resolve any issues quickly and accurately. Delivering the highest quality data possible should be everyone's goal.

This chapter discusses the quality control techniques employed on NHANES, including:

- Interviewer Training (Section 8.1);
- Field Observations (Section 8.2);
- Field Editing and Materials Reconciliation (Section 8.3);
- Validation of Field Work (Section 8.4);
- Home Office Review of Paradata (Section 8.5);
- Audio-Recording Reviews of SP and Family Interviews (Section 8.6);
- Quality Control Reports on Key Data Items (Section 8.7);

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 8.8);
- Feedback from Field Management Staff (Section 8.9);
- Reporting to Your Study Manager (8.10); and
- Data Transmission (8.11).

8.1 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 and/or virtual synchronous sessions;
- Post-classroom distance learning (LMS); and
- Ongoing access to training memos.

In addition, NHANES conducts periodic refresher trainings in a group setting where interviewers learn updated study procedures, receive feedback on existing study components, receive instruction on protocols for completing new study components, learn about updates to new study forms and materials, and discuss strategies and techniques for gaining respondent cooperation.

Throughout trainings, you will gain essential skills such as:

- Knowledge about NHANES;
- Using study information and materials to gain cooperation;
- Interviewing techniques;
- Correct administration of home interview;
- Setting appointments for MEC examinations; and
- Operating your tablet and iPhone.

8.2 Field Observations

Following new interviewer training, new interviewers may be paired with an experienced NHANES interviewer. The experienced interviewer is a mentor who 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 goal of mentor support, once you are in the field, is to provide additional training and observe that pre-field training procedures/protocols you have learned are applied. Mentoring interviewers will:

1. Continue to answer any ongoing questions.
2. Review administrative tasks and materials as needed.
3. Let you shadow them in the field so that you gain confidence at the door.
4. Help you to better organize your work.

In addition, interviewers may be observed by Westat or NCHS staff. Please see Exhibit 8-1, Field Observation Form. The purpose of the observation is to assess all aspects of interviewer performance, such as appropriately reading questions, probing for responses, and smoothly managing the computer-assisted interview (CAI) 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 a rapport with the respondent. Many times, client observations are also centered on learning more about SP concerns, NHANES protocols and procedures, and how materials work in the field.

Exhibit 8-1. Field Observation Form

NHANES OBSERVATION FORM – 2021

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"/>

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 8-1. Field Observation Form (continued)

IV. Please provide observations below for each section of the questionnaire as necessary.

SCREENER QUESTIONNAIRE

SP QUESTIONNAIRE

COVID-19 (COQ)

EARLY CHILDHOOD (ECQ)

HOSPITAL UTILIZATION AND ACCESS TO CARE (HUQ)

IMMUNIZATION (IMQ)

MEDICAL CONDITIONS (MCQ)

Exhibit 8-1. Field Observation Form (continued)

HEPATITIS (HEQ)

KIDNEY CONDITIONS (KIQ)

DIABETES (DIQ)

BLOOD PRESSURE (BPQ)

AUDIOMETRY (AUQ)

DERMATOLOGY (DEQ)

ORAL HEALTH (OHQ)

PHYSICAL ACTIVITY AND PHYSICAL FITNESS (PAQ)

Exhibit 8-1. Field Observation Form (continued)

FUNCTIONING (FNQ)

STANDING BALANCE (BAQ)

SLEEP DISORDERS (SLQ)

DIETARY BEHAVIOR AND NUTRITION (DBQ)

WEIGHT HISTORY (WHQ)

SMOKING (SMQ)

OCCUPATION (OCQ)

DEMOGRAPHICS (DMQ)

Exhibit 8-1. Field Observation Form (continued)

ACCULTURATION (ACQ)

HEALTH INSURANCE (HIQ)

PRESCRIPTION MEDICATION (RXQ)

MAILING ADDRESS (MAQ)

Exhibit 8-1. 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)

8.3 Field Editing and Materials Reconciliation

A part of your job is field data auditing, or reviewing all paperwork, tablet modules, and materials. This should take place as soon as possible after you complete a data collection activity. It is good practice to carefully review the documentation you entered into Interviewer Management System (IMS) to ensure it is complete and accurate before transmitting.

Questions to consider include:

- Did you complete the DU Observation module on the phone?
- If you wrote any notes on the case card, did you transfer all relevant information to the EROC?
- Did you record important detailed information in the Household Notes section 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 EROC correctly with enough detail?

If interviewing for a case that is final, return the case card to the Site Coordinator for shredding.

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) 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**.
- All contact attempts for the case should have a detailed EROC.

8.4 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,
- Field validation, and
- MEC validation.

8.4.1 GPS Data Validation Review of Screeners and Interviews

NHANES procedures require you to turn on your iPhone and have the myDay app running while you are working. Also, you must turn on your tablet and log in to IMS whenever you contact a household to conduct a Screener or interview. In addition to ensuring your readiness for data collection, powering on your iPhone (and eventually the tablet) allows the system to record GPS data. The GPS information is part of the daily transmission 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 iPhone should remain turned on, with the myDay app running, any time you are charging hours to NHANES, even if you are at the hotel working on administrative tasks, setting appointments, or conducting telephone interviews.
- If you need to interview an SP at a different location away from his/her home, or at a different location other than your hotel room for phone mode interviews, be certain to record this in 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.” or, “SP was running late and called while I was in the field. Pulled over at First and Main Street to complete interview by phone.”
- 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 transmission.

8.4.2 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. Finalized Screeners include all cases completed by CAI (in-person or paper) mode and Screeners completed via web, multi-mode paper or phone mode. Survey Support staff will call the DUs and confirm the address as well as the information you collected in the Screener and SP interviews.

8.4.3 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.

8.5 Home Office Review of Paradata

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 (hours per complete, or HPC), 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.

8.6 Audio-Recording Reviews of SP and Family Interviews

Over 97% of respondents agree to be recorded!

Home office staff reviews your SP and Family recordings and provides detailed feedback using the Westat NHANES Household Interviewer Audio-Recording Evaluation Form. 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.

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, contact your SM.

8.6.1 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, for forwarding reports of findings, tracking the SPs over time, and developing estimation procedures used in the analyses of the data. Thus, it is critical that the information you obtain be completely accurate.

Demographic Data

Name, age, and gender are first recorded in the Screener. When you begin the extended CAI interviews, you are asked to verify these 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 are important as they determine eligibility, what questions are asked during the questionnaire, and what exam components the SP will receive on the MEC. Once you make any changes in CAI, 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.

8.6.2 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 mobile 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 SM.

8.7 Quality Control Reports

Throughout the year, you will be given feedback on your data collection skills as it relates to key data items in the SP and Family Questionnaires. Key data items include: obtaining tracking and tracing references, and obtaining Social Security numbers (SSNs).

8.7.1 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 that display for each interviewer, 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.

Your SM will review with you the Semi-annual Quality Control Report displaying your rates and the rates by all interviewers.

8.7.2 Stand Block Production and Quality Reports

Typical data collection years are 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.

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 HPC for each SP MEC examined; and
- Measures of quality data collection including audio recording rate and tracing (ITQ) data obtained.

The home office sends stand block reports to the SM to be shared with interviewers.

8.8 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, protocols/procedures covered in the Interviewer Procedures Manual (IPM) will need to be expanded on or clarified, or new protocols/procedures will need to be made. Updates will be issued in the form of field memos, either emailed to you or provided in hard copy. You are responsible for reading these memos and adhering to revised protocols/procedures. If you have any questions regarding the content of a field memo, ask your SM for clarification. Field memos will be added to the IPM as needed.

8.9 Feedback from Field Management Staff

Expect continual feedback from your SM throughout the data collection period. The home office reviews FI performance on an ongoing basis, and your SM notifies you if any problems are discovered with your work so you can resolve them. Some items that may cause concern include:

- Incomplete and inaccurate data collection;
- Unusual numbers of contact attempts with limited results;
- High rates of refusal and other nonresponse outcomes;
- Broken appointments;
- Infrequent data transmission;
- Spreading out your work, rather than working efficiently;
- Poor recordkeeping;
- Repeated and/or continuous unavailability for work;
- Failure to enter/update EROCs;
- High MEC no-show/break-off rates; and
- Frequent come late/left early MEC visits.

If you find yourself exhibiting any of these behaviors, please improve your performance before your SM brings it to your attention. Work with your SM on how to improve your work habits.

Discussions of data quality are a regular feature of your **weekly report calls**. Your SM 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 SM has access to various reports in the Supervisor Management System (SMS) and uses them to monitor your performance in all aspects of data collection.

8.10 Reporting to Your Study Manager

NHANES is a fast-paced study and to ensure the success of every stand, good communication is essential to case management. Communication with your SM comes in many forms:

- Mandatory weekly conference report calls, which includes a comprehensive case-by-case review to ensure the best outcome for each case;
- 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 section describes NHANES Reporting procedures, including:

- Completing and submitting your electronic timesheet, Trip Expense Reports, and Field Expense Form;
- Weekly reporting with the SM and Survey Support Staff; and
- Data transmission.

8.10.1 The Electronic Timesheet, Trip Expense Report, Field Expense Form

All Westat staff must complete an electronic timesheet reporting hours worked and meal breaks on a daily basis. Your timesheet will always start on Monday morning and end on Sunday, covering one week. It is very important that you are keeping accurate/detailed time-keeping records for each work

activity performed daily such as admin, screening, interviewing, travel, meal breaks, etc. At the end of each day, please record the time worked and meal break calculations onto your timesheet within Delttek. At the end of the workweek, review your timesheet to make sure all time and meal break information is entered completely and accurate before signing and submitting for approval.

The SM will use timesheet information, in addition to other production reports at his/her disposal, to monitor your case assignment progress such as the number of completed questionnaires you have turned in and time spent completing interviewing tasks. It is important that each work activity is recorded accurately on your timesheet by work category.

You are also required to complete and submit an electronic Trip Expense Report (eTER) at the end of each week. Submission of the eTER will vary depending whether you are stationed at a stand or moving between stands.

The Field Expense Form is submitted monthly, or more often if reimbursement is needed sooner.

Please refer to the “User Guide for the Electronic Timesheet” and the “User Guide for Field Expense Form and Trip 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.

8.10.2 Weekly Reporting

You will have regularly scheduled appointments to report work progress to your SM. Your SM has to report with 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 hour. If you cannot report at your scheduled time, contact your SM as far in advance of your regularly scheduled conference as possible. S/he will reschedule your conference and discuss any situations that require immediate action.

8.10.3 Preparing and Meeting With Your Study Manager

Since you will discuss each case assigned to you with your SM 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 any documents being turned in to the Site Coordinator. They should be completely filled out and edited;
- Check to make sure your EROC, DU Obs, and Household Notes and Observations are up to date electronically. While you may use optional hard-copy materials to organize yourself, **electronic entries are required**;
- **Perform a transmission the night before your report time** so that your SM can review 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, vacant DUs, 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
- Send request non-response letters for cases in an email to your SM prior to your report call.

The SM will review each case in depth that you currently have assigned, including any upcoming appointments and your assessment of the case, as well as any problems you have with the case or questions about procedures. The SM 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 SM 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 SM. **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 SM without waiting for your next regular conference.**

Always discuss any problems or concerns you have with the SM. If you encounter a problem and need an immediate solution, talk to your SM right away without waiting for your next regular conference.

8.10.4 Meeting With Survey Support Staff

Survey Support staff members ensure that policy and procedures are followed and that quality control standards are met. This entails an in-depth review of all electronic files. In order to complete the process in a timely manner, it is crucial that you transmit data each day that you work. Survey Support staff will review all electronic materials for accuracy and completeness and keep all completed final cases for processing.

Survey Support staff may also review quality control items, such as questionnaire editing, audio-recording feedback, and critical data item quality control reports, 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 Teams calls with your SM.

8.11 Data Transmission

The final step in the Reporting Process is to complete a transmission. Successfully completing a transmission will cause all finalized and re-assigned cases, reviewed by the SM, to be removed from your tablet. If the SM assigned you new cases during the your report call, the necessary modules to complete those cases will now be on your tablet. More specific transmission information and troubleshooting information is found in the NHANES IMS User Guide (Appendix B).

You must transmit every day that you work. Also, you must data transmit before and after each report call report.

9. SP and Family Questionnaire Details

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 and overview of the questionnaires;
- When to enter remarks in the questionnaires;
- Details of each section of the SP and Family questionnaires; and
- Contact information collected for future contacts.

This chapter focuses on all questionnaire sections following the Respondent Information Questions (RIQ). Details for the RIQ questions can be found in Chapters 4 and 5.

9.1 Overview of the SP and Family Questionnaires

9.1.1 SP Questionnaire

The SP questionnaire is divided into 27 sections that collect information about the SP's health and nutrition. The questionnaire is administered to all SPs; however, the actual sections administered depend on the SP's age and gender. Exhibit 9-1 provides the name and order of the sections and the applicable age category for each section.

On average, the questionnaire should take approximately 30 minutes to administer. The actual administration time varies depending on the SP's age and answers. We estimate the interview will take approximately:

- 15 minutes for SPs aged 0-15;
- 30 minutes for SPs aged 16-59; and
- 40 minutes for SPs aged 60 years or more.

Exhibit 9-1. Sections in the SP Questionnaire

Section	Target age group
Respondent Selection	Birth +
COVID-19	Birth +
Early Childhood	Birth to 15
Hospital Utilization and Access to Care	Birth +
Immunization	2+
Medical Conditions	1+
Hepatitis	6+
Kidney Conditions	20+
Diabetes	1+
Blood Pressure	16+
Audiometry	1+
Dermatology	20-59
Oral Health	1+
Physical Activity and Physical Fitness	2+
Functioning	5+
Standing Balance	20-69
Sleep Disorders	16+
Diet Behavior and Nutrition	Birth +
Weight History	16+
Smoking and Tobacco Use	18+
Occupation	16+
Demographics Information	Birth +
Acculturation	3+
Health Insurance	Birth +
Prescription Medication	Birth +
Mailing Address and Other Contact Information	Birth +
Incentive Card	Birth +

9.1.2 Family Questionnaire

Only 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 9-2 provides the name and order of the sections.

On average, the Family questionnaire should take approximately 15 minutes to administer, although administration time may vary depending on the respondent's answers.

Exhibit 9-2. 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

9.2 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.

- Whenever you switch respondents, for example, after completing a Screener or during a follow-up visit to/call with the household, introduce yourself to the new respondent. Use the First Contact Invitation Letter and the Welcome 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 study of obtaining accurate information.
- There are a number of long questions in the questionnaire. 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, during the past 7 days).

Be sure to stress all reference periods when reading the questions. When necessary, re-read and emphasize the timeframe.

- 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 and enter the nearest whole number.
- 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.
- Before beginning the health portion of the interview in CAI, prepare the respondent for the interview by asking him/her to have ready the NHANES Household Interview Booklet and other required materials. Contents of the booklet are also available on the NHANES website. Refer to Chapter 4, Section 4.4.8, for details on how to prepare the respondent for the interview.
- For all questions throughout the questionnaire, a response of "Don't know" (DK) or "Refused" (RF) can be recorded if the respondent doesn't know the answer or refuses to answer any question.

9.3 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.

9.4 Questionnaire Content Details

9.4.1 The SP Questionnaire

Below is a description of each of the sections comprising the SP questionnaire followed by details for select questions. For details on the Respondent Information Questions that precede the health questions of the SP questionnaire, see Chapter 4.

COVID-19 (COQ)

This section contains questions about the SP’s exposure to and testing for the novel coronavirus 2019, as well as vaccination status and history of any long COVID symptoms. Combining this information with the laboratory results on COVID-19 serology and other health information collected in the survey, NHANES provides an unique opportunity in assessing the emerging pandemic status in the Nation due to COVID-19.

Administer this section for all SPs.

COQ.010	{Have you/Has SP} ever had COVID-19, or the illness caused by the Coronavirus Disease 2019?	
	YES	1
	NO	2
	MAYBE	3

COQ.020	How would {you/SP} describe {your/his/her/SP's} symptoms when they were at their worst? Would you say...	
	No symptoms	1
	Mild symptoms	2
	Moderate symptoms.....	3
	Severe symptoms.....	4

The first question asks the SP to self-identify whether she/he has ever had COVID-19. Code “Yes” if the SP responds affirmatively, even if the SP has also expressed that s/he never been tested. Due to the availability of the test and related guidelines at times, many COVID patients were diagnosed based on symptoms only. However, if the SP thinks s/he may have had COVID-19 due to experiencing symptoms but is not sure, and did not get tested or is unsure of the results, record “MAYBE.” Record “DK” if the SP does not know if s/he has had COVID-19. If the SP responds “YES” or “MAYBE,” a follow-up question asks for the severity of the symptoms.

COQ.030	Now I'm going to ask you about testing for active COVID infections, which is done through a nasal or throat swab or a saliva test. This does not include blood tests for COVID-19.	
	{Have you/Has SP} ever been tested for coronavirus or COVID-19?	
	YES	1
	NO	2 (COQ.060)
COQ.040	Did the swab or saliva test find that {you/SP} had coronavirus or COVID-19?	
	YES	1
	NO	2 (COQ.060)
COQ.050m/y	What was the date of {your/SP's} positive COVID-19 test? Please tell me the month and year of {your/his/her/SP's} most recent positive test. This does not include the blood test.	
	ENTER MONTH AND YEAR	

The next question asks if the SP was ever tested for active COVID-19 infections, which is done through a nasal or throat swab or a saliva test. The respondent should consider tests performed not only at clinics, drugstores, etc., but also tests administered at home. Do not include blood tests for COVID. A “YES” response to this question will lead to a follow-up question asking if the test result was positive. If the SP had been tested positive for active COVID, CAI will prompt you to ask for the date of the positive test. If the SP had multiple tests, you should probe for the most recent test date that yielded a positive result, which may or may not be the most recent test they have ever received. You are required to enter only the month and year of this most recent positive testing date in CAI. However, if the SP volunteered the actual date at this time, you should take it into account

during the MEC appointment scheduling. Note that for everyone’s safety (staff, SPs, and people who accompanying SPs), no one will be allowed to enter the MEC if she/he has experienced COVID-like symptoms in the past 48 hours prior to their MEC visit or is within the 5-day isolation period for active COVID infection.

COQ.060	{Have you/Has SP} ever had an antibody blood test to determine if {you/s/he/SP} had coronavirus or COVID-19 in the past?
	YES 1
	NO 2 (COQ.080)

The next question asks if the SP was ever tested for COVID-19 antibodies, which is usually done through a blood test. An answer of “YES” to the question will again lead to follow-up questions asking if any of the test results were positive, and if so the date of the most recent positive test. Please note that these questions are meant to collect information on SPs’ test history on COVID antibody blood tests, regardless of the reason(s) they took the test (for work, travel, or for checking immune responses).

COQ.080 {Have you/Has SP} **ever** received a vaccine for COVID-19?

YES 1
NO 2 (COQ.100)

COQ.086 How many doses of COVID-19 vaccine {have you/has he/has she/has SP} received? Please include booster shots and any additional doses.

INTERVIEWER INSTRUCTION:
IF THE RESPONDENT HESITATES OR IS NOT SURE ABOUT THE ANSWER, ENCOURAGE THE RESPONDENT TO GET THE VACCINE CARD OR CHECK THE VACCINATION RECORD TO HELP ANSWER THE QUESTION.

||_|
ENTER THE NUMBER OF DOSES

COQ.087/088 Which COVID-19 vaccine did {you/SP} receive {for your/for his/for her/for SP's} {first/second/third/fourth/... dose}? Was it Johnson & Johnson, Moderna, Pfizer-BioNTech, or something else?

INTERVIEWER INSTRUCTION:
IF THE RESPONDENT HESITATES OR IS NOT SURE ABOUT THE ANSWER, ENCOURAGE THE RESPONDENT TO GET THE VACCINE CARD OR CHECK THE VACCINATION RECORD TO HELP ANSWER THE QUESTION.

VACCINE	BRAND	OTHER BRAND	MONTH	YEAR	ANY OTHERS?
1 st Dose					
2 nd Dose					
3 rd Dose					
...					

JOHNSON & JOHNSON
(JANSSEN) 1
MODERNA 2
PFIZER-BIONTECH..... 3
OTHER..... 4 (COQ.088)

COQ.095m/y In what month and year did {you/he/she/SP} receive the {first/second/third/fourth/... dose of the} vaccine for COVID-19?

INTERVIEWER INSTRUCTION:
IF THE RESPONDENT HESITATES OR IS NOT SURE ABOUT THE ANSWER, ENCOURAGE THE RESPONDENT TO GET THE VACCINE CARD OR CHECK THE VACCINATION RECORD TO HELP ANSWER THE QUESTION.
PROBE FOR ANY MISSING PORTIONS OF DATE.
REVIEW THE ENTRIES WITH THE RESPONDENT ONCE THE ENTIRE GRID IS COMPLETED.

||_|
ENTER MONTH

||_|_|_|
ENTER YEAR

Following test history, a set of questions ask about vaccination history for COVID-19. For SP's who reported receiving a vaccine, the first follow-up question asks for the number of COVID-19 vaccine doses received. On the next screen, a grid appears with the number of rows equal to the number of doses reported. On this grid, you will collect information on the brand of COVID-19 vaccine that was received (BRAND and OTHER BRAND), and the month and year each dose was received. If the SP received a vaccine brand other than one of the three approved vaccine brands in the United States, you will select OTHER for BRAND to go to OTHER BRAND. OTHER BRAND contains a look up list using the trigram search function of the currently approved vaccines throughout the world. Enter at least three letters into the trigram search to look up and select the correct vaccine.

Administer this grid by asking for the brand of each dose first and then go back and collect the date each dose was received. The grid will allow you to ask questions in this order. If you need to add or remove doses once on the grid, use the ANY OTHERS dropdown to adjust the number of rows. Do not go back and change the number of doses on the previous screen.

Several edit checks are in place for these response options. For example, CAI will ask you to confirm that the SP received any number of doses above 10. An edit check will also appear if the year entered for the vaccination date is out of range or if the dates for the doses are not in chronological order.

Please note that antibody shot(s) SPs received as part of the treatment during the course of a COVID-19 infection should not be counted as COVID-19 vaccinations. If this is reported, please simply acknowledge it, then further probe whether a COVID-19 vaccine was received.

When the SP goes to the MEC, this vaccination information will be available to the MEC staff during the interview. At that time, MEC staff will ask if the SP received any additional COVID-19 vaccine doses since the SP interview. If so, the additional vaccine information will be collected at that time.

After vaccination history, the next question asks whether the SP had an overnight hospital stay for a suspected or confirmed case of COVID-19. The information on overnight hospital stays will help us better understand the severity of the disease and complements the self-reported severity question described above.

COQ.160 Turn to card COQ1. Did {you/SP} experience any symptoms **four weeks or later** after being infected with COVID-19 or suspecting to have been infected with COVID-19? These symptoms can sometimes appear after recovering from the initial infection. Please look at card COQ1 for some examples of commonly reported post-COVID symptoms.

HAND CARD COQ1

INTERVIEWER INSTRUCTION:
IF INFECTED WITH COVID-19 MULTIPLE TIMES, CODE ANY EXPERIENCE OF POST-COVID SYMPTOMS AS YES.

DAY 1 OF A COVID-19 INFECTION IS THE FIRST FULL DAY AFTER THE SP STARTED EXPERIENCING SYMPTOMS. IF THE SP DID NOT HAVE ANY INITIAL SYMPTOMS, IT IS THE FIRST FULL DAY AFTER THE SAMPLE WAS COLLECTED FOR THE POSITIVE COVID-19 TEST.

- YES 1
- NO 2 (COQ.110)
- REFUSED 7 (COQ.110)
- DON'T KNOW..... 9 (COQ.110)

COQ.170 {}Among all of the post-COVID symptoms that {you have/SP has} experienced, which ones bothered
COQ.1700 {you/him/her/SP} **the most**? You can tell me up to three different symptoms. You can refer again to card COQ1 for some examples of commonly reported post-COVID symptoms.{}

What is the {first/second/third} symptom that bothered {you/SP} the most?

HAND CARD COQ1

ITEM	SYMPTOM	OTHER SYMPTOM	ANY OTHERS?
1			
2			
3			

- CHANGE OR LOSS OF SMELL OR TASTE..... 10
- CHANGES IN MENSTRUAL CYCLES..... 11
- CHEST PAIN 12
- COUGH 13
- DEPRESSION OR ANXIETY 14
- DIARRHEA 15
- DIFFICULTY BREATHING OR SHORTNESS OF BREATH 16
- DIFFICULTY THINKING OR CONCENTRATING (SOMETIMES REFERRED TO AS "BRAIN FOG") 17
- DIFFICULTY WITH MEMORY 18
- DIZZINESS WHEN YOU STAND UP (LIGHTHEADEDNESS)..... 19
- FAST-BEATING OR POUNDING HEART (ALSO KNOWN AS HEART PALPITATIONS) 20
- FEVER 21
- HEADACHE..... 22
- JOINT OR MUSCLE PAIN..... 23
- PINS-AND-NEEDLES FEELINGS..... 24

RASH	25
SLEEP PROBLEMS	26
STOMACH PAIN	27
SYMPTOMS THAT GET WORSE AFTER PHYSICAL OR MENTAL EFFORT (ALSO KNOWN AS “POST-EXERTIONAL MALAISE”)	28
TIREDDNESS OR FATIGUE THAT INTERFERES WITH DAILY LIFE	29
OTHER SYMPTOM	666 (COQ.1700)
REFUSED	777
DON'T KNOW	999

COQ.180 The next few questions refer to **all** of the post-COVID symptoms that {you have/SP has} experienced.

In the last 30 days, have **any** of these symptoms reduced {your/SP's} ability to carry out day-to-day activities compared with the time before {you/he/she/SP} had COVID-19? Would you say...

yes, a lot;	1
yes, a little; or	2
no, not at all?	3
REFUSED	7
DON'T KNOW.....	9

HELP SCREEN:

Post-COVID symptoms: These refer to any new, recurring, or ongoing symptoms you experienced **four weeks or later** after being infected with COVID-19 or suspecting to have been infected with COVID-19. These symptoms can sometimes appear after recovering from the initial infection.

COQ.190 {Do you/Does SP} still experience **any** of these symptoms **now**?

YES	1
NO	2
REFUSED	7
DON'T KNOW.....	9

COQ.200 How long {did/have} these symptoms {last/lasted}? {Was it/Has it been}...

INTERVIEWER INSTRUCTION: WHEN DETERMINING HOW LONG SYMPTOMS LASTED, CONSIDER THE TOTAL AMOUNT OF TIME BETWEEN THE START OF THE FIRST SYMPTOM AND THE END OF THE LAST SYMPTOM (OR UNTIL NOW, IF STILL EXPERIENCING SYMPTOMS).

1 month to less than 2 months,	1
2 months to less than 3 months,	2
3 months to less than 6 months,	3
6 months to less than 9 months,	4
9 months to less than 12 months, or.....	5
12 months or more?	6
REFUSED	77
DON'T KNOW.....	99

Some people who have been infected with the virus that causes COVID-19 can experience long-term effects from their infection, known as post-COVID conditions or long COVID. The next set of questions ask about long COVID if the SP reported earlier in the section that s/he:

1. Either had COVID-19 or maybe had COVID-19 (COQ.010), or
2. Either tested positive for COVID-19 or did not receive the results of testing for COVID-19 (COQ.040).

Up to five questions, including a data collection grid for symptoms, are asked depending on the responses to each question. As with any other section in the questionnaire, trust the instrument to route you to the appropriate questions.

The intention of the first question in this series (COQ.160) is to find out if the SP experienced long COVID. Long COVID is defined as experiencing any post-COVID symptoms **four weeks or later** after being infected with COVID-19 or suspecting to have been infected with COVID-19. These symptoms can be new symptoms, recurring (meaning starting, stopping, and starting again) symptoms, or ongoing symptoms from the original COVID-19 infection. Direct the SP to hand card COQ1 that lists examples of some of the more common post-COVID-symptoms to help the SP think about these types of symptoms. Note that the card does not list all possible symptoms.

There is also interviewer instruction available on the screen to help you. The first instruction lets you know to count any experience of post-COVID symptoms as YES. The second instruction helps you calculate if the symptoms meet the criteria for four weeks or later (28 days or later) after a COVID-19 infection. The SP should consider day 1 of the initial COVID-19 infection as the first full day after experiencing symptoms. If the SP did not have any symptoms associated with the initial COVID-19 infection, day 1 it is the first full day after the sample was collected for the positive COVID-19 test.

The next question (COQ.170/COQ.170O) asks about the SP's most bothersome symptoms. The SP can select up to three symptoms that s/he believes bother or bothered him/her the most. The term bothersome is subjective, so if you are asked what this means, reassure the SP it is up to his or her interpretation. When you record the most bothersome symptoms on the grid, you do not need to list them in order of most to least bothersome.

Hand card COQ1 is referred to the SP again here to help them recall the symptoms. However, their reported symptoms should not be limited to the ones listed on the card. If the symptom is not in the lookup list, select “**Other symptom” and enter the symptom in the next field.

The next three questions (COQ.180-COQ.200) refer to all of the symptoms the SP has experienced. The SP should think about all post-COVID symptoms s/he has experienced and not limit them to the most bothersome symptoms that were just listed in the previous grid. For COQ.200, there is interviewer instruction available to help your SP determine how long the symptoms lasted. It is the total amount of time between the start of the first symptom and the end of the last symptom. For example, if the SP started having headaches on day 7, felt better for a week, then developed fatigue on day 20 and experienced that symptom for another month, you would count the time from day 7 when the headaches started until the end of the fatigue. In this example, that is about a month and a half of time. You will probe to confirm the response option should be “1 month to less than 2 months.”

Administer the four final COVID-related questions to all SPs. They ask if the SP has been diagnosed with a weakened immune system, is taking medication for a weakened immune system, if anyone else in the household ever tested positive for COVID-19, and if the SP received a flu vaccination in last 12 months.

The items related to immune response will help researchers better understand if participants were more susceptible to more severe COVID-19 disease; and/or did not have detectable antibodies on serology due to their weakened immune systems not being able to generate antibodies. While chronic diseases like heart disease and obesity do put people at higher risk of having a more severe course of COVID, these are different from illnesses (such as HIV infection or AIDS) that directly impact the immune system or illnesses (such as lupus or cancer) that have treatment resulting in a weakened immune system. The recommended vaccine course for immunocompromised persons are different from those used in the general population, including people with heart disease or obesity. An online HELP screen is available in your instrument to provide more detailed examples of people considered to be immunocompromised. Please familiarize yourself with the content in the HELP screen, and refer to it when you encounter respondent questions.

The purpose of the final two items is to understand transmission of the virus within the household, and to potentially rule out influenza as a possible cause of any COVID-19 like symptoms that may cause illness.

Early Childhood (ECQ)

This section collects information about the SP's birth weight and weight history. The target group is SPs aged birth to 15 years.

ECQ.071 Next, I have some questions about [SP's] birth. How much did {SP} weigh at birth?

INTERVIEWER INSTRUCTION: IF ANSWER GIVEN IN POUNDS ONLY, PROBE FOR OUNCES. IF ANSWER GIVEN IN EXACT POUNDS, ENTER NUMBER OF POUNDS AND 0 OUNCES. ENTER WEIGHT IN POUNDS, KILOGRAMS OR GRAMS.

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.

Following the birth weight questions, two weight history questions are asked for SPs aged 2 to 15 years.

Hospital Utilization and Access to Care (HUQ)

This section consists of questions to determine the overall utilization of health care services by the SP. SPs of all ages are first asked about the perception of their general health and then asked about their access to health care. Definitions for terms used in this section are on the Help screens.

HUQ.030	Is there a place that {you/SP} usually {go/goes} to if {you are/he is/she is/SP is} 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.” First probe by asking, “Is there a place you usually go?” If the respondent still provides more than one response, 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.

For SPs having a place or places that they can usually go to for health care as needed, a follow-up question asks them to identify the type of place they went to most often.

This section also asks if the SP had access to telemedicine or received mental health services in the past 12 months.

Immunization (IMQ)

The questions in the IMQ section are about the SP's immunization history. The target group of this section depends on the vaccine of interest. SPs aged 2 years and older are asked about their vaccinations for hepatitis A, whereas SPs aged 9 to 49 years are also asked about their human papillomavirus (HPV) vaccinations.

Medical Conditions (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 children younger than 6 years 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 for 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>MCQ.220 {Have you/Has SP} ever been told by a doctor or other health professional that {you/s/he/SP} had cancer or a malignancy of any kind?</p> <p style="text-align: right;">YES 1 NO 2</p>
--

For an SP who answers “YES” to this question, there is a follow-up question that asks for the type of cancer.

<p>MCQ.230 What kind of cancer was it?</p> <p>ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3, ENTER 66 AS THE 4TH RESPONSE.</p> <p style="text-align: center;">() () () ()</p> <p style="text-align: center;">{LIST OF DIFFERENT KINDS OF CANCERS WITH NUMERIC CODES}</p>
--

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.

CAI 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 CAI will accept as the fourth entry.

Also note that CAI 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.).

<p>OSQ.230 The following question is about metal objects you may have inside your body.</p> <p>{Do you/Does SP} have any artificial joints, pins, plates, metal suture material, or other types of metal objects in {your/his/her/SP's} body? Some common examples are displayed on card OSQ1.</p> <p>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.</p> <p>HAND CARD OSQ1</p> <p>YES 1 NO 2</p>
--

This question asks about metal objects inside SPs’ 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 bloodstream 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 infection for SPs aged 6 years and older.

Kidney Conditions (KIQ)

The Kidney Conditions section asks whether the SP has weak or failing kidneys. If the respondent answers “YES,” a follow-up question asks about kidney dialysis. This section is asked of SPs aged 20 years and older.

Diabetes (DIQ)

The Diabetes section is asked of SPs aged 1 year and older. The first question is designed to determine if the SP has been diagnosed with diabetes. If a diagnosis has been received, follow-up questions are asked to determine age at diagnosis and treatments.

DIQ.010	{Other than during pregnancy, {have you/has SP}/{Have you/Has SP}} ever been told by a doctor or other health professional that {you have/{s/he/SP} has} 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.”

Blood Pressure (BPQ)

This section focuses on **high blood pressure (hypertension)** and another major risk factor for cardiovascular disease, **high blood cholesterol**. Specifically, the questions seek information on awareness of high blood pressure and/or high blood cholesterol, and treatment. These questions are asked of SPs aged 16 years and older. When the SP visits the MEC, s/he will have her/his blood pressure measured and blood samples taken and tested for cholesterol levels.

BPQ.020	{Have you/Has SP} ever been told by a doctor or other health professional that {you had/{he/she/SP} had hypertension, also called high blood pressure?
	INTERVIEWER INSTRUCTION: IF SP SAYS “HIGH NORMAL BLOOD PRESSURE”, “BORDERLINE HYPERTENSION” OR “PREHYPERTENSION” CODE NO.
	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.”

Audiometry (AUQ)

This section is concerned with **hearing problems**. All SPs aged 1 year and older will be asked questions about their self-reported hearing status, and about causes of hearing loss for those having trouble hearing. SPs 20 years and older will be asked additional questions on time of last hearing test, and hearing difficulty with background noise. 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/SP's} hearing is excellent, good, that {you have/s/he/SP 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.”

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.

Oral Health (OHQ)

The Oral Health section asks the SP's perception of their overall dental health and the SP's experience of mouth aching in the past year to all SPs aged 1 year and older. SPs aged 20 years and older receive additional questions about their perception of the quality of life due to dental issues.

Physical Activity and Physical Fitness (PAQ)

The Physical Activity and Physical Fitness section is asked of SPs aged 2 to 11 years and 16 years and older. Questions asked in the section vary by age groups. Adults 18 years and older are asked

how often they participate in moderate and then vigorous leisure-time activities (times per week, per month or per year) and then the frequency of each exercise activity (minutes or hours). They are also asked about the length of time they spent every day sitting. Children 2-11 years old and young adults 16-17 years are asked how often they were physically active for at least 60 minutes per day in the past 7 days, and their daily screen time during school years.

PAQ.790 The next questions are about physical activities such as exercise, sports, or physically active hobbies that you may do in your **leisure** time. We are interested in two types of physical activity: moderate and vigorous intensity. Moderate-intensity activities cause moderate increases in breathing or heart rate whereas vigorous-intensity activities cause large increases in breathing or heart rate.

How often {do you/does SP} do **moderate-intensity leisure-time** physical activities?

ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH, OR YEAR)

PAQ.800 About how long {do you/does SP} do these moderate leisure-time physical activities each time?

PROBE IF NEEDED: Moderate-intensity activities cause moderate increases in breathing or heart rate.

ENTER NUMBER OF MINUTES OR HOURS

These two questions ask about **moderate-intensity leisure-time** activities. It is important that the respondent focus on the distinction between these activities in the questions. Read each question slowly and emphasize the kind of activity you are asking about in the text of the question. There may be some overlap between vigorous and moderate leisure-time activities if the activity is sometimes “vigorous” and sometimes “moderate.” If the individual is uncertain as to whether or not the physical activity engaged in was moderate, emphasize that this activity should have resulted in **moderate increases** in breathing or heart rate. A soft edit check will appear if a value greater than 120 minutes or 2 hours is recorded. A hard edit check will appear if the value is 24 hours or more.

PAQ.810 How often {do you/does SP} do **vigorous-intensity leisure-time** physical activities?

ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH, OR YEAR)

PAQ.820 About how long {do you/does SP} do these vigorous leisure-time physical activities each time?
PROBE IF NEEDED: Vigorous-intensity activities cause large increases in breathing or heart rate.

ENTER NUMBER OF MINUTES OR HOURS

These questions ask about the SP’s participation in **vigorous-intensity** exercise, sports, or physically active hobbies in his or her **leisure time** that caused **large increases** in breathing or heart rate. If the individual is uncertain as to whether or not the physical activity engaged in was vigorous, emphasize that this activity should have resulted in heavy breathing or large increases in breathing or heart rate. Similar to moderate intensity leisure-time activities, a soft edit check will appear if a value greater than 120 minutes or 2 hours is recorded. Any value of 24 hours or more will result in a hard error message.

PAQ.680 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.
Q/U

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. An edit check will appear if the total amount of time reported doing moderate intensity leisure-time activities, vigorous intensity leisure-time activities, and sitting is greater than 24 hours in a single day.

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/SP} physically active for a total of **at least 60 minutes per day**? Add up all the time {you/he/she} spent in any kind of physical activity that increased {your/his/her/SP’s} heart rate and made {you/him/her/SP} 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 aged 2-11 and 16-17 receive this question, which reflects one of the recommendations for children and adolescents from the 2018 Physical Activity Guidelines for Americans. The last question asks about their daily screen time: television watching and computer use. Adolescents 12-15 years are asked to respond to these two questions (PAQ.706 and PAQ.711) on their own in the MEC.

Functioning (FNQ)

This section consists of 12 questions for adults 18 years and older, and 16 questions for children 5 to 17 years.

The adult questions are from the Washington Group Short Set on Functioning – Enhanced (WG-SS Enhanced) questionnaire that is developed by the Washington Group on Disability Statistics (WG). These questions ask for information on difficulties a person may have in undertaking basic functioning activities, including seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, communication (expressive and receptive), upper body activities, and affect (depression and anxiety).

The children questions are from the Washington Group/UNICEF Module on Child Functioning (UNICEF: the United Nations International Children’s Emergency Fund). These questions are designed to assess functional difficulties in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions. The purpose is to identify the subpopulation of children who are at greater risk than other children of the same age or who are experiencing limited participation in an unaccommodating environment.

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. Reference the corresponding hand cards, as prompted by the screens, that list the response options for this set of questions. For questions in which the answer categories were already read to the SP in a previous FNQ question, some of the question text appears in brackets and is optional reading. 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?

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 20-69 years of age. 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 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.341 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 bothered {you/SP} the most?

- | | |
|------------------------------------|---|
| Vertigo | 1 |
| Blurring vision | 2 |
| Unsteadiness | 3 |
| Light-headedness or fainting | 4 |

Respondents are also asked additional questions related to problems with balance and whether the SP has received treatment from a doctor. Most questions in this section include help text that further defines key terms included in the question.

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. In this section, sleep duration is determined by obtaining times that the SP falls asleep and wakes during the week and on weekends. The rationale for obtaining sleep duration is to examine the prevalent U.S. pattern of changing sleep schedules on school/workdays (or shift work schedules, or

disease-related burden) and how it influences metabolic and cardiovascular risk in mechanistic clinical studies and epidemiology.

SLQ.300 The next set of questions is about {your/SP's} sleep.

What time {do you/does SP} usually fall asleep on weekdays or workdays?

|_|_| : |_|_| ENTER AM OR PM
HH MM

INTERVIEWER INSTRUCTION: 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

INTERVIEWER INSTRUCTION: 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

INTERVIEWER INSTRUCTION: 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

INTERVIEWER INSTRUCTION: 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 usually 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 sleep and wake times are more or less the same 7 days in the week, verify these times and enter at SLQ.320 and SLQ.330.

Sleep hours for employed adults are often related to work schedules but can be related to other obligations such as child care, school, or other household or outside tasks. Please consider that not everyone works, or works the typical Monday-Friday, 9AM to 5PM workweek. Verify 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. Note that respondents, themselves, may also mix up AM and PM, especially when referring to midnight. Please pay close attention and always confirm with the SP if the AM/PM seems to be referenced incorrectly. Remember, we are asking for usual or typical times to be reported.

Obtaining sleep hours can be difficult and requires both careful listening and probing. 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, and then gets out of bed to begin daily routines. Older persons have said, “I really don’t sleep”; others report sleeping and periodically getting out of bed throughout the night, and napping much of the day. Obtain the times that would result in the longest period of sleep, whether that is during the day or night.

CAI calculates “hours of sleep” after you enter both times and you will see pop-up notes if hours total less than 4, or more than 12. “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.” While you may want to probe respondents who provide times of falling asleep and waking that would amount to less than four hours, you also want to make sure that you entered the correct times, including AM or PM. Do not simply read the pop-up note to the respondent if the sleep hours calculated are either below 4, or over 12. As necessary, let the respondent know that you need to review the times once again and verify them, by repeating the actual time that you heard them report.

Hours of sleep cannot be determined if either sleep or wake time is not recorded, so be reluctant to accept “Don’t Know” as a response. Probe and ask them not to worry if they are not certain; a best guess here is fine.

Diet Behavior and Nutrition (DBQ)

This section contains questions about the SP’s general eating habits, meals, or food provided by various community or government programs, and their role in food preparation and shopping in the family. 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 participation.

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.”

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

Was {SP} 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 {SP} when {he/she/SP} was **first** fed formula?

INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS.

ENTER NUMBER AND UNIT 1
NEVER 2

Enter the child’s age when s/he was first fed formula, even if the child was then 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 {SP} was given other than breast milk or formula. Please include juice, cow’s milk, sugar water, baby food, or anything else that {SP} might have been given, even water.

How old was {SP} when {he/she/SP} was first fed anything other than breast milk or formula?

INTERVIEWER INSTRUCTION:
DO NOT COUNT MEDICATIONS, VITAMIN DROPS, OR SMALL AMOUNT OF WATER THAT WAS USED FOR ORAL HYGIENE PURPOSES.

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.

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)

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. This question is intended to serve as a gate question for administering questions on school meal programs in which breakfasts and/or lunches are provided by the school. If the student is home schooled, the response should be coded as “NO” to question DBQ.360. Due to the pandemic, if a SP is attending school through e-learning/virtual learning at home, the response for her/him should still be coded as “Yes.”

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)

DBQ.400 Does {your/SP's} school serve a **complete** breakfast that costs **the same every day**?

YES 1
NO 2 (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). If due to the pandemic, the child is attending school through e-learning/virtual learning at home, and the school system provides meal service for the family to pick up from assigned locations, the responses should be coded as “Yes.”

FSQ.673 Is {SP} **now** receiving benefits from the WIC program?

YES 1
NO 2

FSQ.675 Did {SP} receive benefits from WIC when {he/she/SP} was less than one year old?

YES 1
NO 2

FSQ.682 Did {SP} receive benefits from WIC when {he/she/SP} {was/is} between the ages of {1 to {SP AGE}/4} years old/12 to {SP AGE} months old)?

YES 1
NO 2

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.

DBQ.930 {Are you/Is SP} the person who does **most** of the planning **or** preparing of meals {in your/his/her/SP's family)?

INTERVIEWER INSTRUCTION: 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/his/her family)?

INTERVIEWER INSTRUCTION: 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 are included 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 and about the SP's attempts to lose weight in the past 12 months. Weight History is asked of SPs aged 16 years and older.

WHQ.010 These next questions ask about {your/SP's} height and weight.

How tall {are you/is SP} without shoes?

ENTER HEIGHT IN FEET AND INCHES OR CENTIMETERS

- 1 ENTER HEIGHT IN FEET AND INCHES
- 2 ENTER HEIGHT IN CENTIMETERS

The first question is a gate question that requires you to indicate whether you will enter the response for reported height 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 ½ feet”), record in feet and inches – 6 feet, 6 inches.
- If inches are given as a fraction measurement, use the rounding rule and drop the fraction.
- Probe a DK response by saying, “The last time SP was measured, how tall was s/he?” A best estimate is sufficient.

The WHQ section also contains a gate question that requires the interviewer to indicate whether the weight response will be entered in pounds or kilograms.

Care must be taken in entering the response to the gate question. For example, if the interviewer mistakenly enters a “2” in the gate question indicating that the weight response will be entered in kilograms, and actually the reported weight is 150 pounds, the SP's final calculated weight will be 2.2 x 150 or 330 pounds.

WHQ.025 How much {do you/does SP} weigh without clothes or shoes? [If {you are/she/SP is} currently pregnant, how much did you/she/SP 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.

- 1 ENTER NUMBER OF POUNDS
- 2 ENTER NUMBER OF KILOGRAMS

As indicated on the screen, weight may be entered in pounds or kilograms. A gate question will be asked to require 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 or SPs with an unidentified gender aged 16 to 59 years during the time period referenced.

Smoking and Tobacco Use (SMQ)

This section includes questions on lifetime and current cigarette smoking habits. SPs aged 18 years and older 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 but 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. Thus, many 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 cigarette use. If a respondent never smoked 100 cigarettes, s/he will skip to the end of the section.

<p>SMQ.022 These next questions are about cigarette smoking.</p> <p>Please look at card SMQ1. Have you smoked at least 100 cigarettes in {your/his/her/SP’s} entire life? This hand card shows you the products we would like you to include and not include when answering this question.</p> <p>HAND CARD SMQ1</p> <p style="text-align: right;">YES 1 NO 2</p>
--

<p>SMQ.040 {Do you/Does SP} now smoke cigarettes...</p> <p style="text-align: right;">every day 1 some days, or 2 not at all? 3</p>
--

The word “Now” in SMQ.040 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.”

Persons reporting smoking “some days” will be asked SMQ.641 to ascertain the number of days they smoked cigarettes in the past 30 days; “every day” smokers will not be asked this question.

“Every day” and “some days” current smokers are asked about the type of cigarettes s/he usually smokes.

<p>SMQ.657 {Do you/Does SP} usually smoke menthol or non-menthol cigarettes?</p> <p>ENTER '1' FOR MENTHOL ENTER '0' FOR NON-MENTHOL</p> <p style="text-align: right;">MENTHOL 1 NON-MENTHOL 0</p>
--

Occupation (OCQ)

This section of the questionnaire obtains information about the SP’s employment status and usual work hours. Questions in this section are asked of SPs aged 16 years and older.

Note the following definitions with respect to Question **OCQ.152**.

<p>OCQ.152 In this part of the survey, I will ask you questions about {your/SP’s} work experience.</p> <p>Which of the following {were you/was SP} doing last week . . .</p> <p style="text-align: right;">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</p>

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 that 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.)
 - (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 newspapers. 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 6 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 the 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.”
- M. 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.”

OCC.180 How many hours did {you/SP} work **last week** in total at **all** jobs or businesses?

ENTER NUMBER OF HOURS

OCE.180 asks the number of hours the SP actually worked last week. Hours worked will include overtime if the SP worked overtime for most of the week during the last week. 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.

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, in what state the SP was born, 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 **Next please look at card DMQ1.** What is the **highest** grade or level of school {you have/SP has} **completed** or the **highest degree** {you have/s/he/SP has} **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. Direct the respondent to look at the hand card and pay attention to his/her response. Probe 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/SP} to be Hispanic, Latino, or of Spanish origin?

READ IF NECESSARY: Where {do your/his/her/SP's} ancestors come from?

- Puerto Rico
- Cuba
- Dominican Republic
- Mexico
- Central/South America
- Other Latin American Countries
- Other Hispanic or Latino Countries

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-entered 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.

DMQ.253 Look at card DMQ2. 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 {your/SP's} ancestors come from?

HAND CARD DMQ2
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

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 (“OTHER”) should not be selected if the SPs says they are “PERUVIAN” since it’s a valid response category.

DMQ.263 What race or races {do you/does SP} consider {yourself/himself/herself/SP} to be? Please select one or more.

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

The self-report race question is exactly the same question that is asked in the Screener. It is very important that you read each response option carefully. 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.

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

If the SP considers him/herself Hispanic and selects “OTHER” race, DMQ.266 appears. **Do not enter a response as OTHER SPECIFY if a code can be used.**

DMQ.350 Which of the following groups represents {your/SP's} Native Hawaiian or Pacific Islander origin or ancestry. Please select one or more of these categories.

PROBE: Where do {your/SPs} ancestors come from?

Native Hawaiian.....	1
Guamanian Or Chamorro	2
Samoan	3
Other Pacific Islander	4

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).

DMQ.281a The National Center for Health Statistics will conduct statistical studies by combining {your/his/her/SP's} 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. What is {your/SP's} Social Security Number?

IF RESPONDENT CANNOT RECALL FROM MEMORY ASK {HIM/HER} TO GET CARD AT THIS TIME. IF SP IS 16-17 YEARS OLD (AND NOT AN EMANCIPATED MINOR) AND DOESN'T KNOW SSN OR HAVE CARD, ASK {HIM/HER/SP} TO ASK PARENT/GUARDIAN FOR HELP. IF SP IS RELUCTANT OR UNABLE TO ASK FOR HELP, DO NOT READ CONVERSION TEXT TO {HIM/HER/SP}. RECORD DK/RF TO CONTINUE.

IF RESPONDENT IS 18+ YEARS OLD AND IS RELUCTANT OR NEEDS MORE INFORMATION OR REFUSES, READ CONVERSION TEXT: [I understand your concern.] By matching NHANES data with other health-related records, researchers can study health conditions like heart attacks and diabetes in depth. They can also better understand health care use and health care costs for all Americans. These findings will help doctors assist patients in making smart choices. These types of studies will not be possible if we don't have the Social Security number to match the NHANES data to records from other sources. I can share examples of these studies with you if you like. May I please have {your/SP's} Social Security Number?

IF ASKED FOR EXAMPLES, READ:

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

ENTER SOCIAL SECURITY NUMBER 1
DOES NOT HAVE SOCIAL SECURITY NUMBER..... 2

The Social Security number question (DMQ.281a) focuses on how the information will be used. The question consists of the introductory text required by the Ethics Review Board, and a Social Security number is not asked for until after the required statement is read. Social Security numbers must include all nine digits, as the last four 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, as long as the respondent is 18+ years old. You should never read conversion text to a 16-17 year old SP, unless s/he is an emancipated minor. Additionally, the interviewer must state on the audio recordings for subsequent interviews that the same respondent has already completed at least one interview.

Below the introduction text and the actual question, there is a set of interviewer instructions, including conversion text and help text, to assist you with reluctant respondents. The conversion text must be read for all respondents who refuse to provide a Social Security number. The NHANES SP questionnaire includes a variety of information on diet, smoking, medication use, physical activity, access to health care, and demographics. Physical exams may include body composition, blood pressure, and liver elastography, 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. The conversion text includes three examples of data linkage if the respondent is still not clear about what this means and wants more information.

If the respondent will complete multiple interviews (e.g., one for himself and each of his three children) and has refused to provide a 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 CAI to record this verbal note. Then, you may enter “Refused,” omit the refusal conversion text, and move on to the next question.

If the respondent does not remember his/her Social Security number 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. If the respondent is 16-17 years old, you can also ask him/her to ask a parent or guardian for help.

Acculturation (ACQ)

The Acculturation section asks respondents aged 3 years and older about the language s/he speaks at home. SPs get one of the two language questions below, depending on whether the SP was identified as Hispanic, Latino, or of Spanish origin in the Demographics section.

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?

ONLY SPANISH	1
MORE SPANISH THAN ENGLISH.....	2
BOTH EQUALLY	3
MORE ENGLISH THAN SPANISH.....	4
ONLY ENGLISH	5

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 10 of this manual) and are available in the help screen in CAI for applicable questions in this section.

HIQ.260 Look at card HIQ2. {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. You can view an example on the card.

HAND CARD HIQ2

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

Please look at your Medicare card and tell me the Medicare number on the card. 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 purposes. Providing the Medicare 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.]

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
ENTER MEDICARE NUMBER

If an SP reports having Medicare, you will ask for his/her Medicare number, also officially known as a Medicare Beneficiary Identifier (MBI). You must get the Medicare number from the SP. This number is listed on the Medicare card and used as the claim number by his/her doctor’s office. Please note that the Medicare number has changed. Each person with Medicare should have a new Medicare card with the new MBI number beginning in 2019. The old Medicare Health Insurance Claim number (that sometimes is the same as the SP’s Social Security number) was no longer accepted for claims starting in January 2020. Hand card (HIQ2) shows an example of the new Medicare card and claim number.

Prescription Medication (RXQ)

The RXQ section covers the use of prescription medications and aspirin. This section is administered for all SPs.

RXQ.033

In the **past 30 days**, {have you/has SP} 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. {Please remember to include any prescription birth control products that you are taking or using such as pills or patches.} Do not include prescription vitamins or minerals.

YES 1
NO 2

You will first ask if the SP has taken or used medications for which a prescription was needed in the **past 30 days**. Prescription vitamins or minerals, such as prenatal vitamins, should not be included.

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 or SPs with unidentified gender 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.” If the respondent answers yes to this question, a follow-up question (RXQ.050) asks how many prescription medications were taken in the past 30 days.

RXQ.630 **Since March 2020, {have you/has SP} ever taken or received any medication that was prescribed or ordered by a doctor or other health care professional to treat or prevent COVID-19?**

- YES 1
- NO 2 (BOX 17A)
- REFUSED 7 (BOX 17A)
- DON'T KNOW..... 9 (BOX 17A)

HELP SCREEN:

Doctor: The term refers to both doctors of medicine (M.D.s) and doctors of osteopathic medicine (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, but other doctoral degrees such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Health Care Professionals (Health 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, pharmacists, 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, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

RXQ.640 Please look at card RXQ1. Which medications on this card {have you/has SP} taken or received to treat or prevent COVID-19? Please select one or more.

HAND CARD RXQ1

CODE ALL THAT APPLY

ORAL MEDICATION:

- PAXLOVID (NIRMATRELVIR/RITONAVIR) 1
- LEGAVRIO (MOLNUIRAVIR) 2
- STEROIDS (E.G., DEXAMETHASONE)..... 3
- IMMUNOMODULATORS (E.G., OLUMIANT, XELJANZ, JAKAVI)..... 4
- OTHER ANTI-INFECTIVES (E.G., AZITHROMYCIN, IVERMECTIN, CHLOROQUINE, HYDROXYCHLOROQUINE, KALETRA) 5

IV- INFUSION/INJECTION:

VEKLURY (REMDÉSIVIR)	6
MONOCLONAL ANTIBODIES (E.G., BEBTELOVIMAB, EVUSHELD, SOTROVIMAB, BAMLANIVIMAB/ETESEVIMAB, REGEN-COV)	7
STERIODS (E.G., DEXAMETHASONE, METHYLPREDNISOLONE).....	8
IMMUNOMODULATORS (E.G., ACTEMRA, KEVZARA).....	9
COVID-19 CONVALESCENT PLASMA	10
OTHER MEDICATIONS	66
REFUSED.....	77
DON'T KNOW.....	99

Next, the SP is asked if s/he is taking a prescription medication to treat COVID-19. If you enter YES for RXQ.630, RXQ.640 appears next. This question asks about the specific medications the SP took or treatments received. Hand Card RXQ1 lists commonly prescribed medications categorized by either Oral Medication or IV-Infusion/injection. There is also an option for OTHER MEDICATIONS if the SP took something not listed on the hand card. You can select as many options that apply. Be sure to probe for “any others” to get a complete listing of all medications taken.

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?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT VOLUNTEERS THEY HAVE BEEN TOLD TO TAKE AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE "YES".

YES 1
NO 2 (RXQ.520)

RXQ.515 {Are you/Is SP} now following this advice?

YES 1 (DSQ.335)
NO 2 (DSQ.335)
SOMETIMES 3 (DSQ.335)
STOPPED ASPIRIN USE DUE TO SIDE
EFFECTS 4 (DSQ.335)

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?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT VOLUNTEERS THEY ARE TAKING AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE "YES".

YES 1
NO 2

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.

Mailing Address and Other Contact Information (MAQ)

You will administer several additional screens to collect contact information for each SP before ending the SP questionnaire. Ask the SP for his/her complete mailing address. If it is exactly as it appears on the screen, press Enter for each field to confirm entry.

If the SP gives you a different mailing address, record the new information. If the SP has a PO Box, you need to clear the street #, street name, Apt, and Apt # fields. To clear a field, tap on the field or press Enter until you are on the field you want to clear and delete the entry. Be sure to select PO Box from the Apt/Unit/Bldg. dropdown list 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 lists when appropriate. Always verify that the remaining information, city, state, and zip code are the same.

When all corrections are made, press Enter to advance through the fields and continue to the next screen. **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). 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.

You will ask the 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. There is help text available if the respondent questions why we want to collect an email address.

You (or another field interviewer) will have attempted to collect two contact phone numbers for the respondent of the SP questionnaire during gaining cooperation for the SP interview. These phone numbers are to be used by Survey Support staff for quality control purposes and to make reminder calls for MEC appointments. Field interviewers will use these phone numbers to set appointments and conduct interviews. Text message reminders for the MEC exam will also be sent to the respondent of the SP interview as well as SPs aged 12-15 years, with parent/guardian permission.

During the SP interview, the system checks to see if a phone number has already been collected for the respondent. If a phone number has been collected, CAI prompts you to confirm the number with the respondent. If no number has been collected, ask for a phone number and confirm if it is a landline or cell phone. If it is a cell phone, ask for permission to send text message reminders to the number. This process will be repeated for a second phone number. If the SP is 12-15 years old, additional questions will ask for permission to send the SP texts about his/her exam.

Refer to Chapter 3, Section 3.2.2.9, for examples of screens for these questions.

Incentive Card (CCQ)

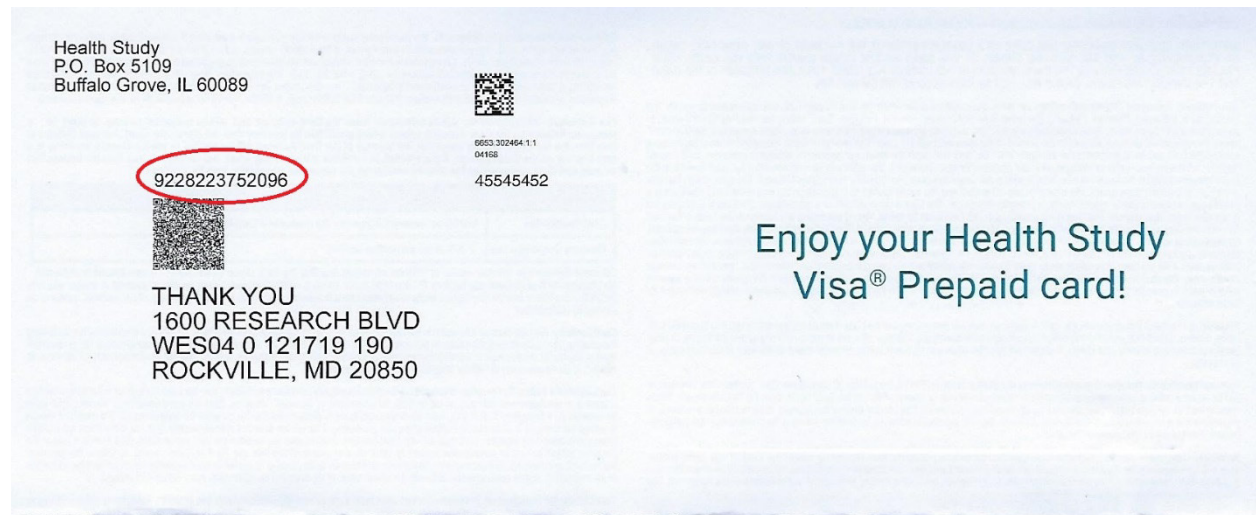
Finally, for all SPs, you will offer an incentive for completing the interview. CAI presents a series of questions to activate a VISA© debit card for the SP. If the interview was scheduled ahead of time, the respondent should have received a blank debit card in the mail. Ask him/her to retrieve the card to continue.

CCQ.020	<p>IF YOU ARE ASSIGNING A NEW DEBIT CARD, TAKE OUT A NEW CARD FROM YOUR SUPPLY OR HAVE THE RESPONDENT TAKE OUT THE ENVELOPE CONTAINING THE CARD CARRIER SHEET FROM THE INTERVIEWER MATERIALS GIVEN TO HIM OR HER BEFORE THE INTERVIEW.</p> <p>{The provided card/This card} is your Health Study debit card. The debit card is a VISA© Card and is accepted anywhere VISA© is accepted. The card cannot be used to withdraw money from an ATM. Your payment will be available for use on the card within 3 business days. You can find answers to most commonly asked questions on the card carrier sheet along with phone numbers to call for additional information.</p> <p>IF RESPONDENT ALREADY HAS CARD CARRIER SHEET READ: Please read to me the 13-digit number shown on the card carrier sheet so I can activate your card now. This number is located in the upper left corner of the sheet above the QR code. It is not the number on the actual debit card.</p> <p>ENTER THE 13-DIGIT NUMBER SHOWN ON THE CARD CARRIER SHEET.</p>
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CCQ.080	<p>My office will assign to you a new VISA© card and mail it to you. The debit card is accepted anywhere VISA© is accepted. The card cannot be used to withdraw money from an ATM. You will be able to find answers to most commonly asked questions on the card carrier sheet along with phone numbers to call for additional information.</p> <p>You should receive your card in the mail within a week.</p> <p style="text-align: right;">REQUEST NEW CARD..... 1</p>
---------	--

If the respondent lost the card, or you are conducting the SP interview immediately after screening, provide the respondent with a new card. If you are conducting the interview in-person, take out a new card from your supply to continue. Enter the 13-digit number displayed on the card carrier sheet (Exhibit 9-3). If you are conducting the interview over the phone, request Field Support to activate and mail a card to the respondent by selecting 1 for CCQ.080. Read the script at CCO.080

Exhibit 9-3. Card carrier sheet



At www.prepaidcardstatus.com
or 1-866-230-3809:

- Check your balance and spend history.
- Get a PIN.
- Update profile. Your card's default profile is NHANES Study, 1600 Research Blvd, Rockville, MD 20850. Many web merchants validate card address at checkout.

For NHANES Study questions, call 1-888-458-4762.
NHANES Support hours are:
Monday – Friday 12:00 noon to 8:00 pm ET.



Spend

Use this card to shop online or add the card to your favorite retailer or restaurant app.



Cash

This card can't be used at an ATM or bank for cash.



Checkout

In-store purchases can be credit or debit. No PIN is needed for credit purchases.

Use your Visa Prepaid card anywhere Visa debit cards are accepted in the U.S. The card may not be used at any merchant, including internet and mail or telephone order merchants, outside of the U.S. See reverse for additional instructions, fees and Cardholder Agreement. Card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc.

verbatim so the respondent receives the essential information related to the card and understands that they will receive the card in the mail within a week.

After the completion of CCQ, if you have selected that the interview is being conducted in person, a few additional questions appear asking about the location and circumstances surrounding the interview. See Chapter 3, Section 3.3.3.5, for details on these questions.

9.4.2 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-SP family head and her/his spouse, and the household in general. Below is a description of each of the eight sections comprising the Family questionnaire and details for selected questions. For details on the Respondent Information Questions that precede the health questions of the Family questionnaire, see Chapter 5.

Demographic Background (DMQ – FAM)

This section collects demographic information for the head of the family **if s/he is not an SP** and for the spouse of the head of the family, **if not an SP**. Information collected includes education level and, for the head of household only, whether s/he was born in the United States and, if so, in which state. Question-level specifications for all of the questions in this section of the Family questionnaire are similar to the ones in the Demographics section for the SP questionnaire (DMQ-SP).

Housing Characteristics (HOQ)

The housing characteristics section consists of a single question that collects the number of rooms in the SP's home. This item has been used with infectious disease analyses as an indicator for household crowdedness.

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 anywhere. So, if a respondent offers that his/her spouse sometime smokes cigarettes, but only in the car or outside on the back porch, the spouse would be counted as a “Smoker.”

SMQ.460	Now I would like to ask you a few questions about smoking in {your/FAMILY SP's} home. How many people who live in {your/FAMILY SP's} home 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
SMQ.470	Not counting decks, porches, or detached garages, how many people who live in {your/FAMILY SP's} home smoke cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product inside the home? _ _ _ ENTER NUMBER OF PERSONS

For SMQ.470, the respondent is asked about the number of persons who specifically smoke **inside** the home. This number should be equal to or fewer than the number reported in SMQ.460.

Consumer Behavior (CBQ)

The questions in the Consumer Behavior section gather data on how much money the family spent on food in the past 30 days, and they ask the respondent to identify the family member who is responsible for the meal planning and food shopping for the family.

CBQ.071 Q/U	<p>The next questions are about how much money {your family spends/you spend/ FAMILY SP spends/FAMILY SP's family spends} 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.</p> <p>During the past 30 days, how much money {did your family/did you/did FAMILY SP/did FAMILY SP's family} spend at supermarkets or grocery stores? Please include purchases made with food stamps. (You can tell me per week or per month.)</p> <p>INTERVIEWER INSTRUCTION: ENTER "0" IF RESPONDENT SAYS NO MONEY WAS SPENT.</p> <p style="text-align: center;">\$ </p> <p style="text-align: center;">NO MONEY SPENT 0</p>
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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 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.

This first question asks about money spent at supermarkets or grocery stores. This includes money spent at physical stores, and purchases made through online options. The intent is to capture all the money the family spent on food.

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.081	Was any of this money spent on nonfood items such as cleaning or paper products, pet food, cigarettes or alcoholic beverages.
	YES 1 NO 2
CBQ.091	About how much money was spent on nonfood items? (You can tell me per week or per month.)
	\$

When people report money spent in grocery stores, they often include the amount from the entire grocery bill, which may include nonfood items such as cleaning or paper products, pet food, cigarettes or alcoholic beverages, even though in the beginning of the previous question, we already specified that we are asking about “money spent on food.” These two follow-up questions are designed to catch the additional nonfood money people may have included in their previous answers.

CBQ.101	During the past 30 days , {did your family/did you/did FAMILY SP/did FAMILY SP's family} spend money on food at stores other than grocery stores? Please do not include money that you have already told me about. Please look at Card CBQ1, which includes some examples of stores other than grocery stores where you might buy food.
	HAND CARD CBQ1
	YES 1 NO 2

To help the respondent recall all the money the family spent on food, this series of questions asks the respondent to consider different places where people may spend money on food. After the first question about money spent at supermarkets or grocery stores, this next question asks about money spent at other stores such as convenience stores (e.g., 7-11, Mini Mart), wholesale stores (Costco, Sam’s Club, BJ’s), Target/Wal-Mart/Kmart, dollar store, bakeries, meat markets, vegetable stands, or farmer’s markets. We are not trying to compare the amount of money spent in supermarkets/ grocery stores with those spent in these other stores. The main focus is to capture all the money the family spent on food. Therefore, if the respondent counted a store like Costco as a grocery store and has reported money spent in Costco in CBQ.071, it is not necessary to return to the previous question to change the answer. However, the interviewer should make sure that the money spent at that store is not reported on this question again.

CBQ.121 Q/U During the **past 30 days**, how much money {did your family/did you/did FAMILY SP/did FAMILY SP's family} 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.) Do not include food carried out or delivered.

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK. ENTER "0" IF RESPONDENT 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 (alone) into this field because then it will be interpreted as the amount for the entire family.

CBQ.131 Q/U During the **past 30 days**, how much money {did your family/did you/did FAMILY SP/did FAMILY SP's family} spend on food **carried out** or **delivered**? Please do not include money you have already told me about. (You can tell me per week or per month.)

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK. ENTER "0" IF RESPONDENT 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 food delivered at home from a Chinese 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 may be asked to answer the Flexible Consumer Behavior Survey (FCBS) phone follow-up interview for the 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 will 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}?
	INTERVIEWER INSTRUCTION: SELECT NAME FROM ROSTER
	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 all family members’ combined income, **regardless of whether the person is an SP or not.**

Income often indicates differences in the ability to obtain adequate healthcare or differences in the ability to afford food for adequate diets to support growth and/or prevent diseases. This information is important for studies 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. Veterans’ 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.200

Now I am going to ask about the **total income** for {you/NAME(S) OF FAMILY MEMBERS/you and NAMES OF FAMILY MEMBERS} in {LAST CALENDAR YEAR}, including income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

\$ _____ ENTER AMOUNT

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 will ask total income for Mary first, and then total income for Bill. The CAI 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.

If there are multiple families within a household, each family will be asked about their own family’s income. The first NHANES family in the household to complete the Family questionnaire will also be asked about the total income for the **whole** household combined, regardless of relationships.

This information is collected to ensure we get a more complete picture of the entire household’s income status in case some families in the household did not complete their income questions. In addition, some families may not have an eligible SP selected; thus, they were not asked to complete a family questionnaire.

Notice that the question asks about the last calendar year, so in 2022, the question asks about income received during 2021.

INQ.235	<p>What is the total income received last month, {LAST CALENDAR MONTH & CURRENT CALENDAR YEAR} by {you/NAMES OF FAMILY MEMBERS/you and NAMES OF FAMILY MEMBERS}} before taxes? [Please include income from all sources 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> <p style="text-align: center;">\$ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
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In addition to annual family income, we also collect monthly income for each family in the survey. Family income in the last month is useful for assessing current eligibility for food assistance programs. A person’s economic status may also have changed since 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//Do you and NAMES OF FAMILY MEMBERS/Does NAME OF FAMILY MEMBER/Do 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/NAME OF FAMILY MEMBER/NAMES OF FAMILY MEMBERS } 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>
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INQ.310 Which letter on this card best represents the total savings or cash assets at this time for {you/NAMES OF FAMILY MEMBERS/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 and dietary quality. 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.

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 in your household/FAMILY SP/anyone in FAMILY SP's household} receive WIC benefits in the past 30 days ? {Here is the list of children 5 years and younger and household members ages 12 to 59 years who may be eligible for WIC, 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?
	INTERVIEWER INSTRUCTION: SELECT NAME(S) FROM ROSTER
	SELECT 1
	NOT SELECT 2
FSQ.162	In the last 12 months , did {you/ any member of your household/FAMILY SP/any member of FAMILY SP's 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 or person with unidentified gender 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/Do you or anyone in your household/Does FAMILY SP/Does anyone in FAMILY SP's 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?

INTERVIEWER INSTRUCTION: READ NAMES OF ALL HOUSEHOLD MEMBERS TO THE RESPONDENT SELECT NAME(S) FROM ROSTER

SELECT 1
NOT SELECT 2

FSQ.755 and FSQ.790 are part of a series about current participation in SNAP, the Supplemental Nutrition Assistance Program. If the respondent reports someone in the household is currently receiving SNAP, s/he is asked to specify who is receiving SNAP. Note that Food Stamps benefits are put on an electronic benefits transfer (EBT) card. CAI 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 "SELECT" 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). Grouping all recipients assigned to the EBT cards helps to facilitate the follow-up questions regarding the benefits received. CAI will then lead you to the appropriate questions asking about the date and the amount of benefits last received on each card by referring to the owner(s) of the card.

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: 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 the sampled 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. Original survey participants 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 entry 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.

After the completion of TTQ, if you have selected that the interview is being conducted in person, a few additional questions appear asking about the location and circumstances surrounding the interview. See Chapter 3, Section 3.3.3.5 for details on these questions.

10. 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 CAI instrument in online (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 with the Armed Forces: This means full-time active duty in the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or Space Force, 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 US Public Health Service (USPHS) Commissioned Corps or the National Oceanic and Atmospheric Administration (NOAA) are also **not** considered active duty in the Armed Forces.

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 any 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 (anē-mia): A condition in which a person's blood has a lower than normal number of red blood cells (RBCs).

Angina (Angina Pectoris) (an-jīna pec-to-ris): Angina is chest pain or discomfort that occurs when the heart does not get enough blood.

Armed Forces: Non-civilian members of any of the armed services of the federal government (Army, Navy, Air Force, Coast Guard, Marines, Space Force).

Arthritis (ar-thrī-tis): 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.

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

Public reporting burden for this collection of information is estimated to average {#*} minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0950).

*Burden time varies by questionnaire as follows: Screener/Relationship: 10 minutes, SP: 45 minutes, Family: 15 minutes.

Asthma (as-ma): 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.

Asthma Episode/Attack: 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 healthy cells. Common autoimmune diseases include lupus, rheumatoid arthritis, or multiple sclerosis.

Bachelor's Degree: An educational degree given by a college or university to a person who has completed a four-year course or its equivalent in the humanities or related studies (B.A.) or in the sciences (B.S.).

Balanced Meal: A balanced meal includes all the types of food that you think should be in a healthy meal. For example, a starch like potatoes or rice, vegetables or fruit and some protein like meat, fish, cheese or eggs.

Bed: Anything used for lying down or sleeping, including a sofa, cot, or mattress.

Benign (“beh-nine”): A medical term used to describe something that is not harmful.

Benign Positional Vertigo (BPV): A balance disorder that results in sudden onset of dizziness, spinning, or vertigo caused by specific changes in your head's position.

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.

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.

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 foster brother is the foster son of one or both of one's parents or the son of one's foster parent(s).

Brother-in-Law: The husband of a person's sister or the brother of a person's spouse.

Business: A business exists when one or more of the following conditions are met:

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

Examples of what to include as a business:

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

Do not count the following as a business:

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

Cancer: An abnormal growth that can spread to other parts of the body. Most cancers are named for where they start: for example lung cancer or breast cancer. Other times it may be a cancer of the blood such as leukemia.

Can't Find Work/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.

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.

CHIP (Children's Health Insurance Program, formerly known as the State Children's Health Insurance Program [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: Another word for podiatrist - healthcare professional who can help prevent, diagnose and treat conditions of the feet.

Chiropractor ("kai-ruh-prak-ter"): Practitioners who perform manipulations of the spine and other body parts with the goal of correcting alignment problems, alleviating pain, and improving functioning.

Cholesterol: 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.

Chronic Bronchitis: A recurrent inflammation of your lung's' airways that can cause irritation that results in constant coughing, wheezing, and shortness of breath.

Clinic: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals, that is not located at a hospital. (Do not include hospital outpatient departments.) Include a clinic operated solely for employees of a company or industry, regardless of where the clinic is located.

College: Any junior college, community college, four-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, a senior center or a place you went to for shelter because of something like a hurricane or flood.

Condition: Respondent's perception of a departure from physical or mental well-being. Any response describing a health problem of any kind.

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 can cause fluid buildup in and swelling of the feet, legs and ankles.

Contact Lenses: A curved shell of glass or plastic worn directly against the eye to correct vision problems.

COPD: Stands 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-0-skler-O-sis"). Blocked blood vessels to the heart can cause chest pain or a heart attack.

Daughter-in-Law: The wife of a person's son.

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.

Dentist: Medical professional whose primary occupation is caring for teeth, gums and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Dentures: False teeth that can be removed from the mouth.

Diabetes: A disease that occurs when your blood glucose, also called blood sugar, is too high. 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.

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 doctors of medicine (M.D.s) and doctors of osteopathic medicine (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, but other doctoral degrees such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Doctoral Degree: The highest educational degree given by a college or university to a person who has completed a prescribed course of advanced graduate study. For example—a Doctor of Philosophy (Ph.D.).

Doctor’s Office: In Hospital – An individual office in a hospital where patients are seen on an outpatient basis, or several doctors might occupy a suite of offices in a hospital where patients are treated as outpatients.

Doctor’s Office: Not in Hospital – An individual office in the doctor’s home or office building, or a suite of offices occupied by several doctors. Suites of doctors’ offices are not considered clinics.

Dressing: The overall complex behavior of getting clothes from closets and drawers and then putting the clothes on. Dressing does not include undressing. Whether the SP wears nightclothes or street clothes is irrelevant; it is the act of getting clothes and putting them on that matters.

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.

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.

Fainting: A feeling you are/he is/she is going to pass out or lose consciousness.

Family: Individuals and groups of individuals who are related by birth, marriage or adoption. Step children, parents or siblings are included. It also includes unmarried partners if they have a biological or adoptive child in common. It does not include unmarried partners who do not have a child in common, foster parents or foster children. Note: Individuals living alone or with other unrelated individuals are referred to as “unrelated individuals.”

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 assistance benefit program that can be used to purchase food. It is also known as the Supplemental Nutrition Assistance Program (SNAP). The benefit comes in the form of electronic benefit transfers (EBT). The 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.

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 nonprescription 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.

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.

Hay fever: Also known as seasonal allergies, is a condition from being allergic to pollen in flowers, trees, or grasses. Symptoms may include a runny nose, itchy eyes, congestion, sneezing and/or sinus pressure.

Health Care Professionals (Health 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, pharmacists, 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, naturopaths, 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.

Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

Heart Attack (Myocardial Infarction): A medical emergency that occurs when the flow of blood to the heart is blocked. Symptoms include tightness or pain in the chest, neck, back, or arms.

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

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 clinics;
- 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.

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.

Immunocompromised: While chronic diseases like heart disease and obesity put people at higher risk of having a tougher course of COVID, these are different from illnesses that directly impact the immune system. Many conditions and treatments can cause a person to be immunocompromised or have a weakened immune system. Primary immunodeficiency is caused by genetic defects that can be inherited. Prolonged use of corticosteroids (steroids) or other immune weakening medicines can lead to secondary or acquired immunodeficiency.

People are considered to be moderately or severely immunocompromised if they have:

- Been receiving active cancer treatment for tumors or cancers of the blood;
- Received an organ transplant and are taking medicine to suppress the immune system;
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system;
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome); or
- Advanced or untreated HIV infection.
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response.

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 members of federally-recognized Native American Tribes and Alaska Native people.

Insulin: A chemical used in the treatment of diabetes. Typically, insulin is administered with a syringe by the patient.

Job:

A job exists when there is:

1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:

- Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.
- Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Joint: The point of connection between two bones.

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.

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.

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.

Migraines: A condition that causes severe attacks of headaches that is sometimes accompanied by blurred vision and/or nausea.

Military Health Care/VA: Military Health Care (also known as Tricare) refers to health care available to active duty personnel and their dependents. The US Department of Veterans Affairs (commonly referred to as the “VA”) provides medical assistance to veterans (not active duty) of the Armed Forces, particularly those with service-connected ailments.

Mother: One’s female parent, including biological, adoptive, step and foster mothers and mothers-in-law. A stepmother is the spouse of one’s biological or adoptive father. A foster mother is the mother in one’s foster family.

Mother-in-Law: The mother of a person’s spouse.

Nephew: The son of a person’s brother or sister.

Never Married: A person who has never been legally married or whose only marriage(s) has(have) been legally annulled. (For an annulment to be legal, it must have been granted by the court, not through a religious decree.) If the person has had informal unions in the past but has never had a legal marriage, he/she is never married even if he/she considered his/herself as living with someone as married.

Niece: The daughter of a person’s brother or sister.

Non-Relative: Refers to the relationship between two people when there is no family relationship through blood, marriage, adoption, fostership or partnership (i.e., living together as married). Also refers to more ambiguous relationships. For example, a man and woman live together as married and the woman’s sister lives with them. The relationship of the sister to the male partner would be sister-in-law if they were married, but since they are not married, she is “non-related.”

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): The most common form of arthritis. Some people call it degenerative joint disease or “wear and tear” arthritis. It occurs most frequently in the hands, hips, and knees.

Other Government Program: A catch-all category for any public program providing health care coverage other than those programs in specific categories.

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.

Parent: Include a person’s biological, adoptive, step or foster mother or father, as well as his/her mother or father-in-law.

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.

Post-COVID Symptoms: These refer to any new, recurring, or ongoing symptoms you experienced **four weeks or later** after being infected with COVID-19 or suspecting to have been infected with COVID-19. These symptoms can sometimes appear after recovering from the initial infection.

Prediabetes, Impaired Fasting Glucose, Impaired Glucose Tolerance, or Borderline

Diabetes: A condition that occurs when blood sugar (glucose) levels are higher than normal but not high enough to be diabetes.

Prescribed Medicine: Prescribed medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

Preparing of 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.

Prescribed Medicine: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal or electronic 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; or
- Diaphragms and IUD's (intra-uterine devices).

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 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.

Psychologist (“sai-kaa-luh-juhst”): A non-physician who specializes in the counseling and testing of persons with mental, addictive or emotional disorders.

Recreational Drugs: Drugs that can alter a person’s thinking and judgment, leading to health risks, including addiction, impaired driving, and/or chronic infections such as Hepatitis B or HIV.

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.

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.

Rheumatoid (rheu-ma-toid) Arthritis: Causes inflammation, redness and swelling of joints such as hands, wrists, 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.

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.

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: 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.

Sister: A sister includes biological, adoptive, step, foster, half sisters and sisters-in-law. A sister is one’s female sibling who shares both of the same biological or adoptive parents. A stepsister is one’s stepparent’s daughter by a previous relationship. A half sister is one’s female sibling who shares one of the same biological or adoptive parents. A sister-in-law is one’s brother’s wife. A foster sister is the foster daughter of one or both of one’s parents or the daughter of one’s foster parent(s).

Sister-in-Law: The wife of a person’s brother or the sister of a person’s spouse.

Skin Rash: An eruption or inflammation of the skin that can include hives, bumps, or reddened areas of the skin. Do not include warts or skin tags.

Social Security: Social Security (SS) payments are received by persons who have worked long enough in employment that had SS deductions taken from their salary in order to be entitled to payments. SS payments may be made to the spouse or dependent children of a covered worker. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.

Social Worker: A person who assists patients and their families in handling social, environmental and emotional problems associated with illness or injury. Can include social work specialists, such as a medical or psychiatric social worker.

Son-in-Law: The husband of a person’s daughter.

Special 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

Spouse (Husband/Wife): Persons who are legally married or have a common-law marriage.

State-Sponsored Health Plan: Any other health care coverage run by a specific state, including public assistance programs other than “Medicaid” that pay for health care.

Stepbrother: Brothers who have no biological or adoptive parents in common, but whose parents are married to each other.

Stepdaughter: The female child of a person’s spouse, who is not the person’s biological or adopted child.

Stepfather: Someone who has become a person’s father through marriage to the person’s biological or adopted mother.

Stepmother: Someone who has become a person’s mother through marriage to the person’s biological or adopted father.

Stepsister: Sisters who have no biological or adoptive parents in common, but whose parents are married to each other.

Stepson: The male child of a person’s spouse, who is not the person’s biological or adoptive child.

Stroke: Is when the blood supply to a part of the brain is suddenly cut off by a blood clot or a burst blood vessel in the brain. The part of the brain affected can no longer do its job. There can be numbness or weakness on one side of the body; trouble speaking or understanding speech; loss of eyesight; trouble with walking, dizziness, loss of balance or coordination; or severe headache.

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.

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.

Transient Ischemic Attack (tran-sient is-kee-mic) (TIA): When blood supply to a part of the brain is briefly interrupted. Symptoms include numbness or weakness in the face or another part of the body, difficulty with walking, dizziness, and loss of balance or coordination.

TRICARE: TRICARE is the military health insurance for active duty service members and dependents of the uniformed services (Army, Navy, Air Force, Marines, Coast Guard, Space Force, Public Health Service, or National Oceanic and Atmospheric Association). Several variations of the plan exist including (but are not limited to): TRICARE Reserve Select, TRICARE Prime, TRICARE Select, U.S. Family Health Plan, TRICARE Select Overseas, and TRICARE for Life. 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.

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).

Unsteadiness: A feeling of being off balance or not stable when standing or sitting upright.

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, shots, or intranasal sprays given to prevent the patient from contracting a communicable disease.

Vertigo (ver-ti-go): Vertigo is an sensation of feeling off-balance from rotation, rocking, or other motion, such as riding a carousel.

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: Is short for the Special Supplemental Food Program for Women, Infants, and Children(WIC). 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.