<div style="border:1px solid black">

BOX 0a

IF SAMPLING ALGORITHM RUN AND RESAMPLE FLAG NOT SET, SKIP HOUSEHOLD ROSTER SCREENS AND AGE QUESTIONS.
OTHERWISE, CONTINUE.

</div>

SCQ.003   INTERVIEWER INSTRUCTION: SELECT INTERVIEW MODE. SELECT 'PAPER' ONLY IF RECEIVING INFORMATION FROM FIELD SUPPPORT STAFF.

IN-PERSON... 1 (SCQ_INTR)
PHONE... 2 (SCQ_INTR)
PAPER 3

SCQ.004   INTERVIEWER INSTRUCTION: PAPER SCREENER COMPLETED BY:

HH RESPONDENT... 1
FIELD SUPPORT OVER
PHONE.. 2

SCQ_INTR   Hello, I'm {INTERVIEWER'S NAME} 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. [At the completion of the interview, you will be given a ${INCENTIVE} debit card as a thank you for answering these questions.]

CONTINUE 1

HELP SCREEN:
Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529 § 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.

Public reporting burden for 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 a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0950).

CAPI INSTRUCTION:
DISPLAY TEXT ONLY IF INCENTIVE ACTIVE IN STAND, IF HOUSEHOLD HAS BEEN SELECTED FOR A SCREENER INCENTIVE, AND IT IS NOT THE 2021-2022 DATA COLLECTION CYCLE.

SCQ.011   Before we begin, I would like to verify a few things.

ASK ALL PERSONS WHO APPEAR UNDER 30 YEARS OF AGE:

Are you 18 years or older?

YES 1
NO .... 2 (SCQ_END6)
NO, EMANCIPATED MINOR 3

```
┌─────────────────────────────────────────────────────────────────────┐
│                            BOX 0                                     │
│                                                                       │
│  CHECK ITEM SCQ.005:                                                  │
│  IF SCQ.003 = 1, CONTINUE.                                            │
│  OTHERWISE, GO TO SCQ.070a.                                           │
└─────────────────────────────────────────────────────────────────────┘
```

SCQ.016   Do you live here?

                        YES 1
                        NO .... 2 (SCQ_END6)

SCQ.070a   Please tell me your complete physical street address.

            {#} {DIRECTION} {STREET NAME} {STREET/ROAD/AVENUE} {DIRECTION} {#}
            {PO BOX} {RURAL ROUTE #} {RURAL ROUTE BOX} {CITY} {STATE} { ZIP}

                        YES 1 (SCQ.600)
                        NO (WRONG ADDRESS) .... 2 (SCQ_END5)
                        YES (CORRECTIONS)................................. 3 (SCQ.070b)

SCQ.070b   Please tell me your complete physical street address.

            {ADDITIONAL ADDRESS LINE}
            {STREET #} {DIRECTION PRE} {STREET NAME} {STREET/ROAD/AVENUE} {DIRECTION POST}
            {UNIT/APT/BLDG} {UNIT #}
            {CITY} {STATE} { ZIP}

            CAPI INSTRUCTIONS: DISPLAY THE ADDRESS COLUMNS LISTED ABOVE AND ALLOW THE
            INTERVIEWER TO MAKE CORRECTIONS AS NEEDED. ONCE THE INTERVIEWER IS DONE, SHE
            WILL PRESS THE NEXT KEY TO CONTINUE.

            THE FIELD FOR STATE MAY NOT BE UPDATED.

            IF SCQ.070A = 3 AND NONE OF THE ADDRESS FIELDS ARE MODIFIED, AUTO-BACKCODE THE
            RESPONSE TO SCQ.070A = 1 (YES) AND GO TO SCQ.600.

            HARD EDIT: IF UNIT/APT/BLDG = PO BOX OR IF "PO BOX" OR "P.O. BOX" IS ENTERED IN THE
            ADDITIONAL ADDRESS LINE, STREET #, OR STREET NAME FIELDS, DISPLAY MESSAGE,
            "PLEASE ENTER THE PHYSICAL STREET ADDRESS. DO NOT ENTER P.O. BOX ON THIS
            SCREEN."

SCQ.600   First, I have some general questions about your health.

Would you say your health in general is . . .

excellent, ...	1
very good, ...	2
good, ...	3
fair, or	4
poor?	5
REFUSED	7
DON'T KNOW	9

SCQ.610   Are you now taking any medications prescribed by a health professional such as a doctor or dentist?

YES	1	
NO	2	(SCQ.630)
REFUSED	7	(SCQ.630)
DON'T KNOW	9	(SCQ.630)

SCQ.620   How many prescription medications do you currently use or take? Would you say…

1 to 2, ...	1
3 to 5, or	2
6 or more?	3
REFUSED	7
DON'T KNOW	9

SCQ.630   Has a doctor or other health professional ever told you that you had diabetes?

INTERVIEWER INSTRUCTION:
IF DIABETES ONLY DURING PREGNANCY, CODE NO.

YES	1
NO	2
BORDERLINE OR PREDIABETES	3
REFUSED	7
DON'T KNOW	9

SCQ.640 Has a doctor or other health professional ever told you that you had hypertension (hy-per-ten-shun), also called high blood pressure?

INTERVIEWER INSTRUCTION:
IF HIGH BLOOD PRESSURE ONLY DURING PREGNANCY, CODE NO.
IF RESPONDENT SAYS "HIGH NORMAL BLOOD PRESSURE", "BORDERLINE HYPERTENSION" OR "PREHYPERTENSION" CODE NO.

YES 1
NO 2
REFUSED 7
DON'T KNOW.. 9

SCQ.090 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.

_____
SELECT NUMBER OF HOUSEHOLD MEMBERS

DK.. 99
RF.. 77

CAPI INSTRUCTION:
DISPLAY RESPONSES 1-15 AS A DROP DOWN.

SCQ.130/131 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.)

PROBE: Any others?

_____   _____   _____   _____   _____
FIRST   MIDDLE   LAST   SUFFIX
GENDER

DK.. 9
RF.. 7

CAPI INSTRUCTIONS: WHEN THE FOCUS IS ON THE "GENDER" FIELD (SCQ.131), DISPLAY:

IF OBVIOUS, VERIFY ONLY:
Is {NAME} male or female?

MALE.. 1
FEMALE 2
DK.. 9
RF.. 7

CAPI INSTRUCTIONS:

ENSURE THAT EACH NAME (COMBINATION OF FIRST, MIDDLE, LAST, SUFFIX) IS UNIQUE WITHIN THE HOUSEHOLD. IF A DUPLICATE NAME IS ENTERED, DISPLAY THE FOLLOWING

HARD EDIT, "NAMES MUST BE UNIQUE. PERSONS # AND # HAVE IDENTICAL NAMES RECORDED. CORRECT THE ERROR TO CONTINUE."

HARD EDIT: TRIGGER EACH TIME GENDER IS COMPLETED FOR THE FIRST ROW.

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

YES 1
NO 2

IF YES, CONTINUE.
IF NO, DISPLAY, "THE HEAD OF HOUSEHOLD CANNOT BE UNDER 18 YEARS OF AGE UNLESS HE OR SHE IS AN EMANCIPATED MINOR." INCLUDE OPTIONS TO GO BACK TO EITHER EDIT CHECK RESPONSE FIELD OR TO FIRST NAME FIELD.

SCQ.145   I have {TOTAL # OF PERSONS EMUNERATED} {person/people} living here --

REVIEW NAMES LISTED BELOW. REFER TO THE LIST AS NEEDED.

| _____ | _____ | _____ | _____ | _____ |
| FIRST | MIDDLE | LAST | SUFFIX | GENDER |

SCQ.150   Have I missed . . .
SCQ.150   . . . any babies or small children?
SCQ.160   . . . any lodgers, boarders, or persons in your employ who live here?
SCQ.170   . . . anyone who usually lives here but is now away from home?
SCQ.180   . . . anyone else living or staying here?

YES 1 (SCQ.150N, 160N, 170N, 180N)
NO 2 (SCQ.190)
DK.. 9 (SCQ.190)
RF.. 7 (SCQ.190)

CAPI INSTRUCTIONS: THE SWEEP QUESTIONS (SCQ.150, 160, 170 AND 180) SHOULD BE DISPLAYED ON A SINGLE SCREEN. A "YES" RESPONSE TO A SWEEP QUESTION BRINGS UP THE HOUSEHOLD COMPOSITION MATRIX. BY CLICKING ON THE "INSERT ROW" BUTTON ON THIS SCREEN, A NEW ROW APPEARS FOR ENTRY OF NAME AND GENDER.

UPON EXITING THE NAME/GENDER SCREEN, THE CURSOR SHOULD RETURN TO THE SCREEN OF SWEEP QUESTIONS WITH THE CURSOR RESIDING ON THE NEXT LINE (QUESTION) THAT REQUIRES AN ANSWER.

IF ALL THE QUESTIONS HAVE BEEN ANSWERED, GO TO SCQ.190.

SCQ.150N   [Have I missed any babies or small children?]   (What are their names?)
            PROBE (IF MALE): Is he a "Junior", "Senior", "the 3rd" or something like that? (What is that?)
            PROBE: Any others?

_____   _____   _____   _____   _____
FIRST   MIDDLE   LAST   SUFFIX
GENDER

                                            DK..   9
                                            RF..   7

            CAPI INSTRUCTIONS: IF THE FOCUS IS ON THE GENDER FIELD, DISPLAY:

                    IF OBVIOUS, VERIFY ONLY:
                    Is {NAME} male or female?
                                    MALE..   1
                                    FEMALE   2
                                    DK..   9
                                    RF..   7

SCQ.160N   [Have I missed any lodgers, boarders, or persons in your employ who live here?] (What are their names?)
            PROBE: Any others?

_____   _____   _____   _____   _____
FIRST   MIDDLE   LAST   SUFFIX
GENDER

                                            DK..   9
                                            RF..   7

            CAPI INSTRUCTIONS: IF THE FOCUS IS ON THE GENDER FIELD, DISPLAY:

                    IF OBVIOUS, VERIFY ONLY:
                    Is {NAME} male or female?
                                    MALE..   1
                                    FEMALE   2
                                    DK..   9
                                    RF..   7

SCQ.170N   [Have I missed anyone who usually lives here but is now away from home?] (What are their names?)
PROBE: Any others?

_____   _____   _____   _____   _____
FIRST   MIDDLE   LAST   SUFFIX
GENDER

                                                DK..   9
                                                RF..   7

            CAPI INSTRUCTIONS: IF THE FOCUS IS ON THE GENDER FIELD, DISPLAY:

                    IF OBVIOUS, VERIFY ONLY:
                    Is {NAME} male or female?
                                                MALE..   1
                                                FEMALE   2
                                                DK..   9
                                                RF..   7

SCQ.180N   [Have I missed anyone else living or staying here?] (What are their names?)
PROBE: Any others?

_____   _____   _____   _____   _____
FIRST   MIDDLE   LAST   SUFFIX
GENDER

                                                DK..   9
                                                RF..   7

            CAPI INSTRUCTIONS: IF THE FOCUS IS ON THE GENDER FIELD, DISPLAY:

                    IF OBVIOUS, VERIFY ONLY:
                    Is {NAME} male or female?

                                                MALE..   1
                                                FEMALE   2
                                                DK..   9
                                                RF..   7

SCQ.190   [VERIFY HOUSEHOLD MEMBERS BY READING NAMES LISTED BELOW.]

INTERVIEWER INSTRUCTIONS: FOR STATUS COLUMN, SELECT 'OK' TO KEEP ROW OR ADD A
NEW ROW. SELECT 'DEL' TO DELETE ROW.

FIRST	MIDDLE	LAST	SUFFIX	

GENDER

HOUSEHOLD ROSTER CORRECT   1
MAKE CHANGES TO HOUSEHOLD ROSTER   2

CAPI INSTRUCTIONS: IF SCQ.190 = 2, DISPLAY GRID FROM SCQ130/SCQ.131. INCLUDE A
STATUS COLUMN AT BEGINNING OF EACH ROW WITH DROPDOWN OPTIONS 'OK' AND 'DEL. A
SELECTION OF 'OK' RETAINS AN EXISTING ROW OR ADDS A NEW ROW. 'DEL' DELETES ROW.
DEFAULT EXISTING ROWS TO 'OK.'

SCQ.195   Do {you/any of the persons in this household} have a home anywhere else?

INTERVIEWER INSTRUCTION: STUDENTS AWAY AT SCHOOL WHO STILL LIVE SOMEWHERE
ELSE FOR PART OF THE YEAR ARE CONSIDERED TO HAVE A HOME SOMEWHERE ELSE.

YES   1   (SCQ.200)
NO   2   (SCQ.220)
DK...   9   (SCQ.220)
RF   7   (SCQ.220)

CAPI INSTRUCTIONS: FILL 'you' IF ONLY ONE PERSON ENTERED IN HH ROSTER.

SCQ.200   (Who is that?)

SELECT MEMBERS WITH HOME ELSEWHERE.

Name   Other Home

CAPI INSTRUCTIONS: DISPLAY FIRST AND LAST NAMES OF ALL PERSONS LISTED ON THE
HOUSEHOLD COMPOSITION MATRIX.

PROBE: Anyone else?

CAPI INSTRUCTIONS:

SOFT EDIT CHECK:
IF NONE OF THE "OTHER HOME" CELLS HAVE BEEN SET TO "YES", DISPLAY: "YOU DID NOT
SELECT ANY HH MEMBER LIVING IN ANOTHER PLACE. GO BACK AND SELECT A PERSON OR
PRESS SUPPRESS IF NO ONE LIVES SOMEWHERE ELSE." IF SUPPRESSED, AUTO-BACKCODE
THE RESPONSE TO SCQ.195 TO "NO" AND PROCEED TO SCQ.220.

SCQ.210　　　　Where {do you/does {NAME}} usually live and sleep; here or somewhere else?

Name　　　　　Live Here

CAPI INSTRUCTIONS: DISPLAY "NAME" AND "LIVE HERE" COLUMNS. THE ANSWER CATEGORIES FOR THE LIVE HERE COLUMN ARE "HERE" (1), "SOMEWHERE ELSE" (2), "DK" (9), AND "RF" (7)

```
HERE............................................................    1
SOMEWHERE ELSE....................................    2
DK...............................................................    9
RF................................................................    7
```

CAPI INSTRUCTIONS: IF "1", "9", OR "7" IS SELECTED, LEAVE THE PERSON ON THE HH COMPOSITION MATRIX; ELSE

IF "2" IS SELECTED AND THIS IS A SINGLE PERSON HOUSEHOLD, OR IF "2" HAS BEEN SELECTED FOR ALL HOUSEHOLD MEMBERS, THE HOUSEHOLD IS NOT A DU. SKIP TO SCQ_END1; ELSE

IF "2" IS SELECTED FOR AT LEAST ONE PERSON AND THE HOUSEHOLD IS MORE THAN A SINGLE PERSON HOUSEHOLD AND "2" HAS **NOT** BEEN SELECTED FOR **ALL** MEMBERS OF THE HH, SET A FLAG TO INDICATE THIS PERSON'S PERMANENT RESIDENCE WAS SOMEWHERE ELSE.
THE FLAG IS AN INDICATION THAT ON ALL FUTURE DISPLAYS OF THE HH COMPOSITION MATRIX, THIS PERSON (AND ALL PERSON-LEVEL DATA) WILL NOT BE DISPLAYED.

ASK SCQ.210 ONLY FOR THOSE HH MEMBERS SELECTED IN SCQ.200.

SCQ.220　　　　Are {you/any of the persons in this household} now on full-time active duty with the Armed Forces of the United States?

```
YES ..............................................................    1  (SCQ.230)
NO ...............................................................    2  (SCQ.250)
DK...............................................................    9  (SCQ.250)
RF................................................................    7  (SCQ.250)
```

CAPI INSTRUCTIONS: IF CODED "1" AND THIS IS A SINGLE PERSON HOUSEHOLD, OR IF ALL HOUSEHOLD MEMBERS ARE "1", THE HOUSEHOLD IS "INELIGIBLE" AND THE SCREENER IS TERMINATED AFTER THE COLLECTION OF THE TELEPHONE NUMBER (SCQ.431- SCQ.490); ELSE

IF THE HOUSEHOLD IS MORE THAN A SINGLE PERSON HOUSEHOLD, THE SKIPS SHOULD BE FOLLOWED AS SPECIFIED ABOVE.

FILL 'you' IF ONLY ONE PERSON ENTERED ON HH ROSTER. OTHERWISE DISPLAY "any of the persons in this household."

SCQ.230   (Who is that?)

Name   Military

SELECT ACTIVE MILITARY MEMBERS.

CAPI INSTRUCTIONS: DISPLAY FIRST, MIDDLE AND LAST NAMES OF ALL PERSONS LISTED ON THE HOUSEHOLD COMPOSITION MATRIX.

PROBE: Anyone else?

CAPI INSTRUCTIONS: THE CURSOR SHOULD RESIDE IN THE COLUMN "Military".

SOFT EDIT CHECK:
WHEN LEAVING THIS SCREEN, IF NONE OF THE "Military" CELLS HAVE BEEN SET TO "YES", DISPLAY,
"YOU DID NOT SELECT ANY HH MEMBER ON ACTIVE DUTY. GO BACK AND SELECT A PERSON OR PRESS SUPPRESS IF NO ONE ON ACTIVE DUTY." IF SUPPRESSED, AUTO-BACKCODE THE RESPONSE TO SCQ.220 TO "NO" AND PROCEED TO SCQ.250.

SCQ.240   Where {do you/does {NAME}} usually live and sleep; here or somewhere else?

                        HERE..   1
                        SOMEWHERE ELSE.....................................   2
                        DK..   9
                        RF...   7

CAPI INSTRUCTIONS: IF "1", "9", OR "7" IS ENTERED, LEAVE PERSON ON HH COMPOSITION MATRIX; DO **NOT** FLAG FOR SAMPLING.

IF "2" IS SELECTED AND THIS IS A SINGLE PERSON HOUSEHOLD, OR IF "2" HAS BEEN SELECTED FOR ALL HOUSEHOLD MEMBERS, THE HOUSEHOLD IS NOT A DU. SKIP TO SCQ_END1; ELSE

IF "2" IS ENTERED, SET A FLAG TO INDICATE PERSON'S PERMANENT RESIDENCE WAS SOMEWHERE ELSE. THE FLAG IS AN INDICATION THAT ON ALL FUTURE DISPLAYS OF THE HH COMPOSITION MATRIX, THIS PERSON (AND ALL PERSON-LEVEL DATA) WILL NOT BE DISPLAYED.

ASK SCQ.240 ONLY FOR THOSE HH MEMBERS SELECTED IN SCQ.230.

SCQ.250   THESE ARE THE MEMBERS OF THE DU WHO HAVE BEEN LISTED AS HH MEMBERS.

{NAME   GENDER}

                        CONTINUE...   1

SCQ.235   How old {are you/is {NAME}}?

INTERVIEWER INSTRUCTION: IF PERSON IS LESS THAN ONE YEAR OLD, ENTER '0.'

|___|___|___|
 ENTER NUMBER OF YEARS

DK..9999 (SCQ.310)
RF...7777 (SCQ.310)

CAPI INSTRUCTIONS:
HARD EDIT: IF AGE IN YEARS NOT 0-120 DISPLAY, "AGE IN YEARS MUST BE BETWEEN 0-120."

BOX 1

CHECK ITEM SCQ.295:
IF SCQ.235 > 0, GO TO BOX 4.
IF SCQ.235 = 0, CONTINUE.

SCQ.322   How old is {NAME} in months?

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

|___|___| ENTER NUMBER OF MONTHS (BOX 4)
DK..99 (BOX 4)
RF...77 (BOX 4)

CAPI INSTRUCTIONS:
 HARD EDIT: IF AGE IN MONTHS > 11 DISPLAY, "AGE IN MONTHS MUST BE BETWEEN 0-11."

SCQ.310   About how old {are you/is {NAME}}? {Are you/Is {NAME}}…

less than 6 years,...   1
6-11 years,...   2
12-19 years,...   3
20-39 years,...   4
40-59 years,...   5
60-79 years, or   6
80 years or older?,..   7
DK... 99
RF.. 77

CAPI INSTRUCTIONS: DISPLAY QUESTION TEXT ABOVE THE HH COMPOSITION MATRIX WITH
THE CURSOR RESIDING IN THE "AGE RANGE" CELL ON THE MATRIX.

DISPLAY THE FOLLOWING SOFT EDIT THE FIRST TIME A DK OR RF IS ENTERED.

"A missing value here may result in inconclusive sampling. Please re-enter the value to confirm."

ACCEPT THE SECOND ENTRY

.

BOX 4

CHECK ITEM SCQ.305:
ASK SCQ.235 - SCQ.310 FOR NEXT PERSON ON ROSTER. IF NO NEXT
PERSON, CONTINUE.

BOX 4a

CHECK ITEM SCQ.326:
IF ALL HOUSEHOLD MEMBERS HAVE AN AGE OR AGE RANGE (SCQ.310
DOES NOT EQUAL DK OR RF):
      IF PERSON IS LISTED FIRST ON ROSTER AND SCQ.235 = 12-17
      OR SCQ.310= 3, CONTINUE.
      IF PERSON IS LISTED FIRST ON ROSTER AND SCQ.235 <12 OR
      SCQ.310 = 1 OR 2, GO TO SCQ.390.
      OTHERWISE, GO TO SCQ.301.
OTHERWISE, GO TO SCQ_END4.

SCQ.380   {THIS PERSON WAS ENTERED AS THE OWNER OR RENTER OF THE HOME. IS S/HE 18 YEARS OR OLDER OR AN EMANCIPATED MINOR?} / {{HH REFERENCE PERSON} was entered as the owner or renter of the home. Is {HOUSEHOLD REFERENCE PERSON} 18 years or older or an emancipated minor?}

{NAME OF HH REFERENCE PERSON}: {AGE/AGE RANGE OF HH REFERENCE PERSON}

                    YES, 18 YEARS OR OLDER.........................1 (SCQ.301)
                    YES, EMANCIPATED MINOR.......................2 (SCQ.301)
                    NO 3

CAPI INSTRUCTIONS:
IF SCQ.235 = 12-17, DISPLAY: "THIS PERSON WAS ENTERED AS THE OWNER OR RENTER OF THE HOME. IS S/HE 18 YEARS OR OLDER OR AN EMANCIPATED MINOR?"
IF SCQ.310 = 3, DISPLAY: HH REFERENCE PERSON} was entered as the owner or renter of the home. Is {HOUSEHOLD REFERENCE PERSON} 18 years or older or an emancipated minor?}

HH REFERENCE PERSON IS THE PERSON LISTED FIRST ON ROSTER.

HARD EDIT: IF SCQ.380=1 AND SCQ.235 = 12-17 DISPLAY, "THIS PERSON WAS REPORTED AS BEING LESS THAN 18 YEARS OLD. GO BACK AND UPDATE AGE IF INCORRECT OR SELECT ANOTHER OPTION."

SCQ.390   THIS PERSON CAN NOT BE LISTED AS THE OWNER OR RENTER OF THE HOME BECAUSE S/HE
           IS UNDER 18 YEARS OF AGE AND NOT AN EMANCIPATED MINOR.

                          AGE IS INCORRECT 1 (SCQ.235)
                          OWNER/RENTER IS INCORRECT.............. 2

+---+
| BOX 4b |
| |
| CHECK ITEM SCQ.395: |
| IF NO ONE ELIGIBLE TO BE OWNER/RENTER LEFT ON HOUSEHOLD |
| ROSTER, GO TO SCQ_END6. |
| OTHERWISE, CONTINUE. |
+---+

SCQ.400   SELECT SOMEONE WHO IS 18 YEARS OR OLDER OR AN EMANCIPATED MINOR AS THE
           OWNER/RENTER OF THE HOME.

                          {LIST OF ELIGIBLE HOUSEHOLD MEMBERS}

           CAPI INSTRUCTIONS:
           DISPLAY ALL PERSONS IN HOUSEHOLD 12 YEARS AND OLDER.
           SOFT EDIT: IF SELECTED HOUSEHOLD MEMBER'S AGE FOR SCQ.235 < 18 OR SCQ.310 = 3,
           DISPLAY "VERIFY PERSON IS 18 YEARS OR OLDER OR AN EMANCIPATED MINOR. IF NOT, GO
           BACK AND CORRECT AGE OR SELECT ANOTHER PERSON."

SCQ.301   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.

           {NAME   AGE   RANGE}

                          CONTINUE 1

           CAPI INSTRUCTIONS: DISPLAY NAME AND AGE AS DETERMINED AT SCQ.235, SCQ.322, OR
           SCQ.310 FOR EACH EMUNERATED PERSON. INTERVIEWER MAY BACK-UP TO CORRECT.

           IF THE REFERENCE PERSON IS NOT ELIGIBLE TO BE THE REFERENCE PERSON BASED ON
           WHERE S/HE USUALLY LIVES, IDENTIFICATION OF A NEW REFERENCE PERSON IS REQUIRED.
           RE-APPLY THE REFERENCE PERSON EDIT LOGIC TO IDENTIFY THE REFERENCE PERSON AS
           THE FIRST PERSON ON THE ENUMERATION TABLE WHO IS $\geq$ 18 YEARS OLD; ELSE

           IF NO ONE ON THE ENUMERATION TABLE IS AGE 18 OR OLDER, IDENTIFY THE REFERENCE
           PERSON AS THE OLDEST PERSON IN THE HOUSEHOLD FOR WHOM THIS IS THE PRIMARY
           RESIDENCE.

<table>
<tr><td align="center">**BOX 5**</td></tr>
<tr><td>**CHECK ITEM SCQ.303:**
APPLY THE SAMPLING ALGORITHM. SEE JIRA IM-166 FOR DETAILS. ONCE ALGORITHM HAS BEEN APPLIED, DO NOT ALLOW THE USER TO MAKE ANY CHANGES TO ROSTER OR AGE SCREENS.

CONTINUE.</td></tr>
</table>

<table>
<tr><td align="center">**BOX 3A**</td></tr>
<tr><td>**CHECK ITEM SCQ.256:**
ASK SCQ.260 FOR EACH PERSON ON HH ROSTER.</td></tr>
</table>

SCQ.260   {Do you/Does {NAME}} consider {yourself/himself/herself/{NAME}} to be Hispanic, Latino, or of Spanish origin?

READ IF NECESSARY: Where do {your/his/her/{NAME}'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
DK... 9
RF... 7

CAPI INSTRUCTION:
IF ONLY ONE PERSON IN HOUSEHOLD:
    FILL "Do you", "yourself", AND "your"
IF MORE THAN ONE PERSON IN HOUSEHOLD:
    IF GENDER = MALE OR FEMALE, FILL "Does {NAME}", "himself/herself", AND "his/her"
    IF GENDER = DK/RF, FILL "Does {NAME}", "NAME", AND "NAME's"

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

BOX 3B

CHECK ITEM SCQ.265:
CYCLE THROUGH SCQ.271 FOR EACH PERSON LISTED ON HH ROSTER
THEN GO TO SCQ.420/SFQ.220.

SCQ.271   What race or races do you consider {yourself/ NAME} to be? Please select one or more.

CHECK ALL THAT APPLY.

American Indian or Alaska Native..................	1
Asian..	2
Black or African American	3
Native Hawaiian or Pacific Islander	4
White	5
Other..	6
DK..	9
RF..	7

SCQ.420   Is {REFERENCE PERSON}'s mailing address the same as {his/her/{REFERENCE PERSON}'s} street
address?
SFQ.220

YES	1	(SCQ.431)
NO	2	(SCQ.425)
DK..	9	(SCQ.431)
RF..	7	(SCQ.431)

SCQ.425
SFQ.225

Please tell me {REFERENCE PERSON}'s complete mailing address.

HARD EDIT: IF "PO BOX" OR "P.O. BOX" IS ENTERED IN THE ADDITIONAL ADDRESS LINE, STREET #, OR STREET NAME FIELDS, DISPLAY "DO NOT ENTER P.O. BOX INFORMATION IN THIS FIELD. DELETE P.O. BOX FROM FIELD AND SELECT "PO BOX" FROM THE UNIT/APT/BLDG DROP DOWN MENU. ENTER THE P.O. BOX NUMBER IN THE UNIT # FIELD."

HARD EDIT: IF "PO BOX" IS SELECTED FROM THE UNIT/APT/BLDG DROP DOWN MENU AND TEXT IS ENTERED IN THE ADDITIONAL ADDRESS LINE, STREET #, OR STREET NAME FIELDS, OR AN ITEM IS SELECTED FROM DIR PRE, ST/RD/AVE OR DIR POST DROP DOWN MENUS, DISPLAY, "DO NOT INCLUDE STREET ADDRESS INFORMATION WHEN SELECTING PO BOX AS THE MAILING ADDRESS. DELETE ALL STREET ADDRESS INFORMATION OR REMOVE P.O. BOX INFORMATION TO CONTINUE. IF THE ADDRESS IS A BOX OTHER THAN A P.O. BOX, SELECT "BOX" FROM THE DROP DOWN MENU."

{STREET #} {DIRECTION PRE} {STREET NAME} {STREET/ROAD/AVENUE} {DIRECTION POST} {UNIT/APT/BLDG} {UNIT #} {CITY} {STATE} { ZIP}

CAPI INSTRUCTIONS: DISPLAY THE COMPLETE ADDRESS OF THE HOUSEHOLD AS COLLECTED IN SCQ070 AND ALLOW UPDATES IN ALL FIELDS. IF UPDATES ARE MADE, STORE THIS ADDRESS AS THE MAILING ADDRESS. IF NO UPDATES ARE MADE, RESET SCQ.420 TO "NO" AND CONTINUE TO SCQ.431.
ASK QUESTION IN SFQ FOR EACH ADDITIONAL HEAD OF FAMILY.

SCQ.431
G/a/b

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

ENTER PHONE NUMBER	1	
NO OTHER TELEPHONE	2	(BOX 13)
DK	9	(BOX 13)
RF	7	(BOX 13)

(|__|__|__|) |__|__|__|- |__|__|__|__|
ENTER 10 DIGIT PHONE NUMBER

|__|__|__|__|
ENTER EXTENSION

CAPI INSTRUCTIONS: THE FIELD FOR "EXTENSION" IS ALLOWED TO BE BLANK.
HARD EDIT:
IF SCQ.431G=1, ONLY ALLOW 10 DIGIT PHONE NUMBER FOR SCQ.431A. DISPLAY HARD RANGE CHECK MESSAGE IF NOT 10 DIGITS.

SCQ.450   Is this number a cell phone or landline?

                              CELL PHONE 1
                              LANDLINE 2 (SCQ.461/SFQ.460)
                              DK... 9 (SCQ.461/SFQ.460)
                              RF.. 7 (SCQ.461/SFQ.460)

SCQ.470   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.

                              YES 1
                              NO 2
                              DK... 9
                              RF.. 7

SCQ.461   Is there another number where you can be reached?
G/a/b

                              ENTER PHONE NUMBER 1
                              NO OTHER TELEPHONE .... 2 (BOX 13)
                              DK... 9 (BOX 13)
                              RF.. 7 (BOX 13)

                              (|__|__|__|) |__|__|__|- |__|__|__|__|
                              ENTER 10 DIGIT PHONE NUMBER

                              |__|__|__|__|
                              ENTER EXTENSION

           CAPI INSTRUCTIONS: THE FIELD FOR "EXTENSION" IS ALLOWED TO BE BLANK.

           HARD EDIT:
           IF SCQ.461G=1, ONLY ALLOW 10 DIGIT PHONE NUMBER FOR SCQ.461A. DISPLAY HARD RANGE
           CHECK MESSAGE IF NOT 10 DIGITS.

SCQ.480   Is this number a cell phone or landline?

                              CELL PHONE 1
                              LANDLINE .... 2 (BOX 13)
                              DK... 9 (BOX 13)
                              RF.. 7 (BOX 13)

SCQ.490   May we send a text message about your participation in this study to this number as well?

YES 1
NO 2
DK.. 9
RF.. 7

BOX 13

CHECK ITEM SCQ.465:
IF THIS IS AN INELIGIBLE HOUSEHOLD, GO TO SCQ_END1; ELSE
IF THIS IS AN ELIGIBLE HOUSEHOLD, GO TO SCQ_END2; ELSE

IF SCQ.070 (ADDRESS VERIFICATION) IS "NO (WRONG ADDRESS)"; GO TO
   SCQ_END 5.

SCQ_END1   Thank you for your responses today. No members of this household were selected for further participation in the survey.

CONTINUE.. 1

BOX 14A

CHECK ITEM SCQ.645:
IF NO ONE LIVES IN HOUSEHOLD, EXIT SCREENER. **IMS NOTE**: SET SCREENER DISPOSITION = NOT A DU.

ELSE IF AT LEAST ONE PERSON LIVES IN THE HOUSEHOLD, AND ALL HOUSEHOLD MEMBERS ARE IN THE MILITARY, GO TO BOX 14. **IMS NOTE:** SET SCREENER DISPOSTION = COMPLETE—NO SPS.

ELSE IF CASE IS FLAGGED FOR THE PROMISED INCENTIVE AND IT IS NOT THE 2021-2022 DATA COLLECTION CYCLE, CONTINUE.
ELSE, GO TO BOX 14

CCQ.010   As a thank you for answering these questions, will you accept a ${INCENTIVE} debit card today?

DID THE RESPONDENT ACCEPT THE INCENTIVE?
YES 1
NO .... 2 (BOX 14)

CAPI INSTRUCTIONS:
IF THE CASE IS FLAGGED FOR THE PROMISED SCREENER OR PROMISED SP INCENTIVE, DISPLAY INCENTIVE AMOUNT.

DISPLAY QUESTION ONLY IF INCENTIVE ACTIVE IN STAND.

CCQ.020 TAKE OUT A NEW DEBIT CARD FROM YOUR SUPPLY .

 OPEN THE ENVELOPE.

 SHOW THE RESPONDENT THE DEBIT CARD ATTACHED TO THE CARRIER SHEET.

 Here is your Health Study debit card. This 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.

 SCAN BARCODE OR MANUALLY ENTER THE 13 DIGIT NUMBER SHOWN ON THE CARD CARRIER SHEET.

 CAPI INSTRUCTION:
 EDIT CHECK: ENTRY MUST BE 13 DIGITS. IF NOT, DISPLAY "THE BARCODE NUMBER SHOULD BE 13 DIGITS.   PLEASE RE-ENTER OR CONFIRM YOU ARE SCANNING THE CORRECT BARCODE."

 DISPLAY QUESTION ONLY IF INCENTIVE ACTIVE IN STAND.

BOX 1

CHECK ITEM CCQ.025:
IF NUMBER ENTERED USING SCANNER, SKIP TO CCQ.040.
IF NUMBER MANUALLY ENTERED, CONTINUE.

CCQ.030 RE-ENTER THE 13 DIGIT NUMBER SHOWN ON THE CARD CARRIER SHEET.

 CAPI INSTRUCTION:

 EDIT CHECK: THE NUMBER ENTERED IN CCQ.030 MUST MATCH THE NUMBER ENTERED IN CCQ.020. IF NUMBERS DO NOT MATCH, DISPLAY "THE TWO BARCODE NUMBERS DO NOT MATCH, PLEASE CHECK ENTRIES."

 DISPLAY QUESTION ONLY IF INCENTIVE ACTIVE IN STAND.

CCQ.040 RECORD THE NAME OF THE CARD RECIPIENT AND THE AMOUNT ADDED TO THE CARD ON THE CARD CARRIER SHEET.

      NAME AND AMOUNT RECORDED.............. 1

 CAPI INSTRUCTION:

DISPLAY QUESTION ONLY IF INCENTIVE ACTIVE IN STAND.

CCQ.050   TO WHOM DID YOU GIVE THE CARD?
CARD RECIPIENT   _____
              {FIRST NAME} {LAST NAME}

CAPI INSTRUCTIONS:
WHEN THE FOCUS OF THE CURSOR IS ON THE "CARD RECIPIENT" FIELD, THE ANSWER CHOICES SHOULD BE A LIST THAT DISPLAYS FIRST AND LAST NAMES OF ALL HH MEMBERS ON THE HH COMPOSITION MATRIX. THE LIST SHOULD BE SORTED BY ORDER ON ROSTER.

DISPLAY QUESTION ONLY IF INCENTIVE ACTIVE IN STAND.

BOX 14

CHECK ITEM SCQ.575:
GO TO RIQ.010

SCQ_END2   Thank you for your responses today. This household has eligible survey participants.

[READ NAMES LISTED BELOW.]

    {UNIQUE NAMES, GENDERS, AGES OF SAMPLE PERSONS}

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

               CONTINUE   1

CAPI INSTRUCTIONS: **IMS NOTE**: SET SCREENER DISPOSITION = COMPLETE (FINAL)

SCQCONT   PERFORM THE RELATIONSHIP INTERVIEW AT THIS TIME?

               YES .... 1 (SCQ_MODULE 2)
               NO 2 (RIQ.010)

CAPI INSTRUCTIONS: IF CODED "YES" (1), UPON LEAVING THIS SCREEN, LAUNCH MODULE 2 OF THE SCREENER, COLLECTING RELATIONSHIP INFORMATION.

RIQ.010 SELECT RESPONDENT FOR THE SCREENER MODULE 1 – HOUSEHOLD COMPOSITION.

     Respondent   _____
               {FIRST NAME} {LAST NAME}

CAPI INSTRUCTIONS: WHEN THE FOCUS OF THE CURSOR IS ON THE "RESPONDENT" FIELD, THE ANSWER CHOICES SHOULD BE A LIST THAT DISPLAYS FIRST AND LAST NAMES OF ALL HH MEMBERS ON THE HH COMPOSITION MATRIX THAT ARE 12 YEARS OR OLDER.

SOFT EDIT: IF SELECTED HOUSEHOLD MEMBER'S AGE FOR SCQ.235 < 18 OR SCQ.310 = 3 (12-19), DISPLAY "VERIFY PERSON IS 18 YEARS OR OLDER OR AN EMANCIPATED MINOR. IF NOT, GO BACK AND SELECT ANOTHER PERSON."

<div style="border:1px solid black; padding:10px;">

BOX 15

CHECK ITEM SCQ.585:
GO TO INTERPRETER MODULE – INT.001.

</div>

SCQ_END4 Thank you.

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

CAPI INSTRUCTION: EXIT SCREENER AFTER ENTRY. **IMS NOTE**: SET SCREENER DISPOSITION = PARTIALLY WORKED.

CONTINUE 1

SCQ_END5 Thank you.

LOCATE CORRECT ADDRESS AND RESTART SCREENER.

CAPI INSTRUCTION: EXIT SCREENER AFTER ENTRY. **IMS NOTE**: SET SCREENER DISPOSITION = PARTIALLY WORKED.

CONTINUE 1

SCQ_END6 Thank you.

IDENTIFY HOUSEHOLD RESIDENT WHO IS 18 YEARS OR OLDER.

CAPI INSTRUCTION: EXIT SCREENER AFTER ENTRY. **IMS NOTE**: SET SCREENER DISPOSITION = PARTIALLY WORKED.

CONTINUE 1