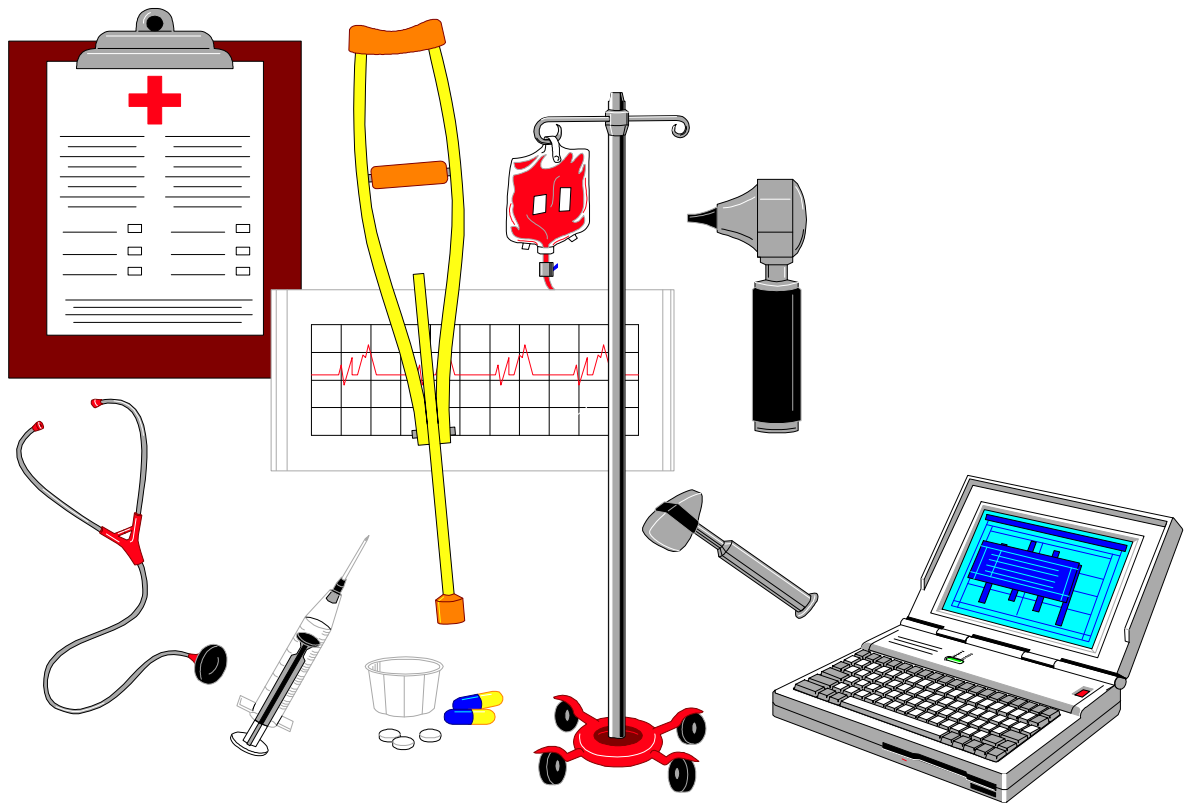


**HIS-100C
JANUARY 2001**

NATIONAL HEALTH INTERVIEW SURVEY



**CAPI MANUAL FOR
HIS FIELD REPRESENTATIVES**

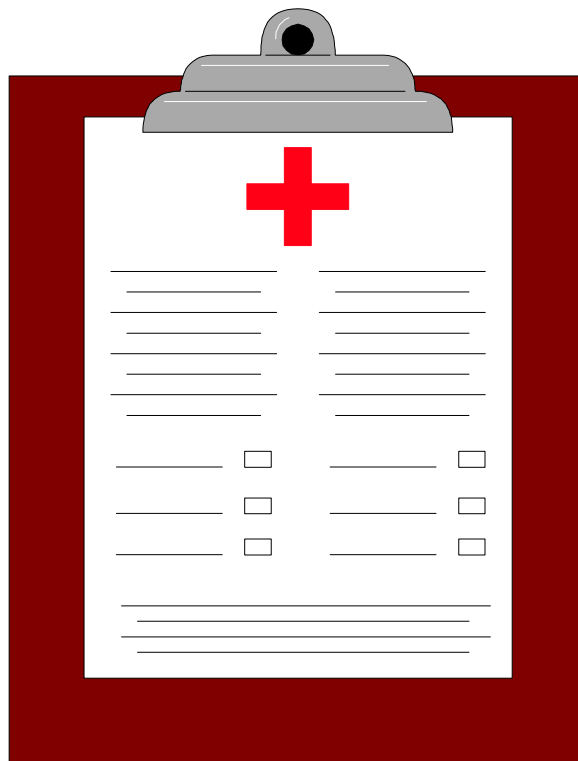
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PART A

The National Health Interview Survey



PART A
SECTION 1
DESCRIPTION OF THE SURVEY

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**PURPOSE OF THE
NATIONAL
HEALTH
INTERVIEW
SURVEY**

The basic purpose of the National Health Interview Survey is to obtain national information about the amount and distribution of illness, its effects in terms of disability and chronic impairments, and the kind of health services people receive.

The National Health Interview Survey is part of the National Health Survey, which began in May 1957. Prior to that time, the last nationwide survey of health had been conducted in 1935-36. Despite extensive research on individual diseases in the years 1937-1957, one important element had been missing. We had only piece-meal information from the people themselves on their illness and disability, or the medical care they obtained. Many persons, although sick or injured, never became a "health statistic" because requirements for reporting illnesses were limited to hospitalized illnesses and certain contagious diseases.

In recognition of the fact that current information on the Nation's health was inadequate, and that national and regional health statistics are essential, the Congress authorized a continuing National Health Survey (Public Law 652 of the 84th Congress). Since May 1957, the United States Public Health Service has regularly collected health statistics under Congressional authority.

Examples of Uses of the Data

How is the information obtained from the National Health Interview Survey used? Here are just a couple of the many uses of this important data (See appendix A.1 for more uses).

• Understanding Health Care Coverage

Total health care coverage, both public and private, runs into many billions of dollars a year. Better statistical information helps to give more effective direction to the expenditure of these large sums.

• Describing Injuries

Programs for the effective prevention of injuries are still in their infancy. Statistics on the cause and frequency of non-fatal, as well as fatal injuries, of various types help to shape injury prevention programs and measure their success.

SPONSORSHIP OF THE SURVEY

Who Uses the Data

The principal users of the data are the U.S. Public Health Service, state and local health departments, public and private welfare agencies, medical schools, and medical research organizations. Corporations engaged in the manufacture of drugs and medical supplies and many other organizations and individuals also use the data.

The National Health Survey is sponsored by the National Center for Health Statistics which is part of the U.S. Public Health Service. Because of the Census Bureau's broad experience in conducting surveys, we conduct much of the interviewing for the Public Health Service. The findings of the survey are analyzed and published regularly by the Public Health Service.

The National Health Survey is not a single survey but a continuing program of surveys which includes the following:

The National Health Interview Survey (NHIS)

The National Health Interview Survey, which is covered in this Manual, is the survey which you will be working on most of the time. It is referred to simply as "NHIS" to distinguish it from the other surveys which are described below.

The National Health Care Survey (NHCS)

The National Health Care Survey also is made up of several different surveys, each concerned with a separate part of the Nation's health care delivery system. The Hospital Discharge Survey, the Home and Hospice Care Survey, and the Nursing Home Survey collect information from (as their names imply) short-stay hospitals, home and hospice care agencies, and nursing homes. The Ambulatory Medical Care Survey produces data from office-based physicians; the Hospital Ambulatory Medical Care Survey concerns hospital emergency rooms and outpatient clinics; and the Survey of Ambulatory Surgery Centers collects information from free-standing surgery centers. Altogether, these make up the National Health Care Survey.

DESIGN OF THE NHIS SAMPLE

The National Health Interview Survey is based on a sample of the civilian non-institutionalized population of the United States. Over the course of a year, a total of almost 45,000 households are interviewed. These households are located in the 50 states and the District of Columbia.

Selection of Sample PSUs

The NHIS sample is designed as follows:

- a. All the counties in the United States, as reported in the 1990 Decennial Census, are examined.
- b. Counties which have similar characteristics, are grouped together. These include geographic region, size and rate of growth of the population, principal industry, type of agriculture, etc.
- c. From each group, one or more counties is selected to represent all of the counties in the group. The selected counties are called primary sampling units, which we abbreviate to PSU.

Sample Segments

Within each PSU:

- a. A sample of small land areas or groups of addresses is selected. These land areas and groups of addresses are called segments.
- b. Each segment contains addresses which are assigned for interview in one or more quarterly samples. Two types of segments are included in the NHIS. The first type, Area Segments, are well defined land areas where the housing units may or may not have a complete address. Permit Segments, which are the second type, are samples of new construction addresses.

Sample Units

Depending on the type of segment, you will either interview at units already designated on a listing sheet, or you will list the units at a specific address and interview those on designated lines of the listing sheet. In either case it is a sample of addresses, not persons or families.

Sample of Newly Constructed Units

In areas where building permits are issued for new construction (Permit Areas), we select a sample of building permits issued since the 1990 Decennial Census. These addresses are assigned as Permit Segments.

In areas where no building permits are required (Non-Permit Areas), newly constructed units are listed, sampled, and interviewed in area segments.

Sample of Group Quarters

Some sample units are located in places with special living arrangements, such as dormitories, institutions, or convents. These types of living quarters are classified as "Group Quarters" or "GQs". Units in GQs are listed and interviewed in Area Segments.

The Quarterly Sample

For purposes of quarterly tabulations of data, separate samples are designated for each quarter of the year. Each quarterly sample is then distributed into 13 weekly samples, of approximately equal size, so that any seasonal factors will not distort the survey results.

Screening

To increase the reliability of certain minority statistics, the sponsor asked that Blacks and Hispanics be "over sampled." To accomplish this, certain sample units are designed for "screening." This means that the entire NHIS interview will be conducted at such units ONLY if one or more household members is Black or Hispanic. If no one in a "screening" household is Black or Hispanic, the entire NHIS interview will not be conducted.

Mode of Interviewing

The NHIS is a **personal visit survey**, not a telephone survey. Therefore, you must personally visit the households to conduct the interviews. Telephone contacts may be used—once the initial personal contact has been made—to complete partial interviews, complete the HIS-2A(PT) Immunization Form, or to collect other missing parts of the interview for which a callback has been made.

ABOUT THE INSTRUMENT

The 2001 NHIS instrument has the three major core parts:

Family Section

Sample Child Section (including Immunization)

Sample Adult Section

Each section of the NHIS instrument is briefly described below. For a description of the questions in each section see Part C, Overview of the NHIS Instrument.

Family Section

The first set of questions in the Family Section asks about limitations due to physical, mental, or emotional problems that any family member may have. You will ask if children under the age of 5 are limited in the kind or amount of play activities they can do; you will ask if any children less than 18 receive Special Educational or Early Intervention Services; you will ask if any family members need help with their personal care needs, such as eating or bathing, or their routine needs, such as household chores or shopping; you will ask if a limitation NOW keeps any adult family member from working at a job or business, and if not, are they limited in the kind of amount of work they can do; and you will ask if any family member has difficulty walking, or difficulty remembering.

After you have identified all of the limitations for each family member, you will ask about the condition(s) that cause these limitations. There are two different lists of conditions; one for children and one for adults. You can enter as many different conditions for each reported limitation

as the respondent reports.

The second part of the Family Section asks about injuries or poisonings that may have occurred in the PAST THREE MONTHS which caused a person to get medical advice or treatment. The reference date (the start of the reference period) is calculated for you, and will be included in the lead-in question. If an injury or poisoning is reported, you will ask a set of questions to get the details of the circumstances surrounding each injury or poisoning.

The third part of the Family Section asks about the family's access to health care and utilization of health care. You will ask if anyone in the family has delayed or not received needed medical care because of worry about the cost, or because they couldn't afford it. You will also ask about overnight hospital stays. The reference period for these questions is the PAST 12 MONTHS. Next you will ask about contacts with doctors and other health care professionals during the PAST 2 WEEKS. These contacts include care received in the home, the doctor's office, a clinic, an emergency room, as well as telephone contacts for medical advice or test results (do not include phone calls to make appointments, for billing questions, or for prescription refills).

The fourth part of the Family Section asks about health insurance. You will determine who is and who is not covered by health insurance, and obtain detailed information about each health insurance policy the family may have or reasons for the lack of coverage.

The fifth part of the Family Section collects demographic background information about the family members, including place of birth, citizenship status, education, what their main activity LAST WEEK was, how many hours they worked last week, and what their total earnings were in the LAST CALENDAR YEAR.

The last part of the Family Section asks about the different sources of the family's income, and an estimate of the total family income from all sources for the last calendar year. This includes income from wages and salaries, self-employment (including business and farm income), Social Security and Railroad Retirement, pensions, Supplemental Security Income, Social Security Disability Insurance Income, Welfare, Temporary Assistance to Needy Families, General Assistance, interest

income, dividends, rental income, child support, and any other source of income.

These six sections make up the Family core questionnaire. They appear as part of the interview every year.

Sample Child Section and Immunization

From each family with at least one child 17 years of age or under, a sample child is randomly selected by the computer. An adult respondent will be asked questions about that child. The child topics include conditions, limitations of activities, health status, mental health, access to care, dental care, health care provider contacts and immunizations. If the Sample Child is 12 to 35 months old (inclusive), the instrument will prompt you to complete an HIS-2A(PT), 2001 Immunization Provider Questions and Permission Form and get a signature. A form must be completed even for refusals or don't knows. The Regional Office tracks each case that should have a form sent in and will follow up with you if one is missing. The information on the HIS-2A forms is very important to the Centers for Disease Control and helps to determine the status of immunization of children in the United States.

As in the past, immunization questions will be asked for any additional children in the household between the ages of 12 and 35 months who were not selected as the Sample Child. The instrument will then prompt you to fill out an HIS-2A(PT), 2001 Immunization Provider Questions and Permission Form for each child in the family in this age group. You should complete the form(s) and have the respondent sign the back(s). Also complete a form for refusals and don't knows. As stated above, the Regional Office knows which cases should have forms sent to them. They will be checking in each one as you send them in. Any missing forms will have to be reconciled. You may have to go back to the household to get the missing form. Procedures to complete these forms and to return them to the RO are discussed later in this manual.

Sample Adult Section

From each family, a sample adult is randomly selected by the computer, and asked more detailed health related questions. In addition, there are questions about cigarette smoking, physical activity, alcohol consumption, height and weight, and gender specific questions. There are also questions about specific conditions such as heart disease, respiratory ailments, chronic conditions, joint pains, sensory impairment, mental health, activities of daily living, and health care access and utilization. Questions about Sexually Transmitted Diseases (STDs) will be asked for sample adults between the ages of 18 and 45.

PART A
SECTION 2
CONDUCTING THE NHIS INTERVIEW

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EXPLAINING THE SURVEY

Informed Consent

The National Center for Health Statistics' Institutional Review Board reviews all research projects to assure that the participants do not suffer adverse affects from participating in a study. They have initiated an informed consent procedure that will assure respondents are fully informed about the National Health Interview Survey prior to beginning the interview.

How to Introduce the Survey for "Signed Informed Consent"

All of these steps must be followed for ALL CASES, even screeners.

- a. Show your official Census I.D. and introduce yourself. Give the following introduction (or a similar introduction):

"I am _____ from the United States Bureau of the Census. Here is my identification card. We are conducting the National Health Interview Survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service.

- b. Hand the respondent a copy of the Advance Letter, HIS-600, saying (something like):

"This letter explains all about this survey. You may remember receiving a letter containing this same information in the mail a few days ago. Please take some time to read this important information."

Allow time for him or her to read it. If necessary or if the respondent requests, read the letter to him or her.

If you are conducting a telephone follow up with a new respondent, you must read the letter.

- c. Then ask:

"Do you have any questions about anything (you have read/I have read to you) about the National Health Interview Survey?"

d. After answering any questions, ask:

"Are you willing to participate in the survey?"

e. If the respondent is willing to participate, ask:

"Would you please sign the Consent Form, indicating that (you have read/I have read you) the information and you are willing to be in the survey?"

Have him/her sign in ink the appropriate respondent's box under "Respondent's Signature" on the back of the Consent Form (HIS-600.5).

II. RESPONDENT'S SIGNATURE		
I have read the information above. I freely choose to participate in the National Health Interview Survey.		
A. HOUSEHOLD/ FAMILY SECTION RESPONDENT	Signature (<i>in ink</i>)	Date
B. SAMPLE CHILD SECTION RESPONDENT	Signature (<i>in ink</i>)	Date
C. SAMPLE ADULT SECTION RESPONDENT	Signature (<i>in ink</i>)	Date

Note that form HIS-600.5 has the same text as the Advance Letter on the front, but has signature boxes on the back. You will return the signed form to the RO, so it is VERY IMPORTANT that you keep track of these consent forms and mail them back to the RO. See Section E of this chapter on disposition of these forms.

f. If the **respondent signs the form**, give him or her another copy of the HIS-600.5 form to keep for his or her records and proceed with the interview. Keep the **signed** copy of the HIS-600.5 in a safe place until you send it in to your RO at the end

of the interview period. See Section E of this chapter on disposition of these forms.

g. If the **respondent does not want to sign the form**, but is willing to participate, **you must sign your name**, in ink, in the appropriate box of the "Interviewer's Signature" section of the HIS-600.5 and mark the box to indicate the respondent did not want to sign, but was still willing to participate.

III. INTERVIEWER'S SIGNATURE		
FIELD REPRESENTATIVE	The respondent has read the letter about the NHIS. <p style="text-align: center;">OR</p> I have read the letter to the respondent. The respondent has given oral permission to be interviewed.	
<p><i>Mark (X) ONE.</i></p> <input type="checkbox"/> Telephone interview <input type="checkbox"/> Respondent agrees to participate but refuses to sign consent form. <input type="checkbox"/> Respondent is physically unable to sign form.		
A. Household/Family Section Respondent	Signature (<i>in ink</i>)	Date
B. Sample Child Section Respondent	Signature (<i>in ink</i>)	Date
C. Sample Adult Section Respondent	Signature (<i>in ink</i>)	Date

h. The respondents may change during the interview from the Family section, Sample Child section and Sample Adult section. For each new respondent in the same household, use the following introduction:

"I am _____ from the United States Bureau of the Census. Here is my identification card. We are conducting the National Health Interview Survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service. I have already gotten some information from (*previous respondent*). Now, I would like to get some additional information from you."

Repeat the steps b-g above.

You will need to complete one consent form for each family in the household.

i. Completion of Section I of the HIS-600.5, Administrative Information

Complete the top part of the consent form with the requested information. This is essential to link the signature(s) with the particular case.

I. ADMINISTRATIVE INFORMATION							
A. FAMILY _____ OF _____							
B. Date of Interview	M	D	Y	C.RO	D. FR	E. Q.	F. W.
G. Control Number				H. Caseid			

j. If the respondent is **not willing** to participate in the survey, use your judgement as to whether you should attempt to convert this reluctant respondent. If you feel this is a "soft" refusal, try to convince the respondent of the merits of the survey. If he/she still refuses, or you feel it was a "hard" refusal from the beginning, thank him or her and end the interview.

IMPORTANT: You should have at least one completed HIS-600.5 for each 201 (Completed interview), 203 or 204 (Partial interview), 215 (Insufficient Partial), 223 (Occupied entirely by Armed Forces members), 225 (Occupied entirely by URE) and 236 (Screened out) in your assignment. For each of those households containing 2 or more families, you should have one

HIS-600.5 for each family.

Authorization

The National Health Interview Survey is authorized by title 42, United States Code, section 242k.

Confidentiality

All information that would permit identification of the individual is held strictly confidential, seen only by persons engaged in the National Health Interview Survey (including related studies carried out by the Public Health Service) and not disclosed or released to others for any other purpose without the written consent of the individual.

You must avoid mentioning or providing anyone with materials that would link a specific household or person with a specific survey. When discussing your job, be careful never to reveal any information you get during an interview to an unauthorized person.

Unauthorized disclosure of individual information collected in the National Health Surveys is punishable by a fine of up to \$1,000, or imprisonment up to one year, or both (18 USC 1905). Deliberate falsification, by an employee, of any information in this survey is punishable by a fine up to \$10,000, or imprisonment up to five years, or both (USC 10001). (See Appendix A.2 for a thorough discussion of confidentiality.)

Eligible Household Respondents

Any responsible household member 18 years of age or older, or an emancipated minor (see Part B for definition), is eligible to act as a respondent.

Exceptions to this rule are also covered in Part B concepts. One such exception would be for a person who is unable to answer questions for him/herself due to illness, such as a stroke. If no other relative is living in the household, a non-household member, such as a care giver, can respond.

Maintaining Rapport with Respondents

You begin to build a harmonious relationship with the respondent when he/she first answers the door. Maintaining this rapport throughout the interview will ensure that you collect full and valid information. Through your sincere understanding and interest in the respondent, you provide a friendly atmosphere in which the respondent can talk honestly and fully. If rapport is broken because the respondent finds a particular question "too personal" take time to reassure him/her about the confidential nature of the survey.

Answering Respondent Questions

A small percentage of respondents will want additional information before agreeing to participate in the survey. Some respondents may be reluctant to provide information about themselves or family members or may refuse to be interviewed. It is your responsibility to sell the survey. You will be provided with a supply of informational brochures to help you accomplish this.

To convert a reluctant respondent, try to identify his or her specific objection(s) to participating in the survey and tailor your answer accordingly. A thorough understanding of the survey is the key to a good explanation. The following are a few examples of questions you may receive and suggested responses:

• General Explanation of the Survey

You may need to give some respondents a general explanation of the survey. An example of a general explanation is shown below.

"Most families have or will be affected in the future by health problems. It is extremely important to know about the health of the Nation's people. Unless there is adequate information about the current health situation, government and medical care personnel may fail in their efforts to maintain a health care system that is equipped to handle the present and future medical needs of the people. However, to measure the health of the Nation, we need to interview healthy persons as well as those

with health problems.

If we know in advance the direction the Nation's health is moving, it is easier to initiate programs to meet current and future health care needs. The statistical information developed from this survey is urgently needed in order to plan intelligently for the health needs of the population."

• How Long Will the Interview Take?

The entire NHIS will take approximately seventy minutes. This will vary depending on the number of health problems and/or injuries the family has had, as well as the number of family members.

• I Don't Have the Time

If the respondent states that he/she has no time right now for an interview, find out when you may come back. However, always assume (without asking) that the respondent has the time unless you are told otherwise.

• I Don't Want to Tell You About Myself and My Family

Ask the respondent to allow you to begin the interview on a "trial basis", explaining that they do not have to answer any question(s) that he/she feels is too personal. In most cases, you will find that respondents provide most, if not all, of the needed information. Also mention that the information about the household is confidential by law and that identifiable information will be seen only by persons working on the survey.

• Why Are You Interviewing This Household?

Explain that it would be too costly and time-consuming to interview everyone in the United States and therefore a sample of addresses was selected. The respondent lives at one of the representative addresses picked. The selection was not based on who lives at the address, nor whether they have problems

with their health. Each person represents approximately 2,500 other persons. Taken as a group, the people living at these sample addresses will represent the total population of the United States in the health statistics produced and published by the U.S. Public Health Service.

- **Why Don't You Go Next Door?**

The National Health Interview Survey is based on a scientifically selected sample of addresses in the United States. Since this is a sample survey, we cannot substitute one address for another without adversely affecting the information collected. Also, all addresses have a chance of being in the sample. Chances are very good that the house "next door" has been, or will be asked questions on this survey in a future sample.

- **I Consider This a Waste of Taxpayers' Money**

The information obtained from this survey helps ensure a more efficient allocation of funds for health care programs. Without this information, health care dollars would be wasted.

The Voluntary Nature of the Survey

The fact that participation in the NHIS is voluntary does not diminish your responsibility to convert reluctant respondents. When a person says the survey is voluntary and that he/she would prefer not to participate, tell them how important they are to the survey and how important the survey is to the nation. Tell them about the confidential nature of the survey and ask them to let you begin the interview on a "trial basis." Inform them that they can refuse to answer any question they feel is too personal.

BEGINNING THE INTERVIEW

The first few screens allow you to verify the segment and housing unit listing. You also will record the household roster and collect demographic information for each household member listed. You will then be ready to begin asking health related questions.

How to Ask Questions

- **Ask Exactly as Worded**

You must ask questions exactly as worded so they will yield comparable results. Avoid changing words or phrases and adding or dropping words to the question.

- **Ask Every Question**

Although the answer to a particular question may seem obvious to you, do not fill the answer without asking the question. The respondent may provide an answer which applies to a question asked later in the interview. In this case you may verify the answer to the question. It is important that you ask or verify each applicable question.

- **If the Respondent Misunderstands or Misinterprets a Question**

Repeat the question as worded and give the respondent another chance to answer. If you still do not get an acceptable response, use the probing techniques discussed next.

How to Probe

When the respondent's answer does not meet the question's objective, probe to clarify or expand his/her answer. The probing procedures listed below are useful in stimulating discussion. Introduce these devices casually as a natural expression of interest.

- **Brief Assenting Comments**

Comments such as "Yes, I see", show the respondent that you are giving your attention to the answer. They often stimulate the respondent to talk further.

- **An Expectant Pause**

An expectant pause, accompanied by an inquiring look after the respondent has given only a brief reply often conveys to the

respondent that he/she has merely begun answering the question. It will often bring forth further response.

- **Repeating the Question**

Repeating the question or listing the response categories (when applicable) is useful when the respondent does not understand the question, misinterprets it, seems unable to make up his/her mind, or strays from the subject.

- **Repeating the Respondent's Reply**

Repeating the respondent's reply is useful in helping to clarify the response and prompting the respondent to enlarge upon his/her statement. Be sure you adhere strictly to the respondent's answer and do not interject your own ideas.

- **Neutral Questions (Probes)**

Neutral questions (probes) in a neutral tone of voice will bring fuller, clearer responses. For example:

"I don't quite understand what you mean."

or

"Which figure would you say comes closest?" (Probe to clarify hours worked last week, income, etc.)

Such questions show your interest and are successful when used correctly. You must immediately recognize how the respondent's answer fails to meet the question's objective and use a neutral probe to get the correct information. Your manner of asking neutral questions is important; a sharp demanding tone can damage rapport. It is sometimes good for you to appear slightly bewildered by the respondent's answer. Indicate in your probe that it might be you who did not understand. (For example-*"I'm not sure what you mean by that, could you tell me a little more?"*) This can arouse the respondent's desire to help someone who is trying to do a good job. However, do not overplay this technique. The respondent should not get the feeling that you do not know when a question is properly answered.

Interviewers often have to separate the facts wanted from the respondent's attitudes. The basic procedure is:

! Know the question's objective thoroughly.

! Know how to probe when the answer is inadequate, while maintaining good rapport.

Importance of Using Neutral Probes

We have stressed that you need to stimulate discussion. **This does not mean that you should influence the respondent's answer or unnecessarily prolong the interview.** Probing should be as neutral as possible so you do not distort the respondent's answers. When you ask neutral questions of all respondents, we have comparability between all the interviewers in the survey. If each interviewer asks a leading probe, we would not be comparing responses to the same questions. This would thoroughly defeat the goal of having a standardized survey.

Respondent Replies "I Don't Know"

Respondents do not always mean what they first say. The "I don't know" answer might mean:

! The respondent does not understand the question and answers "I don't know" to avoid saying that he/she did not understand.

! The respondent is thinking and says "I don't know" to give him/herself time to think.

! The respondent may be trying to evade the issue, so he/she begs off with the "I don't know" response.

! The respondent may actually not know.

Discussion often presents a truer picture of the respondent's thoughts and may help you determine if you should probe further. In such cases you may try a statement like *"There are no right or wrong answers."*

Your best estimate will be fine."

YOUR OWN MANNER

Your greatest asset in conducting an interview efficiently is to combine a friendly attitude with a businesslike manner. If a respondent's conversation wanders away from the interview, try to cut it off tactfully, preferably by asking the next question.

Appearing too friendly or concerned about the respondent's personal troubles may actually lead to your obtaining less accurate information.

It is especially important in this survey that you maintain an objective attitude. Do not indicate a personal opinion about replies you receive to questions, even by your facial expression or tone of voice. Since the illness discussed may be of a personal or serious nature, expressions of surprise, disapproval, or even sympathy on your part may cause respondents to give untrue answers or to withhold information. Your own objectivity about the questions will be the best method for putting respondents at ease and making them feel free to tell you the conditions and illnesses in the family.

Sometimes it may feel awkward to ask particular questions. If you ask these questions without hesitation or apology and in the same tone of voice as other questions, you will find that most respondents will not object. If there is any discussion on the respondent's part, explain that the questionnaire is made up of a prescribed set of questions that must be asked in all households, even though they may seem to be inappropriate in some cases.

Avoid "talking down" to respondents when explaining terms but give as direct an explanation as possible.

NONINTERVIEWS

Noninterview Household: A household for which you cannot obtain information because:

! The unit is occupied, but an interview was not possible.

! The unit is occupied entirely by persons not eligible for interview.

! The unit is not occupied or not eligible for sample.

If you are unable to get an interview you must classify the household under one of three noninterview classifications, briefly described below.

Noninterviews fall into three groups-Type A, B, and C. The Type A group consists of households occupied by persons eligible for interview, whom you should have interviewed, but could not. Refusals are an example of a Type A noninterview.

Sample units which are ineligible for interview for other reasons are Type B or C noninterviews. A vacant house or an unoccupied site for a mobile home are examples of Type B noninterviews, while a house located outside the segment boundaries is an example of a Type C noninterview. Refer to Part C for a detailed discussion of noninterview types and procedures.

DISPOSITION OF FORMS

HIS-600.5, Signed Informed Consent form

When you receive the signed Consent Form(s) for the household, it is important to safeguard the forms until you mail them to the RO. Place them out of sight in a secure part of your car or home. Mail them to the RO through the U.S. Postal Service on a daily basis.

The RO will be tracking the receipt of these forms. If any are missing, you will be required to go back and complete the form again.

HIS-2A (PT), Immunization Provider and Permission Form

This form is discussed in detail in Part C. Complete a form, whenever eligible, even for Refused or Don't Knows. Keep these forms secure until you mail them to the RO. These should be mailed in the provided envelopes by interview week assignment.

The RO will also track these forms. For any missing forms, the supervisor will contact you to locate the form or go back to the household to complete the form again.

SPANISH TRANSLATION

Availability and Procedures

The instrument, as well as all paper forms and the Flashcard Booklet, are available in Spanish. The Spanish instrument can be accessed at any time through the use of the Shift-F5 keys. Press Shift-F5 to see the Spanish equivalent of the screen you are on; press Shift-F5 to toggle back to the English. You may toggle between English and Spanish whenever you need to, or conduct the interview entirely in one language. The Spanish version is available on all laptops, however, **only bilingual FR's should use it.**

The answers you enter are stored in one location, regardless of the language in which you are working. For example, if you entered an answer in the English version of the instrument, and toggled to the Spanish version, the answer will appear on the screen.

Because the Spanish-speaking population of the United States is of many different nationalities, an effort has been made in the translation to accommodate regional and national variations in Spanish vocabularies while remaining faithful to standard Spanish grammar and usage. Where alternative equivalent wording is provided for a term or phrase, the Spanish screen will display the alternative words separated by a forward slash "/". FRs need **not** read all the alternative wording, but may choose whichever term seems most appropriate for their region and the nationality of the respondent.

The purpose of the alternative wording is to provide optional terms that adhere to the meaning of the English text. Where appropriate, alternative wording is also printed on the Spanish flashcards.

Similarly, an effort has been made to render the Spanish translation as gender neutral as possible. Many nouns, pronouns and adjectives used to describe persons will have an "(a)" at the end. This indicates to the FR that we are interested in information about both males and females, or that we want to ensure that FRs are asking about interactions with either males or females (for example (niños(as), psicólogo(a))). It is left up to the FRs, based on their knowledge of the composition of the household and the response pattern of the sample adult, whether to use both the masculine and feminine forms or whether to adhere to the default masculine form. A useful approach may be to use both the masculine and feminine forms during the first couple of questions in a

section and revert to the masculine form for subsequent questions. Alternatively, an FR may occasionally clarify by saying something like: "enfermero(a) puede ser hombre o mujer."

Please send a cmail message regarding any problems with the translation through your normal channels so headquarters can continue to make corrections and improvements to it.

APPENDIX A.1 MORE EXAMPLES OF USES OF THE INFORMATION GAINED FROM THE NATIONAL HEALTH INTERVIEW SURVEY

1. OCCURRENCE AND SEVERITY OF ILLNESS AND DISABILITY

Data on health statistics are valuable tools for the public health officer. The nationwide system of reporting communicable diseases has been an important factor in the reduction, and in some instances virtual eradication, of some diseases which were chief causes of illness, disability, and even death several generations ago. Knowledge of the number and location of many diseases made it possible to develop effective programs of immunization, environmental sanitation, and health education which are essential factors in their control.

Today, chronic illness and disability among both adults and children constitute our greatest public health challenge. Chronic illness and disability lower the earning power, living standards, and the general well-being of individuals and families. They reduce the Nation's potential output of goods and services and, in advanced stages, burden individuals, families, and communities with the high cost of care and assistance. The basic public health principle to be applied is the same: Prevention. Better information on the occurrence and severity of diseases and disability are needed in order to prevent their occurrence.

2. HEALTH OF THE AGED

There is a nationwide interest in prolonging the effective working life of the aged and aging. Knowledge of the health status of people in their middle and later years is essential to effective community planning for the health, general welfare, and continued activity of older persons.

3. HEALTH EDUCATION AND RESEARCH

Governmental health programs have their counterparts in many of the national and local voluntary associations and organizations. These associations collect many millions of dollars annually to promote research and education in such fields as polio-myelitis, cancer, lung disease, heart disease, mental health, crippling conditions, multiple sclerosis, alcoholism, and so on.

Before Congress authorized the continuing National Health Survey, these organizations had to rely on mortality statistics almost exclusively as a source of information about the disease or condition with which they are principally concerned. Current health statistics produced by the National Health Survey aid such groups greatly in planning their activities and expenditures.

4. HEALTH FACILITIES--HOSPITAL CARE, REHABILITATION, INSURANCE, ETC.

The growth of prepayment coverage under voluntary health insurance has increased the demand for the kind of illness statistics which can provide reliable estimates of the number of people who will be ill for a given number of months. Illness statistics provide an improved measurement of the need for hospitals and other health facilities and assist in planning for their more effective distribution. Public school authorities are aided in their planning for the special educational problems of mentally retarded or physically handicapped children. Vocational rehabilitation programs, public officials and industries concerned with manpower problems and industrial safety health measures, the insurance industry, the pharmaceutical and appliance manufacturers are also greatly assisted by reliable statistics on illness and disability.

5. FACTORS RELATED TO VARIOUS DISEASES

Furthermore, statistical information about diseases is an additional tool for medical research. A study of data showing the relationship between certain economic, geographic, or other factors and the various diseases indicates new avenues of exploration and suggest hypotheses for more precise testing.

APPENDIX A.2 CONFIDENTIALITY

1. WHAT IS CONFIDENTIALITY?

The term "confidentiality" refers to the guarantee that is made to individuals who provide survey information regarding disclosure of that information to others, as well as the uses of that information. The specific guarantee of confidentiality can vary by survey. This appendix explains the guarantee of confidentiality given to respondents in the National Health Interview Survey (NHIS), and what you should do to maintain this guarantee. Your 11-55, Administrative Handbook also contains information on nondisclosure policies, violations of confidentiality, and ways to prevent careless disclosure. You took an oath not to reveal information collected and you are required to sign a semiannual certification of compliance with the Census Bureau's nondisclosure policy.

2. THE GUARANTEE OF CONFIDENTIALITY

The U.S. Public Health Service provides the guarantee of confidentiality for the National Health Interview Survey. This guarantee is contained in the "Notice" statement which is seen on the - COVER- screen at the beginning of the CAPI instrument:

"Information collected in this survey which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242M)(d)."

A similar statement is also made in the HIS-600 advance letter to fulfill the requirements of the Privacy Act of 1974.

3. SPECIAL SWORN EMPLOYEES (SSEs)

The Census Bureau has the authority to use temporary staff in performing its work as long as such staff is sworn to preserve the confidentiality of the data. These temporary staff members are called Special Sworn Employees (SSEs). SSEs are subject to the same restrictions and penalties as you regarding the treatment of confidential data. Staff from the sponsoring agency for this survey are made SSEs to allow them to observe interviewing. Anyone who is not a Census Bureau employee or an SSE of the Census Bureau is referred to as an "unauthorized person."

4. AUTHORIZED PERSONS

The agreement between the Census Bureau and the sponsor regarding the confidentiality of the data collected in the NHIS briefly states that the sponsor's employees (including contractors and grantees) may not disclose the data in a form permitting identification of any individual or establishment, and may not use the data for law enforcement, regulatory, or any other purposes that are inconsistent with the stated purpose(s) of the survey. The sponsor is responsible for enforcing the conditions of the agreement and may authorize non-Census employees to observe interviewing or review completed questionnaires. These persons will have the same restrictions and penalties as you regarding the treatment of confidential data. Anyone who is not a Census Bureau employee or properly authorized by this Title 15 survey sponsor to view confidential data is referred to as an "UNAUTHORIZED PERSON."

5. HOW TO MAINTAIN CONFIDENTIALITY

- a. **When No One is Home at a Sample Address:** You may ask a neighbor, apartment manager, or someone else living nearby when they expect someone to be home at the sample address. When requesting this information, do not mention the National Health Interview Survey by name and do not attempt to describe the survey. To gain cooperation, you may say:

"I am _____ from the United States Bureau of the Census. Here is my identification (show ID). I am conducting a survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, and I would like to know when someone at (address) will be home." (or something similar)

- b. **When Conducting Interviews:** Do not permit unauthorized persons (including members of your family) to listen to an interview. For example:
- (1) When conducting an interview with a student in a dormitory, if others are present, ask the respondent if he/she wants to be interviewed privately. If so, make the necessary arrangements to conduct the interview where or when it cannot be overheard by others.
 - (2) When conducting an interview in a home, if persons not participating in the survey are present (e.g., neighbors, friends, other non-"family" members), use your discretion in asking the respondent if he/she wants to be interviewed privately. Since this may be awkward to ask in some situations, you might ask if another time would be more convenient. If so, make the necessary arrangements to accommodate the respondent.

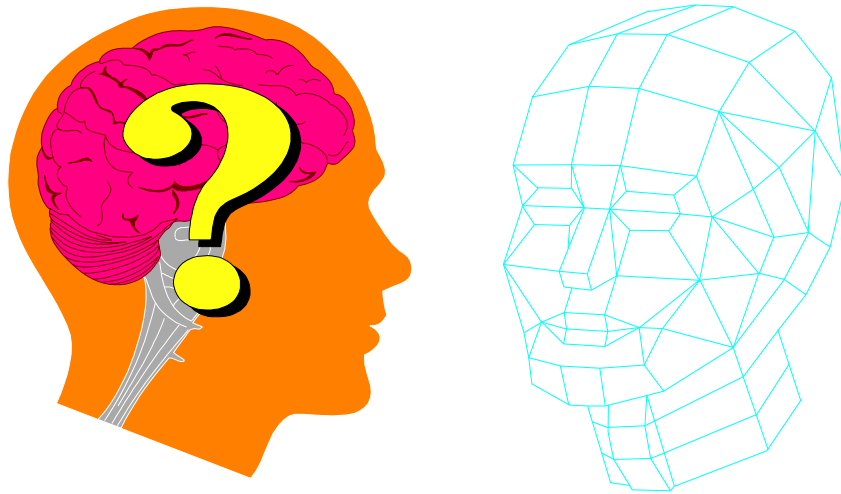
- (3) When conducting an interview in which an interpreter is required, ask the respondent if he/she is willing to have another person act as interpreter. If the respondent objects to the interpreter and a more suitable one cannot be located at the time of the interview, call the office to see if another interviewer who speaks the respondent's language can conduct the interview.
- (4) When conducting interviews by telephone, do not allow unauthorized persons to listen to your conversation.
- c. **When Discussing Your Job with Family, Friends, Others:** You must not reveal any information which you obtained during an interview or identify any persons who participated in the survey to unauthorized persons.
- d. **Keeping Forms Secure:** Any forms that contain information about the household must be kept out of view and secure until they are mailed to the appropriate person or office. Keep them in a specially designated place in your home. Examples are: the HIS-2A(PT), Immunization Provider and Permission Form and the HIS-600.5, Consent Form.

6. SUBPOENA OF RECORDS

In the event of a record collected in the National Health Interview Survey being subpoenaed, any Census Bureau employee upon whom such subpoena is served will communicate with the Director of the Census Bureau through the regional office. Action to satisfy such subpoena will be taken only as authorized by Public Health Service Regulations, section 1.108 of title 42, U.S.C.

PART B

National Health Interview Survey



CONCEPTS

**PART B
SECTION 1
RESPONDENT RULES**

Topic	See Page
Purpose	37
Instructions	37
Important Terms	39

PURPOSE

This chapter covers the various rules describing who may respond to the questions in the various parts of the National Health Interview Survey.

INSTRUCTIONS

Who May Respond to Questions in the Front Section (Listing and Coverage) and the Household Composition Section

Ask these questions of any responsible adult household member. This person does not have to be related to the reference person.

It may be necessary before asking these questions to determine whether or not the person to whom you are speaking is actually a household member. Use the "Household Membership" rules on page 2 of your HIS-501C CAPI Flashcard and Information Booklet.

Who May Respond to the Family Section

Any family member, 18 years old or older, or an emancipated minor, may respond to questions in the Family Section. Seventeen year-old family members may respond for themselves if an adult family member is present.

You should try to have all family members, 17 years old and older, who are at home at the time of interview present for the Family Section.

Who May Respond to the Sample Adult Section

Only the person selected as the Sample Adult can be the respondent for the Sample Adult Section. No proxy respondents are allowed. If the person selected as the Sample Adult is not available you will need to make a callback to interview him/her.

Who May Respond to the Sample Child Section

For the Sample Child Section, the respondent will be one of the people indicated (at the KNOWSC screen) as being knowledgeable about the health of the child. Potentially, any adult household member can be the respondent for the Sample Child Section, so long as they are listed as being knowledgeable about the child's health.

Exceptions to Eligible Respondent Rules

If an unmarried couple (same-sex or opposite-sex) are living together as husband and wife, interview them together as a single family, regardless of their ages. Each may respond for the other, for any of their children, and for any other related household members.

Unmarried persons regardless of their age, living with one or more of their own children may respond for themselves and for their children even if living with their parents. However, persons under 18 who have never been married cannot respond for any household members other than themselves and their own children.

For persons who are not able to answer the questions for themselves and have no relative living in the household that can answer for them, you may interview someone who is responsible for their care. The person providing the care may or may not be a member of the household. In such situations, enter "1" in screen NONRES in the Back section, indicating that a proxy did act as a respondent for one or more of the family members. Then make the appropriate entry indicating the relationship of the proxy respondent to the subject.

Persons 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 that rents a room in their home. This person is treated as a separate "family" and is interviewed separately. The computer will automatically exclude this person from the Jones family and allow him to be interviewed separately.

Return Visit May Be Necessary

In some instances, it may be necessary to make return visits to the household in order to interview an eligible respondent. If the Sample Adult is not available, and a respondent knowledgeable about the health of the Sample Child is also not available, you will need to return to the household to complete the interview. If possible, make an appointment to conduct the interview. If it is not possible to make a definite appointment, determine when would be a good time to call

back. The interview may be completed over the telephone, if necessary.

IMPORTANT TERMS

An **Adult** is any person 18 years old or older.

A **Deleted Person** is a nonhousehold member who was originally listed in error. For example, an Armed Forces member not living at home, a student away at college, or a person with a usual residence elsewhere.

An **Eligible Respondent** is any responsible adult 18 years or older, or an Emancipated Minor. Any person that meets these requirements may respond to the NHIS health questions for all related household members of any age.

An **Emancipated Minor** is either

- a person 14 to 17 years old and married or living with a partner

OR

- a person 14 to 17 years old and living on his or her own without the supervision of an adult family member or legal guardian.

Emancipated minors are not eligible for Sample Adult or Sample Child selection. They are eligible to be the respondent.

A **Family** can be an individual or a group of two or more related persons who are living together in the same household; for example, the reference person, his/her spouse, foster son, daughter, son-in-law, and their children, and the wife's uncle. Also, unmarried couples (same-sex and opposite-sex couples) are considered as belonging to the same family. Additional groups of persons living in the household who are related to each other, but not to the reference person, are considered to be separate families; for example, a lodger and his/her family, or a household employee and his/her spouse, or a single boarder with no one related to him/her living in the household. Hence, there may be more than one family living in a household, or a family can consist of only one person.

A **Household** is the entire group of persons who live in one housing unit or one GQ unit. It may be several persons living together or one person living alone. It includes the reference person, any relatives living in the unit, and may also include roomers, servants, or other persons not related to the reference person.

The **Reference Person** is the person, or one of the persons, who owns or rents the sample unit. The reference person should not be an Armed Forces member, but can be if no other person is eligible to be the reference person. For persons occupying the sample unit without payment of cash rent, the reference person is the first adult household member named by the respondent. This person must be a household member of the sample unit. If more than one household member owns or rents the sample unit, designate the oldest member as the reference person. If none of the household members owns or rents the sample unit, designate the oldest household member as the reference person.

The term **Related** includes being related by blood, marriage, or adoption. Consider foster children and wards as related when determining family membership.

A **Respondent** is a person who provides answers to the questions asked.

- A **Self-Respondent** is a person who responds to questions about himself/herself.
- A **Proxy-Respondent** is a person who responds to questions about other family members.

Responsible means both mentally and physically able to provide adequate and appropriate responses to the questions.

PART B
SECTION 2
SCREENING

Topic	See Page
Purpose	42
Instructions	42

PURPOSE

In order to increase the reliability of health statistics for Blacks and Hispanic persons, these groups are being "over sampled" for the NHIS. This means that in most sample segments, additional units will be selected, but you will complete the entire NHIS interview only if the household in such a unit contains at least one Black or Hispanic member. If such a sample unit contains no Black or Hispanic household members, the computer will classify the unit as a Type B noninterview. The procedure for determining whether to interview or not based on the race and ethnicity of the occupants of the household is called "screening."

INSTRUCTIONS

Screening is performed **ONLY** at those sample units that have been designated for screening. Your listing sheet will indicate which units have been selected for screening. Also, Case Management has an "SS" Screening Status column which will contain "I" for interview with certainty, regardless of race or ethnicity, or "S" which indicates screening. Once you have made contact with the household, and have gotten into the instrument, the screening is performed automatically by the computer after the race and ethnicity of each household member has been determined. For "screening" households that contain no Blacks or Hispanics, the interview is terminated, and the unit is coded a Type B noninterview. **You must make contact with the household and ask the race and ethnicity questions in order to code a case as "screeener."** For those units designated for screening that do contain at least one Black or Hispanic, the interview is continued as any other interview.

PART B
SECTION 3
HOUSEHOLD MEMBERSHIP

Topic	See Page
Purpose	44
Instructions	44

PURPOSE

The purpose of the Household Composition Section is to provide a record of individual household members, including their names, ages, sex, race and ethnicity, marital status, and relationships to the reference person

INSTRUCTIONS**Names**

The purpose of these questions is to obtain a complete list of all persons living or staying in the sample unit, and to identify non-household members. Attempt to get each person's full name. If the respondent is hesitant or refuses to give you names, explain that throughout the interview it is necessary to refer to the specific household members. Without the correct names, the interview will be confusing, more lengthy, and possibly result in recording inaccurate information.

Also, if the household is selected for one of the followback surveys it will be necessary to have the complete names of the household members. Make every effort to get complete names. If necessary, reassure the respondent that the information they give is completely confidential by law.

Filling in the Household Roster**Name**

Ask NAME to obtain a list of all persons living or staying in the sample unit, whether or not you think they are household members. Always verify the correct spelling of names with the respondent.

In all cases, ask for the full legal name, including middle initial. Some women use their maiden name as a middle name. If a full middle name is given, record the name, rather than just the initial.

It is acceptable to record an initial as the first name if this is how the person is legally known. Always verify that this is the person's legal name. When entering an initial, be sure to enter a period (.) following the initial to distinguish it from certain letters which serve functions within the instrument, such as "R," "D," and "H."

Preferred Order of Listing

List the names of persons in the following order, if possible.

! Reference person

! Spouse or unmarried partner of the reference person

! Unmarried children of the reference person or spouse in order of their ages, beginning with the oldest

! Married sons and daughters (in order of age) and their families in order: Husband, wife, children

! Other relatives

! Lodgers and other nonrelated persons

! If, among the persons not related to the reference person, there are married couples or persons otherwise related among themselves, list them in the above prescribed order.

If you obtain the names in an order not described above, **do not** attempt to correct your entries.

However, to avoid this you may ask, "Which of the children is the oldest?", "Begin with the oldest unmarried child", or some similar probe.

Armed Forces Reference Persons

Avoid entering an Armed Forces member as the reference person if at all possible. In households which also contain civilian household members, chose the next person who owns or rents the unit, or who is oldest. If the entire household is Armed Forces, enter the household members as in a normal interview and the instrument will classify the case as a type B noninterview.

How to Enter Names

If there are two persons in the household with the same first, middle and last names, they must be further identified as Sr., Jr., etc. Do not assume members of the household have the same last name.

Household Roster Limit

The CAPI Household Roster can hold up to 30 people. It is highly unlikely that you will ever exceed this limit.

Determine Who Constitutes a Household

All the persons that live and eat together at the sample unit constitute a household, regardless of their relationship to the reference person. This also includes persons that live at the sample unit but do not eat with the other members of the household, IF they do not have a private entrance into their living quarters.

Determine Who Constitutes a Family

All the household members related to the reference person are assigned family number 1. All household members not related to the reference person are assigned family number 2. After the household roster is complete, you will select one person to be the household reference person and obtain the relationship of all the household members to that person. Then, you must determine if all the people not related to the reference person are related to each other (family number 2). You may need to assign new family numbers to some of these household members. Each family is interviewed separately and you will be asked to indicate which family you want to continue with in multiple family households.

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 several probe-type questions to determine the actual situation and therefore, make the proper decision as to household membership. *NOTE: Refer also to the HIS-501C.*

- **Families with two or more homes**

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

- **Students and student nurses**

Post-secondary students and student nurses away at college, trade commercial school in another locality are eligible to be interviewed in the locality where they are attending school. That is, even if a student considers his/her parents' home to be the usual residence, consider him/her to be a household member where presently residing. Consider a student to be a household member of his/her parents' home only if he/she is at home for the summer vacation and has no usual residence at the school.

NOTE: The above applies only to post-secondary school students and student nurses. Children under 18 attending boarding school away from home should still be considered as household members in their parents' homes.

- **Seamen**

Consider crew members of a vessel to be household members at their homes 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 active duty members of the Armed Forces as household members if they are stationed in the locality and usually sleep in the sample unit.

• Citizens of foreign countries temporarily in the United States

Determine whether to interview citizens of foreign countries staying at the sample unit according to the following rules:

- Do not interview citizens of foreign countries and other persons who are living on the premises of an Embassy, Ministry, Legation, Chancellery, or Consulate.

- Interview citizens of foreign countries and other persons who are living in the United States, but not on the premises of an Embassy, etc. This applies only if they have no usual place of residence elsewhere in the United States. However, do not consider as household members foreign citizens merely visiting or traveling in the United States.

• Persons with two concurrent residences

Ask how long the person has maintained two concurrent residences and consider the residence in which the greater number of nights was spent during that period as the person's usual place of residence.

• 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 interview are not household members of the sample unit. They are usual residents at the institution. (See Chapter 4, Topics 1 and 3 in the 11-8 Listing and Coverage Manual for a definition and list of institutions.)

Establishing Relationships

NOTE: Refer to the Household Composition portion of Part C of this manual for details regarding these categories.

By identifying each household member's relationship to the reference person, analysts will be able to define family units, the basic unit for analysis.

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 relationships without asking RPREL. However, this information should be verified. Remember that we are interested in the relationship to the reference person and not necessarily to the respondent.

The reference person will be selected at screen HHREF. The computer will select the first non-military person, 14 years old or older, to be the reference person, and you will be given the option of accepting this person, or selecting another person. Select an Armed Forces member to be the reference person only when there is no other eligible person, or if the respondent insists on their selection.

When selecting a new reference person, the second person entered in the roster is usually the best choice. That is, if the household members were entered in the order prescribed above. If you are not sure, ask an appropriate probe question to find the best person to be the new reference person (for example, "Who else besides ___ owns or rents this house?").

For unmarried couples (same-sex and opposite-sex) living together, enter "3" (Unmarried Partner). If they do not report themselves as married, or the response is less explicit, such as "we share an apartment" or "we room together", enter "13" (Housemate/Roommate) for their relationship.

If two persons of the same sex (two males or two females) consider themselves as married, enter "2" (Spouse) for their relationship.

**PART B
SECTION 4
FAMILIES**

Topic	See Page
Purpose	51
Household Roster	51

PURPOSE

Most households that you interview will contain only one family. However, some households will contain more than one family. For the NHIS, a "Family" is defined as all household members related to each other by blood, marriage, or adoption, including foster relationships and unmarried (opposite or same sex) partners.

When there is more than one family in the household you will need to make certain that each family is identified by a distinct family number. Each family is interviewed separately, and it is the family number that allows you to select which family you want to interview.

HOUSEHOLD ROSTER

Below is an example of a Household Roster with three families.

HOUSEHOLD ROSTER						
LINE	HHSTAT	NAME	AGE	FX	REL	

-						
01	P R	JOHN DOE	35	1	Ref Person	
02	S	JANE DOE	34	1	Wife	
03	C	CORTNEY DOE	4	1	Child	
04	S	STEVE SMITH	26	2	Boarder	
05		EILEEN SMITH	24	2	Boarder	
06	S	SCOTT JONES	22	3	Boarder	

NOTE: Refer to the Household composition portion of Part C of this manual for more information regarding the Household Roster.

LINE refers to each individual's line or person number. You will use numbers to specify appropriate persons for conditions, income, program participation, etc.

HHSTAT stands for Household Status and the single letter codes are called Flags (see page B5-3 for definitions of Flags). For the purpose of the NHIS, if a person in a household has no other related person(s) living in the household, he/she is considered a separate family, so Scott Jones' family consists of only Scott Jones.

REL indicates the relationship of each person to the reference person. Notice that among family #2, the Roster gives no indication of the relationship between Steve Smith and Eileen Smith. You will determine the relationships within each family immediately following the screen on which the above roster appears.

FX displays family numbers which are assigned in the following way: the first person entered is the reference person and is assigned family number 1. All persons related to the reference person will also be assigned family number 1. All persons not related to the reference person are initially assigned family number 2. The instrument will give you the option of accepting all unrelated persons as family 2, or creating new family numbers. In the above example, Scott Jones was initially assigned family number 2 by the computer, but was later changed to family number 3 by the FR. (Refer to **CORRECTING THE HOUSEHOLD ROSTER** in the Household Composition portion of Part C of this manual for details).

PART B
SECTION 5
DEFINITIONS AND PROCEDURES

Topic	See Page
Important Terms	54
Instructions	67

IMPORTANT TERMS

An **Adult** is any person 18 years old or older.

Armed Forces "Active duty in the Armed Forces" means full-time active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or any National Guard unit currently activated as part of the regular Armed Forces. Included in *active duty* is the 6-month period a person may serve in connection with the provisions of the Reserve Forces Act of 1955 and cadets appointed to one of the military academies, such as West Point, the Naval Academy, etc. Also include persons on full-time active duty in the military service of a foreign nation.

A **Bed** is anything used for lying down or sleeping, including a sofa, cot, or mattress. For example, a person who stayed on the sofa watching TV because he/she was not feeling well enough to get around would be considered "in bed."

A **Business** exists when at least one of the following conditions is met:

! Machinery or equipment of substantial value in which the person has invested capital is used by him/her in conducting the business. Hand rakes, manual mowers, hand shears, and the like would not meet the "substantial value" criteria.

! An office, store, or other place of business is maintained.

! There is some advertisement of the business or profession by listing it in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or otherwise publicizing that a particular kind of work or service is being offered to the general public.

- Consider the selling of newspapers, cosmetics, and the like as a business if the person buys the newspapers, cosmetics, etc., directly from the publisher, manufacturer, or distributor, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer. Otherwise, consider it as working for pay (job) rather than a business.

- Do not consider domestic work in other persons' homes, casual work such as that performed by a craft worker or odd-job carpenter or plumber as a business. This is considered as wage work. Whether or not the person is considered as having a job is described under Job.

- Do not consider the sale of personal property as a business.

- For questionable or borderline cases, do not consider persons as having a business. Determine whether a person is considered as having a job as described under Job.

CAPI stands for **Computer Assisted Personal Interviewing**.

A **CAPI Instrument** is the computerized version of the survey questionnaire displayed on the laptop computer.

Case Management (CAPI) is a CAPI feature that allows you to manage and control all of your assigned cases on the laptop computer. Several functions in case management allow you to:

- ! Display information for each case
- ! Make required address corrections
- ! Sort cases and get counts of cases for specific categories
- ! Interview households
- ! Transmit completed assignments

A **Condition** is the respondent's perception of a departure from physical or mental well-being. In general, consider as a condition any response describing a health problem of any kind.

A living quarters has **Direct Access** when the occupant(s) can either enter and leave directly from the outside, or enter and leave from a common hall or lobby that is used by occupants of more than one unit.

The hall or lobby must not be part of any unit and must be clearly separate from all units in the structure.

If the only entrance to a living quarters is through a room or hall of another living quarters, it does not have direct access.

The terms **Doctor** and **Medical Doctor** refer to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). Include general practitioners and all types of specialists. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

The term **Doctor's Assistant** is respondent defined. Include any person mentioned by the respondent, for example, general practitioners, psychologists, nurses, chiropractors, etc. However, do not include visits to dentists or oral surgeons.

An **Eligible Respondent** for the Family Section is any responsible adult 18 years old or older, or less than 18 if ever married.

An **Emancipated Minor** is any person who is either

- 14 to 17 years old and married or living with a partner

OR

- 14 to 17 years old and living without the supervision of an adult family member or a legal guardian.

An **Extra Unit** is an unlisted living quarters that is discovered by chance during an interview, or when asking the household coverage questions.

A **Family** can be a single person or a group of two or more related persons living in the same household; for example, the reference person, his/her spouse (or unmarried partner), foster son, daughter, son-in-law, and their children, and the wife's uncle. Additional groups of persons living in the household who are related to each other, but not to the reference person, are considered to be separate families; for example, a lodger and his/her family, or a household employee and his/her spouse. Hence, there may be more than one family living in a household.

Flags are letter codes that appear next to a person's name when you access the household roster. There are nine different possible flags that you may see to the left of a person's name in the household/family roster. Flags indicate the status of that person. They are defined below:

- A** Active Duty Armed Forces Member
- B** Family Respondent
- C** Sample Child
- D** Deleted (Non-household Member)
- P** Household Reference Person
- R** Household Respondent
- S** Sample Adult
- E** Emancipated Minor
- I** Immunization Flag for All Children in Household 12-35 Months Old

The **Instrument Function Keys** along the top of the keyboard, labeled F1 to F10, allow you to move around within the instrument, change answers, enter notes, and many other necessary functions. The Function Keys are defined below:

- F1 BACK 1 item**--Back-up one item
- F2 FORWARD 1 item**--Go forward one item
- F3 NEXT UNANSWERED item**--Jump forward to next unanswered item
- F4 JUMP menu**
- F5 Status table**--Show status of all sections of the instrument for each family (Family, Adult, etc.)
- F6 CHANGE answer** (the backspace key performs this function as well)
- F7 Enter NOTES**--for specific question
- F8** Not used "within instrument" in the NHIS
- F9 SKIP to end of FAMILY** section
- F10 SKIP to END**--of interview
- F11** Not used "within instrument" in the NHIS
- F12 Window Toggle**

SHIFT-F1 Household Roster Show list of all persons in the household roster, household & family phone numbers

SHIFT-F2 FAQ--Frequently Asked Questions & answers

SHIFT-F3 Not used "within instrument" in the NHIS
SHIFT-F4 Not used "within instrument" in the NHIS
SHIFT-F5 **LANGUAGE toggle**
SHIFT-F6 Not used "within instrument" in the NHIS
SHIFT-F7 **View NOTES** that were entered for specific question
SHIFT-F8 **SKIP** to end of Sample Adult section
SHIFT-F9 **SKIP** to end of Sample Child section
SHIFT-F10 Show Function Keys

A **Group Quarters (GQ)** is a type of living quarters where the residents share common facilities or receive authorized care or custody. A GQ does not meet the regular housing unit definition.

Health Care is any kind of medical treatment, diagnosis, examination, or advice provided by a doctor, doctor's assistant, or other health care professional.

A **Home** is any place in which a family member was staying at the time of the doctor's or assistant's visit. It may be the person's own home, the home of a friend or relative, a hotel, or any other place the person may have been staying.

A **Hospital Stay (Hospitalization)** is a stay of one or more nights in a hospital. Exclude visits to an emergency room or outpatient clinic, even if they occur at night, unless the person is admitted and stays overnight. Do not include stays in the hospital during which the person does not spend at least one night, even though surgery may have been performed. **Do not include any nights in the hospital during interview week.**

If a person was moved (transferred) from one hospital to another, for example, from a general hospital to a veteran's hospital, record each as a separate hospital stay if each lasted overnight or longer.

When a hospitalization is for childbirth, record one hospital stay for the mother and one for the baby.

The **Household** is the entire group of persons who live in the sample unit. It may consist of several persons living together or one person living alone. It includes the household reference person and any

relatives living in the unit as well as roomers, employees, or other persons not related to the reference person.

A **Household Member** includes the following two categories of persons in the household.

! Persons, whether present or temporarily absent, whose usual place of residence at the time of interview is the sample 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 usually 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. Likewise, 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.

A **Housing Unit** is a group of rooms or a single room occupied or intended for occupancy as separate living quarters. A housing unit may be occupied by a family or one person, as well as by two or more unrelated persons who share the living quarters. A housing unit does not have to be a structure. For example, trailers, tents, boats, trucks, buses, caves, and so forth may be housing units if they are used as separate living quarters.

The **Interview Week** is the week, Monday through Sunday, for which you have been given an assignment.

The **Interview Period** is the 17-day span in which the Field Representatives have to complete their NHIS assignment. For example, the interview period for Quarter 3, Week 3 starts Monday, January 15, 2001 and closes out Wednesday, January 31, 2001.

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 days per month, but on an irregular schedule during the week or month, is also considered a job.

- Do not consider a person who is "on call" and works only when his/her services are needed as having a job during the weeks in which he/she does not work. An example of a person "on call" is a substitute teacher who was not called to work during the past week.

- Consider seasonal employment as a job only during the season and not during the off-season. For example, a ski instructor would not be considered as having a "job" during the off-season.

- Consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work in the fall as having a "job" even though they may be on summer vacation.

- Consider persons who have definite arrangements to receive pay while on leave of absence from their regular jobs to attend school, travel, etc., as having a "job." This may be referred to as "sabbatical leave." Probe to determine if the person is receiving pay if this is not volunteered.

- Do not consider persons who work only at an unpaid job on a family farm or in a family business as having a "job" during a period when they are not working.

- Do not consider persons 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.

Listing is writing down on a listing sheet either the addresses or descriptions of living quarters where people live, or could live, within a segment.

A **Merged Unit** is a unit that results from combining two or more units to form one basic address. A merger could involve two single-family homes or two or more apartments in a multi-unit structure. *For a more detailed discussion of Merged Units, refer to your 11-8, Listing and Coverage Manual.*

A **Non-interview Household** is a household for which information is not obtained because

- 1) the unit is occupied but an interview was not possible.
- 2) the unit is occupied entirely by persons not eligible for interview.
- 3) the unit is not occupied or not eligible for interview. You must classify non-interview households as either Type A, B or C (see Part C for a detailed discussion of each non-interview type).

Primary Sampling Units (PSUs) are individual counties that are scientifically selected for the NHIS. PSUs are divided into Segments, and you will be assigned to interview in one or more segments.

Probing is a technique used to get more information from a respondent when he/she has given an incomplete or inappropriate answer. See Part A for a more thorough discussion of probing.

Reference Periods

There are many different reference periods used in the NHIS:

Last Week This is the week (7 days) just prior to interview week. The “last week” reference period starts on the Monday, and ends with and includes the Sunday, just prior to interview week. It does not include any days of the interview week. For example, if the interview is conducted on Saturday, February 10, “last week” would refer to the period beginning on Monday, January 29 and ending Sunday, February 4.

Two Week Reference Period This is the two weeks (14 days) just prior to interview week. The 2-week period starts on the Monday, and ends with and includes the Sunday, just prior to interview week. It does not include any days of the interview week. For example, if the interview is conducted on Saturday, February 3, the two-week period would refer to the

two weeks beginning on Monday, January 15 and ending Sunday, January 28.

30 Day Reference Period This is the period one month prior to the Sunday before interview week. It does not include any days of the interview week. For example, if the interview is conducted on Friday, July 6th, the 30 day reference period would refer to the 30 day period beginning on Saturday, June 2nd, and ending on Sunday, July 1st.

Two Month Reference Period This is the period sixty one days prior to the Sunday before interview week. It does not include any days of the interview week. For example, if the interview is conducted on Friday, August 10, the two-month reference period would refer to the sixty one day period beginning on Tuesday, June 5th, and ending on Sunday, August 5th.

Three Month Reference Period This is defined as 91 days prior to the day of interview. In most questions that use this reference period the computer will calculate the day that the period begins on and include that in the question. For example, if the day that you are interviewing is May 14, 2000, question FINJ3M in the Family Section will read as follows: "During the past three months, that is, since February 13, 2000, was anyone in the family injured or poisoned seriously enough that they got medical advice or treatment?" However, not all questions that use this reference period will have the date included in the question.

This reference period is different from the other reference periods in that it ends on the day prior to the day of interview; it includes days in the interview week. Therefore, this reference period changes daily. (The 12-month reference period in the Family and Sample Child sections also ends on the day before the interview.)

Six Month Reference Period--This is defined as the six months prior to the Sunday before interview week. It does not include any days of interview week. For example, if the interview is conducted on Monday, July 10th, 2000, the six

month reference period would begin on Sunday, January 9th, 2000, and end on Sunday, July 9th, 2000.

Twelve Month Reference Period--In the Sample Adult section, the 12-month date is "last Sunday's" date a year ago; therefore the 12-month reference period begins on that date and ends on the Sunday night before interview week. For example, for an interview taking place on Wednesday, May 17, 2000, the 12-month period would begin on May 14, 1999, and end on Sunday, May 14, 2000. Again, note that the reference period **does not** include any days of the interview week. Some questions that use this reference period will include the date that the period begins on in the question, and others will not.

In the Family and Sample Child sections, the twelve month reference period is defined as today's date one year ago. For an interview taking place on Wednesday, May 17, 2000, for example, the 12-month period will begin on May 17, 1999, and end the day before the interview. This reference period **does** include days of the interview week. Some questions in the Sample Child section that use this period will include the starting date in the question, and others will not. None of the questions in the Family Section will include the starting date in the question.

The **Reference Person (Family)** is the person or one of the persons in a family, 18 years old or older, who is, generally, the first person mentioned by the household respondent in the family roster. In single family households the family reference person is the same person as the household reference person. If it is not obvious who is a responsible adult in a family in multiple unit households, designate the oldest family member as the reference person. If no family member is 18 years old or older, designate the oldest person remaining as the reference person.

The **Reference Person (Household)** is the person or one of the persons, 18 years old or older, who owns or rents the sample unit, generally, the first person mentioned by the respondent in the household roster. If more than one household member owns or rents the sample unit, or if none of the household members owns or rents the sample unit, designate the oldest household member as the reference person. If

no household member is 18 years old or older, designate the oldest person that owns or rents the sample unit as the reference person. If none of the household members owns or rents the sample unit, designate the oldest remaining person as the reference person.

Related includes being related by blood, marriage, or adoption. Consider foster children and wards as related.

A **Replacement** is a structure or mobile home that now exists where a previously listed structure or mobile home once stood, but has been demolished or moved since it was originally listed.

A **Respondent** is any person who provides answers to the survey questions.

A **Self-respondent** is a person who responds to questions about himself/herself.

A **Proxy-respondent** is a person who responds to questions about other family/household members.

Responsible means Mentally and physically able to provide adequate responses to the questions.

The **Roster (Household/Family Roster)** for questions within the family section is on the right side of most screens. It displays a household/family roster showing a list of all the people in the household or family who are to be considered in answering the associated question. If the Roster is too long to fit all in one window, press F12 (window toggle) and then the Page Down key to view the rest of the roster. You should not have to do this very often, if at all, with the screens having the roster on the right side. Some rosters will contain only those family members to which a question applies, such as only adults displayed at the wages and salary screen.

The **Sample Adult** is the one randomly selected adult chosen from each family.

The **Sample Child** is the one randomly selected child chosen from each family with one or more children.

A **Sample Unit** is the individual address at which you must conduct an interview.

Screening is a procedure used to "over sample" Blacks and Hispanics in order to increase the reliability of health statistics for these groups. In most sample segments, some units will be designated for screening and you will complete the entire NHIS interview only if such a unit contains at least one Black or Hispanic member. If such a sample unit contains no Black or Hispanic residents, the instrument will classify the unit as a Type B noninterview.

Segments (Sample Segments) are a group of housing units or a well-defined land area. There are two types of segments in the NHIS: Area Segments, which are defined land areas, and Permit Segments, which are samples of new construction addresses. Refer to your 11-8 Listing and Coverage Manual for a detailed discussion of each segment type.

A **Separate Living Quarters** is one in which the occupants live and eat separately from all other persons on the property, and have direct access from the outside, or through a common hall or lobby (*such as in some apartment buildings*).

The terms **Surgery and Operation** are respondent defined.

Work includes the following:

- 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).
- Working for profit or fees in one's own business, professional practice, partnership, or farm even though the efforts may produce a financial loss.
- Working as a military or civilian employee of the National Guard or Department of Defense.
- Participating in a government sponsored work program such as Public Employment Program (PEP), Volunteers in Service to America (VISTA), Foster Grandparent Program, Work Incentive Program (WIN), etc.

Do not include the following as work:

- Unpaid work which does not contribute to the operation of a family business or farm (e.g., home housework).
- 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 wife who is a lawyer for a corporation).
- Unpaid work for an unrelated household member or for a relative who is not a household member.
- Volunteer or other unpaid work for a church, charity, political candidate, club, or other organization, such as the Red Cross, Community Fund, etc.
- Temporary duty with the National Guard or Reserves.
- 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).
- Jury duty.
- Participating in a government sponsored program such as Job Training Partnership Act (JTPA) if it involves only training in a school or other institutional setting, and does not include on-the-job training (if it includes a combination of on-the-job training and classroom training, consider the person as working; count only the time spent on the job as working).
- Work without pay in a business or farm operated by a related household member.

INSTRUCTIONS

Work-Loss Days include any day a person missed more than one-half of the usual work day from a job or business because of illness or injury.

Year Built refers to the original construction completion date. Consider construction as completed when:

! All exterior windows and doors have been installed

! The usable floors are finished, and

! The unit is ready for occupancy

Year Built does not apply to:

! Any later remodeling

! Any additions to previously existing structures

! Conversions (commercial or residential) within structure, or

! The date a house was moved to another site or lot.

Locating the Address

Most addresses in your assignment can easily be located based on your general knowledge of your interviewing area. If you have difficulty locating an address, see your 11-8, Listing and Coverage Manual.

Other suggestions include:

! Maps of your interview area may be available from various sources, such as the Chamber of Commerce, local government offices, automobile clubs, private firms that sell maps, some service stations, and local or state highway departments. Ask your supervisor before purchasing any maps, since you may be reimbursed for the cost of the maps. Your Segment folders should contain maps done at the time of listing.

! Post Office employees are familiar with the locations of addresses, and are the best sources of information on the locations of "rural route" mail delivery addresses.

! Police, fire, and other local government officials, such as assessors, building inspectors, and zoning officials, may be helpful.

! Local business persons who deal with people in the area may be able to explain the location of an address.

! Utilities such as electric companies and telephone companies service most households in an area and may be helpful in locating many addresses.

Remember when inquiring about addresses or residents, you may say you are a representative of the Census Bureau and you are conducting a survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, but you must not mention the particular name of the survey.

Contacting the Household

After you locate an address, list or update at that address if applicable (see your 11-8 Listing and Coverage Manual for listing and updating instructions). Since the **NHIS is a personal visit survey NOT a telephone survey**, visit the household at the sample unit and introduce yourself using an introduction similar to the one discussed in Part A.

No One Home on First Visit

If no one is home on your first visit, find out from neighbors, janitors, etc., what the best time would be to contact the occupants of the sample unit.

Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home; however, do not identify the specific name of the survey. Note the time in the F7 notes section of the CAPI instrument and/or in a notebook, and call back at that time.

Fill a Request for Appointment (Form 11-38 or 11-38a) indicating when you plan to call back. Enter your name and telephone number in the space provided. Also, enter the date and time you plan to call back in the F7 notes section of the CAPI instrument, and/or in a notebook. Do not leave this form where it is easily visible, as this may anger the respondent.

Note: Form 11-38a, the door hanger, has a Spanish version as well as an English version.

If you are able to determine that the occupants are temporarily absent (according to the conditions listed in Part C under Type A Noninterviews), follow the instructions under Type A Noninterviews in Part C.

No One Home on the Second and Subsequent Visits

If no one is home on the second and subsequent visits, use the suggestions below, as well as suggestions from your supervisor, as an aid in establishing contact with the household.

Visit the address at different times of the day and night.

Ask neighbors, janitors, and knowledgeable persons when the occupants will be at home.

If the occupant's name is available from a mailbox or from a knowledgeable person, look up the name in a telephone directory. If you find the name at that address in the directory, you may use the telephone in an effort to arrange a visit. (Do not look inside the mailbox to get the household name.)

Remember when inquiring of neighbors or other persons about the occupants, say that you are a representative of the Bureau of the Census and you are interested in contacting the occupants for a survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, but you must not mention the particular name of the survey.

Number of Callbacks to Obtain an Interview

It is important to obtain as many interviews as possible; therefore, we are not prescribing a specific number of callbacks. In some cases, you may have to make many callbacks before you are able to interview the respondent. For most cases, however, one or two visits will be sufficient to obtain the interview.

Two-Week Doctor Visits

Include as doctor visits:

A visit by or for the person to the doctor or doctor's assistant for the purpose of obtaining medical advice, treatment, testing, or examination. For example, if a mother visits the doctor about her child, count this as a doctor visit for the child.

A visit to a doctor's office, clinic, hospital emergency room, or outpatient department of a hospital where a person goes for treatment or examinations even though a doctor may not actually be seen or talked to.

A visit by the doctor or doctor's assistant to the person. If the doctor or doctor's assistant visits the home to see one patient and while there examines or professionally advises another member of the household, count this as a "doctor visit" for each individual receiving the doctor's or assistant's attention.

Telephone calls to or from a doctor or assistant for the purpose of discussing the health of the person. Include calls to or from a doctor or assistant for obtaining or renewing a prescription or calls to obtain the results of tests or X-rays. Count the telephone call as a doctor visit for the person about whom the call was made. For example, if the wife calls the doctor about her husband's illness because he is too ill to call himself, count the call for the husband, not the wife.

Medical advice obtained from any non-household member (related or not) who is a doctor, even if this is done on an informal basis.

Laboratory visits.

Physicals for athletes or the U.S. Armed Services.

Visits to a nurse at work or school unless such visits were mass visits. For example, include an individual visit, but exclude visits by all or many persons for the same purpose, such as for TB tests, hearing exams, etc.

Exclude as doctor visits:

Visits made by a doctor or assistant while the person was an overnight patient in the hospital.

Visits for shots or examinations (such as X-rays) administered on a mass basis. If it is reported that the person went to a clinic, a mobile unit, or some similar place to receive an immunization, a chest X-ray, or a certain diagnostic procedure which was being administered identically to all persons who were at the place for this purpose, do not count this as a doctor visit. Do not include immunizations or examinations administered to children in schools on a mass basis as doctor visits. (*Physicals for athletes or the U.S. Armed Services are NOT considered mass visits; count these as doctor visits.*)

Telephone calls made between a pharmacist and a doctor to obtain, renew, or verify prescriptions or calls made between the person and a pharmacist. Also EXCLUDE calls for appointments, inquiries about a bill, and other topics not directly related to the person's health, and calls that are connected to a recording.

Visits to dentists or oral surgeons.

Self-treatment or medical advice prescribed for one's self.

Medical advice or treatment given at home by a related household member who is a doctor.

Special Situations

The following instructions apply to other medical contacts and special situations. Do not probe to determine if any of these situations occurred. If the respondent reports the information or raises a question, use the procedures given below so that all doctor visits will be properly counted.

- 1. Two or more doctors seen on the same visit**--If two or more doctors are seen on the same visit, each doctor seen counts as a separate doctor visit. Indicate

this type of situation in an F7 note. Situations of this kind may occur when a person visits a clinic where he/she sees doctors with different specialties; for example, a dermatologist in one office and an internist in another office. It might also occur when a person visits his/her family doctor, who, in the course of the visit, calls in a specialist to examine or treat the person.

2. Doctors and assistants seen on the same visit--

A visit in which the person sees both a doctor and one or more of the doctor's assistants who work under this doctor's supervision should be counted as only one doctor visit. For example, if the person sees a nurse and then the doctor who supervises that nurse, count this as only one visit. If, however, the person sees both a doctor and a doctor's assistant supervised by a different doctor, this counts as two visits. For example, if a patient sees a doctor and then is referred to a physical therapist who works under the supervision of another doctor, two visits should be recorded.

3. More than one assistant seen on the same visit--

-When the person sees more than one assistant on the same visit, count as a separate visit each assistant seen who works under the supervision of a different doctor. If each of the assistants seen on the same visit works under the supervision of the same doctor, count this as only one visit. For example, count it as two visits if the person first saw one doctor's nurse and then was referred to another doctor's therapist. Count it as one visit if the person first had his/her blood pressure checked by one nurse and temperature checked by another, both working for the same doctor.

4. Laboratory visits--Do not probe to determine if a visit took place at a laboratory. However, if a laboratory visit is reported, count this as a doctor visit.

Identifying Families and Assigning Family Numbers

The reference person and all persons related to the reference person will be assigned family number 1. All persons unrelated to the reference person will initially be assigned family number 2. If all those assigned family number 2 are not related to each other, you will need to assign new family numbers. You can change family numbers in the Household Composition section:

Industry and Occupation

For currently employed Sample Adults, describe the person's main job or business. The detail asked for in these questions is necessary to properly and accurately code each occupation and industry. This information can be combined with various health data collected in the HIS to compare the relationships between jobs and health, exposure to hazards, time lost from work, and other variables.

Definitions

Kind of business or industry--The major activity of the establishment or business in which the person worked.

Employee of a PRIVATE company, business, or individual for wages, salary, or commission--Working for a private employer for wages, salary, commission, or other compensation such as tips, piece-rates, or pay-in-kind. The employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes paid work for settlement houses, churches, union, and other nonprofit organizations and work for private organizations doing contract work for government agencies.

FEDERAL Government employee--Working for any branch of the Federal Government, including persons who were elected to paid federal offices and employees of the Armed Forces and some members of the National Guard. Also include employees of international organizations (e.g., United Nations) and employees of foreign governments such as persons employed by the French Embassy of the British Joint

Services Mission. *Exclude employees of the American Red Cross, the U.S. Chamber of Commerce, and similar civil and national organizations which are considered as PRIVATE businesses.*

STATE Government Employee--An employee of a state government, including paid state officials (including statewide JTPA administrators), state police; employees of state universities, colleges, hospitals, and other statatstitutions; and most full-time employees of the National Guard.

LOCAL Government Employee--An employee of cities, towns, counties, and other local areas, including city-owned bus lines; municipally-owned electric power companies, water and sewer services; local JTPA offices; and employees of public elementary and secondary schools.

Self-Employed--Persons working for profit or fees in their own business, shop, office, farm, etc. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers. *This does not apply to superintendents, foremen, managers, or other executives hired to manage a business or farm, salesman working for commission, or officers of corporations. Such persons are considered as employees of PRIVATE companies.*

Working WITHOUT PAY in a Family Business or Farm--Working on a farm or in a business operated by a related member of the household, without receiving wages or salary for work performed. *Room and board and a cash allowance are not considered as pay for these family workers.*

General Instructions

The work related questions are asked at the beginning of the Sample Adult Section. These questions provide a full description of a person's job or business.

There are different paths through this set of questions, depending on the Sample Adult's work status as reported in the

family section. If the Sample Adult was working at a job or business LAST WEEK you will go through several screens to collect a full description of his/her job or business and some of the benefits of the job.

All entries in these items must refer to the same job or business and must present a consistent picture since you are describing only one job, business, or profession. When you find an inconsistency, probe to obtain complete and consistent entries. For example, if a respondent told you that he works at Bob's Surf Shop and his most important activities are selling ice cream, this may be inconsistent. Probe to determine the correct information.

If a person worked at (or held) more than one job during the past week, or operated a farm or business and also worked for someone else, describe the one job or business at which he/she worked the most hours. If the person worked the same number of hours at all jobs, enter the one job or business at which he/she has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job or business which the respondent considers to be the main one. You will have the opportunity to record multiple jobs at the end of this question set.

Consider persons who are working through an employment contractor to be working for the contractor, not the individual employer to whom they are assigned. For example, a person assigned a job by "Kelly Services" as a typist for an insurance firm, you would enter "Kelly Services" at the screen which asks "for whom did you work?", and "Temporary employment contractor" at the screen which asks "what kind of business or industry is this?"

For persons enrolled in government-sponsored programs, record the specific employer rather than the government program. For example, in the case of JTPA programs, it is possible for an individual to actually work for either the local government or a private employer. If in doubt as to whom the employer is, ask who pays the wages or salary and consider them the employer.

Whenever you have difficulty determining who the actual employer is, apply the "who pays" rule of thumb-ask who pays the wages or salary and consider the payer as the employer.

Example: A person may say that he/she works for Local #212 of the plumber's union. However, during the past week he/she was working on a new construction project and was paid by Acme Contractors. Therefore, "Acme Contractors" would be the employer, not the union.

Distinguish between different types of farm workers. The table on the following page gives examples of the proper entries for various types of farm workers.

Kind of Farm Worker	For whom did you work at your main job or business?	What kind of business or industry is this?	What kind of work were you doing?	What were your most important activities on this job or business?	Were you ...*
a. Person responsible for operation of farm, as owner, tenant, or sharecropper.	own farm or self	farm	farmer or sharecropper	all farm work	5
b. Person doing general farm work for <u>wages</u> .	Martin Farm, Inc. or father's farm	farm	farm hand	runs a tractor	1
c. Household relative of farmer doing work on the family farm <u>without pay</u> .	Oliver's Acres or family farm	farm	farm helper	repairing fences	6
d. Person hired to manage a farm for someone else.	Jones' Plantation	farm	farm manager	keeping records	1
e. Person who goes from farm to farm performing farm operations on a contract basis, using own equipment.	own business	harvesting farm crops	farm service worker	running own combine	5
f. Person hired to supervise a group of farm hands.	Baker's Farm	farm	farm foreman	supervise farm laborers	1
g. Person hired to do a specific farm job.	Seaview Farm	farm	fruit picker, cotton chopper, etc.	picking fruit, chopping cotton, etc.	1
h. Farm worker on Government-operated farm.	state farm agency	state agric. exper. farm, county farm, etc.	farm manager, farm hand, fruit picker, etc.	keeping records, feeding livestock, picking fruit, etc.	2, 3, or 4

Were you-

- An employee of a PRIVATE company, business, or individual for wages, salary, or commission?
- A FEDERAL government employee?
- A STATE government employee?
- A LOCAL government employee?
- Self-employed in your OWN business, professional practice, or farm?
- Working WITHOUT PAY in a family business or farm?

When the place of work is a ranch, follow the same procedures used for a farm. Use the terms "rancher" instead of "farmer", "ranch hand" instead of "farm hand", etc. If you have difficulty deciding whether a place is a farm or ranch, consider it to be a farm.

Determining Employer

Enter the full and exact name of the company, business, government agency, or other employer. Do not use abbreviations unless that is all the respondent can give you for the name of the employer. For persons who work or last worked for employers without company names (such as a farm, dentist's or lawyer's office, etc.), enter the name of the owner. For persons who worked for several different employers, like odd-job or domestic workers, day workers, baby-sitters, etc., enter "various persons".

Government--For employees of a government agency, record the specific organization and indicate whether the organization is Federal (U.S.), state, county, etc. For example, U.S. Treasury Department, STATE Highway police, CITY tax office, COUNTY highway commission. It is not sufficient to report merely "U.S. Government", "City Government", "police department", etc. *NOTE: There are some persons who work full-time for the National Guard. These are considered civilian employees of the State, and should have this item completed as any other State employee, regardless of whether or not they normally wear a uniform.*

Self-Employed--If the person is self-employed, ask if the place of business or establishment has a name (such as Twin City Barber Shop, Capitol Construction, etc.) and enter this as their employer. If there is no business name, enter "self-employed", "own business", "family farm", etc.

Kind of Business or Industry

In order to give a clear and exact description of the industry, the entry must indicate both a general and a specific function

for the employer; for example, copper mine, fountain pen manufacturer, wholesale grocery, retail bookstore, road construction, shoe repair service, etc. The words "mine", "manufacturer", "wholesale", "retail", "construction", and "repair service" show the general function. The words "fountain pen", "grocery", "bookstore", "road", and "shoe" indicate the specific function.

Do not use the word "company" in this entry. It does not give useful information. If the respondent reports that he/she works for a metal furniture company, ask, "What does the company do?" If they sell furniture, ask, "Do they sell to other stores (which would be wholesale) or to individuals (which would be retail)?" In this example, the possible replies would be "metal furniture manufacturer", "furniture wholesaler", or "furniture retailer". *Note that, where possible, you should specify for furniture manufacturers the major material used--wood, metal, plastic, etc., but for the selling operation, it is not necessary, since furniture wholesalers and retailers very often sell various types.*

Some firms carry on more than one kind of business or industrial activity. If several activities are carried on at the same location, describe only the major activity of the establishment. *For example, employees in a retail salesroom located at the factory of a company primarily engaged in the manufacturing of men's clothing should be reported as working in "Men's clothing manufacturing".*

- If the different activities are carried on at separate locations, describe the activity at the place where the person works. *For example, report a coal mine owned by a large steel manufacturer as "coal mine"; report the separate paint factory of a large chemical manufacturer as "paint manufacturing".*

- A few specified activities, when carried on at separate locations, are exceptions to the above. Record the activity of the parent organization for research

laboratories, warehouses, repair shops, and storage garages, when these kinds of establishments exist primarily to serve their own parent organizations rather than the public or other organizations. *For example, if a retail department store has a separate warehouse for its own use, the entry for the warehouse employees should be "retail department store" rather than "warehouse".*

It is essential to distinguish among manufacturing, wholesale, retail, and service companies. Even though a manufacturing plant sells its products in large lots to other manufacturers, wholesalers, or retailers, report it as a manufacturing company. Use the following as a guide:

- A wholesale establishment buys, rather than makes, products in large quantities for resale to retailers, industrial users, or to other wholesalers.
- A retailer sells primarily to individual consumers or users but seldom makes products.
- Establishments which render services to individuals and to organizations *such as hotels, laundries, cleaning, dyeing shops, advertising agencies, and automobile repair shops* are engaged in providing services. Report them as retailers, but show the type of services provided, *for example, "Retail TV and VCR repair"*.
- Manufacturer's Sales Office: Record a separate sales office set up by a manufacturing firm to sell to other business organizations and located away from the factory or headquarters of the firm as "(product) manufacturers' sales office". *For example, a St. Louis shoe factory has a sales office in Chicago; "shoe manufacturer's sales office" is the correct entry for workers in the Chicago office.*
- Business in own home: Some people carry on business in their own homes. Report these businesses as if they were carried on in regular stores or shops.

For example, dressmaking shop, lending library, retail antique furniture store, insurance agency, piano teaching, boarding house, rest home, boarding children (for a foster home), etc.

- Domestic and other private workers: When the name of a single individual is given as the employer, find out whether the person works at a place of business or in a private home. The proper industry entry for a domestic worker employed in the home of another person is "private home". For a person cleaning a doctor's office which is in the doctor's own home, the proper entry is "doctor's office". This also applies to other types of offices, such as dentists or lawyers.

- Persons placed on jobs through union hiring halls or other similar registers often report working for the union. In this situation, probe to determine who pays the person--the union or the site employer--and complete this item for the one who pays.

Note: See Appendix B.5 for examples of adequate and inadequate entries for the kind of business and industry.

Kind of Work and Work Activities

The answer to "what kind of work were you doing?" should describe clearly and specifically the kind of work or nature of duties performed by the person. The answer to "what were your most important activities on this job or business?" should tell you the person's most important activities or duties. The responses to these two questions will give the sponsor the information needed to accurately classify the person's occupation.

When the combination of entries to these two questions does not give you an adequate description of the persons occupation, ask additional probing questions until the total combined information adequately describes the person's job.

The following example is provided to help clarify the use of the combined information in these two work questions.

<u>INADEQUATE</u>	<u>ADEQUATE</u>	<u>ADEQUATE</u>
Mechanic Repairs cars	Mechanic Fixes dents,	Mechanic, auto body repair Repairs cars, replaces fenders, and other repairs to auto bodies

In this example, it is important to distinguish between the person who works on auto bodies from the person who does automobile engine repair work. Either of the above adequate combined responses does that.

Note: See Appendix B.5 for more examples of adequate and inadequate entries for "what kind of work were you doing?"

When a person is self-employed, ask the occupation question as worded: "What kind of work were you doing?" Do not enter "manager" as the occupation unless the person actually spends most of the time in the management of the business. If the person spends most of the time in his/her trade or craft, record that as the occupation, that is, shoe repair, beautician, or carpenter, as the case may be.

You may encounter occupations which sound strange to you. Accept such entries if the respondent is sure the title is correct. *For example, "sand hog" is the title for a certain worker engaged in the construction of underwater tunnels, and "printer's devil" is sometimes used for an apprentice printer.* Where these or any other unusual occupation titles are entered, add a few words of description if the combined entries are not sufficiently clear.

Some special situations

- a. Apprentice versus trainee--An apprentice is under written contract during the training period but a

trainee may not be. Include both the occupation and the word "apprentice" or "trainee", as the case may be, in the description, *for example, "apprentice plumber" or "buyer trainee"*.

- b. Baby-sitter versus boarding children--A baby-sitter usually cares for children in the home of the employer. However, when the children are cared for in the worker's own home, the occupation is "boarding children".
- c. Contractor versus skilled worker--A contractor is engaged principally in obtaining building or other contracts and supervising the work. Classify a skilled worker who works with his/her own tools as a carpenter, plasterer, plumber, electrician, and the like, even though he/she hires others to work for him/her.
- d. Paid housekeeper versus housemaid--A paid housekeeper employed in a private home for wages has the full responsibility for the management of the household. A housemaid (general house-work), hired helper, or kitchen help does not.
- e. Interior decorator versus painter or paperhanger--An interior decorator designs the decoration plans for an interior of homes, hotels, offices, etc., and supervises the placement of the furniture and other decorations. A house painter or paperhanger only does painting or hangs paper.
- f. Machinist versus mechanic versus machine operator--A machinist is a skilled craftsman who constructs metal parts, tools, and machines through the use of blueprints, machine and hand tools, and precise measuring instruments. A mechanic inspects, services, repairs, or overhauls machinery. A machine operator operates a factory machine (*drill press operator, winder,*

etc.)

- g. Secretary versus official secretary--Use the title "secretary" for secretarial work in an office; report a secretary who is an elected or appointed officer of a business, lodge, or other organization as an "official secretary".
- h. Names of departments or places of work--Occupation entries which give only the name of the department or a place of work are unsatisfactory. *Examples of such unsatisfactory entries are "works in warehouse", "works in shipping department", "works in cost control".* The occupation entry must tell what the worker does, not what the department does.

Importance of the Work Activity question--The responses to the activity question are very important for coding purposes. Although the question may seem redundant in some cases, the responses often permit more accurate coding of the occupation. We cannot provide you with a complete list showing when an activity response together with the job title is adequate or when additional probing is necessary.

Class of Worker

Record the class of the worker by choosing one of the six categories. The information on the screen which asks "What kind of business or industry is this?" will usually be sufficient for identifying "class of worker". If the information previously supplied is not adequate for this purpose, ask additional questions as necessary, for example, "Were you a local government employee?"

When in doubt, use the "Who pays" criterion, that is, record the class of worker category according to who pays the person's wages or salary.

If a person has more than one job or business, be sure to select the category that applies to the one job or business entered in the previous questions in this section.

Cautions regarding class-of-worker entries:

Corporation employees--Report employees of a corporation as employees of a private employer (except for a few cases of employees of government corporations, such as the Commodity Credit Corporation, who must be properly reported as Federal Government employees). Do not report corporation employees as owning their business even though they may own part or all of the stock of the incorporated business.

Domestic work in other persons' homes--Report house cleaner, launderer, cook, or cleaning person working in another person's home as working for a private employer.

Partnerships--Report two or more persons who operate a business in partnership as self-employed in own business. The word "own" is not limited to one person.

Public utility employees--Although public utilities (such as transportation, communication, electric light and power, gas, water, garbage collection, and sewage disposal facilities) are subject to government regulations, they may be owned by either government or private organizations. Distinguish between government-operated and privately-owned organizations in recording class of worker for public utility employees.

Work for pay "in kind"--Pay "in kind" includes room, board, supplies, and food, such as eggs or poultry on a farm. This is considered pay except for a member of the family. Report persons who work for pay "in kind" as employees of a private company or individual.

Work on an odd-job or casual basis--Report work on an odd-job or casual basis as work by an employee for a private company, business, or individual. *For example, do not report the baby-sitter employed in other people's households as self-employed.*

Clergymen and nuns--Enter "1" for preachers, ministers, priests, rabbis, and other clergymen except in the following two cases:

Record clergy working in a civilian government job, such as a prison chaplain, as a government employee--"2," "3," or "4".

Record clergy not attached to a particular congregation or church organization, who conduct religious services in various places on a fee basis, as self-employed in their own professional practice--"5".

Enter "1" for nuns who receive pay in kind.

Registered and practical nurses--private duty--For nurses who report "private duty" for kind of business, enter "5".

PX (Post exchange), officer's club, N.C.O. club employees, etc.-- Record persons working in a PX, officer's club, N.C.O. club, or similar organization which is usually located on a government reservation as "1". Such nonprofit organizations are controlled by private individuals elected by some form of membership.

Foster parents and child care in own home--Foster parents and other persons who consider themselves as working for profit and who provide child care facilities in their own homes are furnishing the shelter and meals for certain time periods and are to be considered as operating their own business; enter "5".

Boardinghouse keepers--For boardinghouse keepers who consider themselves as working and who perform this work in their own homes, enter "Own home" for industry, and enter "5" for class of worker. Record "boarding house" for industry with "1" for class of worker for those who do this work for someone else for wages or salary or pay in kind.

Sales or merchandise employees--Report persons who own a sales franchise and are responsible for their own

merchandise and personnel as "Retail or Wholesale Sales" for industry with "5" for class of worker. Report persons who do sales work for someone else (*such as an Avon or Tupperware representative*) as "1" for class of worker. Also for such people, indicate whether they sell door-to-door or use the party plan method.

Post office and TVA employees--Report persons who work for the Postal Service and Tennessee Valley Authority as Federal employees and enter "2" for class of worker.

Comsat, Amtrak, and Conrail--Comsat, Amtrak, and Conrail are private companies and you should report the employees of these companies as "1."

Persons who work for public transportation, harbor, airport, housing, etc., Authorities, such as the Chicago Transportation Authority or the New York Port Authority, who get their money from any combination of Federal, State or Local funds and user fees, should be reported as "1."

Persons who work full-time for the National Guard are considered as civilian employees of the State and therefore be recorded as "3".

Making Corrections

It may be necessary to change an answer the respondent has given you. This can happen because the respondent gives you incorrect information, such as the wrong month for another household member's date of birth, or reporting injuries/poisonings, hospital stays or doctor visits that are not within the correct reference period.

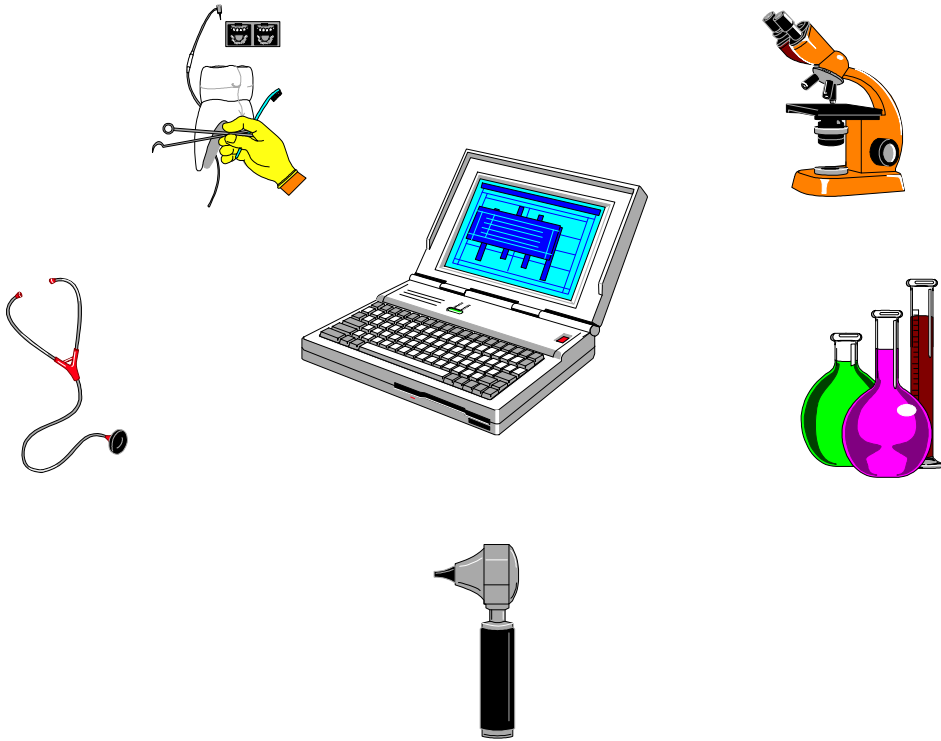
When you need to correct an answer, you will have to make the necessary corrections. If you have not yet left the screen where the correction needs to be made, you can either press F6 (Change entry), enter the correct answer, and hit the ENTER key OR you can use the backspace key to erase the incorrect answer, enter the correct information, and hit the ENTER key.

NOTE: If you forget to hit the ENTER key after changing the answer, the instrument will retain the "old" answer in the data file.

If you have already left the screen where the correction needs to be made, you will have to go back to that screen using the F1 key (back up one item). Then, make the necessary change(s), using either the F6 key, or the backspace key. Changing an answer may require pressing F1 several times to reach the necessary screen (depending upon how far away you are in the instrument from where you need to back). Remember to hit the ENTER key so that the instrument actually changes the answer in the data file.

PART C

National Health Interview Survey



INSTRUMENT

PART C
SECTION 1
OVERVIEW OF THE NHIS INSTRUMENT

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INTRODUCTION

We refer to the computer software that runs the questionnaire as the instrument.

This section describes how the questions are selected for each interview, general contents of each screen, methods for entering responses, and the uses of the special function keys. There are instructions for starting the interview, for resuming a partially completed interview, and recovering from program errors.

Other sections cover the various "parts" of the NHIS instrument: the FRONT, the HOUSEHOLD COMPOSITION, the FAMILY, the SAMPLE CHILD, the IMMUNIZATION, the SAMPLE ADULT, the RECONTACT, and the BACK sections.

AUTOMATIC SELECTION OF QUESTIONS

The instrument decides which questions to display for you to ask, based on information previously entered about the sample address (*such as Screening Status, Year Built, Land Use, and the like*) and the information you enter about the household.

For example, questions concerning pregnancy and visits to a gynecologist are not asked for males. Questions about marital status are not asked of anyone under 15.

You first determine the composition of the household and individual families within the household. Then, you are taken through the appropriate questions, based on this composition.

CONTENTS OF EACH SCREEN

Throughout the instrument, each screen displays as appropriate:

- ! The question you will ask
- ! Special instructions
- ! Response options (if applicable)

Many screens also display previous information necessary for completion of the current question (*such as a list of the family members in questions that ask "Who in the family" did something*).

The computer fills appropriate proper names, pronouns, verbs, and reference dates into the text of the questions.

The following is a sample screen from the NHIS instrument:

Caseid: 00000004
Item: HLTH_BEG

Subject: Family 1
Respondent: John Doe

FR: READ THE FOLLOWING INTRODUCTION:

I am now going to ask about the general health of family members and the effects of any physical, mental, or emotional health problems.

(P) Proceed

(R) Refused



If there is only one data entry field on the screen, the item name is the same as the screen name. If there is more than one data entry field on the screen, each field will have a unique name. The general format of the item names is *screen@item*. That is, the "@" symbol separates the screen name and the item name. The screen name is always the name to the left of the "@" sign.

Instructions

There are two types of on-screen instructions - general and specific. The general instructions are in regular type and tell you the screen name (-HLTH_BEG-*in the above example*), subject (Family 1 *in the above example*), and respondent (JOHN DOE *in the above example*).

Specific instructions are usually in bold capital letters and give you instructions for completing the item. (**FR: READ THE FOLLOWING INTRODUCTION** *in the above example*).

Errors

Above the question is an administrative part of the screen. In this area will be displayed the "CASE ID" (*a number used by the computer to keep track of the case*), the name of each answer space on the screen (*this may be useful to you in certain lighting situations where it is hard to see the cursor*), and error messages when you make an inappropriate entry.

For example, appropriate entries for the question in the sample screen above are P to Proceed, or R for Refused. If you enter something else, or attempt to press enter without making an entry, you might get an error message such as:

Simply make a valid/correct entry and the program will continue.

"Blind" Entries

There are two entries you can make that are generally accepted by each screen, but are not usually displayed on the screen. We call these "blind" entries and they are "D" for Don't Know and "R" for Refused.

If, after probing, the respondent still cannot answer the question, enter "D" for Don't Know.

If a respondent refuses to answer a particular question, explain the need to have all applicable questions answered. If the respondent still refuses, enter "R" for Refused.

Lists

Sometimes, a list (*such as a roster of family members*) will be displayed at the bottom of the screen to help you ask or answer the question. When this list, or roster, is displayed at the bottom of the screen, it is called a "window". On most screens, however, the screen is split vertically, and the roster of family members will be displayed on the right half of the screen.

Due to space limitations, on screens that have the window at the bottom of the screen, lists of more than four lines cannot be displayed in one "window". When this occurs, you will see an instruction to:

Press F12 to switch windows.

To view the remainder of the list in another "window", Press the **F12 key**. Then, press **PAGE DOWN** and **PAGE UP** to view the remaining members on the list in this window. When you are finished viewing this window, press F12 again, to switch back and forth between the "windows".

NOTE: You cannot enter a response to the question while in a list "window".

When you are finished reading or viewing the list, press "Q" for quit and the cursor will return to the answer field.

The following is an example of a multi-window screen where the window is at the bottom of the screen:

Press F12 to switch windows

page 1 of 2

HOUSEHOLD ROSTER

LINE HHSTAT NAME AGE FX REL

01 P R JOHN DOE 29 1 Ref Person
02 S JANE DOE 26 1 Wife
03 C JIMMY DOE 6 1 son

"PgDn = BOTTOM of screen " for next page

Press F12 and then Page Down to get:

page 2 of 2

04 JANET DOE 1 daughter

"PgUp = TOP of screen " for prior page; `q' to quit

The following is an example of a multi-window screen where the window is on the right hand side of the screen:

-HHREF-

FR: John Doe | LINE NAME AGE
HAS BEEN SELECTED AS THE |-----
HOUSEHOLD REFERENCE PERSON. | 01 John Doe 29
IS THIS HOUSEHOLD MEMBER AN | 02 Jane Doe 26
APPROPRIATE CHOICE? PREFERABLY |
A CIVILIAN ADULT? |

PRESS SHIFT F1 TO SEE FULL
ROSTER INFORMATION

- (1) Yes, accept this person
(2) No, select another person

**Multiple Questions
or Answers**

Usually the instrument displays just one item or question and one answer space on each screen. In some situations, however, two or more related questions appear on the same screen, or the question

accepts multiple answers. The following are examples of these situations:

Multiple Questions

-ADD-

Has a doctor or health professional ever told you that
Billy Doe had... (1) Yes (2) No (H)

...Attention Deficit Hyperactivity Disorder (ADHD)
or Attention Deficit Disorder (ADD)?

...Mental Retardation?

...Any other developmental delay?

Multiple Answers - A

-AGEDOB- Subject: Jane Doe
Respondent: John Doe

What is Jane Doe's age and date of birth?
Please give month, day, and year for the date of birth. (H)

- (1) January (5) May (9) September
(2) February (6) June (10) October
(3) March (7) July (11) November
(4) April (8) August (12) December

Age: 26 Number Date of Birth: MONTH: 6

4 Time Period DAY: 3

- (1) Day(s) YEAR: 1974
(2) Week(s)
(3) Month(s)
(4) Year(s)

Multiple Answers - B

-HISPAN@1-

Subject: JOHN DOE

SHOW FLASHCARD H1 Respondent: JOHN DOE

Please give me the number of the group that represents JOHN DOE's Hispanic origin or ancestry.

FR: IF A NONHISPANIC GROUP IS NAMED, PRESS "F1" TO RETURN TO NATOR AND CHANGE THE ANSWER FROM "YES" TO "NO". (H)

ENTER EACH NUMBER THAT APPLIES. ENTER (N) FOR NO MORE.

- (1) Puerto Rican
- (2) Cuban/Cuban American
- (3) Dominican (Republic)
- (4) Mexican
- (5) Mexican American
- (6) Central or South American
- (7) Other Latin American
- (8) Other Hispanic/Latino

-HIKIND-

Subject: John Doe Respondent: John Doe

What kind of health insurance or health care coverage do you have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental), exclude private plans that only provide extra cash while hospitalized. (H) **FR: ENTER (N) FOR NO MORE. ENTER EACH NUMBER THAT APPLIES. PLEASE REFER TO FLASHCARDS F9 AND F10 FOR YOUR STATE.**

- | | |
|--|--|
| (1) Private health insurance plan from employer or workplace | (7) CHIP (Children's Health Insurance Program) |
| (2) Private health insurance plan purchased directly | (8) Military health care/VA |
| (3) Private health insurance plan through a state or local government or community program | (9) CHAMPUS/TRICARE/CHAMP-VA |
| (4) Medicare | (10) Indian Health Service |
| (5) Medi-Gap | (11) State-sponsored health plan |
| (6) Medicaid | (12) Other government program |
| | (13) Single Service Plan (e.g., dental, vision, prescriptions) |
| | (14) No coverage of any type |

(Anything else?)

METHODS OF MAKING ENTRIES

For most items, you make an entry by pressing the number or letter corresponding to the appropriate listed answer, followed by pressing the <ENTER> key.

For some questions, you must type words or names, and then press the <ENTER> key. (*An example of this would be the question that asks: "What is the name of the next person living here?" or the instruction that says: "FR: SPECIFY THE OTHER RACE".*)

For a few questions, most notably in the health insurance section of the Family section, you will enter an "X" next to a persons name and then press the <ENTER> key.

For still others, you make a number entry (*such as a Person Number, a date, the number of doctor visits, and so forth*) and then press the <ENTER> key.

The only instance in which you DO NOT press the <ENTER> key is after pressing a function key (*see 1.E on page C1-10*).

Unacceptable Entries

If you make an unacceptable entry (*such as pressing "3" when the only options are "1" and "2", or making an entry that is not within an acceptable range*), a message such as **"3 is invalid"** will appear in the administrative section above the question and the instrument will not continue to the next question.

When this happens, simply make the correct entry and press <ENTER>.

Blanks

YOU CANNOT LEAVE AN ITEM BLANK. If you press <ENTER> without first typing a valid response, the instrument will give you a message that your entry is invalid. Make an appropriate entry and press <ENTER>.

NOTE: There are a few exceptions to the "blank" rule -

É When entering the names of household members, press <ENTER> without making an entry if a person has no middle initial. This is also true of the last name field if the person you

are currently entering has the same last name as the last person entered.

Ē When marking "X" next to person's names, if the question does not apply to any person, simply press enter to skip to the next person, or to the next screen if it is the last person.

Ē When exiting a help screen.

Ē When instructed to press <ENTER>, do so without any other entry.

"Same as" Entries

In some items (*such as the following example*), known information is displayed within the answer spaces.

-CHNGMAIL- FR: ENTER MAILING ADDRESS OR ENTER (S) FOR SAME/NO CHANGE OR ENTER (X) TO BLANK-OUT THE CURRENT INFORMATION

CURRENT:

HOUSE NUMBER: 123 HOUSE NO SUFFIX: A12

STREET NAME: MAIN STREET

UNIT DESIG: (H)

CITY: ANNANDALE

STATE: VA ZIP CODE: 22230

COUNTY: JEFFERSON

— If you need to correct the information, type in the correction.

— If the information is correct as shown, enter "S" in the available answer field and press <ENTER>.

"No more" Entries

Many questions accept multiple answers. After each entry, press <ENTER> to go to the next answer space. Once you have entered all the answers that apply, enter "N" (for "no more") and press <ENTER>. Also, for screens that are "mark all that apply" like HIKIND enter "N" once you have entered all of the appropriate choices.

-RACE@4-

Subject: JOHN DOE

Respondent: JOHN DOE

FR: SHOW FLASHCARD H2

What race do you consider yourself to be? (H)

Please select 1 or more of these categories.

FR: ENTER (N) FOR NO MORE

- | | |
|----------------------------|----------------------|
| (1) White | (9) Asian Indian |
| (2) Black/African American | (10) Chinese |
| (3) Indian (American) | (11) Filipino |
| (4) Alaska Native | (12) Japanese |
| (5) Native Hawaiian | (13) Korean |
| (6) Guamanian | (14) Vietnamese |
| (7) Samoan | (15) Other Asian |
| (8) Other Pacific Islander | (16) Some Other Race |

1 8 13 N

Dates

Dates must be entered as follows:

- ! Enter the numeric month and press <ENTER>.
- ! Enter the day of the month and press <ENTER>.
- ! Enter all four digits of the year and press <ENTER>.

NOTE: It is NOT necessary to enter months and days in two digits.

If any part of the date is unknown, probe for the respondent's best estimate of the exact date and enter that. *(If you want to note that this is an estimate, press the F7 function key.)*

If probing does not yield an estimated date, enter "D" (for Don't Know) for the unknown part of the date.

Telephone Numbers

The Area Code must be included with all telephone numbers.

- ! Enter the 3-digit Area Code. The cursor will automatically move to the first digit of the exchange.
- ! Enter the 7-digit telephone number and press <ENTER>.

NOTE: Do NOT type in the dash between the exchange and number. It is already in the instrument. Also, do NOT press <ENTER> after the exchange -- enter all seven digits before pressing <ENTER>.

Open-Ended Questions

For open-ended or "Specify" questions, type the complete answer without abbreviating at the time of interview. After the interview is completed, you CANNOT go back into it and edit your answers.

Space should be sufficient for most "type-in" entries. However, if an entry requires more than the allotted space, try to use understandable abbreviations to fit the answer in the allotted space. Using the F7 notes to finish the entry should be avoided if possible.

Correcting Entries

If BEFORE PRESSING <ENTER> you realize an entry is incorrect (*for example, you inadvertently pressed a wrong key*), press the backspace key to delete the entry. Then type the correct entry and press <ENTER>.

If AFTER PRESSING <ENTER> you go to an inappropriate question or simply realize the previous entry was incorrect, press **F1** to return to the erroneously answered question. Then press the backspace key to delete the incorrect entry. Finally, type in the correct answer and press <ENTER>.

FUNCTION KEYS

The function or "F" keys allow you to do several useful things during the interview. For example, you can back up to a previous screen to review or correct the entry, you can add notes to explain an entry, and you can skip to the end if a respondent is unable or unwilling to continue the interview.

Many operations require you to simply press the function key (*you don't have to press <ENTER>*), while some require you to use the <SHIFT> key with the function key. The easiest way to do this is to hold down the <SHIFT> key while pressing the function key.

F1 - BACK 1 item--Back up one screen

Moves you backwards one screen at a time through previously answered questions. On screens with multiple answers, it moves you backward through each entered answer.

F2 - FORWARD 1 item--Go forward one screen

Moves you forward one screen at a time through previously answered questions; however, you cannot move forward past an unanswered screen. On screens with multiple answers, it moves you forward through each entered answer.

F3 - NEXT UNANS'D item--Jump forward to next unanswered screen

Moves you forward to the next appropriate unanswered question faster than repeatedly pressing **F2**. Most useful when you have backed (**F1**) over several questions and need to return to the

appropriate screen to continue the interview.

F4 - JUMP menu--Show all ANSWERED screens for current person

This screen is a "jump" screen allows you to jump back to a previously answered question for a particular person who is the subject of the questions you are currently asking.

F5 - Status table

The Status Table show status of each section, for each family in the household.


```

-H_NGST-
+-----+
+-----+
: N = SECTION HAS NOT BEEN ASSIGNED A STATUS CODE YET.
|
: I = SECTION IS NOT COMPLETED.
: C = SECTION IS COMPLETED AS MUCH AS POSSIBLE FOR THIS INTERVIEW.
|
:N/A = SECTION NOT APPLICABLE FOR COMPLETION.

:
:
:          NAVIGATION GRID/STATUS TABLE
:
:          SAMPLE             SAMPLE
:
:
: Family # FAMILY CHILD IMMUNIZATION ADULT RECONTACT
: 1         C    N      N/A          N      N
:
:
:          PRESS ENTER TO CONTINUE
:
:
+-----+
+-----+

```

F6 - CHANGE answer--Change entry

Deletes the current entry in an item so that you can enter the correct one. Remember to press the <ENTER> after entering the answer.

F7 - Enter NOTES--Notes per screen

Allows you to enter comments, explanations, continuations, and so forth for the screen currently displayed. Upon completion of the note, type two slash marks (//) and press <ENTER>.

F8 - Not used for NHIS.

F9 - SKIP to end of FAMILY

Allows you to break off the interview in the Family Section without affecting the status of the entire household. This function can only be used after you have completed the Income section (screen INTROINC) or more of the interview. If you must break off the interview before you have reached that point, you will have to use the **F10** function key.

For example, if the Family Section respondent has to leave before completing the Family Section and no other adult respondent is available in that family, press F9. This allows you to make an appointment to continue the interview and to check on the availability of an adult respondent for an unrelated family group living in the same household.

F10 - Skip to END

Allows you to break off the interview in "emergency" situations when you have to leave the sample unit quickly. (*For other situations, see F9, SHIFT-F8, and SHIFT-F9 below.*)

F11 - Not used for NHIS.

F12 - Window Toggle

Allows you to shift between "windows" when the list is too long to display on one screen.

SHIFT-F1- Display Case HH INFO

The Household Roster displays all persons in the household, the household phone number, and the phone number for up to 3 families in the household. This function key may be used anywhere within instrument.

```

HHROSTER
-----+
-----+
A=Armed Forces B=Family Resp C=Sample Child D=Deleted E=Emanc Minor
|
I=Immun flag P=HH Ref Per R=HH Resp S=Sample Adult
|
| HOUSEHOLD FAMILY 1 FAMILY 2 FAMILY 3
| | | |
TELEPHONE NOS.: (123)456-0789
|
HOUSEHOLD ROSTER
|
|
LINE FX HHSTAT FULL NAME AGE SEX REL to HH
|
| NO. REF PERSON
|-----+
|-----+
01 01 PR John Doe 33 M
|
02 01 S Jane Doe 26 F Wife
|
03 01 C Billy Doe 6 M son
|
|
| PRESS ENTER TO CONTINUE |
|
|
|-----+
-----+

```

SHIFT-F2 -FAQ

For each of the frequently asked questions, you can access a screen displaying the question and answer.

SHIFT-F3 - Not used for NHIS.

SHIFT-F4 - Not used for NHIS.

SHIFT-F5: LANGUAGE Toggle

This combination allows you to switch between English and Spanish versions of the instrument.

SHIFT-F6: Not used for NHIS.

SHIFT-F7: View NOTES

Allows you to review the notes made previously on the screen.

SHIFT-F8: SKIP to end of SAMPLE ADULT

Allows you to break off the interview in the Sample Adult section without affecting the status of the entire household.

For example, if the Sample Adult cannot or will not continue the interview while completing the Sample Adult section, press SHIFT-F8. This allows you to make a callback appointment if appropriate, and continue with any other applicable sections.

SHIFT-F9: SKIP to end of SAMPLE CHILD

Allows you to break off the interview in the Sample Child section without affecting the status of the entire household.

For example, if the respondent for the Sample Child has to leave, but wants to make an appointment to finish the section later, press SHIFT-F9 and arrange for the callback.

SHIFT-F10: Show F-KEYS--function key settings

Displays a list of each of the function keys and a short definition for each one.

NOTE: The function key settings for the Case Management system are different than above for the HIS instrument. When you are in Case Management, the function key settings are displayed across the top of the screen.

STARTING THE INTERVIEW

All NHIS interviews should be conducted by personal visit.

However, there may be times when the only way you can complete the interview is by telephone.

When you are ready to go to the door of a sample household, it is time to start up the NHIS interview program.

• Beginning from the main menu, select CASE MANAGEMENT.

• On your case list, highlight the case you intend to interview and press **F2**.

If the first screen in the NHIS instrument does not appear within a few seconds, write down any error messages that may be on the screen and try to restart the program. If you are unable to restart, report the situation and error messages to your RO.

EXITING FROM A PARTIALLY COMPLETED INTERVIEW

At times, you may have to exit from the instrument even though you have only partially completed the interview. *For example, the respondent may not have time to complete the interview because of another engagement.*

How you exit depends on the situation:

! If you must leave the household quickly press **F10**.

! To exit after starting the content portion of the interview, press **F9** in the Family Section, **SHIFT-F8** in the Sample Adult Section, or **SHIFT-F9** in the Sample Child Section or the Immunization Section..

DO NOT TRY TO EXIT FROM THE INTERVIEW BY SIMPLY SHUTTING OFF THE COMPUTER.

To do so will cause the partial information collected so far to be lost, the case management file will not be updated, and you will be prevented from going back into this case to complete the interview.

Regardless of whether you exit the entire interview (**F10**), or only one of the sections (**F9/SHIFT-F8/F9**), you will be prompted make an appointment for a callback or return visit to obtain the remaining information.

Partially completed cases remain on your case management main display, so that you can select the case and resume the interview when appropriate.

COMPLETING A PARTIAL INTERVIEW

When you make your return visit (or telephone call), highlight the address on your case management display and press **F2** to run the interview.

Do your best to complete all partial interviews by closeout for the week. If you cannot get more information for a case, make sure that you have a transmittable outcome code (*refer to the outcome code list and status card in your HIS-501C Flashcard and Information booklet*), highlight the case on your case management display and press **F2**. On the -START- screen, enter "**R**" for ready to transmit and follow the instructions.

EXITING FROM A COMPLETED INTERVIEW

Once all appropriate questions have been answered, the computer exits the instrument, updates the case management file, assesses the final status, and returns you to the main menu.

The computer moves completed cases from your case management main display and prepares them for transmittal to HQ.

Currently, you cannot re-enter a completed case to make changes to the data. If you are accustomed to editing your paper questionnaires after leaving the household, you may at first feel you have lost control of the interview. However, many of the problems you might look for when editing are handled automatically by the computer.

PROGRAM ERROR RECOVERY

Occasionally, a problem in the computer may prevent the interview from continuing in a normal way. The following types of problems may occur:

! You may see a screen that contains only a DOS prompt (*C> or something like it*). This tells you that the HIS interview program is no longer running.

! Although the screen appears normal, it does not change or respond to entries of any kind from the keyboard.

! You may see an error message containing an error number and the words "RUN-TIME ERROR". If, along with the error message, the computer prompts you to press "<CR> to continue", ignore it. **DO NOT PRESS <ENTER>**, as to do so may result in erroneous updating of the case management file and may prevent you from getting back into the case.

In any of these situations when the interview program will not go forward normally, you should "reboot" (*that is, re-start*) the computer.

Warm Boot

First try a "warm boot", since it is faster and causes less wear and tear on the computer. In a "warm boot", the computer runs the same start-up self-test as when it is first started. While holding

down the keys marked **CTRL** and **ALT**, press the key marked **DEL**.

If this is not effective, try a "cold boot".

Cold Boot

Turn off the computer. Wait at least 30 seconds before restarting to allow the disk drive to stop spinning. When you turn the computer back on, it should behave normally.

If you cannot resume the interview after "rebooting", use the troubleshooting instructions in Part D and notify your RO of the problem.

NOTE: When you "reboot", the information collected so far in the current interview is lost, and some previously collected information (if any) may be erased.

PART C
SECTION 2
THE "FRONT" SECTION

Topic	See Page
Purpose	113
Instructions	113
Important Terms	117

PURPOSE

The beginning of the NHIS instrument consists of a series of questions to establish if you are interviewing the correct household, provide listing coverage, and obtain information about the sample unit. This is, also, where you classify Noninterviews, which are covered in detail later in this manual.

INSTRUCTIONS

Because the HIS interview depends on various reference periods (*for example 2-week, 3-month, and 12-month*), it is vitally important that your computer has the correct date and time. Therefore, the first screen in the instrument, allows you to verify and make any needed corrections to the computer's date and time. Be sure that you record these accurately if you make any changes to either the date or the time.

The next of the introductory screens is a screen that introduces you to the sample case by displaying the Control Number and status of the case. Compare the Control Number (*Sample, PSU, Segment, and Serial number*) to the listing sheet in the segment folder to verify that you are at the correct sample unit. If you are not, enter "Q" to quit this case.

The "date" that appears in the upper right corner of your START screen is the instrument date, that is when this version of the HIS CAPI instrument was programmed.

The "CASE STATUS" field will contain one of the following entries:

New Case

This is the first time you have called up this case.

Unreached Household

You called up the case before, but did not proceed with the interview, such as finding no one home.

Household Reached

You contacted the household, but did not conduct any of the interview, such as arranging to callback later.

Household Refused

You contacted the household, but they refused to be interviewed.

Need Coverage

You contacted the household, but did not complete the required items in the "FRONT" section.

Need Control Card

You contacted the household, but did not complete the interview through the Household Composition.

Need Core

You completed the interview through the Household Composition, but not the Family, Sample Adult, and (if appropriate) Sample Child sections.

Fully Complete

You previously completed all applicable sections of the interview.

Other Resolution

A status other than one of the above.

Enter "P" to continue with the interview and the instrument will take you to the appropriate screen based on the Case Status.

If you are unable to continue the interview at this time (*for example, no eligible respondent is available or the respondent has no time and asks you to come back later*), enter "Q". The instrument will take you to the closing where you can enter appointment arrangements and notes about the case.

Enter "N" for any Type A, Type B, or Type C Noninterviews.

After your introduction, begin the initial interview by verifying the "exact" address and asking about the "mailing" address.

In addition to assuring you are at the correct sample unit, this information may be used by NCHS to select and/or contact persons or units included in one of the population-based surveys sampled from HIS.

For addresses in Alaska or Louisiana, enter the name of the borough or parish, respectively, for the "County".

If the address is in an independent city (*as described in the list of independent cities in your Information and Flashcard Booklet*), enter the city name followed by the letters "IC" (for independent city)

for the "County". If the name identifies both an independent city and a county, probe to determine if the location is inside or outside the limits of the city. If it is within the city limits, enter the name of the city followed by the letters "IC"; otherwise, enter only the county name.

Make any address corrections on the listing sheet, also, as instructed in your Form 11-8, Listing and Coverage Manual.

The mailing address should be as complete as possible. For example, an adequate urban mailing address includes the house number, street name, an apartment number (*if appropriate*), the name of the city supplying postal services, County, State, and ZIP code.

In rural areas, an adequate mailing address includes the route number and box number (*if appropriate*), name of the post office (*City*), County, State, and ZIP code.

Specifying "General Delivery", a Post Office box number, etc. along with the City, County, State, and ZIP code are also acceptable mailing addresses.

In area segments located in permit-issuing areas, each newly constructed unit (*built after April 1, 1990*) must be excluded from the sample or it could have a chance of coming in sample more than once. Determining year built during the interview is required only when it was not determined at the time of listing or updating.

Year built refers to the original construction completion date. Consider construction as completed when:

- All exterior windows and doors have been installed,
- The usable floors are finished, and
- The unit is ready for occupancy.

If the respondent is uncertain about whether the structure was built before or after April 1, 1990, choose "before" and after pressing **F7** and noting the situation.

Make no entries on the listing sheet based upon this item.

Based on how the sample unit was listed, you may be required to ask one or more "coverage" questions to determine if there are any additional living quarters - either occupied or vacant - in the building or on the property.

If you have discovered an EXTRA unit, you will be instructed to record it on the listing sheet.

The instrument will automatically add the EXTRA unit(s) to your workload in the Case Management system.

If you have identified more than 3 EXTRA units for this one sample unit, you must call your office for instructions before continuing this interview at the sample unit or beginning the interview at any of the EXTRA units.

The instrument will automatically take you to a screen instructing you to call your supervisor.

You can make an appointment to continue this interview if necessary.

NOTE: If you are instructed not to interview the sample unit, call and cancel the appointment.

In case of missing information or to complete a portion of the interview with a designated respondent, it may be more efficient to make a telephone callback than another personal visit. In addition, the NCHS is considering several different random digit dialing (RDD) telephone surveys to augment the NHIS. To properly weight the RDD data, they need to know the number of NHIS sample units with a telephone, with access to a telephone, and with loss of telephone service for extended periods in the past 12 months.

If the respondent wants to know why you want the number, explain that it will save the expense and time of a personal visit if you find that some needed information is missing.

If you are given a number for a telephone not in the household (*such as a neighbor's number, a work number, a common phone in the hall or lobby, etc.*), press **F7** and note the location of the telephone. Also press **F7** to note anything else about the telephone (*such as an unlisted number, only operational during certain hours, etc.*).

The telephone service questions concern only telephone service in the sample unit for the current occupants, not previous occupants (if any) or previous residences of the current occupants (if any).

- Ë If none of the current occupants lived in the sample unit for the entire past 12 months, these questions apply only to the time at least one has been an occupant.
- Ë If the current occupants recently moved into the sample unit and do not yet have telephone service, these questions apply to the time they have resided in the sample unit without telephone service.

If telephone service was interrupted more than once for at least a week each time during the past 12 months, add each period and enter the total. Do not count periods when the unit was without telephone service for less than a week, except for current occupants that moved into the sample unit within the past week and are still without service.

For example, if during the past 12 months, the sample unit was without telephone service for 8 days because of an ice storm, 2 days because they didn't pay the phone bill on time, and 6 hours while the telephone company reprogrammed their computers, enter "8 days".

IMPORTANT TERMS

A **Housing Unit** is a room or group of rooms occupied or intended for occupancy as separate living quarters. Units not in structures may be housing units if they are used/intended as separate living quarters and have direct access (*for example, trailers, tents, boats, motor vehicles, and so forth*).

A **Separate Living Quarters** is one in which the occupants:

- Ë Live and eat separately from all other persons on the property
- AND**
- Ë Have direct access from the outside or through a common hall or lobby.

Direct Access exists when the occupants a living quarters can enter and leave either directly from the outside of the structure, or from a common hall or lobby used by other occupants of the structure.

If the only entrance to a living quarters is through a room or hall that is part of another living quarters, the unit does NOT have direct access, is NOT a separate housing unit, and should be considered as part of the living quarters through which access is gained.

A House, apartment, flat, condo includes a house or apartment; an apartment over a garage or behind a store; janitor's quarters in an office building; and housing units in such places as converted barns or sheds.

A Housing unit in nontransient hotel, motel, etc, includes all separate living quarters in a motel, nontransient hotel, motor court, or YMCA. *(See Form 11-8 Listing and Coverage Manual for definitions of nontransient hotels and motels.)*

A Housing unit - -permanent in transient hotel, motel, etc, includes all separate living quarters in a hotel, motel, transient hotel, motor court, etc. and occupied or intended for occupancy by permanent guests or resident employees. *(See Form 11-8 Listing and Coverage Manual for definitions of transient hotels and motels.)*

A Housing unit in rooming house includes housing units in rooming houses or combination rooming and boarding houses. *(See Form 11-8 Listing and Coverage Manual for definitions of rooming and combination rooming and boarding houses.)*

Mobile homes or trailers with no permanent rooms added should NOT include open or unheated porches or sheds built onto trailers.

Mobile homes or trailers with one or more permanent rooms added do NOT include open or unheated porches or sheds built onto trailers.

Quarters not housing unit in rooming or boarding house are any units in a rooming, boarding, or combination rooming and boarding house that do not meet the housing unit definition. *(See Form 11-8 Listing and Coverage Manual for definitions.)*

Units not permanent in transient hotel, motel, etc are any units in a transient hotel, motel, motor court, etc. occupied or intended for occupancy by transient guests or not meeting the housing unit definition. *(See Form 11-8 Listing and Coverage Manual for definitions of transient hotel and motel.)*

Student quarters in college dormitories include any room in a college dormitory occupied or intended for occupancy by a student.

PART C
SECTION 3
THE HOUSEHOLD COMPOSITION SECTION

Topic	See Page
Purpose	120
Instructions	120
Important Terms	122

PURPOSE

The purpose of the Household Composition Section of the NHIS is to provide a record of all of the members of the household for the sample address. Basic information collected for each of the household members includes:

- name
- sex
- age
- date of birth
- national origin
- race
- military status

You may wonder why this kind of information is asked in a health survey. NHIS estimates relating to health characteristics may differ considerably depending on age and sex. For example, chronic diseases are more prevalent among older people, while acute illnesses and injuries occur more frequently among younger individuals, and some conditions affect one sex more so than the other. All of this information is useful to health care providers in developing more specialized care, early detection, prevention and intervention procedures for some conditions.

We collect information on race and national origin for several reasons. The first is to determine whether this household should be included in the sample based on the screening status of this case. More is discussed about screening later in this section. The second reason for collecting racial and national origin information is so that data on doctor visits, hospitalizations, and other health variables can be linked to various racial and cultural groups throughout the nation.

In addition to collecting basic information about the individuals within the household, a series of questions in this section collects the relationship of each household member to a reference person, determines whether there is more than one family in the household, and assigns one person as the designated household respondent.

INSTRUCTIONS

When adding names to the Household roster remember to start with the name of the person who owns or rents the house or apartment. Note that after you have entered one person into the household, and indicate that there are other people who also live in the household, the NAME

screen comes up again, although this time with the last name of the previous person prefilled. If the last name of the next person is the same, pressing ENTER will confirm the prefilled entry. If the last name of the next person is something different, simply begin typing, and the new entry will overwrite the prefilled entry.

For initials "D" or "R", you must add a period after the letter to distinguish between the initial and a "Don't Know" or "Refused" entry. If just a "D" or "R" is entered, the computer will treat that as an entry of don't know or refused, and not as an initial.

If a person refuses to give his or her name, (first and last) enter "R" in the name fields. This will then take you to the screen ALIAS, where you can enter an alias for this person. This screen was designed specifically for this purpose, and it is important for those who analyze the data to know if the name given is an alias or not.

Students away at college or at a boarding school are NOT considered to be usual residences of the household being interviewed. Their "usual residency" is at the college or boarding school where they live during the school year.

If a person refuses to give his or her age and date of birth, the instrument takes you to a screen that asks you to estimate whether you think the person is greater than or less than 18. It is important that you try to give your best estimate of this persons age, as some skip patterns later in the instrument will be determined by your guess.

When entering information about a person's race or national origin be sure that the respondent is aware that he/she may pick more than one category. It is important to the analysts to know the complete racial background and national origin of each individual in the household in order to accurately monitor differences in health related data between racial and ethnic groups.

There are two places within the Household Composition Section that you can delete a person once you've entered him/her into the household roster. The first place is at ASKURE, which asks if the person has a usual residence elsewhere. The second is at the TABX screen, which gives you the line number and name of every person in the household, and lets you delete as many or as few people as you like from this one screen.

IMPORTANT TERMS

An **Adult** is any person 18 years old or older.

An **Emancipated Minor** is a person who is 1) 14 to 17 years old and married or living with a partner or 2) 14 to 17 years old and living without the supervision of an adult family member or legal guardian.

The **Reference Person** is the person, or persons, 18 years old, or older, who owns or rents the sample unit, generally, the first person mentioned by the respondent in the household roster. The designation of a reference person is to give a point person, by which the relationships of all household members to each other are determined.

The **Respondent** is the person who provides answers to the survey questions.

Screening is a procedure used to "over sample" Blacks and Hispanics in order to increase the reliability of health statistics for these groups. In most sample segments, some units will be designated for screening and you will complete the entire HIS interview only if such a unit contains at least one Black or Hispanic member. If such a sample unit contains no Black or Hispanic residents, the instrument will classify the unit as a Type B noninterview.

A **Household** is the entire group of persons who live in one housing unit or GQ unit. It may be several persons living together or one person living alone. It includes the reference person, any relatives living in the unit, and also may include roomers, boarders, servants, or other persons not related to the reference person.

Active duty in the Armed Forces means full time active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or any National Guard unit currently activated as part of the regular Armed Forces. Included in "active duty" is the 6-month period a person may serve in connection with the provisions of the Reserve Forces Act of 1955 and cadets appointed to one of the military academies such as West Point, Naval Academy (Annapolis), etc. Also include persons on full time active duty in the military service of a foreign nation.

National Origin means the national or cultural group from which the person is descended as determined by the nationality or lineage of the person's ancestors. There is no set rule as to how many generations

are to be considered in determining origin: a person may report his/her origin based on that of a parent, grandparent, or some far removed ancestor.

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 he/she is free to return at any time.

PART C
SECTION 4
THE FAMILY HEALTH STATUS
AND LIMITATIONS OF ACTIVITY

Topic	See Page
Purpose	125
Instructions	125
Important Terms	126

PURPOSE

The purpose of the health status and limitations of activity section of the family module is to identify any family members that are limited because of a physical, mental or emotional problem. These questions determine:

- whether or not a person is limited in his/her activities
- the degree of the limitation
- the way in which the person is limited
- the condition that causes the limitation
- how long the person has had the condition that causes the limitation

INSTRUCTIONS

Most of the questions in this section are directed toward the entire family and are asked "family style" (*e.g. Because of a health problem, does anyone in the family have difficulty...*). These questions are not geared toward any specific group of persons within the family, but rather toward everyone in the family. Because it is not necessary to read the names of the specific people for whom the question is intended, no rosters appear for these types of screens.

Some questions are directed towards a specific group of people within the household. (*e.g. Are/Is (READ NAMES BELOW) limited...*). Sometimes this group is defined by age, and sometimes this group is defined by the answers to previously asked questions. If there are no persons in the family that fall into the categories targeted for being asked these questions, then these questions will be skipped. For these types of questions, a roster defining the group for whom the question is intended is displayed on the screen. In some cases, there may be only one person in the roster. You will need to make the choice between using "Is/Are" and "he/she/they" for these kinds of questions.

Sometimes there are more people who need to be displayed in a roster than there is room to display. In these cases, you will need to use the F12 key to toggle to the roster portion of the screen, and then Page Down to see the additional names.

The last kind of question you will encounter in this section are questions that are directed toward an individual within the family. These kinds of questions are generally asked as a follow up based upon an answer to a previous question. In these kinds of questions, the name of the person for whom the question is intended will be automatically filled into the body of the question.

When you show the respondent the list of possible conditions that cause his/her limitation, and he/she gives you a response, be sure to

carefully look at the list of conditions provided on the screen to see if the response fits into any of the precoded categories. If it does not fit into any of the precoded categories, type in the code for "Other", and then specify what the exact condition is.

IMPORTANT TERMS

A **Health Problem** is respondent defined. Generally speaking though, it is any condition, physical, mental, or emotional, which causes limitation in activity (see “condition” definition). Do not include pregnancy or delivery as a health problem. It is not important for the respondent to differentiate between a “condition” and a “health problem.” Both of these terms are used to let the respondent know the wide range of health-related causes that should be considered.

Limited refers to a person's ability to only partially perform a specific activity, perform that activity only part of the time, or not perform that activity at all. Do **NOT** define this term to respondents. If asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity or not.

Several terms are used relating to **Limitation** of activity, such as “keep from,” “completely keep from,” “take part at all.” These terms mean under normal circumstances; this does not necessarily mean that the activity is impossible under a particular circumstance.

Problem is defined as the respondent's perception of a chronic, perhaps permanent, departure from physical, mental or emotional well being. Physical, mental or emotional problem is respondent defined, however, short term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

Special Education and Early Intervention Services are designed to meet the needs of children with special needs and/or disabilities. Special Education involved special teaching programs, paid for by the public school system that may take place at a regular school, a special school, a private school, at home, or at a hospital. Early intervention services are designed for very young children, and may include, but are not limited to medical and social services, parental counseling, and therapy that may be provided at the child's home, a medical center, a day care center, or other place. Generally these services are provided by the State or school system at no cost to the parent.

Help from another person is considered to be hands on assistance with performing an activity. An “other person” may be a friend, relative, paid helper, volunteer from an agency or organization or anyone else

who helps the family member in doing the activities mentioned. He or she may be a household member or a non-household member.

Special equipment is any device, tool, utensil, instrument, implement, etc. used as an aid in performing an activity because of a physical, mental or emotional problem.

A **Condition** is the respondent's perception of a departure from physical, mental or emotional well-being. Included are specific health problems such as missing an extremity or organ, the name of a disease, a symptom, the result of an accident or some other type of impairment. Also included are vague disorders and health problems not always thought of as "illnesses," such as alcoholism, drug-related problems, senility, depression, anxiety, etc. In general, consider as a condition any response describing a health problem of any kind.

SPECIFIC QUESTIONS

For Children:

What conditions or health problems cause *{subject name's}* limitations?

This question contains a single screen of item responses. The Flashcard (F1) for this question lists conditions and health problems from which the respondent may choose. The respondent's answer may include as many conditions or health problems that apply. You should **not** read any of the answer categories for the respondent.

If the respondent lists a condition or health problem that is not on the flashcard, you should first try to determine whether the condition he/she lists belongs in one of those categories.

Otherwise, you may enter the respondent's exact answer in one of the two other impairment/problems fields (code "14" and "15"). While you may not probe for additional answers, you may probe in order to clarify the response (for example, if the respondent has a rare disease that you do not know how to spell, you may politely ask the respondent for their input).

- 1. Vision/problem seeing**
- 2. Hearing problem**
- 3. Speech problem**
- 4. Asthma/breathing problem**
- 5. Birth defect**

*THESE CONDITIONS
ARE PRINTED ON THE
FLASHCARD AND ON*

6. **Injury**
7. **Mental retardation**
8. **Other developmental problem (e.g. cerebral palsy)**
9. **Other mental, emotional, or behavioral problem**
10. **Bone, joint, or muscle problem**
11. **Epilepsy or seizures**
12. **Learning Disability**
13. **Attention Deficit/Hyperactivity Disorder
(ADD/ADHD)**

14. Other impairment/problem (Specify one)
15. Other impairment/problem (Specify one)

For Adults:

What conditions or health problems cause *{subject name's}* limitations?

This question contains two screens of item responses. The Flashcard (F1) for this question only lists the conditions and health problems from the first screen. The respondent's answer may include as many conditions or health problems that apply. You should **not** read any of the answer categories for the respondent.

If the respondent lists a condition or health problem that is not on the flashcard, you should first try to determine whether the condition he/she lists belongs in one of those categories. Otherwise, enter M to proceed to the next screen for another list of possible conditions from which you may choose to code the respondent's answer or you may choose to enter the respondent's exact answer in one of the two other impairment/problem fields (code "36" and "37"). Be sure to include only information about health conditions and medical problems in these fields - this would not be an appropriate place for an FR note. While you may not probe for additional answers, you may probe in order to clarify the response (for example, if the respondent has a rare disease that you do not know how to spell, you may politely ask the respondent for their input).

When the respondent has no more conditions or health problems, enter "N" for no more.

1. **Vision/seeing problem** includes:
 "blindness"
 "cataracts"

- “glaucoma”
- 2. **Hearing problem** includes:
 - “deafness”
 - “tinnitus”
- 3. **Arthritis/rheumatism** includes:
 - “osteoarthritis”
 - “degenerative joint disease”
- 4. **Back or neck problem** includes:
 - “degenerative disc disease”
 - “herniated disc(s)”
 - “sciatica”
 - “scoliosis”
 - “spinal stenosis”
- 5. **Fractures, bone/joint injury** includes:
 - “torn cartilage”
 - “broken arm,” “broken leg,” “broken wrist,” etc.
- 6. **Other injury** includes:
 - “head injury”
 - “car accident injury”
 - “burns”
 - “chemical injury”
 - “gun shot wounds”
 - “frost bite”
 - “snake bite”
- 7. **Heart problem** includes:
 - “angina”
 - “heart attack”
 - “heart murmur”
 - “heart failure”
- 8. **Stroke problem** includes “brain aneurysm.”
- 9. **Hypertension/high blood pressure** includes “high blood pressure.”
- 10. **Diabetes** includes “high blood sugar.”
- 11. **Lung/breathing problem** includes:
 - “asthma”
 - “chronic bronchitis”
 - “chronic obstructive pulmonary disease (COPD)”
 - “emphysema”
 - “pneumonia”
 - “respiratory allergies”
 - “shortness of breath”
- 12. **Cancer** includes:
 - “Hodgkin’s Disease”
 - “leukemia”

- “lymphoma”
13. **Birth defect** includes “spina bifida.”
 14. **Mental retardation** includes “Down's syndrome.”
 15. **Other developmental problem** includes:
 - “cerebral palsy”
 - “dyslexia”
 - “learning disability”
 16. **Senility** includes:
 - “Alzheimer's Disease”
 - “dementia”
 - “memory loss”
 17. **Depression/anxiety/emotional problem** includes
 - “post traumatic stress disorder (PTSD)”
 - “nervousness”
 - “stress”
 18. **Weight problem** includes “overweight” and “obesity.”

*THESE CONDITIONS
ARE ON THE SECOND
ADULT'S CONDITION
SCREEN AND ARE NOT
PRINTED ON THE
FLASHCARD.*

DO NOT READ THEM.

-
19. **Missing limbs, fingers, toes or digits/amputee**
 20. **Kidney, bladder or renal problems**
 21. **Circulation problems** (including blood clots)
 22. **Benign Tumors, Cysts**
 23. **Fibromyalgia, lupus**
 24. **Osteoporosis, brittle bones, tendinitis**
 25. **Epilepsy, seizures**
 26. **Multiple Sclerosis (MS), Muscular Dystrophy (MD)**
 27. **Polio(myelitis), paralysis, para/quadruplegia**
 28. **Parkinson's disease, other tremors**
 29. **Other nerve damage**, including carpal tunnel syndrome
 30. **Hernia**
 31. **Ulcer**
 32. **Varicose veins, hemorrhoids**
 33. **Thyroid problems, Grave's disease, gout**
 34. **Knee problems** (*not* “arthritis” (use code 03 on previous screen); *not* “joint injury” (use code 05on previous screen))
 35. **Migraine headaches** (*not* just “headaches”)
 36. Other impairment/problem (Specify one)
 37. Other impairment/problem (Specify one)

PART C
SECTION 5
THE FAMILY INJURIES
AND POISONINGS SECTION

Topic	See Page
Purpose	132
Instructions	132
Important Terms	133

PURPOSE

The purpose of the injuries and poisonings section of the family module is to determine if anyone in the family was injured or poisoned within the three months prior to interview. If anyone in the family did incur an injury or poisoning within that time, the instrument collects more detailed information about that injury or poisoning, such as:

- The date the injury or poisoning occurred.
- Where treatment for the injury or poisoning was received.
- What part of the body was hurt.
- The circumstances surrounding the injury or poisoning.
- The cause of the injury or poisoning.
- If the person was hospitalized.
- How much school or work the person missed.

INSTRUCTIONS

The reference period for all questions in this section is 3 months, which is defined as 91 days prior to the day of interview.

For this section, we are interested in collecting data only for injuries or poisonings for which medical advice or treatment was sought.

It is important that you record the specific date the injury/poisoning occurred, and not an approximate date. You have a laminated calendar card to show the respondent in order to help him/her recall the exact date the injury/poisoning occurred. It may be helpful to use reminders such as holidays or other events to zero in on the specific date.

This section includes several questions that have "open text" entry fields. These are questions that ask you to write, in some detail, the events that occurred, the body part that was injured, etc. It is important for you to know that when the answers to these questions are released to the data users, they are NOT edited for grammar and spelling. That is, whatever answer you entered for these fields is released "as is" for public use, with any spelling or grammar errors that might be contained within.

When recording the Body Part that was hurt, be sure to enter the specific body part that was injured. For example, "upper, right arm", and "lower back" are specific, but "right arm", and "back" are not. Enter each specific body part/kind on a separate line. For poisonings affecting the whole body, indicate "whole body" under body part.

When recording the Kind of Injury or Poisoning, be sure to be specific about the kind of injury. For example, "broken bone", "cut", "sprained", "bruised", etc. are specific kinds of injuries. General or vague answers such as "hit", or "hurt" are not acceptable as a kind of injury because they do not provide sufficient information on the nature of the injury. For poisonings, record the kind of substance causing the poisoning under Kind of Injury or Poisoning.

When asked to describe the circumstances leading to the injury /poisoning, be sure to record the respondent's verbatim response, probing for as much detail as possible, including specifically what the injured/poisoned person was doing at the time and all circumstances surrounding the event. Entries such as "sports injury" and "auto accident" are insufficient. For a sports injury, determine whether there was a collision with another person or object, or if a fall, what caused the fall. For an auto accident, determine whether the vehicle was moving or stopped, and if a collision, what it collided with.

IMPORTANT TERMS

Injuries include such things as cuts, bruises, burns, sprains, fractures, insect stings, animal bites, and anything else that the respondent considers an injury. Injuries can result from accidental causes, such as falls or motor vehicle collisions, or from intentional incidents, such as stabbing, gunshot wounds, or other assaults.

Poisonings include coming into contact with harmful substances, an overdose or wrong use of any drug or medication.

Medical Advice is advice from a trained medical or dental professional. This advice may be given in a formal office setting, over the phone, in informal settings, such as a dinner party, or from a friend or relative that is a trained medical professional.

Treatment is defined as medical attention received from a trained medical or dental professional.

Hospitalized means a stay of one or more nights in a hospital. Hospitalization does **not** include visits to an emergency room or outpatient clinic, even if they occur at night, unless the person was admitted and stayed overnight. Hospitalized persons are referred to as "patients in the hospital". This does not include stays in the hospital during which the person did not spend at least one night, even though surgery may have been performed.

PART C
SECTION 6
THE FAMILY HEALTH CARE ACCESS
AND UTILIZATION SECTION

Topic	See Page
Purpose	135
Instructions	135
Important Terms	135

PURPOSE

The purpose of the family health care access and utilization section is to identify all contacts with medical doctors or their assistants during a specific period of time. The information from this section provides measures of how the country's health care system is being utilized.

The first set of questions in this section are intended to determine if the family's access to health care is restricted because of financial concerns.

The next set of questions are intended to determine if the family's access to **specific** types of health care was restricted at any time, for any reason.

The rest of the questions in this section are designed to measure the overall utilization of health care services by the family.

INSTRUCTIONS

Be sure to pay attention to the specific reference periods stated within the questions throughout this section. The first couple of questions asks about the delay of, or lack of health care within the last **12 Months**. The next series of questions ask about health care access and utilization within the past **2 Weeks**. The last question in this section reverts back to the **12 Month** reference period. This can be tricky, but through the use of the calendar card provided, you can make sure the respondents follow this transition, and respond appropriately.

If a respondent reports that he/she saw two or more doctors on the same visit, each doctor seen counts as a separate doctor visit. Situations like this might occur when a person visits a clinic where he/she sees doctors with different specialties; for example a dermatologist in one office and an internist in another office. It might also occur when a person visits his/her family doctor, who, in the course of the same visit, calls in a specialist to examine or treat the person.

A visit in which the person sees both a doctor and one or more of the doctor's assistants who work under this doctor's supervision, should be counted as only one doctor visit.

IMPORTANT TERMS

Delayed assumes that health care has been, or will eventually be received.

Include as a **patient in a hospital** only persons who were admitted and stayed overnight or longer. Exclude persons who visited emergency rooms or outpatient clinics, unless that person was admitted

and stayed overnight, and exclude stays for nonmedical reasons, such as staying with a sick family member.

Home health care consists of medical or personal care services provided in the individual's home. The services that home care agencies provide may be fairly simple, ranging from monitoring blood pressure to coordinating medication, to the highly complex, such as intravenous infusion therapy or care for AIDS patients. Home health agencies also can provide personal care, which includes such functions as bathing or housekeeping, to maintain a person in his or her own home.

Adult day care comes in two forms -- one called adult day health services (or "medical model"), the other called adult day care (or "social model"). Patterned somewhat after child day care services, these programs offer a safe, secure, stimulating environment for persons whose family circumstances allow them to remain in their homes in the evenings (and possibly on weekends), but who need some sort of supervision during the daytime.

Adult day care is particularly appropriate for a person whose needs are ordinarily met by their own family members, especially when those family members may have to work outside the home but are generally at home in the evenings and on weekends.

Social model adult day care is, as the name implies, oriented toward the social aspects of life and may include games, memory orientation exercises, music, dancing and reading in a supervised atmosphere. **Social adult day care** programs also organize field trips and special events.

Most social programs do not have a medical component, such as a full-time nurse or physician on staff; however, staff at social programs maintain close contacts with the client's personal medical team in order to report observed significant changes in health care.

Medical model **adult day health care**, on the other hand, has a strong medical component, is usually staffed by at least one full-time registered nurse able to administer medicine and perform routine medical tasks, as well as on-site physician back-up when needed. Most medical models have an affiliation with either a hospital or nursing home and provide social activities on top of medical services. **Some adult day health care** programs specialize in one segment of the population or another (for example, the blind, AIDS patients, etc.).

Assisted living is one of many options disabled and/or older adults and their families have following loss of physical or cognitive functions. It is an alternative to maintaining a residence without personal care services or one without interior modifications. Assisted living is an industry term that includes many forms of multi-unit housing and different levels of personal services.

Assisted living is part of a spectrum of long term care services that provides a combination of housing, personal services, and health care designed to respond to individuals who need help with normal daily activities in a way that promotes maximum independence. The services and activities provided or arranged for in assisted living residences generally include: 24-hour supervision; Three meals a day in a group dining room; and A range of services that promote the quality of life and independence of the individual, such as: Personal care services, (help with eating, bathing, dressing, etc.); Social services; Supervision and assistance for persons with Alzheimer's or other dementias and disabilities; Medication management, or assist with self-administration of medicine; Social and religious activities; Exercise and recreational activities; Arrangements for transportation; Laundry and linen service; and Housekeeping and maintenance. Unless units are part of a continuing care environment or "life care" community, an assisted living facility does not offer health care services as part of its own operation and for safety reasons requires residents to be able to evacuate their personal living quarters in the event of an emergency.

Hospice care is a choice made to enhance life for a dying person. Hospice care emphasizes comfort measures and counseling to provide social, spiritual and physical support to the dying patient and his or her family. All hospice care is under medical supervision and over 90% of hospice care is provided in the patient's home.

Nursing home care provides 24-hour medical and social services to the frail elderly and chronically-disabled populations. Nursing care facilities, or nursing homes, provide care for individuals who need nursing care on a regular basis but do not need to be hospitalized. The care is administered by nursing professionals under the direction of a physician. The facilities are regulated by state and local boards of health. Many nursing care facilities offer short-term or respite care for rehabilitation and other short-term needs.

PART C
SECTION 7
THE FAMILY HEALTH INSURANCE SECTION

Topic	See Page
Purpose	139
Instructions	139
Important Terms	141

PURPOSE

The purpose of the family health insurance section is to calculate the number of persons who have health coverage, since it is a major factor affecting the health of the population and access to health care services. Identification of how a person's demographic characteristics, health status, and economic circumstances are associated with his/her health insurance coverage is important in developing public policy. Information about health care coverage can be linked to the usual source of medical care for an individual, the out of pocket expenditures for that person's health services, treatment patterns and the quality and frequency of a person's health care.

INSTRUCTIONS

In this section the respondent will be asked to identify what kind of health care coverage each person in the family has. It is very important that you record the correct kind of health care coverage for each person, as each kind of coverage has different follow up questions. If the wrong type of health care coverage is recorded at the beginning of this section, then the follow up questions that are asked will not be appropriate and important data will not be collected.

In trying to determine the appropriate type of health care coverage that an individual has, it is important to remember that for the purposes of this survey, Single Service Plans are not considered private health insurance and should not be recorded as such. For individuals who indicate that they are covered by a Single Service Plan, simply record them as being covered by a single service plan, and the appropriate follow up questions will be asked.

Certain types of health care coverage are referred to by different names depending upon the state in which the respondent lives. Kinds of coverage with varying state specific names include Medicaid, the Children's Health Insurance Program (CHIP), state sponsored health insurance coverage, and some other government sponsored health care coverage. For questions about these types of health care coverage, a separate flashcard for each state, with that state's unique health care coverage names has been designed.

If a respondent indicates that he/she is covered by COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or by TCC (Temporary Continuation of Coverage, this should be coded as a Private Health Insurance Plan from employer or workplace. COBRA provides a bridge between health plans for qualified workers, their spouses and their dependent children when their health insurance might otherwise be cut off. Under this act, if a person voluntarily resigns from a job or is terminated for any reason other than "gross

misconduct” they are guaranteed the right to continue in their former employers group health insurance plan as an individual or family health care coverage for up to 18 months at one’s own expense. In some cases, a spouse and dependent children are also eligible for COBRA coverage for as long as three years.

The TCC program is similar to COBRA. This program is available to federal employees. If a person loses Federal Employees Health Benefit (FEHB) coverage because of separation from federal service, they may enroll under the TCC provision of FEHB law to continue coverage for up to 18 months at their own expense in a FEHB plan. Family members who lose coverage because they are no longer eligible may enroll under TCC to continue FEHB coverage for up to 36 months at their own expense.

Note that the follow up questions for the private health insurance coverage, (i.e. private health insurance from employer or workplace, purchased directly, or through a state or local government or community program) are asked based upon the plan, which can cover multiple family members. The follow up questions for all other types of health care coverage are asked based upon the person covered by that type of coverage. For example, a family of 6 who all have private health insurance, and are covered under the same plan name, will only get the private insurance follow up questions once, because the questions will only be asked for that one plan. However, if the 6 family members are all covered by Medicaid, the follow up questions for Medicaid will be asked a total of six times, once for each person covered by Medicaid.

When recording the health insurance plan name, probe for and record only the full specific name of the plan. Do not record the type of plan (e.g. family plan, high-option, etc). Do not record abbreviations for plan names.

If the respondent doesn't know the complete name, ask to see a membership card or other document with the complete name. If nothing with the complete name is available, record as much of the name as the respondent knows.

If a plan name is reported twice, for example two policies with the same company for separate family members, record both plans separately. In this case, to keep the plans separate when asking

questions about them, you may want to put a I or a II at the end of the names.

IMPORTANT TERMS

Private Health Insurance Plan is any type of health insurance, including Health Maintenance Organizations (HMOs), other than the public programs in categories (4) and (6)-(12) and single service plans (13). These plans may be provided in part or full by the persons' 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 is a type of private 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 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 insurance company providing insurance for 500 uninsured children at little or no cost.

Medicare refers to the federal health insurance coverage for persons 65+ years of age and certain disabled persons under 65.

Medi-Gap refers to private health insurance purchased to supplement Medicare. Medi-Gap will be treated as a private health insurance plan in the detail questions.

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. The state names for Medicaid can be found in the Flashcard and Information Booklet.

CHIP (Children's Health Insurance Program or SCHIP) refers to a joint federal and state program, administered by each State that offers health care coverage to low-income, uninsured children under age 19 who are not currently eligible for Medicaid or covered by private health insurance. In some states, CHIP programs have distinct names. The state names for CHIP can be found in the Flashcard and Information Booklet.

Military health care/VA refers to health care available to active duty personnel and their dependents; in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-related ailments.

TRICARE/CHAMPUS/CHAMP-VA --TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. Under TRICARE, there are three options for health care: TRICARE Prime, TRICARE Extra, and TRICARE Standard. CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) is an older name which is used sometimes. CHAMPUS is now called TRICARE Standard. 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.

Indian Health Service is the Federal health care program for Native Americans.

State-sponsored health plan refers to any other health care coverage run by a specific state, including public assistance programs other than “Medicaid” that pay for health care.

Other government program is a catch-all category for any public program providing health care coverage other than those programs in categories previously mentioned.

Single Service Plan (SSP) refers to health insurance coverage paid for by the individual that provides for only one type of service. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization.

PART C
SECTION 8
THE FAMILY SOCIO-DEMOGRAPHIC
BACKGROUND SECTION

Topic	See Page
Purpose	144
Instructions	144
Important Terms	145

PURPOSE

In this section you will collect demographic information about each family member, including information about:

- birthplace
- citizenship (for some respondents)
- education level
- employment status
- earnings

This information, when combined with the health data obtained in other parts of this survey, will provide statistics on the characteristics of people with health problems, as well as those without health problems. These data will enable analysts to compare the health status and use of health services among the different demographic groups in the country.

INSTRUCTIONS

Note that the screen that asks for the subject's place of birth (PLBORN) includes all of the 50 states, the District of Columbia, an option for "United States, but state unknown", and an option for "Not in the United States". If the person was born in a US territory, or Commonwealth, such as Puerto Rico, or Guam, enter the option for "Not in the United States".

If the person was born at sea, enter "A" at screen POB_FOREIGN. This will take you to the list of areas beginning with the letter "A". Here you will find the option for "At sea".

As you browse through the list of foreign countries, territories, principalities, republics, and kingdoms, you may notice that there seems to be some redundancy. This is to take into consideration the many ways in which a respondent may interpret the question "Where were you born". For example, a person could report that he/she was born in Russia, the Russian Federation, the Union of Soviet Socialist Republics, the USSR, or several other possibilities. Even if a person's response sounds strange or wrong, enter the first letter of the name of the area he/she indicated to see if it is listed. Enter the number for the area that most closely resembles the response the person gave you, even if you think he/she meant something else.

Remember when asking the education question, that we are interested in ascertaining the highest level of school COMPLETED, or the highest degree received.

IMPORTANT TERMS

Active duty in the Armed Forces means full time, current active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard. 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, Naval Academy (Annapolis), etc.

A **job** exists when there is:

- 1) a definite arrangement for regular work,
- 2) the arrangement is on a continuing basis, and
- 3) the person holding the job 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.

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, or
- 2) an office, store, or other place of business is maintained, or
- 3) the business is advertised to the public.

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.

An individual is **working for pay** if he or she:

- worked for wages, salary, commission, tips, piece-rates, or pay-in-kind (e.g., room-and-board);
- worked for profit in his/her own business, practice or farm;
- worked as a civilian for the National Guard or Dept. of Defense;
- performed exchange or share work on a farm.

An individual may **have a job or business but not be at work** due to:

- annual leave or vacation (paid or unpaid);
- maternity or family leave (paid or unpaid);
- jury duty;
- involvement in a labor dispute that is taking place at his/her place of employment;
- sick leave (paid or unpaid);

a temporary lay-off (lasting less than 30 days), *and* the person expects to be called back within that time period.

An individual is **looking for work** if he or she is conducting an active job search. An active job search means that the person is taking steps necessary to put him/herself in a position to be hired for a job, and would include any of the following:

- filling out applications or sending out resumes;
- placing or answering classified ads;
- checking union/professional registers;
- bidding on a contract or auditioning for a part in a play;
- contacting friends or relatives about possible jobs;
 - contacting school/college university employment offices;
 - contacting prospective employers directly;
- contacting public or private employment offices.

Job search methods that are **not** active include looking at ads without responding to them, or picking up a job application without filling it out.

Include as **working, but not for pay**:

at least 15 hours of work per week without pay in a business or farm operated by a related household member.

Volunteer efforts should **not** be considered as working. Likewise, unpaid internships are not considered as working.

Taking care of house or family includes any type of work around the house such as cleaning, cooking, maintaining the yard, caring for children or family, etc.

Going to school means attending any type of public or private educational establishment both in and out of the regular school system.

Unable to work because for health reasons, Disabled, and Retired are respondent defined.

Layoffs (other than temporary, 30-day layoffs) can be due to slack work, plant retooling or remodeling, inventory taking, etc. In some instances, companies may combine a vacation shutdown with the remodeling/retooling process. If this is the case, do **not** consider the person to be on temporary layoff. Also, do not consider a person who

was not working because of a labor dispute at his/her own place of employment as being on layoff.

School personnel (teachers, administrators, custodians, etc.) on summer vacation who have a definite arrangement, either written or oral, to return to work in the fall, are not considered to be on layoff during the summer. They may, however, be laid off from a summer job or looking for work for the summer months (but this would not be considered their main job or employment activity).

Earnings includes:

- 1) Wages and salaries including tips, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances;
- 2) Net income from unincorporated businesses, professional practices, farms, or from rental property. (“Net” means after deducting business expenses, but before deducting personal taxes.)

It does **NOT** include:

- 1) 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.;
- 2) Lump sum payments of any kind, such as insurance payments, inheritances, or retirement;
- 3) Occasional gifts of money from persons not living in the household or any exchange of money between relatives living in the same household;
- 4) Money received from selling one’s own house, car, or other personal property;
- 5) Withdrawals of savings from banks, retirement funds, or loans;
- 6) Tax refunds or any other refund or rebate;
- 7) Social Security, or Supplemental Security Income;
- 8) Income from retirement, disability, and survivors pensions;
- 9) Income from interest and dividends;
- 10) Cash public assistance payments (welfare);
- 11) Veteran’s payments;
- 12) Unemployment or workman’s compensation;
- 13) Alimony and child support;
- 14) Money regularly received from friends or relatives not living in the household;
- 15) Other periodic money income.

PART C
SECTION 9
THE FAMILY INCOME

Topic	See Page
Purpose	149
Instructions	150
Important Terms	150

PURPOSE

The income portion of the family section collects information on types of income that a family may have. This section first asks about different types of income, so that when the respondent is then asked about total family income, the respondent will consider all types of income previously asked about in giving the total. This method helps the respondent make a better estimate of total family income. Income is an important factor in the analysis and interpretation of the health information we collect. For example, the use of and access to medical care depends partly on the financial resources of the family. In addition, federal, state, and local health policies and programs are developed based on the data from our survey. So that these programs may be better planned, we need to know the types of income, and total income for each family. The types of income include:

- Wages and Salaries
- Self employment
- Social Security or Railroad Retirement
- Disability Pension
- Other Retirement or Survivor Pension
- Supplemental Security Income
- Welfare or Temporary Assistance for Needy Families (TANF - cash assistance)
- Interest from savings or other bank accounts
- Dividends received from stocks or mutual funds, or net rental income from property, royalties, estates, or trusts
- Child Support
- Other income sources such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation

The income portion of the survey also has questions on program participation. These programs do not figure into the total family income, but policy makers need to know which families are participating in them. For example, in order to better track health trends, participation in programs that provide nutrition (i.e.: food) is important, for access to proper nutrition directly affects health outcomes. Program participation questions include:

- Non-cash welfare assistance (e.g.: help getting a job, job training, transportation, or child care)
- Government housing assistance
- Food stamps
- WIC (Women, Infants and Children Nutritional Program)

INSTRUCTIONS

If necessary, assure respondents that this information will be held in the strictest of confidence.

Any responsible adult family member may respond to questions in this section, as well as 17 year old family members, if an adult member is present. The first series of questions in this section, however, enables you to identify a family member who is knowledgeable about the family's finances, to act as the primary respondent for this section.

Remember that when answering the question on cash assistance from a state or county welfare program, that food stamps, SSI, energy assistance, or medical assistance payments should not be included as welfare (TANF).

Also, remember that when answering the question "Who receives Child Support?" to enter the line number of the child for whom the support is intended.

IMPORTANT TERMS

Types of Income

Wages and Salaries include tips, bonuses and overtime, sick pay, on the job training pay, jury duty pay, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances.

Self-employment includes income from businesses and farm income.

Social Security The U.S. Government pays Social Security to:

- workers who have reached 62 or 65 years of age,
- the severely disabled,
- dependents or survivors of workers.

The worker must have contributed to the Social Security fund for the required number of years. Social Security checks arrive in a gold colored envelope, unless a recipient has chosen to have the check "direct deposited" into his/her checking or savings account. Social Security payments can be received by one person or joint payments can be received by a husband and wife or by groups of dependent children. Some married couples receiving Social Security or Railroad Retirement (retirement or disability benefits) receive a joint amount in a single check. Also, in the case of dependent children, an adult in the household can be designated as the "payee" for the children's benefits and the monthly Social Security check is made out to the parent (or guardian) of the children.

Railroad Retirement is received by former employees of the railroad. These payments are from the U.S. government and are similar to Social Security. A retired railroad employee may also be receiving a company or union pension from a retirement plan established by the railroad where he/she was employed.

Disability Pension includes some of the following:

- Company or union disability--received by former employees of private companies, businesses, etc., or members of unions who were forced to leave their jobs permanently or for an extended period of time due to a disability or other health condition.
- Federal Government (Civil Service) disability--received by former employees of the Federal Government prior to reaching retirement age, who were forced to leave their job permanently or for an extended period of time due to a disability or other health conditions.
- U.S. Military retirement disability--received by former members of the Armed Forces who have a disability of at least 30% (under a standard schedule of rating disability by the VA) and either the member has 8 years of service; the disability results from active duty; or the disability occurred in the line of duty during a time of war or national emergency or certain other time periods.
- State or local government employee disability--same as "Federal Government (civil service) disability," except received by former employees of state or local governments.
- U.S. Railroad Retirement Disability--similar to Social Security and received by disabled former employees of the railroad.
- Accident or disability insurance--received by persons who purchase, on their own, an accident or disability insurance policy. The payments would be received from the person's insurance company.
- Black Lung miner's disability--received by miners who were found to be suffering from black lung disease. These payments come from the U.S. Government.

- State temporary sickness--programs in five states (New Jersey, New York, California, Hawaii, and Rhode Island) pay benefits to workers who are temporarily ill or disabled due to a non-work related accident or illness.

Other Retirement or Survivor Pension includes:

- Company or union pension (including profit-sharing)-- received by a retired worker from a retirement or pension plan established by his/her previous employer or union.
- Federal Government (Civil Service) retirement--received by retired employees of the Federal government.
- U.S. Military retirement received by retired military personnel who served for 20 years or more in the Armed Forces. Veteran's payments are not the same as military retirement.
- State or local government pension received by retired employees of State government or local governments such as a county, city, or town.
- Regular payments from annuities or paid-up insurance policies in order to provide additional income during retirement, many people purchase an annuity which guarantees regular income payments or convert their paid-up life insurance policies into monthly payments.
- Regular payment from IRA, KEOGH or 401(k) accounts--IRA and KEOGH accounts are savings plans that workers establish to provide them with benefits upon retiring. The two plans differ in that KEOGH plans are for self-employed workers only.
- A 401(k) plan is a thrift savings plan set up by employers to provide retirement benefits for their workers.

This does **NOT** include disability pensions, Social Security, and Railroad Retirement.

Supplemental Security Income checks are received by low-income persons who are either aged (65 years old or over), blind or disabled. SSI is administered by the Social Security Administration, however SSI is **NOT** the same as Social Security. A person can get SSI in addition to Social Security. Depending on the requirements set up by each

State, a person may receive an SSI check from the Federal government with "Supplemental Security Income" printed on the check, a supplementary SSI check from the State or local welfare office, or both.

Most SSI recipients receive one monthly SSI check from the Federal Government. Federal SSI checks arrive on the first of the month in a blue envelope, or are electronically deposited into the recipient's account on the first of the month.

Some states elected to have the U.S. Government include their supplementary amount in the Federal check. If this is the case, the words

"STATE PAYMENT INCLUDED"

will appear on the tan colored SSI check from the Federal government. Supplemental Security Income from both the State and U.S. government refers only to cases when a separate check is received.

States which administer their own supplementary payments will be issuing checks which vary from state to state and even county to county as to color and wording. These checks, which will be paid by the state or local welfare office, will NOT have the words "Supplemental Security Income" printed on them.

Welfare or Temporary Assistance for Needy Families (TANF - aka Cash Assistance) is administered by state and local governments, and each TANF program has a unique name, depending upon the state or local area. Respondents may refer to these programs as Aid to Families with Dependent Children (AFDC), Aid to Dependent Children (ADC), Temporary Assistance for Needy Families (TANF), some other assistance program using the local program name for TANF, or other assistance programs such as General Assistance, Emergency Assistance, Refugee Cash Assistance Program, General Assistance from Bureau of Indian Affairs or Tribal Administered General Assistance

Temporary Assistance for Needy Families (TANF) is a public assistance program which replaced AFDC/ADC. Generally, TANF is administered at the state level and the type of benefits available differ by state. Each state has the authority to determine the eligibility criteria and the benefits and services families will receive. TANF contains strong work requirements and provides support to families moving from

welfare to work. This support can be in the form of cash. Generally, cash assistance from a state or county welfare program comes in the form of a check, but some states give welfare recipients a debit card which is linked to an account containing their welfare monies. In other states, welfare recipients work at a job, and the monies for their paycheck come from the state or county welfare program. Debit card and welfare-subsidized wages are also considered cash assistance.

States do not require all adult TANF recipients without jobs to participate in work activities. They exempt adults with disabilities and those who provide care for someone with a disability. Temporary exemptions also are granted to parents of young children, most commonly for children under 1.

In recording which person(s) in the family is/are receiving TANF/cash assistance, enter the line number as given by the respondent. In this case, the respondent defines which person(s) is/are receiving this assistance.

Interest is the money which banks, savings institutions, businesses, governments, and individuals pay to other individuals for the use of their money. Some of the most important sources of interest income are savings accounts with banks, credit unions, and savings and loans. Other important sources of interest income are money market funds and certificates of deposit (time certificates), savings or other government bonds and interest on checking accounts. Interest earned in accounts in foreign countries should also be included.

Dividends are received from stocks, mutual funds, or net rental income from property, royalties, estates or trusts.

Child Support is money received by a parent in the household from an absent parent for the support of their children. In some cases, child support payments may be paid through a welfare agency or a court. These payments should be considered as child support. Do not include as child support money received from relatives or friends other than the parent. Also, do not include the actual TANF payment as child support.

Program Participation

Non-cash Welfare Assistance can be part of some TANF programs. Some TANF programs can make services available for the

recipient, such as, job placement, job training, and job retention efforts, and other post-employment support services. Other services provided may include child care or transportation assistance so they can work or attend training or educational classes.

Government Assistance for Housing can come from federal, state or local governments, and may take many forms. Government housing assistance may come in the form of monetary assistance to help pay rent, a program called "Section 8", direct payment to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

Food Stamps are benefits intended to provide low-income and low-resource households with benefits which can be used to purchase food. The Food and Consumer Service (FCS) of the Department of Agriculture administers the Food Stamp program through state and local welfare offices. Food stamps are mainly issued in the form of coupon books. In some areas of the country, however, food stamp benefits are also being issued in the form of checks or deposited into an account accessed through the use of a plastic card (similar to a debit card). The plastic cards are used by the food stamp recipients to make purchases in grocery stores which are equipped to handle these types of transactions.

In recording which person(s) in the family is/are receiving food stamps, enter the line number as given by the respondent. In this case, the respondent is allowed to define which person(s) is/are authorized to receive food stamps.

WIC or Women, Infants and Children Nutritional Program is a federally funded nutrition program that provides nutritious foods, in the form of food or as vouchers for specific food items in stores; nutrition education; and access to health care to low-income pregnant women, new mothers, and infants and children at nutritional risk.

Eligibility for WIC is based on the following four criteria:

- Participants must be either a pregnant, postpartum, or breast-feeding woman, an infant, or a child under the age of five.
- The participant's household income must be below 185 percent of the poverty line.

- WIC participants must be certified by a health professional to be at nutritional risk, which can include problems such as: inadequate diet; abnormal weight gain during pregnancy, a history of high-risk pregnancy; child growth problems such as stunting, underweight, or anemia; and homelessness or migrancy.
- Any individual at nutritional risk who receives benefits from the Food Stamp Program, TANF/AFDC or Medicaid, or is a member of a family in which a pregnant woman or infant receives Medicaid benefits, is deemed automatically eligible to meet the WIC income test.

PART C
SECTION 10
THE SAMPLE CHILD RESPONDENT
IDENTIFICATION AND VERIFICATION

Topic	See Page
Purpose	158
Instructions	158

PURPOSE

The Purpose of the Child Respondent Identification and Verification section is to identify the person you are speaking to, and verify that he/she is knowledgeable about the child's health. If the person you are speaking to is not knowledgeable about the health of the child, then this section is designed to help identify a respondent who is knowledgeable, based upon the responses given near the end of the Household Composition section.

Once a knowledgeable respondent is identified, and if that respondent is not the person who responded to the Household Composition section, the instrument will ask you to verify some information collected earlier in the interview, including:

- The child's sex
- The child's age
- The date of birth

The second purpose of this section is to allow the instrument to calculate the specific age of the Sample Child in months. If any Sample Child is 12-35 months old, you will then be prompted, after asking the immunization questions for this child, to complete the immunization provider questions in the instrument, and an HIS-2A(PT) Immunization Provider Permission Form. This is a paper form which will be discussed in depth later in this chapter.

INSTRUCTIONS

If, while verifying the age of the Sample Child, it is determined that this person really should not have been selected as a Sample Child, the instrument will skip this section. It will NOT select another child as the Sample Child.

PART C
SECTION 11
THE SAMPLE CHILD CONDITIONS,
LIMITATIONS OF ACTIVITY AND HEALTH STATUS

Topic	See Page
Purpose	160
Instructions	160
Important Terms	161

PURPOSE

The main purpose of the Sample Child Conditions and Behavior section is to record basic health information about the sample child. This section collects basic physical data on children such as:

- Birth weight
- Current weight
- Current height

Information on particular conditions and limitations of activity that the child may have are also collected here, including:

- Physical conditions such as cystic fibrosis, sickle cell anemia, diabetes, arthritis, or heart conditions.
- Conditions such as down's syndrome, mental retardation or autism.
- Other developmental delays.
- Attention deficit hyperactivity disorder. (ADHD)
- Vision and hearing problems.

This section also records the general health status of the child by asking about things like:

- chicken pox
- asthma
- hay fever or other allergies
- diarrhea
- anemia
- ear infections, or headaches
- number of days of school missed
- prescription medication
- Finally this section collects information about children's behavior and emotional adjustment.

INSTRUCTIONS

Some of the questions in this section are dependent upon the answers to previous questions within the instrument. If the respondent indicates that the child has asthma, then a series of follow up questions will be asked about asthma attacks, asthma medication and asthma related visits to the emergency room. The list of conditions will change depending upon the age of the sample child. The answers to the initial hearing questions will determine which follow-up questions are asked later in the survey.

As with all sections, be sure that you ask the questions exactly as worded, and that you correctly record the response. This will assure that later follow up questions will make sense in the context of previously recorded information.

Some of the questions make reference to a specific time period, such as the PAST 12 MONTHS, the PAST THREE MONTHS, the PAST TWO MONTHS or the PAST TWO WEEKS. Other questions refer to the child's entire life by asking if the child EVER had these conditions or limitations. Notice that for the questions relating to head and chest colds, and intestinal illnesses, for example, we are interested only in conditions that occurred during the past two weeks.

IMPORTANT TERMS

Attention Deficit Hyperactivity Disorder (also called Attention Deficit Disorder, ADD or ADHD) is diagnosed by a health professional and is characterized by problems with attention, impulsiveness, hyperactivity, school problems, and sometimes aggression.

Mental Retardation refers to someone who is significantly below average in intellectual functioning, in addition to having problems with adaptive behavior.

Developmental delay is a significant delay, as defined by the state and measured by appropriate diagnostic tests, in one of several areas: physical development, cognitive (mental) development, social or emotional development, or adaptive development.

Down's Syndrome is a congenital disorder characterized by moderate to severe mental retardation, slow physical development, and flattish skull and facial features.

Cerebral Palsy is pronounced (ser-e-bral pawl-zee) and is a disability resulting from damage to the brain before, during, or shortly after birth and outwardly manifested by muscular incoordination and speech disturbances.

Muscular Dystrophy is pronounced (mus-kyoo-lar dis-tro-fee) and is any of several inherited diseases characterized by progressive degeneration of the skeletal muscles. The most common form, Duchenne, affects only boys and begins with leg weaknesses. Another form involves primarily facial and shoulder muscles and affects both sexes.

Cystic Fibrosis is pronounced (sis-tik fi-bro-sis) and is an inherited disorder of the exocrine glands, affecting infants and children. Symptoms can include a distended abdomen, diarrhea, malnutrition, and repeated incidence of respiratory infections.

Sickle Cell Anemia is an inherited disorder in which the red blood cells assume, sickle like shapes. The red blood cells are fragile and subject to rupture, causing chronic anemia, fever, abdominal and joint pains, and jaundice.

Autism is pronounced (aw-tizm) and is a developmental disability affecting verbal and nonverbal communication as well as social interaction, including abnormal speech patterns or loss of speech; lack of eye contact; a restricted range of interests; resistance to change of any kind; obsessive, repetitive body movements, such as hand flapping or spinning; a lack of awareness of the existence or feelings of others; or social isolation. Symptoms can range from mild to severe.

Diabetes is a chronic disorder of carbohydrate metabolism involving insulin. Symptoms include elevated sugar in the urine and the blood, excessive urination, thirst, hunger, weakness, weight loss, and itching.

Arthritis is an inflammation of one or more joints of the body, usually producing pain, redness, and stiffness.

Heart disease or heart condition should be included if a doctor has told the parent or guardian that the child has a heart problem or condition of any kind.

Asthma is a chronic respiratory disorder characterized by labored breathing and wheezing resulting from obstructed and constricted air passages.

Eczema is an acute, or chronic, noncontagious, itching inflammatory disease of the skin.

Anemia is a condition resulting from a reduction in hemoglobin content or in number of red blood cells. Because of the blood's reduced capacity to carry oxygen all types exhibit similar symptoms-pallor, weakness, dizziness, fatigue, and, in severe cases, breathing difficulties and heart abnormalities.

Special equipment is any device, tool, utensil, instrument, implement, etc. (excluding ordinary eyeglasses or corrective shoes) used as an aid in performing an activity because of a physical, mental or emotional problem.

Impairment or Health problem is respondent defined, but should be limited to chronic conditions. Generally speaking, it is any condition, physical or mental, which causes limitation in activity. (It should not include pregnancy or delivery.)

Limited refers to a person's ability to only partially perform a specific activity, perform that activity only part of the time, or not perform that activity at all. The term limited should **NOT** be defined to the respondent. If asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity or not.

PART C
SECTION 12
**THE SAMPLE CHILD BEHAVIOR/
MENTAL HEALTH SECTION**

Topic	See Page
Purpose	165
Instructions	165
Specific Questions	165

PURPOSE

The purpose of the mental health supplement, known as the Strengths and Difficulties Questionnaire (SDQ-EX) is to begin to monitor emotional and behavioral problems in children and the impact that these problems have on children's lives. The SDQ is being included in the 2001 Sample Child as a special supplement for children aged 4 to 17. It is replacing the questions used in the 2000 Sample Child Section on emotional problems and behavior, with the exception of the questions for the 2 to 3 year old group. The rationale for this change is discussed in the Interviewers's Overview Booklet.

INSTRUCTIONS

Please note that parents are to answer these questions based on a 6 month time period.

Parents are to respond to the questions about the child's behavior in general.

You will notice that some of these questions will have a slightly different wording depending on the age of the child, either 4-11 or 12-17. This will be handled automatically by the computer.

Some of the items include more than one behavior, such as "lies or cheats." For those questions, emphasize the OR. Be sure the respondent understands that the question should be answered positively if the child does ANY part of the question.

If the parent indicates that the child is taking medication, the parent should answer the questions as best as possible describing their child's behavior when the child is NOT on the medication.

However, do not ask if the child is on medication. *Only if* the parent states that the child takes medication and they do not know how to respond to the question, inform the parent to answer as best as they can describing the child when the child is NOT on the medication.

SPECIFIC QUESTIONS

Often COMPLAINS of headaches, stomach-aches, or sickness

The interviewer should emphasize the word COMPLAINS. We are not interested in how often the child is sick, but only in whether the child complains a lot, regardless of whether or not they are sick.

Shares readily with other children/youths for example toys, treats, and pencils (for ages 4 to 11) CDs, games, and food (for ages 12 to 17)

For this item, we are interested in whether or not the child shares possessions, NOT feelings.

Many worries or often seems worried

This question is to get an overall picture of whether the child worries a lot.

Kind to younger children

This item refers to the child/youth being kind in general. If the child/youth is kind to most younger children, but not their kid brother or sister, it should be TRUE.

Many fears, easily scared.

This item attempts to get an overall picture of whether the child is easily frightened. This could include fears of monsters or scary movies if the parent feels that the child is more afraid than other children.

Overall, do you think that (child) has difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?

If parents ask for the time period for this question, tell them it is also for the past six months.

Do the difficulties interfere with your child's EVERYDAY life in the following areas?

Home life

Friendships

Classroom learning

Leisure activities

While it is true that some leisure activities may involve other children or youths, they may also include family or solitary activities such as reading or some hobbies.

PART C
SECTION 13
THE SAMPLE CHILD HEALTH CARE
ACCESS AND UTILIZATION SECTION

Topic	See Page
Purpose	168
Instructions	168
Important Terms	169

PURPOSE

The purpose of the child health care access and utilization section is to identify all contacts with medical doctors or their assistants during a specific period of time. The information from this section provides measures of how the country's health care system is being utilized by children under age 18. Whereas the Family Section asked about hospital stays and doctor visits for each person in the family, the Child Access and Utilization Section asks more detailed questions about the Sample Child's access to care, including:

- When a medical doctor was last seen.
- Where the Sample Child usually goes for health care.
- Whether the Sample Child has different places of health care because of specific needs.
- Type of health professional usually seen. (2001 Supplement only)
- Recent (*past 12 months*) changes in where the Sample Child gets health care.
- Types of physicians seen in past 12 months.
- Emergency room visits.
- Doctor's, or other health care professional's "house calls."
- Number of doctor visits in the last 12 months.
- Surgeries in the past 12 months.

INSTRUCTIONS

When asking about the place where the Sample Child USUALLY goes when he/she is sick, note that this may or may not be the doctor or clinic most recently contacted. (*For example, the most recent contact may be with a specialist never seen before*) Also, it need not be a doctor or clinic the respondent has ever contacted before on behalf of the Sample Child. In this case, the question refers to the doctor or place the respondent would contact if the Sample Child is sick or needs advice about his/her health.

If the Sample Child is less than two years old, some questions, including the "not getting mental health care", dental care and "eyeglasses because of cost" questions will not be asked.

As with all questions that ask the respondent to give a specific length of time, always probe for an exact number. If the respondent reports a range or an interval, assist the respondent in making an estimate by probing. For example, you might ask "Could you give me a more exact number?" Be sure to notice if a question refers to a designated time period. For example, the questions recording information about health

care provider contacts begin with the phrase "DURING THE PAST 12 MONTHS".

The health care provider contacts set of questions really contains two different types of questions. The first asks "{Has anyone in the family/Have you} seen or talked to ... about {Sample Child's} health?". The second set of questions in this section asks, "How many times did {Sample Child's name} see...?"

Seeing different types of health care providers all on one visit should be reported separately. For example, if the Sample Child saw a physician's assistant for a physical exam before seeing the general practitioner, (physician) for further diagnosis, count this as both "a general practitioner" and as "a physician's assistant".

DO NOT include an optician as someone who prescribes eyeglasses.

When recording emergency room visits, DO NOT include visits to outpatient clinics and urgent care facilities.

IMPORTANT TERMS

An audiologist is a person skilled in working with hearing problems. These services include: identifying a hearing problem, determining the range and nature of the hearing problem; training the individual to deal with the problem, such as teaching lip-reading; and counseling the family members on how to deal with the problem.

At Home refers to the Sample Child's own home and anyone else's home, like the home of family friends or relatives, a hotel, or any other place in which the Sample Child was staying at the time of the health care professional's visit. This could be a house, apartment, motor home, houseboat, trailer, or other dwelling. Do not include visits by a doctor while the Sample Child was in a hospital or institution.

Change of place refers to a change in health care providers, not a change of address for a current provider.

A chiropractor is a licensed professional, but not a medical doctor who uses manipulation of the body joints, especially the spine to restore normal nerve function.

Delayed assumes that medical care has been or will eventually be received.

A foot doctor is someone who treats diseases of the foot and is commonly known as a podiatrist.

A general physical exam or check-up is an examination not for a specific condition or problem. This may include the following:

- a periodic health examination
- a complete medical examination
- an annual health check-up
- a comprehensive physical examination.

It does not include dental exams and vision tests

A hospital emergency room is an emergency care facility at a hospital. It is also sometimes referred to as an emergency department. DO NOT include emergency care received at a clinic or HMO. Include emergency room visits which resulted in admission for inpatient care. DO NOT include visits to outpatient clinics, urgent care facilities and the like.

Medical doctor refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s) including general practitioners and all types of specialists; and their assistants. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists or psychologists.

Mental Health Care is respondent defined.

A nurse practitioner is a registered nurse who has completed a program of study leading to an expanded role in health care. Nurse practitioners generally function under the supervision of a doctor, but not necessarily in the presence of a doctor. Nurse practitioners often perform duties similar to those of a physician's assistant.

An obstetrician/gynecologist is a medical doctor who treats women, pregnancy, and disease of the female reproductive system including the breasts.

An occupational therapist is a health professional who works to develop, improve or restore fine motor skills which usually involves the use of the fingers, hands or arms. It may involve working on activities like dressing, feeding and writing.

A physical therapist is a health professional who administers therapy to develop, improve, or restore gross motor skill movements, such as walking.

A Physician Assistant (PA) is a health care professional licensed to practice medicine with physician supervision. What a Physician Assistant does varies with training, experience and state law. The scope of a PA's practice corresponds to the supervising physician's practice. In general, the PA sees many of the same types of patients as does the physician, but the more complicated or non-routine cases are referred to a physician as appropriate. Physician Assistants always work in the context of a supervising physician.

Prescription Medicines are medication which can only be obtained through a doctor or dentist. The medication is usually obtained from a pharmacy or mail order pharmacy using a written note or telephoned instruction from a doctor or dentist.

Recreational therapy includes art, music or dance therapy, as well as evaluating leisure and recreational activities, participation in school and community activities and/or providing leisure education

A Respiratory Therapist is a person who provides services prescribed by a physician for the assessment, diagnostic evaluation, treatment, management and monitoring of patients with deficiencies and abnormalities of cardiopulmonary function.

Routine or Preventive care is a doctor's visit or health procedure to prevent illness or to detect problems early such as immunization or physical exam..

A Speech Therapist is a person who works to improve speech or oral communication for problems such as stuttering, impaired articulation, or a language or voice impairment.

Surgery is any cutting of the skin including stitching of cuts or wounds. Include both major surgery and minor procedures such as cutting or piercing of other tissue, scraping of internal parts of the body and setting of fractures and dislocations.

Waiting time to see the doctor includes only time from arrival until the health care provider is seen.

PART C
SECTION 14
THE IMMUNIZATION SECTION

Topic	See Page
Purpose	173
Instructions	173
Important Terms	174

PURPOSE

The purpose of the Immunization Section is to assess progress toward national immunization goals set by the Childhood Immunization Initiative. One way of measuring the progress toward these goals is to collect data on the number of children who have received all of their recommended shots for their ages. In order to determine if a child has received all recommended immunizations for his/her age, we collect information on the number of immunizations a child has had, as well as the date that the immunization was given. Because a child must receive many immunizations, and it is hard to remember when all the immunizations were given, we ask the respondent to refer to the child's immunization record, also called a shot card or a shot record.

In addition to recording all of the child's immunizations from his/her shot record, for children between the ages of 12-35 months, we ask the respondent for all of the child's immunization provider names and addresses. This gives us the opportunity to contact the immunization provider(s) for specific vaccine types and dates. Information from the provider(s), combined with the information collected from the respondent ensures that the information we have on the child's vaccinations is as complete as possible.

INSTRUCTIONS

The Immunization questions will be asked of two groups of children:

- Any child designated as a Sample Child
- Any additional children age 12-35 months

If the shot records are available for the child, the questions about each type of shot will be asked in pairs.

- The first question asks how many shots or doses of this type of immunization the child received.
- If the child received this type of immunization, the second question asks on what dates the child received his/her shots or doses beginning with the earliest date.

If the shot records are not available for the child, and will not be available by closeout, a different set of questions is asked. This set of questions asks the respondent simply to recall how many shots or doses of a given immunization the child received. It does NOT prompt the respondent to recall on what dates the shots or doses were given. Emphasize to the respondent the importance of using the child's shot record to complete this set of questions. If the child has a shot record, encourage the respondent to make it available during your initial contact; otherwise, arrange a callback to

complete the immunization section when the shot record will be available.

If a child does not have an up-to-date shot record, encourage the respondent to obtain it from the child's physician, if possible, and arrange for a callback to complete this section after the information has been obtained.

Do not complete this section from the respondent's memory if there is any chance of having the up-to-date shot record before your closeout.

For children ages 12-35 months you will collect the name(s) and address(es) of the child's immunization provider(s). You will begin with the current or most recent provider. If critical parts of the information are missing (such as the provider name, street address, city, and/or state), you will be prompted to try to obtain the missing information.

After the provider information is collected, you will present the respondent with the HIS-2A(PT) immunization provider permission form for his or her signature. You should complete the control information at the top of the form before handing it to the respondent. This form has information about why we need the respondent's signature to contact the provider(s) and collect the child's immunization information. Because this form is considered a legal document, it can only be signed by a parent or legal guardian of the Sample Child. If the provider information is collected over the telephone, you must read the information on the right side of the form to the respondent and obtain verbal permission to contact the provider(s). If you do so, then you will print and sign your name on the form in the spaces indicated.

Each form has a barcode number preprinted in the lower right corner. This number must be entered in the CAPI instrument in order to link the form to this particular case. This number has a check digit as the last number. This means that this number is calculated based on the previous numbers entered. Therefore, if any of the numbers in the barcode are entered incorrectly, you will be prompted to reenter the number. Please carefully enter these numbers into the instrument.

IMPORTANT TERMS

DTP shot - The Diphtheria-Tetanus-Pertussis vaccine. A total of 5 doses is recommended to be given at ages 2 months, 4 months, 6 months, 15-18 months, and 4-6 years. It sometimes may be

referred to as a DT(without Pertussis) shot or DPT shot.

Polio vaccine - This includes both orally administered vaccines and shot/injections. A total of 4 doses is recommended to be given at ages 2 months, 4 months, 15-18 months and 4-6 years.

HIB-Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) vaccine. This relatively new vaccine protects against a certain type of bacterial meningitis that affects young children. It may be known as the 'H-I-B' or 'Hib' or 'H.flu' vaccine. It currently is given at ages 2 months, 4 months, 6 months and in the past was given between 15 and 24 months of age.

Measles/MMR shot - This is usually given as a combination shot called MMR (Measles, Mumps, and Rubella) and is usually given once at 15 months of age. However, there has been a recent effort to have all school-age children revaccinated. Consider a single shot for German measles only as a 'Measles shot'.

HEP Hepatitis B shot - this relatively new vaccine protects against a certain type of viral liver infection (hepatitis) which affects many adolescents to young adults. It is usually given as a series of 3 injections in the first two years of life, beginning between birth and 2 months of age.

VAR Varicella (Chickenpox) shot - This new vaccine protects against chickenpox. It is given at 12-18 months of age. Children who have not been vaccinated previously and who lack a reliable history of chickenpox should be vaccinated by 13 years of age.

Pneumococcal vaccine - There are two kinds of pneumococcal vaccines: pneumococcal conjugate vaccine (PCV); and pneumococcal polysaccharide vaccine (PPV). The pneumococcal conjugate vaccine became available in 2000 and is commonly given to all young children at 2, 4, 6 and 12-15 months of age; fewer doses are needed if the child begins the series at older than 6 months of age. The pneumococcal polysaccharide vaccine is usually only given to children at least two years of age with serious medical problems or children in certain populations. It is given once or twice. A few children over the age of two who have serious medical conditions may have received the polysaccharide vaccine and the conjugate vaccine. Please count either type of pneumococcal vaccine. The shot record may not distinguish between the two vaccines.

TDB Tetanus-Diphtheria booster (Td) shot- this refers to the Tetanus-Diphtheria toxoid, adult type. This is usually given at age 12 and recommended every 5 to 10 years thereafter.

PART C
SECTION 15
SAMPLE ADULT IDENTIFICATION

Topic	See Page
Purpose	178
Instructions	178

PURPOSE

The purpose of the Sample Adult Identification section is to identify the Sample Adult, and to verify some information. If the Sample Adult is not the person who acted as the respondent to the Household Composition section, the instrument will ask you to verify

- The Sample Adult's sex
- The Sample Adult's age
- The Sample Adult's date of birth

INSTRUCTIONS

If, while verifying the age of the Sample Adult, it is determined that this person really should not have been selected as a Sample Adult, the instrument will skip this section. It will NOT select another person as the Sample Adult.

PART C
SECTION 16
SAMPLE ADULT DEMOGRAPHICS

Topic	See Page
Purpose	180
Instructions	180
Important Terms	182

PURPOSE

The purpose of the Demographic portion of the Sample Adult section is to verify the Sample Adult's working status and, if working, additional information, including:

- where he/she works
- kind of business or industry
- kind of work performed
- most important activities
- other questions about his/her job.

Beginning in 2001, information will be obtained from currently employed respondents, as well as retired or ever-employed Sample Adults.

INSTRUCTIONS

To be considered looking for work, a person has to have conducted an active job search. (see below)

When describing the kind of business or industry the Sample Adult is/was employed by, indicate both a general and specific function for employers and businesses. For example, in "copper mine", the word "mine" is general, while the word "copper" indicates the specific kind of mine.

- **For Government Agencies:** If the title clearly designates the main function of the agency, enter the name of the agency (e.g., the U.S. Census Bureau). If the main function is not clear from the title, ask for and report the division or branch for which the person works.

- **For Firms with more than one business:** If activities are carried on in separate places, describe the business in which the person actually worked. If activities are carried on in the same place, describe the main activity.

- **For household or domestic workers:** Determine if the person works/worked for a business or private home. If it is a business, enter the name of the business. If it is a private home, enter "private home".

- **Manufacturing:** Makes and sells its products in large lots to other manufacturers, wholesalers, or retailers.

- **Wholesale trade:** Buys products in large quantities for resale to retailers, industrial users, or to other wholesalers.

• **Retail trade:** Sells primarily to individual consumers and seldom makes products.

• **Some other kinds of business:** Any other type of establishment which renders a service to individuals and/or organizations. Examples are hotels, dry cleaners, advertising agencies, restaurants, and automobile repair shops.

When entering the kind of work the person was doing at his/her main job or business, remember that the entry should clearly state the kind of work or nature of duties performed by the person. The occupation entry should describe what the person does (e.g., shipping department supervisor, inventory clerk). One word occupational descriptions are usually not adequate. For example, we need to know what type of nurse, engineer, clerk, or teacher the person is/was.

For example:

Inadequate Adequate

Adjuster Claims adjuster, brake adjuster, machine adjuster,
 merchandise adjuster, complaint adjuster, insurance adjuster

Engineer Civil engineer, locomotive engineer, mechanical engineer,
 aeronautical engineer

Scientist Specify the field; for example, political scientist, physicist,
 sociologist, oceanographer, home economist

When describing the kind of work or duties the person performs/performed at his/her main job or business, be sure to detail the kind of work the person does/did. The entry to this item must include enough additional information for a precise occupational classification. Usually a few words telling what the respondent's job activities, or the tools he/she uses will suffice. For example, two people with the same job title, "Telephone Co. serviceman", may have different activities such as installing phones in homes or repairing telephone transmission lines.

IMPORTANT TERMS

Main job or business refers to the job or business which is the *primary* source of a person's income.

A **Job** exists when there is:

- A definite arrangement for regular work,
- The arrangement is on a continuing basis, and
- 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.

A **business** exists when one or more of the following conditions is met:

- Machinery or equipment of substantial value is used in conducting the business, or
- An office, store, or other place of business is maintained, or
- The business is advertised to the public.

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 her/his own equipment.
- Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Examples of what are NOT businesses are:

- 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 which 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.

An individual is **working, but not for pay** if he or she:

- worked for wages, salary, commission, tips, piece-rates, or pay-in-kind (e.g., room-and-board);
- worked for profit in his/her own business, practice or farm;
- worked as a civilian for the National Guard or Department of Defense;
- performed exchange or share work on a farm.

An individual may **have a job or business but not be at work** due to:

- annual leave or vacation (paid or unpaid);
- maternity or family leave (paid or unpaid);
- jury duty;
- involvement in a labor dispute that is taking place at his/her place of employment;
- sick leave (paid or unpaid);
- a temporary lay-off (lasting less than 30 days), *and* the person expects to be called back within that time period.

Active job search means that a person took the steps necessary to put him/herself in a position to be hired for a job and would include any of the following:

- Filling out applications or sent out resumes;
- Placing or answering classified ads;
- Checking union/professional registers;
- Bidding on a contract or auditioning for a part in a play;
- Contacting friends or relatives about possible jobs;
- Contacting school/college university employment office;
- Contacting prospective employers directly;
- Contacting public or private employment offices.

Job search methods that are NOT active include looking at ads without responding to them, or picking up job applications without filling them out.

Include as **working, but not for pay**: at least 15 hours of work per week without pay in a business or farm operated by a related household member.

Volunteer efforts should NOT be considered as working. Likewise, unpaid internships are not considered as working.

Taking care of house or family includes any type of work around the house such as cleaning, cooking, maintaining the yard, caring for children or family, etc.

Unable to work because of health reasons, Disabled, and Retired are respondent defined.

Going to school means attending any type of public or private educational establishment both in and out of the regular school system.

Layoffs (other than temporary, 30-day layoffs) can be due to slack work, plant retooling or remodeling, inventory taking, etc. In some instances, companies may combine a vacation shutdown with the remodeling/retooling process. If this is the case, do **not** consider the person to be on temporary layoff. Also, do not consider a person who was not working because of a labor dispute at his/her own place of employment as being on layoff.

School personnel (teachers, administrators, custodians, etc.) on summer vacation who have a definite arrangement, either written or oral, to return to work in the fall, are not considered to be on layoff during the summer. They may, however, be laid off from a summer job or looking for work for the summer months (but this would not be considered their main job or employment activity).

A person has **ever worked** if they have held any sort of job or worked at a business, with or without pay. Again, unpaid work consists of at least 15 hours of work per week without pay in a business or farm operated by a related household member. Volunteer efforts and unpaid internships should not be considered as working.

Private company or business: This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes work for private organizations doing contract work for government agencies.

Federal government includes persons working for any branch of the federal government including persons who were elected to paid federal offices and civilian employees of the Armed Forces and some members of the National Guard. Include employees of international organizations like the United Nations and employees of foreign governments such as persons employed by the French consulate.

State government includes employees of State governments, such as paid state officials, state police, employees of state universities and

colleges, and statewide JTPP administrators.

Local government employees are employees of counties, cities, towns, and other local areas. Included here would be city-owned bus lines, electrical power companies, water and sewage services, etc. Employees of public elementary and secondary schools who worked for the local government should also be here.

Self employed persons includes any person working for profit or fees in their own business, shop, office, farm, etc. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers.

Working without pay includes working on a farm or in a business operated by a related member of a household, without receiving wages or salary for work performed.

PART C
SECTION 17
SAMPLE ADULT CONDITIONS

Topic	See Page
Purpose	187
Instructions	187
Important Terms	188

PURPOSE

The main purpose of the Sample Adult Conditions section is to record any conditions the person may have, including:

- Chronic physical conditions such as hypertension, heart problems, asthma, ulcers, cancer, diabetes, or arthritis.
- Temporary conditions such as recent neck pain, back pain, headaches, facial pain, colds, intestinal illnesses, etc...

This section also records the general conditions of the person by asking about things like:

- pregnancy (women only)
- hearing
- sight
- tooth loss
- general feelings/emotional health

All of this information about the Sample Adult creates a framework of data against which other things can be measured, for example, how an individual's basic health condition is related to the utilization of health care, or to the propensity for injury, as well as to other information collected earlier in the survey.

INSTRUCTIONS

Some of the questions in this section are dependent upon the answers to previous questions within the instrument. You may notice specifically, that if the respondent indicates that he/she has asthma, then a series of follow up questions will be asked about asthma attacks, asthma medication and asthma related visits to the emergency room. Similarly, if the Sample Adult indicates he/she has trouble hearing, this triggers a series of questions about causes of hearing loss, hearing devices, visits to health care providers concerning hearing, etc.

Some of the questions make reference to a specific time period, such as the PAST 12 MONTHS, the PAST THREE MONTHS, the PAST 30 DAYS, or the PAST TWO WEEKS. Other questions refer to the person's entire life by asking if he/she EVER had these conditions or limitations. Notice that for the questions relating to head and chest colds, and intestinal illnesses, for example, we are interested only in conditions that occurred during the past two weeks.

When asking about hypertension, remember to only include reports of hypertension/high blood pressure that were diagnosed by a doctor or other health care professional. Do not include home

blood pressure testing or testing by a machine in the mall or other commercial establishment.

IMPORTANT TERMS

Hypertension also called high blood pressure is elevated blood pressure resulting from an increase in the amount of blood pumped by the heart or from increased resistance to the flow of blood through the small arterial blood vessels (arterioles).

A **Stroke** is a cerebral hemorrhage or embolism of the cerebral blood vessels.

Emphysema is an abnormal enlargement or distension of the air sacs of the lungs, causing difficulty in breathing. Usually chronic and progressive, the condition is associated with heredity, smoking, and long-standing respiratory ailments such as chronic bronchitis.

CPR or cardiopulmonary resuscitation is an emergency procedure used to treat victims of cardiac and respiratory arrest. Special training is recommended for CPR, which combines external heart massage (to keep the blood flowing through the body) with artificial respiration (to keep air flowing in and out of the lungs).

Asthma is a chronic respiratory disorder characterized by labored breathing and wheezing resulting from obstructed and constricted air passages.

Sleep apnea is a sleep disorder in which breathing stops for a matter of seconds or as long as two minutes. This may occur dozens of times during the night, and the person may partially awaken when it happens, preventing restful, continuous sleep.

Diabetes is a chronic disorder of carbohydrate metabolism involving insulin. Symptoms include elevated sugar in the urine and the blood, excessive urination, thirst, hunger, weakness, weight loss, and itching.

Sinusitis is an inflammation of a sinus.

Bronchitis is an inflammation of the bronchial tubes caused by viral or bacterial infection or by the inhalation of irritating fumes (e.g., tobacco smoke, air pollutants). Symptoms include cough, fever, and chest pains.

Arthritis is an inflammation of one or more joints of the body, usually producing pain, redness, and stiffness.

A **cochlear** (koe-klee-er) implant is a small, complex electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard of hearing. The implant is surgically placed under the skin behind the ear.

PART C
SECTION 18
SAMPLE ADULT HEALTH STATUS
AND LIMITATIONS OF ACTIVITY

Topic	See Page
Purpose	191
Instructions	191
Important Terms	191
Specific Questions	192

PURPOSE

The health status and limitations of activity section consists of two parts--health indicators and limitations in function. The purpose of this section is to determine:

- how many days of work the Sample Adult missed in the last year and how many days he/she spent in bed
- overall health as compared to a year ago
- how much difficulty the Sample Adult may have doing certain activities
- the condition(s) that causes the difficulty in function
- how long he/she has had the condition that causes the limitation in function.

INSTRUCTIONS

If the Sample Adult indicates that he/she has difficulty with one of the activities mentioned, the instrument will go to a list of health problems that may cause his/her difficulties. This question asks you to identify which health problem(s) cause the difficulty. Remember that you may chose more than one.

When you show the respondent the list of possible conditions that cause his/her difficulty with activities, and he/she gives you a response, be sure to carefully look at the list of conditions provided on the screen to see if the response fits into any of the precoded categories. If it does not fit into any of the precoded categories, type in the code for “More,” to proceed to the additional conditions screens. If the condition described by the respondent does not appear on either list, type in the code for “Other” and then specify what the exact condition is. DO NOT type a number from one of the previous condition screens in the Other-Specify screen.

IMPORTANT TERMS

A **Bed** is anything used for lying down or sleeping including a sofa, cot or mattress. For example, a person who stayed on the sofa watching TV because he/she was not feeling well enough to get around would be considered “in bed.”

A **Health Problem** is respondent defined. Generally speaking though, it is any condition, physical, mental, or emotional, which causes difficulty in an activity (see “condition” definition). Do not include pregnancy or delivery as a health problem. It is not important for the respondent to differentiate between a “condition” and a “health problem.” Both of these terms are used to let the respondent know the wide range of health-related causes that should be considered.

Special equipment is any device, tool, utensil, instrument, implement, etc. used as an aid in performing an activity because of a physical, mental or emotional problem.

By yourself is considered to be without the help from another person or without hands-on assistance with performing an activity. Another person may be a friend, relative, paid helper, volunteer from an agency or organization or anyone else who helps the family member in doing the activities mentioned. He or she may be a household member or a non-household member.

A **Condition** is the respondent's perception of a departure from physical, mental or emotional well-being. Included are specific health problems such as missing an extremity or organ, the name of a disease, a symptom, the result of an accident or some other type of impairment. Also included are vague disorders and health problems not always thought of as "illnesses," such as alcoholism, drug-related problems, senility, depression, anxiety, etc. In general, consider as a condition any response describing a health problem of any kind.

SPECIFIC QUESTIONS

What condition or health problem causes you to have difficulty with *these activities*?

This question contains two screens of item responses. The Flashcard (A8) for this question only lists the conditions and health problems from the first screen. The respondent's answer may include as many conditions or health problems that apply. You should **not** read any of the answer categories for the respondent.

If the respondent lists a condition or health problem that is not on the flashcard, you should first try to determine whether the condition he/she lists belongs in one of those categories. Otherwise, enter M to proceed to the next screen for another list of possible conditions from which you may choose to code the respondent's answer or you may choose to enter the respondent's exact answer in the other impairment/problem field. Be sure to include only information about health conditions and medical problems in these fields - this would not be an appropriate place for an FR note. While you may not probe for additional answers, you may probe in order to clarify the response (for example, if the respondent has a rare disease that you do not know how to spell, you

may politely ask the respondent for their input).

When the respondent has no more conditions or health problems, enter “N” for no more.

*THESE CONDITIONS
ARE PRINTED ON THE
FLASHCARD AND ON
THE FIRST CONDITION
SCREEN.*

1. **Vision/ problem seeing** includes:
 - “blindness”
 - “cataracts”
 - “glaucoma”
2. **Hearing problem** includes:
 - “deafness”
 - “tinnitus”
3. **Arthritis/rheumatism** includes:
 - “osteoarthritis”
 - “degenerative joint disease”
4. **Back or neck problem** includes:
 - “degenerative disc disease”
 - “herniated disc(s)”
 - “sciatica”
 - “scoliosis”
 - “spinal stenosis”
5. **Fractures, bone/joint injury** includes:
 - “torn cartilage”
 - “broken arm,” “broken leg,” “broken wrist,” etc.
6. **Other injury** includes:
 - “head injury”
 - “car accident injury”
 - “burns”
 - “chemical injury”
 - “gun shot wounds”
 - “frost bite”
 - “snake bite”
7. **Heart problem** includes:
 - “angina”
 - “heart attack”
 - “heart murmur”
 - “heart failure”
8. **Stroke problem** includes “brain aneurysm.”
9. **Hypertension/high blood pressure** includes “high blood pressure.”
10. **Diabetes** includes “high blood sugar.”
11. **Lung/breathing problem** includes:

- “asthma”
- “chronic bronchitis”
- “chronic obstructive pulmonary disease (COPD)”
- “emphysema”
- “pneumonia”
- “respiratory allergies”
- “shortness of breath”
- 12. **Cancer** includes:
 - “Hodgkin’s Disease”
 - “leukemia”
 - “lymphoma”
- 13. **Birth defect** includes “spina bifida.”
- 14. **Mental retardation** includes “Down's syndrome.”
- 15. **Other developmental problem** includes:
 - “cerebral palsy”
 - “dyslexia”
 - “learning disability”
- 16. **Senility** includes:
 - “Alzheimer’s Disease”
 - “dementia”
 - “memory loss”
- 17. **Depression/anxiety/emotional problem** includes
 - “post traumatic stress disorder (PTSD)”
 - “nervousness”
 - “stress”
- 18. **Weight problem** includes “overweight” and “obesity.”

*THESE CONDITIONS
ARE ON THE SECOND
CONDITION SCREEN
AND ARE NOT PRINTED
ON THE FLASHCARD.*

DO NOT READ THEM.

-
- 19. **Missing limbs, fingers, toes or digits/amputee**
 - 20. **Kidney, bladder or renal problems**
 - 21. **Circulation problems** (including blood clots)
 - 22. **Benign Tumors, Cysts**
 - 23. **Fibromyalgia, lupus**
 - 24. **Osteoporosis, brittle bones, tendinitis**
 - 25. **Epilepsy, seizures**
 - 26. **Multiple Sclerosis (MS), Muscular Dystrophy (MD)**
 - 27. **Polio(myelitis), paralysis, para/quadruplegia**
 - 28. **Parkinson's disease, other tremors**
 - 29. **Other nerve damage**, including carpal tunnel syndrome
 - 30. **Hernia**
 - 31. **Ulcer**
 - 32. **Varicose veins, hemorrhoids**
 - 33. **Thyroid problems, Grave's disease, gout**

- 34. **Knee problems** (*not* “arthritis” (use code 03 on previous screen); *not* “joint injury” (use code 05 on previous screen))
- 35. **Migraine headaches** (*not* just “headaches”)
- 36. Other impairment/problem (Specify one)
- 37. Other impairment/problem (Specify one)

PART C
SECTION 19
SAMPLE ADULT HEALTH BEHAVIORS

Topic	See Page
Purpose	197
Instructions	197
Important Terms	198

PURPOSE

The health behaviors section asks questions that record information about general health behavior or habits, including:

- smoking
- physical activity
- alcohol

This information helps researchers measure how a person's daily habits affect his/her overall health.

This section also asks for the Sample Adult's current height and weight.

INSTRUCTIONS

This section contains many subsets of questions that are dependant upon the responses to previously asked questions. For example, if the Sample Adult indicates that he/she has smoked at least 100 cigarettes in his/her ENTIRE life, some follow up questions about smoking will be asked. If he/she has not smoked at least 100 cigarettes in his/her ENTIRE life, the instrument will go on to the questions about physical activity.

Similarly, if the respondent indicates that he/she has had at least 12 drinks of any type of alcoholic beverage in a year, certain follow up questions will be asked, that would not otherwise be asked.

Because of the selective way that questions are asked, it is extremely important that the respondent understands each question, and clearly understands the specific reference period for which each question is being asked. This will ensure that the proper follow up questions will be asked.

Notice that some questions ask about behavior over the course of the Sample Adult's ENTIRE life, others ask about behavior during ANY ONE YEAR, but not necessarily the past year, some ask about the PAST 30 DAYS, and some ask about the PAST 12 MONTHS. Be sure that the respondent understands the reference periods that are being asked about.

The questions about physical activity ask about 4 different kinds of physical activities.

- Vigorous activities
- Light or moderate activities
- Strengthening activities

- Stretching activities

With the exception of the questions about strengthening activities, there are 2 questions asked about each of these kinds of activities. The first is "how often do you do it", and the second is "for how long".

Note that the frequency of activities may be reported in any time reference that the respondent reports: times per day, per week, per month or per year. Maximum frequency is 4 times per day (or its equivalent).

Questions about height and weight give you the option of entering the information in metric measurements by entering 'M'.

IMPORTANT TERMS

A **cigarette** is anything the respondent reports except cigars or any kind of marijuana.

Smoking regularly is respondent defined. If asked about what this means, say that "It's whatever you consider as first starting to smoke fairly regularly"

Exercise, sports, or physically active hobbies are respondent defined.

Vigorous activities might include fast walking, fast bicycling, jogging, strenuous swimming or sports play, vigorous aerobic dance, and strenuous gardening.

Light or moderate activities include such activities as moderate paced or leisurely walking or bicycling, slow swimming or dancing, and simple gardening.

Strengthening activities are activities that require strenuous muscular contractions such as weight lifting, resistance training, push-ups, sit-ups, etc.

Alcohol includes all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin.)

PART C
SECTION 20
SAMPLE ADULT HEALTH CARE ACCESS AND UTILIZATION

Topic	See Page
Purpose	200
Instructions	200
Important Terms	201

PURPOSE

The purpose of the Sample Adult health care access and utilization section is to identify all contacts with medical doctors or their assistants during a specific period of time. The information from this section provides measures of how the country's health care system is being utilized by adults. Whereas the Family Section asked about hospital stays and doctor visits for each person in the family, the Sample Adult Access and Utilization Section asks more detailed questions about the Sample Adult's access to care, including:

- When a medical doctor was last seen.
- Where the Sample Adult usually goes for health care.
- Whether the Sample Adult has different places of health care because of specific needs.
- Type of health professional usually seen. (2001 supplement only)
- Quality of care.
- Recent (*past 12 months*) changes in where the Sample Adult gets health care.
- Types of physicians seen in past 12 months.
- Emergency room visits.
- Doctor's, or other health care professional's "house calls."
- 12-month doctor visit.
- Surgeries in the past 12 months
- Several kinds of immunizations
- Chickenpox and hepatitis

INSTRUCTIONS

When asking about the place where the Sample Adult **USUALLY** goes when he/she is sick, note that this may or may not be the doctor or clinic most recently contacted. (*For example, the most recent contact may be with a specialist never seen before*) Also, it need not be a doctor or clinic the respondent has ever contacted before. In this case, the question refers to the doctor or place the respondent would contact if he/she is sick or needs advice about his/her health.

Be sure to notice if a question refers to a designated time period. For example, generally the questions recording information about health care provider contacts begin with the phrase "DURING THE PAST 12 MONTHS".

DO NOT include as an optician, someone who prescribes eyeglasses.

When recording emergency room visits, DO NOT include visits to outpatient clinics, urgent care facilities, etc.

If necessary, explain that the hepatitis B vaccine is given in 3 separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

IMPORTANT TERMS

At Home refers to the Sample Adult's own home and anyone else's home, like the home of family friends or relatives, a hotel, or any other place in which the Sample Adult was staying at the time of the health care professional's visit. This could be a house, apartment, motor home, houseboat, trailer, or other dwelling. Do not include visits by a doctor while the Sample Adult was in a hospital or institution.

An **audiologist** is a person skilled in working with hearing problems. These services include: identifying a hearing problem, determining the range and nature of the hearing problem; training the individual to deal with the problem, such as teaching lip-reading; and counseling the family members on how to deal with the problem.

Change of place refers to a change in health care providers, not a change of address for a current provider.

A **chiropractor** is a licensed professional, but not a medical doctor who uses manipulation of the body joints, especially the spine to restore normal nerve function

Delayed assumes that medical care has been or will eventually be received.

A **foot doctor** is someone who treats diseases of the foot and is commonly known as a **Podiatrist**.

A **general physical exam or check-up** is an examination not for a specific condition or problem. This may include the following:

- a periodic health examination
- a complete medical examination
- an annual health check-up
- a comprehensive physical examination.

It does not include dental exams and vision tests.

A **hospital emergency room** is an emergency care facility at a hospital. It is also sometimes referred to as an emergency department. DO NOT include emergency care received at a clinic or HMO. Include emergency room visits which resulted in admission for inpatient care. DO NOT include visits to outpatient

clinics, urgent care facilities and the like.

Medical doctor refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s) including general practitioners and all types of specialists; and their assistants. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists or psychologists.

Mental Health Care is respondent defined.

A **nurse practitioner** is a registered nurse who has completed a program of study leading to an expanded role in health care. Nurse practitioners generally function under the supervision of a doctor, but not necessarily in the presence of a doctor. Nurse practitioners often perform duties similar to those of a physician's assistant.

An **obstetrician/gynecologist** is a medical doctor who treats women, pregnancy, and diseases of the female reproductive system including the breasts.

An **occupational therapist** is a health care professional who works to develop, improve or restore fine motor skills which usually involves the use of the fingers, hands or arms. It may involve working on activities like dressing, feeding and writing.

A **Physician Assistant (PA)** is a health care professional licenced to practice medicine with physician supervision. What a Physician Assistant does varies with training, experience, and state law. The scope of a PA's practice corresponds to the supervising physician's practice. In general, the PA sees many of the same types of patients as does the physician, but the more complicated or non-routine cases are referred to a physician as appropriate. Physician assistants ALWAYS work in the context of a supervising physician.

A **physical therapist** is a health care professional who administers therapy to develop, improve, or restore gross motor skill movements, such as walking.

Prescription Medicines are medication which can only be obtained through a doctor or dentist. The medication is usually obtained from a pharmacy or mail order pharmacy using a written note or telephoned instruction from a doctor or dentist.

A **respiratory therapist** is a person who provides services prescribed by a physician for the assessment, diagnostic evaluation, treatment, management and monitoring of patients with deficiencies and abnormalities of cardiopulmonary function.

Routine or Preventive care is a doctor's visit or health procedure to prevent illness or to detect problems early such as immunization or physical exam.

A **speech therapist** is a person who works to improve speech or oral communication for problems such as stuttering, impaired articulation, or a language or voice impairment

Surgery is any cutting of the skin including stitching of cuts or wounds. Include both major surgery and minor procedures such as cutting or piercing of other tissue, scraping of internal parts of the body and setting of fractures and dislocations.

Waiting time to see the doctor includes only time from arrival until the health care provider is seen.

PART C
SECTION 21
SAMPLE ADULT HIV/AIDS

Topic	See Page
Purpose	205
Instructions	205
Important Terms	205

PURPOSE

The purpose of the HIV/AIDS questions is to obtain information about testing for HIV, the virus that causes AIDS. The data will be used to determine the general population's acceptance and practice of testing for HIV.

In addition, questions about Sexually Transmitted Diseases (STDs) and tuberculosis (TB) are asked in the section.

INSTRUCTIONS

As with other sections, some of the questions in this section are dependent upon the answers to previous questions. You may notice specifically, that if the respondent indicates that he/she has been tested for HIV, the virus that causes AIDS, a different set of follow up question will appear, than if the person indicated that he/she has never been tested for HIV. Additionally, some of the questions in this section are "age dependent". For example, the questions about STDs will only be asked of Sample Adults 18-49 years of age, inclusive.

As with all sections, be sure you ask the questions exactly as worded, and correctly record the response, so that later follow up questions will make sense in the context of previously recorded information.

There is a screen in this section (STMTRU) that lists 6 statements. This screen has an accompanying flashcard, and instructs the respondent to indicate whether ANY of the statements are true, but not to indicate WHICH ONE is true. It is important that the respondent understands that we are just interested in finding out if ANY of the statements are true, but not WHICH ONE specifically. DO NOT probe for which of the statements is true if the answer is "YES".

IMPORTANT TERMS

HIV (human immunodeficiency virus) is a virus that attacks certain white blood cells. The virus is spread through the exchange of body fluids (primarily semen, blood, and blood products) and can persist in the body for a decade or more without any apparent symptoms. HIV is the virus that causes AIDS.

AIDS (Acquired Immune Deficiency Syndrome) is caused by the HIV virus, and allows other diseases, that the body's healthy immune system might normally be able to fight off, to overwhelm the individual.

An HIV test is a test for HIV, the virus that causes AIDS, which looks for the presence of the HIV antibody, which indicates that an infection has taken place. This test usually requires some blood to be

taken, which is then sent to a laboratory by a doctor, nurse, or other health professional. It usually takes 1-2 weeks to receive the results. Recently, some doctors, nurses, and other professionals have begun using new tests called rapid-screening blood tests. These blood tests can provide results within one hour of having blood drawn.

Consumer-controlled test kits (popularly known as "home test kits") were first licensed in 1997. The brand name of the only federally-approved home test kit is the "Home Access" test kit. The testing procedure involves pricking the finger with a special device, placing drops of blood on a specially treated card, then mailing the card in to be tested at a licensed laboratory. Customers are given an identification number to use when phoning for the test results.

For anyone reluctant to have blood drawn, there are now oral-fluid and urine HIV tests. The brand name of the only federally-approved oral-fluid test is "Orasure." This test uses a swab to collect fluids from inside the mouth. The swab is then sent to a testing laboratory. Oral fluid tests are becoming more common at many HIV testing locations. Finally, physicians can also use urine tests for patients who are reluctant to have their blood drawn. But urine testing is not as reliable as blood testing.

Blood, oral-fluid, and urine tests (whether administered in a doctor's office, testing center, or at home) should all be considered "HIV Tests" for the purpose of this section.

STDs (Sexually Transmitted Diseases) are any of several infectious diseases almost always transmitted through sexual contact. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, chlamydia (cluh-mih-dee-uh), syphilis, herpes, and genital warts.

PART C
SECTION 22
RECONTACT

Topic	See Page
Purpose	208
Instructions	208

PURPOSE

The Recontact Section collects intent to move, additional telephone information, and contact person information.

The data are needed to assist in contacting the family if a follow-up survey is conducted at a later time and the family respondent has moved or proves difficult to contact.

It also collects father and maiden names, as well as Social Security numbers, which are useful to match certain statistical records maintained by the Department of Health and Human Services.

In addition it collects proxy information for the entire interview.

INSTRUCTIONS

The Recontact section appears after the Sample Adult section is completed or has a callback set up. A separate Recontact section appears for each family if there is more than one family in the household. In a few unusual situations this section may appear after the Family section or the Sample Child section if there are only emancipated minors or only emancipated minors with children in the family. In these situations you will not have a Sample Adult for the family.

SSN - It is required by the sponsor of the survey that the introduction to the SSN screen be read. Read it the first time you ask the question for a particular family. If you are asked for the legal authority for collecting Social Security Number, cite the title and section of the United States Code as printed on the screen. If you are questioned as to the need for obtaining the number, reread the introductory statement.

If you are given more than one number, record the first 9 digit number the respondent mentions. If the number has more than 9 digits, record only the first 9 digits. Do not record alphabetic prefixes or suffixes. If anything other than one standard 9 digit number is reported, enter the extra information in an F7 note to the SSN screen.

Enter N if the person does not have a Social Security number. This may be common among children under 1 who have not yet received their number. If you enter D for Don't Know or R for refused, you will be asked if you have been able to convince the respondent to give you the number. A Yes response will return you to SSN where you may enter the number. If the answer is No, you will simply proceed with the interview.

It is of particular importance that each person's Social Security Number is correct, therefore, you should use a reasonable amount of effort to obtain it. If the respondent does not have this information, refuses, or is unsure of the number for another person, ask to call back and indicate this an F7 note to the SSN screen. It is not required that you contact the person directly on the callback. In fact, unless the person has to be contacted for some other reason, make arrangements with the family respondent to call him/her back for the number. If someone other than the family respondent is contacted for missing numbers, use the "Telephone Callback Introduction" in the HIS-501(C) Flashcard and Information Booklet (CAPI) to introduce yourself.

If, when explaining the purpose of the Contact Person, you are asked when the household will be recontacted, say that NCHS periodically conducts other health surveys with a sample of persons or families who participate in HIS. If asked, just say that you don't know when this may take place. **Do not, however, state that there will be no other contacts.** You may need to recontact the household for additional information or the person may be reinterviewed. A respondent's refusal of these items will NOT disqualify the family from being selected for future surveys.

If the respondent is reluctant to give this information, explain how it can save the taxpayers money if, at a later date, the family moves or proves difficult to contact.

Enter as complete a name as possible using the same rules you applied when entering the household members. The Contact Persons do not need to be related to the sample family, but should have knowledge of the family's whereabouts. Collect as complete an address and telephone number for each Contact Person as possible, including trailer site numbers and house or apartment numbers if applicable. You will also collect the Contact Person's telephone number and his or her relationship to the family reference person.

PART C
SECTION 23
THE BACK SECTION

Topic	See Page
Purpose	211
Instructions	211

PURPOSE

After completing all appropriate sections for the sample household, you are ready to end the NHIS interview. The "BACK" section of the instrument wraps up the interview. To finish an incomplete interview, you, also, set appointments for callbacks in this section.

For each complete and sufficient partial interview, you will enter the answers to a few FR debriefing questions such as language (*English, Spanish, or other*), mode (*telephone or personal visit*), etc.

Based on the progress you made in the interview the "BACK" section evaluates the overall status of the case and sets "OUTCOME" and "ACTION" codes which determine what happens to the case.

INSTRUCTIONS

You will enter the answer to each of the debriefing questions without asking the respondent. These questions record information such as language, mode, level of cooperation, any other important information about the household.

All HIS interviews should be conducted by personal visit.

However, there may be times when the only way you can complete the interview is by telephone.

On the INTMODE screen, indicate how all or most of the interview was conducted--by personal visit or telephone. *For example: If you completed the Household Composition by personal visit, but you had to call back by phone to complete the Family, Sample Adult, and Sample Child sections, enter "2" (Telephone) since this was **how most of the interview was conducted.***

Before exiting a case, the INOTES screen will appear. Enter any notes about the case that you think may be helpful to you if you still need to make callbacks to complete the interview OR to others who may get this household in sample for another health-related survey.

"Closings" are statements you read to the respondent or statements describing the situation. There are several "closings" in the HIS CAPI "BACK" Module. You will get only the one(s) most appropriate for the situation.

As noted earlier in this manual, you must call your regional office supervisor for instructions whenever you discover four or more EXTRA units.

Before closing this type of case, you will collect the respondent's information in case further contact is necessary. You will collect the respondent's full name and title, address and telephone number.

Exiting the Case With the F10 Key

If you exit the case using the F10 key you will go to screen FIN, which has been changed for the 2000 NHIS. There are now three options on the screen, as shown below:

Item: FIN ----- FR: THIS CASE IS NOT COMPLETE. (1) Exit Case (2) Arrange Callback (3) Callback before closeout not possible OR Noninterview
--

Entering "1" in FIN is the "quick exit" option. This will get you out of the instrument encountering the fewest number of screens. The only screens you will see are INOTES, VISITCNT and SHOFINAL.

An entry of "2" will take you to a screen that allows you to enter callback information:

If the respondent gives a specific date and time, you are obligated to make the callback as near that time as possible. Therefore, it is OK to enter a specific date, but try to avoid arranging for specific times. If you can get the respondent to agree to a wider range of times, enter "A" for any time **and** specify the acceptable range of time(s) in the "INOTES."

If you and the respondent cannot arrange for a callback before closeout enter "N". This is equivalent to entering "3" in FIN.

Enter "3" in FIN if it is not possible to callback before closeout, or if the case is a refusal or break-off. An entry of "3" in FIN will take you either to screens TYPEABC or PARTIAL, depending on how far you have progressed through the instrument. If you have not yet reached screen NAME in the Household Composition section you will go to screen TYPEABC. Otherwise you will get screen PARTIAL. You will get screen PARTIAL for all sufficient and insufficient partial cases.

An entry of "1" in PARTIAL will skip to a screen where you will enter the main reason that the respondent terminated the interview before it was completed.

Before exiting a case which is a complete interview, a partial interview with no chance for follow up, or a Type A noninterview, you will be asked to enter the number of personal visits you made to achieve a final outcome for this case.

Include visits to the sample unit for which no one was home and all visits to the sample unit for which you made contact with a household member. **DO NOT INCLUDE** any contact made over the telephone. For cases you complete over the telephone, enter only the number of personal contacts made prior to the telephone contact.

On the ONPTH_END screen, **only press F3. Do NOT press any other key.** By pressing F3, there may be a slight delay while the instrument formats the data for output.

The SHOFINAL screen displays the outcome code, action code, mark code, number of times in the case, and the cumulative time. A list of the possible outcome codes and a description of each can be found in the HIS-501(C), Field Representative's Flashcard and Information Booklet.

PART C
SECTION 24
NONINTERVIEWS AND
QUITTING OUT OF A CASE

Topic	See Page
Type A Noninterviews	215
Type B Noninterviews	219
Type C Noninterviews	223
Quitting out of a Case	225

TYPE A NONINTERVIEWS

Type A Noninterview occurs in the case of households occupied by persons eligible for interview, whom you should have interviewed, but could not.

Under some circumstances, Type A Noninterviews are unavoidable. However, if you establish good relations with your respondents and make your visits when people are likely to be home, you can avoid many Noninterviews.

There are six categories of Type A noninterviews, five of which you can set yourself at screen TYPEA1.

If you have not progressed very far into the interview you will be determining whether or not a particular situation is actually a Type A Noninterview.

If you have progressed into the interview to screen NAME in the Household Composition section , but have not completed the Family section, and are not able to complete the interview before closeout, the case will automatically be assigned code 215 (insufficient partial).

Type A's and possible Type A's are described below:

Refused

Occasionally, a household may refuse to give any information.

- Enter "1" on the TYPEA1 screen.
- In an F7 footnote, explain the pertinent details regarding the respondent's reason for refusing to grant the interview.
- Explain the circumstances on an Inter-Comm and send it to the regional office.

NOTE: Your office will send a letter to the respondent (copy to you) requesting the household's cooperation and stating that someone will call on them again. If your supervisor will be in the area on other business, he/she may also visit the refusal household to try to obtain their cooperation or the case may be assigned to another FR/SFR for follow up.

No One Home--First Attempt or Only a Few Attempts

If no one is at home on your first call, proceed as follows:

- Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home.
- Fill a Request for Appointment (Form 11-38 or 11-38a) indicating when you plan to call back. Enter your name and telephone number in the space provided.
- In an F7 note in the instrument and/or in a notebook, enter the date and time you said you would call back.
- Regardless of whether or not you leave an appointment form, call back at the most appropriate time to contact the household.

This situation is NOT yet considered a Noninterview.

- Follow the instructions for "Quitting Out of Case" in this chapter:
 - † Enter "Q" (Quit) on the START screen in the Front Section of the CAPI instrument.
 - † Enter notes in the INOTES screen if necessary.

If you have made a **number of callbacks at various times of the day and still** have been **unable to contact** the respondent, **this situation is considered a Noninterview.**

- Enter "2" on TYPEA1 screen.

NOTE: Do **not** confuse this situation with the Noninterview reason "Temporarily absent".

Temporarily Absent

When no one is home at the first visit, find out from neighbors, janitors, etc., whether the occupants are temporarily absent.

- Report a household as "Temporarily absent" if **ALL** of the following conditions are met:

t ALL the occupants are away temporarily on a vacation, business trip, caring for sick relatives, or some other reason and will not return before your close-out date for that interview period.

AND

t The personal effects of the occupants, such as furniture, are there.

NOTE: Even if the furniture is there, be sure it is the occupant's furniture because it could be a furnished unit for rent.

AND

t The unit is not for rent or sale during the period of absence.

***EXCEPTION:** The unit is for rent or sale; however, it is not available until a specified time when the present occupants will leave the unit. For example, the present occupants are trying to sell their house with an agreement that they would not have to move until 2 weeks after the selling date.*

If, when you arrive to interview the unit, you discover that it has NOT been sold and that the occupants are away for the interview period, enter "3" (Temporarily absent) on TYPEA1 screen as the Noninterview reason.

AND

t The unit is not a summer cottage or other seasonal-type unit.

If **ALL** the conditions are met, enter "3" on the TYPEA1 screen.

- If the occupants will return on a certain date, record this date in an F7 note in the instrument and/or in a notebook, and note the source of the information, such as a neighbor.
- If the **occupants** are definitely **NOT expected to return before the end of the interview period, this situation is considered a Noninterview.**

t On the TEMPABS1 screen, enter the appropriate precode.

If you can obtain the occupant's temporary address and telephone number:

† Enter "1" on the TEMPABS1 screen.

† Enter the address and telephone number on the TEMPABS2 screen.

† Call and report the information to your regional office immediately.

NOTE: Depending upon where the occupants are, your regional office may be able to arrange for someone else to obtain the interview.

If the expected date of their return is **BEFORE** the end of the interview period, this situation is **NOT** considered a Temporarily Absent Noninterview.

This situation is considered a No One Home--First Attempt or Only a Few Attempts. You should do the following:

- Follow those instructions in this chapter.
- Make a return visit on the expected date of their return.

Language Problem

If you cannot conduct the interview with the sample household because no one there speaks English, check with your regional office.

NOTE: Your regional office may be able to arrange for an interpreter or another FR who speaks the language to assist you. If so, the interview will be conducted at a later date.

If you **cannot conduct the interview** with the sample household **because no one there speaks English and you cannot use an interpreter, this situation is considered a Noninterview.**

- Enter "4" on TYPEA1 screen.

Other Type A

These occupied units are Type A Noninterviews other than "Refusal", "No one at home", "Temporarily absent", and "Language Problem".

- Among others, these reasons could include the following:

- † No eligible respondent available

- † Death in family

- † Household quarantined

- † Roads impassable

NOTE: During the winter months or in the case of floods or similar disaster, there may be households which cannot be reached because impassable roads. In such cases, ascertain whether or not it is occupied from neighbors, local grocery stores, gasoline service stations, Post Office or rural mail carrier, the county recorder of deeds, the U.S. Forest Service (Department of Agriculture), or other local officials.

If you determine the unit is occupied, this situation is considered a Type A Other Noninterview.

- Enter "5" on TYPEA1 screen.
- On the TYPEA1_SPC screen, describe the circumstances in the space provided.

If you determine the unit is vacant, this situation is NOT considered a Type A Noninterview.

This situation is considered a Type B Noninterview.

- Follow instructions for Type B's.

For each Type A Noninterview, you will get screen TYPEA2.

- Enter the race of the household members on the TYPEA2 screen.

TYPE B NONINTERVIEWS

Unlike Type A Noninterviews, Type B Noninterviews are entirely beyond your control. You will enter the appropriate precode on the TYPEB1 screen.

There are 10 categories of Type B Noninterviews.

Vacant Units

Vacant units include the bulk of the unoccupied living quarters, such as houses and apartments which are for rent or for sale or which are being held off the market for personal reasons. This definition includes places which are seasonally closed. It, also, includes units which are dilapidated if they are still considered living quarters.

NOTE: Units that are unfit for human habitation, being demolished, to be demolished, or condemned are defined below.

Report unusual types of vacant living quarters, such as mobile homes, tents and the like as vacant.

Do **not** consider as vacant, a unit whose occupants are only temporarily absent.

GQ units are also included in this category (e.g., vacant transient quarters, or vacant units in boarding houses or rooming houses).

For sample units that are **presently unoccupied because the structure is undergoing extensive remodeling**, enter the precode corresponding to the appropriate **vacant** category on the TYPEB1 screen.

Report vacant units as follows:

- **Nonseasonal**

A vacant unit intended for year-round occupancy, regardless of where it is located.

- **Seasonal**

A vacant unit intended for only seasonal occupancy. These may be in summer or winter resort areas, used only during the hunting season, etc. (except units for migratory workers).

Occupied entirely by persons with Usual Residence Elsewhere (URE)

The entire household consists of persons who are staying only temporarily in the unit and who have a usual place of residence elsewhere.

Do **not** interview persons if the sample unit is only a temporary place of residence.

Occupied entirely by Armed Forces (AF) members

ALL the occupants are active duty members of the Armed Forces.

Occupied--Screened Out by Household

The instrument will automatically select this category for occupied households that have been designated for screening and contain no Black or Hispanic household member. This category will not appear as an option on the Type B specification screen. You must complete the Household Composition section through the Race and Ethnicity questions in order to achieve this outcome.

Unfit or to be demolished

An unoccupied sample unit that is **unfit for human habitation**. An unoccupied sample unit is unfit for human habitation if the roof, walls, windows, or doors no longer protect the interior from the elements. This situation may be caused by vandalism, fire, or other means such as deterioration. Some indications are windows are broken and/or doors are either missing or swinging open, parts of the roof or walls are missing or destroyed leaving holes in the structure, parts of the building have been blown or washed away, part of the building is collapsed or missing.

CAUTION:

*† If doors and windows have been boarded up to keep them from being destroyed, they are not to be considered as missing. Also, in the few rural sections of the country where doors and windows are not ordinarily used, do **not** consider them as missing.*

*† Regardless of the condition of the unit, if it is occupied, do **not** classify unit as unfit or to be demolished.*

For unoccupied units which are to be demolished, if there is positive evidence, such as a sign or notice that the unit is to be demolished, but has not yet had demolition work started; this situation is considered unfit or to be demolished.

Under construction, not ready

Sample unit which is being newly constructed but is not completed to the point where all the exterior windows and doors have been installed and usable floors are in place.

NOTE: Usable floors can be cement or plywood; carpeted, tiled, or hardwood flooring is not necessary.

If construction has proceeded to this point, classify the unit as one of the vacant categories.

Converted to temporary business or storage

Sample unit intended for living quarters but which is being temporarily used for commercial or business purposes, or for the storage of hay, machinery, business supplies, etc.

EXCEPTIONS:

† Report unoccupied units in which excess household furniture is stored as one of the vacant categories.

† Report unoccupied units permanently converted to business or storage as Type C Noninterviews—"Converted to permanent business or storage."

† Report unoccupied units which are to be used for business or storage purposes in the future, but in which no change or alteration has taken place at the time of interview as one of the vacant categories.

Unoccupied site for mobile home, trailer, or tent

An unoccupied site for a mobile home, trailer, or tent. This category should be used in a mobile home park or recreational park when a site was listed and the site is still present.

EXCEPTION: This category should **not** be used when a mobile home is not in a mobile home or recreational park and has been listed by a basic address or description only. This situation is considered a Type C Noninterview "House or trailer moved."

Permit granted, construction not started

A sample unit in a permit segment for which a construction permit has been granted, but on which construction has not yet started.

Other Type B

For Type B units which cannot be classified under any of the above reasons, select this category.

- Enter the specific reason in the space provided on the followup screen.

TYPE C NONINTERVIEWS

Type C Noninterviews are beyond your control. Explain the situation on an inter-Comm and send it to your regional office. Enter the appropriate precode on the TYPE C1 screen.

There are 9 categories of Type C Noninterviews:

Unused line of listing sheet

This category applies to permit segments only. If you list fewer units than expected in permit segments, select this category for any unused serial numbers which the regional office had preassigned.

Demolished

Sample units which existed at the time of listing, but have since been torn down, or destroyed, or are in the process of being torn down.

House or trailer moved

A structure or trailer moved from its site since listing.

This rule applies for trailers or mobile homes only when:

- A basic address (e.g., 801 Main St.) on the listing sheet identifies a trailer

OR

- Trailers rather than sites were listed by description only.

EXCEPTION: If a site or an address/description plus a site in a mobile home park was listed, and it is now unoccupied (no mobile home on it), this situation is considered a Type B Noninterview "Unoccupied site for mobile home, trailer, or tent."

Outside segment boundaries

Area segments when you find that the sample address is located outside the segment boundaries.

Converted to permanent business or storage

Units which were living quarters at the time of listing, but are now being used permanently for commercial or business purposes, or for the storage, machinery, business supplies, etc.

Merged

Any current sample unit(s) eliminated after applying the rules for mergers. (See page B5-6 for a definition of a Merged Unit).

EXCEPTION: An unoccupied sample unit resulting from the merger should be reported as one of the vacant categories.

Condemned

Unoccupied sample units only if there is positive evidence such as a sign, notice, or mark on the house or in the block that the unit is condemned. Be sure this refers to unoccupied units.

EXCEPTION: If occupied units are posted "Condemned", ignore the sign and interview the occupants of the unit.

NOTE: If there is no such evidence, report the unit as one of the vacant categories unless the unit is unfit for human habitation, in which case select "Unfit or to be demolished."

Built after April 1, 1990

You are able to determine that the unit was constructed after April 1, 1990 prior to actually entering the case.

NOTE: This outcome will be automatically selected for units which were built after April 1, 1990, as determined at screen YRBLT ("When

was this structure originally built?"). This situation will occur only in certain area segments for which your regional office has instructed the CAPI instrument to display YRBLT.

Other Type C

Type C units which cannot be classified in any of the above categories.

Some examples in Permit Segments might be "abandoned permit", "replacement structure", or "permit address identifies a GQ". Some examples in Area Segments might be "duplicate listing" or "never living quarters".

- Enter the specific reason in the space provided on the followup screen.

QUITTING OUT OF CASE

You may need to quit out of a case for one of the following reasons:

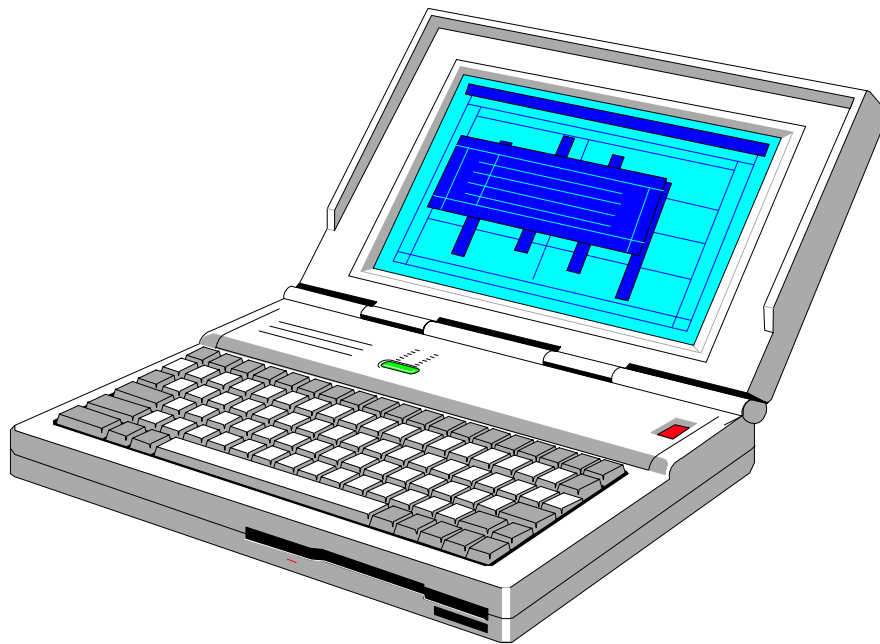
- Selected case in error
- No One Home--First Attempt or Only a Few Attempts
- Other

If you need to quit out of a case:

- Enter "Q" (Quit) on the START screen in the Front module of the CAPI instrument.
- Enter notes in the INOTES screen if necessary.
- If you entered the case because of an attempted personal contact with the sample unit (you actually visited the address) then increment the entry in VISITCNT by one. Otherwise, simply press enter, leaving the entry in VISITCNT unchanged.

PART D

National Health Interview Survey



COMPUTER PROCEDURES

PART D
SECTION 1
INTRODUCTION TO COMPUTER-
ASSISTED INTERVIEWING

Topic	See Page
Advantages for FRs	228
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ADVANTAGES FOR FRs

Field data collection using laptop computers is a new approach for the Census Bureau. Advantages include high data quality without extensive editing and quicker availability of results. Using a laptop computer to collect interview data offers some important advantages to you as well.

CHECK ITEMS, SKIP PATTERNS, REFERENCE DATES

AND PRONOUNS: The computer presents the correct sequence of questions based on the information and the responses already entered. The correct name or pronoun is inserted into each question as it appears on the screen.

AUTOMATIC EDITING: The laptop computer checks responses to ensure that all applicable items are answered appropriately. For example, where possible answers to a question are 1 (YES) or 2 (NO), the laptop rejects other answers such as 3 or 12 or Q.

RAPID TRANSMISSION OF DATA: Connecting your laptop to a modem and telephone lines enables you to transmit daily interview data directly to Headquarters. Your Regional Office knows by the next morning what work you have completed and sent in.

OVERALL EFFECT OF LAPTOP COMPUTERS: The use of laptop computers is expected to help you do your job more efficiently by eliminating tedious paperwork and freeing you to concentrate on the actual data collection and building rapport with respondents.

QUESTIONS ABOUT SKILLS AND EXPERIENCE

If you have little or no prior experience with computers, you may wonder whether you will enjoy working with the laptop and can learn to use it skillfully.

EARLY RESULTS: Several data collection agencies, including the Census Bureau, have switched to Computer-Assisted Personal Interviewing (CAPI) and the feedback has been quite favorable. Interviewers consistently report finding CAPI to be more satisfactory than Paper and Pencil Interviewing (PAPI) because it eliminates editing activities

COMPUTER EXPERIENCE NOT REQUIRED: Prior experience with computers is not necessary to be successful with computer-assisted interviewing. Your computer work consists primarily of 1) making selections from "menus" displayed on the computer screen, and 2) entering respondents' answers in the

appropriate spaces on the screen, just as you would fill appropriate blanks on a paper form.

TRAINING PROVIDED: A full program of hands-on training is provided for you. All necessary procedures are covered in self-studies, classroom training, on-the-job training and instruction manuals.

KEYBOARD SKILLS: You don't need to be a skilled typist. Although a little experience with typewriters or a computer keyboard may be helpful, it isn't necessary. Typing with a few fingers is sufficient for the types of entries that you will make on the keyboard.

As a CAPI FR you will use a laptop computer, rather than paper questionnaires, to conduct personal visit and telephone interviews. Assignments will be sent to your laptop electronically, via your home telephone line. You will send back your completed work in the same manner.

In other respects, your job is very similar to that of a non-CAPI FR. For example, your work will be observed regularly. Your performance evaluations will be based on factors such as response rate, accuracy, and production.

A NOTE ON FR EVALUATION

The use of laptop computers has greatly changed the way that interviewing is done which makes it necessary to update our methods for evaluating the performance of FRs. Measurements used in evaluating FR's work include response rate, number of don't know and refusal entries. Availability for assignments and the results of observation are also included in the evaluation.

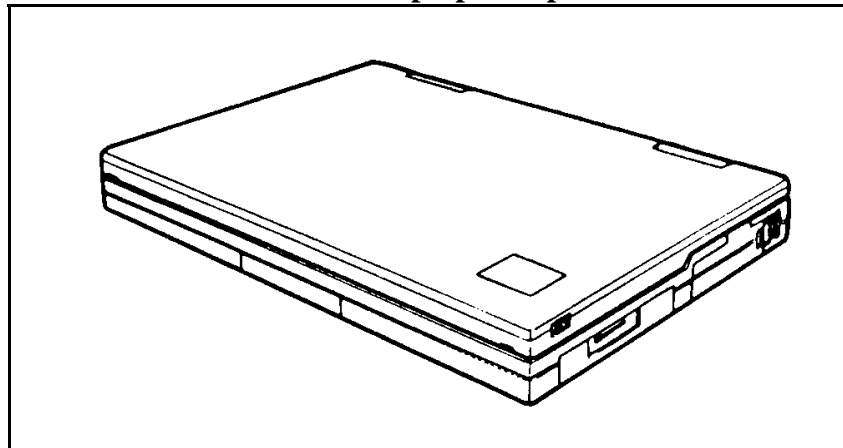
PART D
SECTION 2
YOUR LAPTOP COMPUTER

Topic	See Page
Receiving, Unpacking and Checking the Computer sent to you from the RO	231
Battery, Power and Electricity	232
The Floppy Disk Drive	235
The Removable Hard Drive	236

**RECEIVING ,
UNPACKING, AND
CHECKING THE
COMPUTER IS
SENT TO YOU
FROM THE RO**

Each FR receives a laptop computer (shown in Figure 2-1), a self-study guide, and all of the computer's required accessories such as cables, batteries, and a battery charger. This package is sent to the FR prior to initial training. For new FRs, the package may be delivered by an SFR, because the new FR must be sworn in as a Census Bureau employee before receiving the equipment. (You may also receive a "Getting to Know Your Laptop" video that explains the laptop and its accessories.)

**Figure 2-1
Your Laptop Computer**



OPEN CAREFULLY AND SAVE THE BOX: Open and unpack your computer kit with care. You may use a letter opener or knife to slit the sealing tape, but try to avoid tearing or shredding the box. You must save the box and all internal packaging materials. Store these where they will not get wet, damaged, thrown out, or used for other purposes.

USE THE BOX FOR RETURNS: You will use the same box for mailing, whenever you have to return the computer to the RO, for repair or exchange, or at the completion of the project. Without the original packaging, preparing the computer for shipment is inconvenient and the chances that it will be damaged in transit are increased.

CHECK ALL THE PARTS: When you receive your computer, fill out the Receipt of Government Property form included, and return it to your RO to indicate that all items were received. Before attempting to use the computer, review this chapter and become familiar with all the pieces of the laptop equipment.

BATTERY, POWER, AND ELECTRICITY

Your computer can be powered by an electrical current from an outlet (AC power) or by a rechargeable battery pack, shown in Figure 2-2. Battery power may be required for field interviewing. Several batteries are provided, to get you through a day of field work.

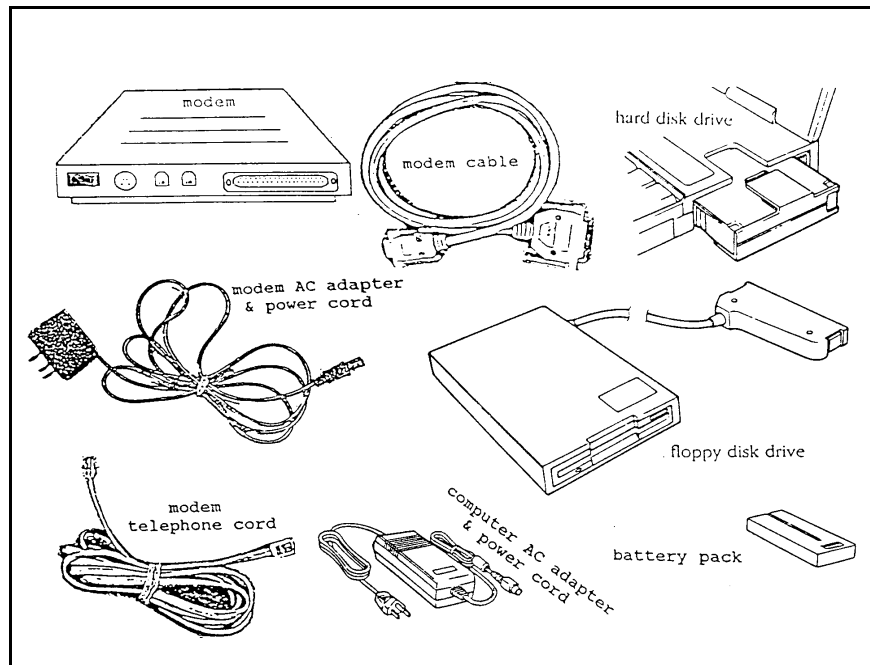


Figure 2-2 Additional Parts and Equipment

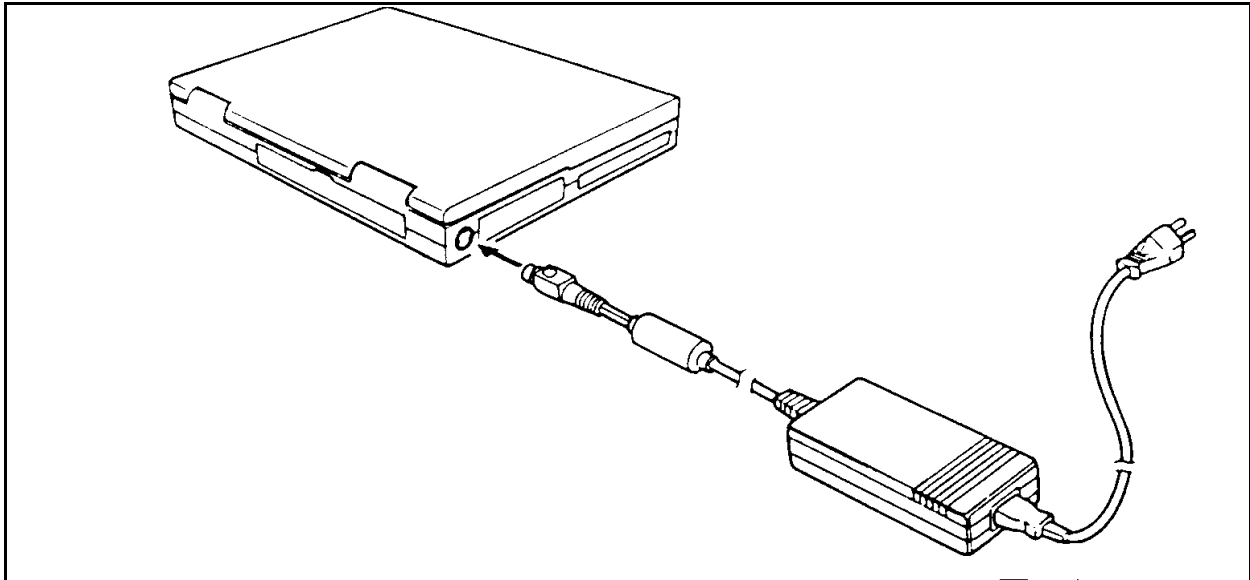
Using AC Power

Your computer's 2-part AC adapter/power cord is illustrated in Figure 2-2. When properly connected to an electrical outlet using this adapter, the computer will not draw from its battery pack.

Plug the small round end of the adapter cord, arrow side up, into the DC In Connector on the left side of the computer near the screen. Next, connect the AC cord to the adapter and plug the 3 prong end of the adapter into a wall outlet. These instructions and illustrations are for the Librex laptop. Since there could be five different laptops, please refer to the User Manual for further instructions.

Figure 2-3

LAPTOP AC POWER CONNECTION



NOTE: To avoid damaging the computer, **first** connect the adapter to the computer, **second** plug the adapter into the outlet, and **third** turn on the computer.

Do not disconnect the adapter while the power is on. If you want to switch from one power source to another, turn the computer off first.

3-PRONG ADAPTER: The outlets in many homes may not accept a 3-prong grounded plug. Therefore, you will need to purchase a 3-prong adapter. These are available at hardware stores or supermarkets.

When not using AC power, unplug the adapter from the outlet and the computer.

Using Battery Power

Whenever the computer is not plugged into an electric outlet, it will run on battery power. When fully charged, a properly maintained battery should power the computer for about **2.5** hours. See specific User Manual for further instructions.

- a. **LOW BATTERY WARNING:** The computer will alert you when your battery power is running low. Whenever this happens during an interview, you must change the battery. Because a lithium battery has been built into your computer, you might be able to make this change "on-the-fly," meaning

that you do not need to stop and exit the interview you are working on.

b. **TO CHANGE BATTERIES:** Changing batteries may vary depending on the laptop. Please refer to the Users Manual for further instructions.

c. **DISCHARGE BATTERIES:** Unplug your computer from the outlet and leave it on. It will lose all power and shut off.

On some laptops, you may need to completely rundown the battery before recharging. Recharging partially used batteries will shorten battery life, depending upon the laptop model. See battery charging instructions for your specific laptop.

d. **RECHARGING THE BATTERY INSIDE THE COMPUTER:** You can recharge the computer's battery pack inside the computer, by plugging in the computer and leaving it turned **off** for approximately **3.5** hours. Check the Power/Battery indicator light occasionally. It glows orange until the battery is fully recharged and then it goes out.

The battery will not recharge while the computer is turned on.

e. **RECHARGING THE BATTERY USING THE QUICK CHARGER:** With the charger facing so that you can READ the words beneath the LED indicators:

1. Slide the battery into the charger. When properly inserted, you will hear the battery click into place.

2. The CHARGING indicator glows red while the battery is charging. The READY indicator will glow green when the battery is completely charged.

3. Allow about **3.5** hours for battery charging in the CHARGER.

f. **WHICH BATTERIES ARE CHARGED?** Devise a system for keeping track of which battery packs are charged and which are discharged. For example, placing a rubber band on each freshly charged battery and removing it when you swap the battery in the computer is one method of doing so. The specifics of this routine are not important, however, attempt to avoid confusion about which batteries are charged.

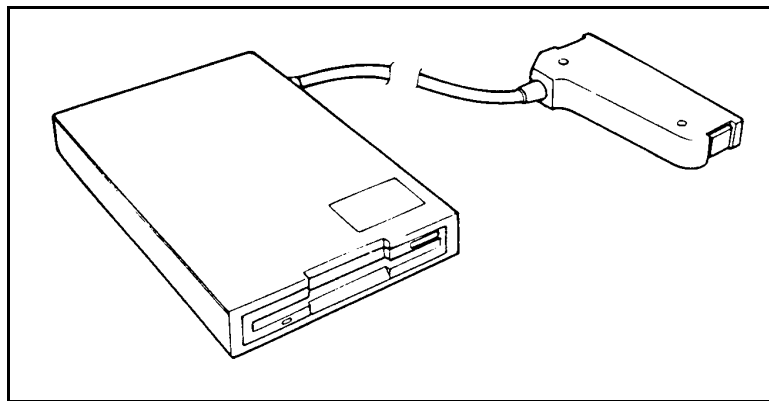
THE FLOPPY DISK DRIVE (FDD)

On some laptops the 3.5" floppy disk drive is **not** built into the laptop. It is necessary for you to connect this drive whenever you use a diskette. For example, you will need to connect the floppy disk drive when you make your daily backup as discussed in Chapter 6. See specific User Manual for further instructions.

Connecting the Floppy Disk Drive (FDD)

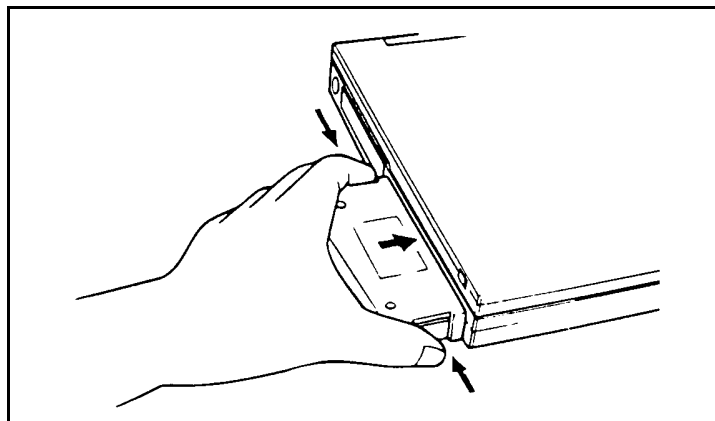
- a. Locate the connector. Make sure that all covers are closed and that the computer is turned **off**.
- b. Insert the FDD connector.
 - ! Squeeze the latches on both sides of the FDD connector so that it fits into the connector.

Figure 2-4
CONNECTING THE FDD



- c. Release the buttons and press the connector. The buttons pop out when the diskette drive connector is connected.

Figure 2-5
FDD RELEASE LATCHES



Disconnecting the Floppy Disk Drive (FDD)

With the computer turned off, press the buttons on both sides of the connector (Figure 2-5) to detach the FDD from the computer.

THE REMOVABLE HARD DRIVE (HDD)

On some laptops, your supervisor may, for some reason, ask you to remove your hard drive and send it into the RO. For instance, your hard drive, alone, may be responsible for certain laptop problems. This option allows you to continue interviewing with a replacement hard drive while the defective one is repaired. See specific User Manual for further instructions.

To Install the Hard Drive (HDD)

See the specific user manual instructions to install the HDD.

PART D
SECTION 3
ACCESSING YOUR LAPTOP

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**ADVANCE
PREPARATION:
Choosing a Password**

When using your laptop for the first time, you must know your 2 digit RO code (e.g., 25 for Chicago), and your 3 character FR code (e.g., A23). Choose a unique password. You will select a new one at the beginning of each month.

A password is like a combination lock that allows only you access to the confidential data stored in your computer. It prevents others from gaining access to it. When you choose your new password each month, avoid common English words. A password can consist of any combination of letters and numbers as long as the total number of characters equals 8.

An ideal password is a totally obscure mixture of numbers and letters, but you might also use fragments of several words, or one badly misspelled word. For example, try to think up a really unusual word (a foreign one, perhaps?), then misspell it or rearrange the letters, and finally throw in a digit or two someplace for extra security. However, don't make it so obscure that you'll forget it.

Memorize your password! Never write a password down, lest someone finds it and uses it to gain access to your laptop's confidential data. You must remember this password reliably, but after you type it a few times that should not be a problem.

If you ever forget your password, call your RO for assistance.

POWER ON

To turn on your computer and locate the power button. See specific User Manual for location of the Power button. The button must be pushed in and held for a few seconds on some laptops.

After the LED indicators flash on, you can release the power button. The computer will continue to perform a self-test and retrieve all necessary information. If all functions pass the self-test, the computer beeps and displays the following screen:

Figure 3-1 Laptop Self-Test Screen

```
36SX BIOS V3.10-026
Copyright (c)1984-90 Award Software Inc.

TESTING SYSTEM MEMORY ..... 640K PASS
TESTING MEMORY IN PROTECTED MODE ..... 5760K PASS
BIOS SHADOW RAM ..... ENABLED
VIDEO SHADOW RAM ..... ENABLED

<PRESS Fn+SysRq FOR SETUP>
```

If you don't see this screen, turn off the computer by holding in the power button until the screen goes blank. Wait a few seconds and try turning the computer on. If the screen above still does not appear contact your RO for assistance.

If you hear a different pattern of beeping, look in the upper left corner of the screen for an error message. Copy the message exactly. Turn off the computer for at least 30 seconds and then turn it back on again. If this does not solve the problem, report the error message to your RO and request assistance.

If the print on the screen is faint or hard to see, adjust the contrast and brightness controls for the screen if available.

If the computer beeps periodically and/or the Power/Battery light begins flashing, while your laptop is plugged in, check for loose connections. If you are running the computer on battery power, turn the computer off and plug in to an AC outlet or change to a freshly charged battery, as described in Chapter 2. Make sure that if the AC outlet is controlled by a light switch, it is on.

First Login

When you turn your computer on, it automatically begins to execute a series of internal "checks" and file loading procedures, this process is known as a "login".

**Figure 3-2
New User Login Screen**

****WARNING**WARNING**WARNING**WARNING****

**YOU HAVE ACCESSED A UNITED STATES GOVERNMENT
COMPUTER. USE OF THE COMPUTER WITHOUT
AUTHORIZATION OR FOR PURPOSES WHICH
AUTHORIZATION HAS NOT BEEN EXTENDED IS A
VIOLATION OF FEDERAL LAW AND CAN BE PUNISHED
WITH FINE OR IMPRISONMENT (PUBLIC LAW 99-474).
REPORT SUSPECTED VIOLATIONS TO YOUR DIVISION
SECURITY OFFICER OR REGIONAL DIRECTOR.**

****WARNING**WARNING**WARNING**WARNING****

CASIC Login

This is the first time you have logged onto your computer.
You must enter information to identify the computer as yours.

Please enter your 2-digit RO code: 25

Please enter your 3-character FR code: S26

Please enter your last name: SPEARS

Please enter your first name: JUDY

Please enter your Social Security number:

Is this information correct (Y or N)? Y

Your password has expired.

You must select a new one in order to continue.

OLD password:

NEW password:

VERIFY password:

NOTE: If the computer prompts you for your password only, instead of displaying this "first time" screen, the computer has already been set up for you. In that case, type your password and press the <Enter> key (located at the end of the third row, on the right-hand side of your keyboard).

To Respond to the "First Time" Screen

The first time you use your computer, you are asked to enter "user identification" information. After this information is entered, it is stored in the computer and a user identification screen is displayed each time the laptop is turned on. This helps you identify which machine is yours at group training and the information is also used by the central database at HQ to identify transmissions. To enter user identification information:

- ! Type your RO code. Check that it is typed correctly and then press the <Enter> key.
- ! Type your FR code (1 letter and 2 digits) and press <Enter>.
- ! Type your last name, press <Enter>, type your first name, and press <Enter>. Up to 14 characters can be entered for each name. Capital and small letters make no difference, since the computer converts your name to all capitals.
- ! Type your social security number and retype to verify.
- ! The computer asks you to confirm (Y/N?) that everything is correct. Check carefully. Be especially certain that the RO and FR codes are yours.
- ! Press <Y> for yes or <N> for no, based on this verification. Do not press <Enter>.

<N> takes you back to the top of this form, where you must re-enter each piece of information, beginning with your RO code.

<Y> takes you to the password change screen for the next step in your first login.

When using your computer, look at the screen frequently to check your work. It is very important to check your entries on the screen before continuing.

CHANGING YOUR PASSWORD

The first time you use the laptop, a prompt may inform you that your password has expired. A pre-expired password is already programmed in the machine, so each FR must choose a new one immediately.

FOR OLD PASSWORD, type the word **PASSWORD** and press <Enter>. Notice that the characters you type do not appear on the screen. Typed passwords never appear on computer screens for security reasons. You will find this true on any password-protected computer with which you may come in contact.

If the computer beeps and rejects what you type, you have two more tries to get the old password correct. If you use up your three tries, a message appears that tells you to turn off the computer. Turn it off. You can turn the laptop back on and try again. If you still have trouble and are sure that you typed it in correctly, call your RO for assistance.

WHEN THE OLD PASSWORD HAS BEEN ACCEPTED, the computer asks you for your **NEW** password. Type carefully, since the characters do not appear on the screen. After typing all 8 characters, press <Enter>.

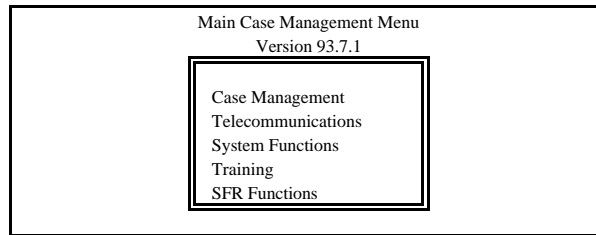
NOTE: At the beginning of each month, after the initial installation of your password the computer will ask you to change your password. The "OLD PASSWORD" will be the password you used during the previous month.

WHEN THE NEW PASSWORD HAS BEEN ACCEPTED, the computer prompts you to **VERIFY** the new password. Type exactly the same sequence of letters and numbers that you previously typed and press <Enter>.

If there is a mismatch between the new password and the verification, the computer notifies you of the discrepancy and you must start over, entering the **NEW** password again. Only after you have typed the new password and verified it does the computer accept and save your new password.

! When the new password has been accepted, the computer displays the Main Case Management Menu (Figure 3-3).

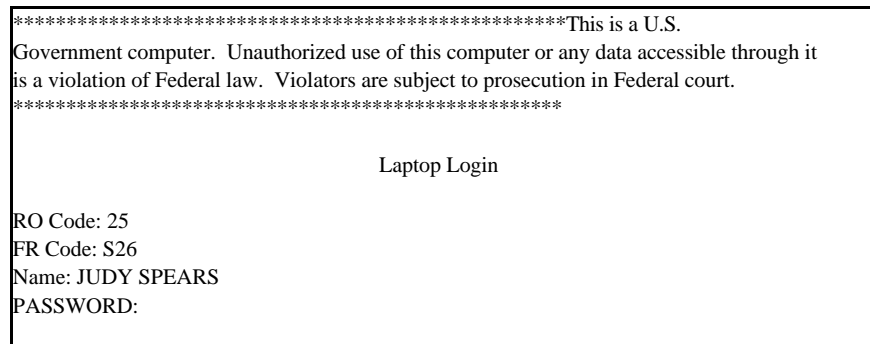
Figure 3-3
Main Case Management Menu



LATER LOGINS

In the future, when using the laptop, the login process is much simpler. The computer already knows your user identification information. It displays your RO code, FR code and full name, and asks you for only your password.

Figure 3-4
Daily Login Screen



! Type your password and press <Enter>. You are allowed three tries to correctly enter your password.

When the correct password has been accepted, the computer displays the Main Case Management Menu (Figure 3-3).

**EXPIRED
PASSWORD**

Your password expires on the first day of each month, and you are prompted to enter a new one. As the first approaches, be prepared with a new password because you cannot re-use the same one as the computer keeps track of these. Refer to section 3.D for a description of those operations you will need to perform.

**PASSWORD NO
LONGER SECRET**

If someone else uses or finds out your password, choose a new one and make the change in the computer immediately; even if your old password has not expired.

To change your password when it has not yet expired, follow the instructions for changing user-ID and password in Chapter 8 on System Functions.

**MAIN CASE
MANAGEMENT
MENU**

The Main Case Management Menu offers you five selections.

CASE MANAGEMENT is used most frequently. This displays a list of the cases remaining to be completed, permits you to choose a specific case and begin an interview, as well as offering several other case-related functions. These are described in detail in Chapter 5.

TELECOMMUNICATIONS is the selection you will use to receive and transmit your data files to the central database at HQ. When communicating with the central database, your laptop will be connected to a modem and your telephone lines. You will usually only use this selection once a day during the interview period; to set up the laptop to make a nightly, automatic transmission or an occasional immediate transmission. Your RO may also request an extra transmission to pick up reassigned cases or mail. Telecommunications is also used to access the mail utility to read or create mail messages. These are described in detail in Chapter 4.

SYSTEM FUNCTIONS handles computer maintenance activities and any other functions not directly related to interviewing. This option is selected for daily backups and occasionally when certain items need updating (at the direction of your RO). System Functions are described in detail in Chapter 8.

TRAINING - The training option will "INSTALL REFRESHER CASES," access the "Refresher Case Management," and Computer Based training. You will be able to install refresher cases from this Training Menu. When you select "Install Refresher Cases," this option will not affect your regular case management; i.e., it will not delete any regularly assigned cases.

The Refresher Training Cases will not appear on the regular Case Management display. In order to access these cases you must select "Refresher Case Management" from the Training Menu. This will bring up a Refresher Case Management display of just the refresher cases.

You will access all Refresher Case interviews from this display, not the regular Case Management Display.

THE SFR FUNCTIONS menu pick is displayed on all the laptops. SFR's will receive specific instructions on how to access and use these functions.

HOW TO MAKE A MENU SELECTION

When the Main Case Management Menu appears, **CASE MANAGEMENT** is automatically highlighted. To select **CASE MANAGEMENT**, press <Enter>. To make another choice, use the arrow keys to move the highlight bar to **TELECOMMUNICATIONS** or **SYSTEM FUNCTIONS**. Once highlighted, press <Enter> to access those functions.

You can also make your selection by pressing the first letter of the option. If you press the letter to make your selection, you do not need to follow it with <Enter>. For example, on the main menu:

- 6 Press C to select Case Management
- 6 Press T to select Telecommunications
- 6 Press S to select System Functions

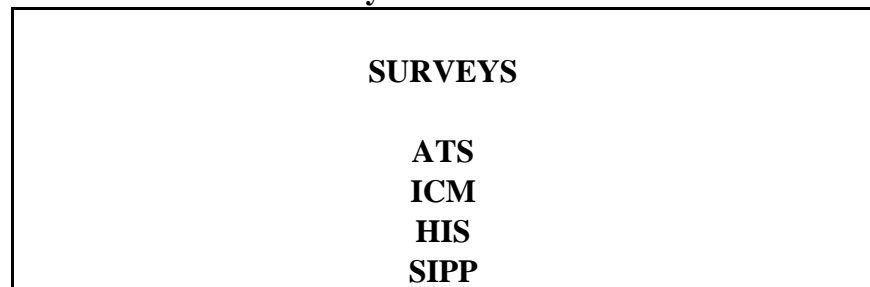
This method does not work if two or more options within the menu begin with the same letter. In such cases, pressing that letter selects whichever option occurs first on the list. Therefore, use caution until you become familiar with shortcut methods and where they can be used.

These methods of selecting menu items are standard throughout the Main Case Management menus. These methods **DO NOT**, however, apply in the instrument.

SURVEYS OPTION

If more than one survey has been installed on your machine, a Surveys Menu will appear:

Figure 3-5
Survey Selection Menu



This menu will list all the surveys that are installed on your laptop. Whenever you select the CASE MANAGEMENT option from the Main Case Management Menu or any of the BACKUP, RESTORE, INSTALLATION, CLEANUP options from the System Functions Menu, this Surveys Menu will appear.

To select the survey you will be working on, move the highlight bar, using the arrow keys, and press <Enter>.

Refer to Chapter 5 in this manual for additional instructions on Case Management.

If there is only one survey installed on the laptop, the survey selections menu does not appear.

If a survey is selected that is different than the previous survey used on the laptop, the user will be prompted to reboot the laptop.

NOTE: This will only happen if you switch from the Current Population Survey (CPS) to any other survey (i.e., HIS or ATS) or switch from any other survey (i.e., HIS or ATS) to CPS. Switching between surveys such as HIS, ATS, and SILJ, will not result in the laptop instructing you to reboot.

PART D
SECTION 4
RECEIVING AND TRANSMITTING YOUR WORK

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**INTRODUCTION
TO TELE-
COMMUNICATIONS**

"Telecommunications" refers to sending data over a telephone line. Your interviewing assignment, along with mail messages and any new software, is sent to your laptop computer via telecommunications. During the interview period, you will transmit your completed work to the central database (CDB) at Headquarters (HQ) each night.

To obtain your assignment or to transmit completed work, you connect your laptop computer to your home telephone line using the cables and modem provided. A modem converts laptop data into outgoing telephone signals and converts incoming telephone signals back into computer data.

You choose menu selections to direct your laptop computer to dial the toll-free number that connects your laptop to the telecommunications server at HQ. When the connection is made, files are downloaded to your laptop, your laptop unpacks and processes them, and your laptop uploads files from its' transmission directory to the server.

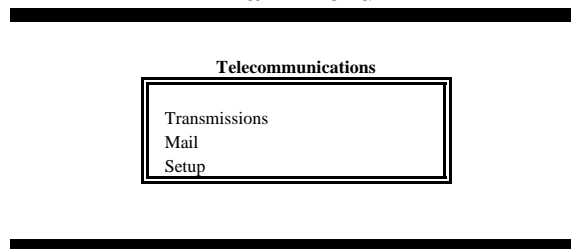
**TELE-
COMMUNICATIONS
SETUP SCREEN**

Your laptop computer must be set up to accommodate the specific attributes of the telephone system used in your household before you can make a transmission.

During the setup procedure, you need not connect your laptop to the modem and the telephone line as described below for making a transmission.

! From the Main Case Management Menu, use the arrow keys to move the highlight bar to the telecommunications line and press <Enter>, or press T, to select TELECOMMUNICATIONS. The following Telecommunications Menu should appear

**Figure 4-1
Telecommunications
Main Menu**



! Select SETUP. The telecommunications setup screen illustrated below will appear.

- If you choose Dial Setup, the following screen appears.

Figure 4-2
Telecommunications
Setup Screen

# TO PREFIX CENSUS PHONE #s:	
# TO SUFFIX CENSUS PHONE #s:	
TOUCH TONE PHONE (Y/N)?	Y
CALL WAITING (Y/N)?	N
ENTER CASE TO DISABLE CALL WAITING:	
PRESET TRANSMISSION TIME: 12:00 A.M.	
[F10] SAVE SETUP	[ESC] EXIT

Answer each of the items, in the following ways:

1. **NUMBER TO PREFIX CENSUS PHONE NUMBERS**, we will not display the 1-800-#s for security reasons.
 - a. **For transmissions from home:** if an access code is required to call an 800-number from your home, enter these digits in this space.
 - b. **For transmissions from your Regional Office:** enter a 9, followed by a comma, to get an outside line. The comma causes the modem to pause briefly after dialing the 9. If a longer pause is needed, insert another comma.
 - c. **For transmissions from a hotel:** find out the dialing sequence used, and enter in this space. For example, in some hotels, calling a toll-free number requires dialing 9-800 or 8-800.

2. **NUMBER TO SUFFIX CENSUS PHONE NUMBERS,**
enter any #s that need to come after the 1-800 #.
3. **TOUCH TONE PHONE (Y/N)?** This determines whether your modem will dial by using tones, or a series of clicks for each digit (pulse dialing). If you hear a tone when dialing, press Y followed by <Enter> to indicate touch tone; if there is a series of clicks for each digit, press N followed by <Enter> to indicate pulse dialing.
4. **CALL WAITING (Y/N)?** Press Y or N followed by <Enter> to indicate if you have "call waiting" service on your line. (This is a signal, such as a clicking sound, that notifies you of a second incoming call when you are already using the line.) If you have call waiting, interruption by an incoming call must be prevented through the use of the disabling function.
5. **ENTER CODE TO DISABLE CALL WAITING:** enter the code that will disable call waiting. If you don't know the code, ask your telephone company service representative.

! If you have call waiting, you need to disable it so that a transmission will not be interrupted.

! If you do not have call waiting service, leave this blank.

In many areas, the blocking code is *70, but there is some variation. Ask your telephone company for this information.

6. **PRESET TRANSMISSION TIME,** this field will display the predetermined transmission time. The FR will be able to change this time if required, by arrowing down to this field and entering another time.

When all the information is correct, press F10 to save it and exit from the setup program.

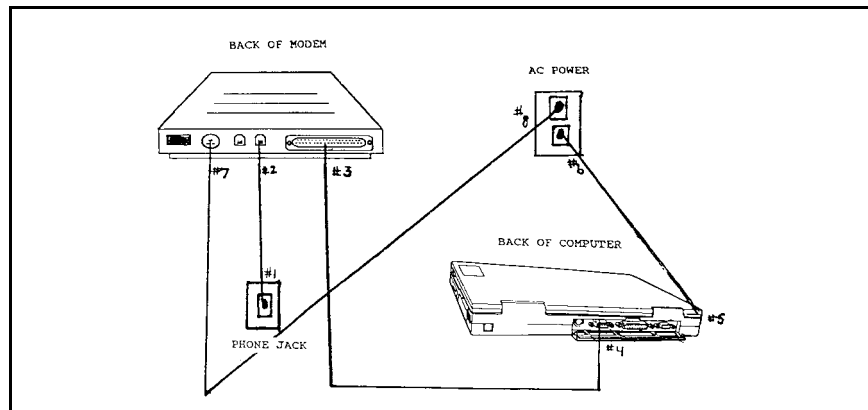
You must repeat this setup procedure **whenever there is a change in an answer to any of the questions.** You need not re-enter all of the items each time; make only the necessary corrections. Skip over those fields that do not change by pressing <Enter>, and then press F10 to save the changes.

EQUIPMENT SETUP FOR DATA TRANSMISSION

Figure 4-3 shows the setup of the modem equipment you use with your laptop to make a transmission. Follow the instructions in this section to ensure that all cable connections are correct. As an easy reference, on the bottom of some modems, under the jacks are pictures indicating the appropriate use for each jack. Turn the modem so that the jacks on the back are facing you. If these instructions do not apply to your laptop, please refer to the users' reference manual.

- a. Place your laptop computer and modem near a telephone outlet and an electrical outlet. You will need to use either a power-strip type extension cord (preferably with a surge protector), or plug the computer and the modem into two different wall outlets.

Figure 4-3
Equipment Setup for Data
Transmission



- b. Unplug the telephone cord from the jack on the wall; set aside the telephone and its cord.

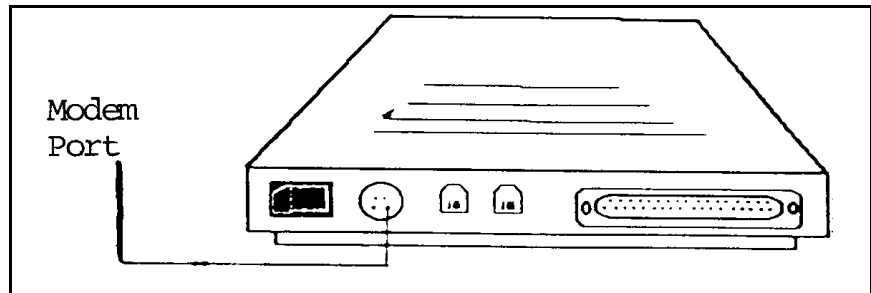
If you have an old-style modular plug (4 metal prongs in a square shape), or a permanently installed (not modular) telephone, conversion to a modular jack will be required. Contact your RO for assistance.

- c. Plug the telephone cord of your modem into the telephone jack on the wall (#1). When inserted correctly, the plug clicks into place.
- d. Plug the other end of the cord into the appropriate jack (#2) on the back of the modem (second one from the right) as indicated by a picture of a wall jack outlet on the bottom of the modem under the corresponding jack.

Modem/ Computer Connection

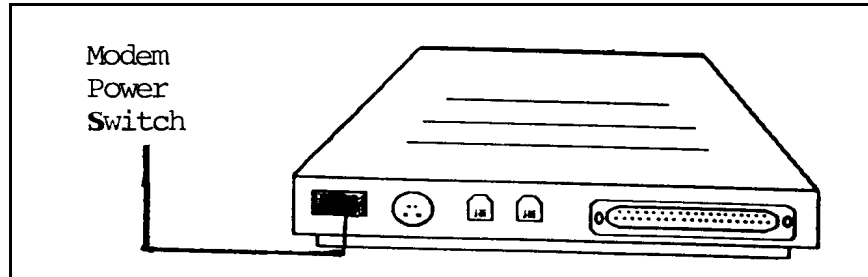
- a. Use the RS232 modem cable to connect the modem to the laptop. Look at the back of the modem, the RS232 female serial connector is on the far right. Tighten the screws on each side enough to hold the connector firmly in place (#3).
- b. Open the cover on the back of the laptop; insert the modem cable plug into the male serial connector (#4).
- c. Plug the laptop computer's AC cord into the computer (Figure 4-3,); THEN connect the AC cord to the adapter and plug the end into an electrical outlet (#6).
- d. Plug the modem power cord into the modem. It fits in the port (Figure 4-4, #7) on the back of the modem; THEN plug the 3 prong end into an electrical outlet (#8).

Figure 4-4
Modem Power Cord Port



- e. Locate the modem power switch. Turn it on. To determine the ON position, check the under-side of the modem. If the switch is flipped in the direction of the 0, the modem is off, to the 1, it is turned on.

**Figure 4-5
Modem Power Switch**



- f. Power up the laptop. It will start up normally, lighting up the LED indicators: MR (modem ready), CS (clear to send), TR (data terminal ready) on the front of the modem . Additional indicators may also flash on/off in a seemingly random pattern. This is normal behavior.

If no lights appear on the modem, check the power cord connection.

NOTE on telephone and modem use: You can also plug a telephone directly into the modem, while your computer is connected, so that both are easily accessible at all times. No splitter is required. Attach the end of the phone cord, which normally goes into the wall outlet, to the appropriate outlet on the modem, indicated by a picture of a telephone below it. The telephone can be used at any time except when transmissions are actually taking place.

NOTE on care of equipment: Avoid running cables across floors or doorways. To keep your equipment in good condition, also avoid twisting or coiling cables too tightly and do not let them become pinched or crushed in doors or drawers.

MAKING A TRANSMISSION

Your Regional Office will notify you of when to transmit to pick up your assignments and new or revised software. Your assignment cannot be sent to you without you initiating the call. You must also transmit daily during the interview period to send in your work and/or mail messages.

From the Main Case Management Menu, use the arrow keys to move the highlight bar to the telecommunications line and press <Enter>, or press T, to select TELECOMMUNICATIONS. The Telecommunications Menu is shown in Figure 4-1.

Transmission Procedures

- a. From the Telecommunications Menu, select TRANSMISSIONS. The following message appears:

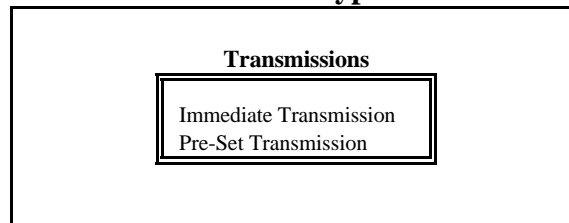
Have you done a backup and hooked up your modem (Y/N)?

If you are not ready to transmit (i.e., you haven't done your backup or your hook-up is incomplete), press "N" to return to the Main Case Management Menu. Otherwise, press "Y" to continue and press <Enter>.

A new screen for 1999 will appear and will prompt you for a transmission password. You will have 3 tries to enter the password correctly. If you fail to enter the password, the laptop will reboot. This was done for security reasons.

- b. Select IMMEDIATE TRANSMISSION or PRE-SET TRANSMISSION (refer to the instructions given by your RO).

Figure 4-6
Transmission Type Menu



The menu (shown in Figure 4-8) will be displayed regardless of the choice of Immediate Transmission or Pre-Set Transmission. The number of surveys displayed will depend on the surveys setup on your laptop.

Figure 4-7
Transmission Selection Menu

Survey	Trans Type	Hours	Miles
ATS		0.00	0
ICM		0.00	0
HIS		0.00	0
NSCG		0.00	0

[F10] Begin Transmission [Esc] Exit
Enter D or F for Type of Transmission

- 6 D - Daily Transmission
- 6 F - Final Transmission
- 6 Blank - Don't Transmit Survey

Enter Cumulative Hours and Miles for interviewing only.

If you are transmitting HIS work and there is more than one week on your laptop, you will be prompted for the quarter and week after you press enter.

- ! Press <ENTER> to highlight the SURVEY field.
- ! Use the arrow keys or the Enter Key to move the highlight bar to the TRANS type field. Enter DAILY (D) or FINAL (F) TRANSMISSION, followed by <ENTER>, to indicate the type of transmission.
- ! Enter your cumulative Hours and Miles worked.
- ! Press F10 to initiate the transmission process.

For an Immediate Transmission, the laptop will begin the transmission process immediately.

For a Pre-Set Transmission leave the laptop and modem connected and turned on so that the transmission can take place at the pre-set time, usually during the night. Do not close the cover on the laptop!

Entering Hours & Miles

Hours and miles worked each day for interviewing can now be entered on the telecommunications script by using the following instructions.

All FRs and SFRs will be required to enter on their laptops the number of hours worked and the number of miles traveled in relationship with their interviewing assignments. The hours and miles entered on the laptop will be cumulative, i.e., every day. Therefore, the numbers entered when making a final transmission should equal the cumulative total on the BC-27 for your interviewing assignment. Do not include time and miles charged to listing. You must continue to enter the hours and mileage on your BC-27.

When the transmission menu is selected the laptop will display a transmission screen which will prompt the user to enter the type of transmission, either D for Daily or F for Final. The prompt will then move to the Hours and Miles columns where the user must enter the cumulative hours and miles worked up through the time of the transmission. For example, if you worked 8 hours and traveled 22 miles while working on Sunday you should enter 8 in the Hours column and 22 in the Miles column when transmitting Sunday evening. If you worked an additional 8 hours and traveled an additional 12 miles on Monday you should enter 16 in the Hours column and 34 in the Miles column when transmitting Monday evening. Continue to enter the cumulative hours and miles during each transmission for the current interviewing period. If during a period no work was performed and a transmission is made to pick-up reassigned work, CATI recycles, etc., enter the hours and miles (if any) that was last entered during the most recent transmission for the current month.

Hours can be entered in whole, quarter, half, and/or 3 quarter numbers as follows: 0.25, 0.50, 0.75, 1, 1.25, 1.50, 1.75, etc.

Note: The decimal point will automatically be inserted when entering a 2 digit or 3 quarter number (i.e. 0.75) you must type in the decimal point before the number. The zero (0) preceding the decimal point will automatically be inserted. Miles can only be entered as whole numbers.

DO NOT include any hours or miles associated with listing, reinterview, observation, completing the monthly self-study, or any operation which is not directly related to completing your interviewing assignment.

Transmission Process

For either type of transmission, the laptop prepares itself automatically. For an immediate transmission, it dials as soon as the files are ready. For a pre-set transmission, it checks the internal clock and waits until the time specified before dialing. (This is one reason why it is very important to make sure your system time is correct.)

During a transmission, various messages scroll by on the screen, lights flicker on the modem and, as the laptop makes the telephone connection, you hear a dial tone and dialing sounds. When the connection is successful, you hear a harsh, scratchy noise.

Your modem has a volume control along the right side. You can adjust it so that these sounds do not disturb you. Push the slide

as far back as possible and slide the volume control toward you to increase the volume.

- a. **DO NOT PRESS ANY KEYS** during the transmission, though it may at times appear as if the laptop is prompting you to do so. The screen will also go blank for a short time. The messages reflect the telecommunication software's conversation between the laptop and the telecommunications server at HQ about the transmission. **Pressing any keys will disrupt the transmission and may cause data to be lost.**
- b. **DO NOT ATTEMPT TO USE THE TELEPHONE LINE**, or even pick up the receiver of any telephone on the same line, during the transmission. If you pick up the telephone, you will interrupt the transmission making it necessary to start over. Data may be lost by the interruption.
- c. **DO NOT DISCONNECT ANY CABLES OR TURN OFF THE MODEM OR LAPTOP** until the Transmissions Menu returns to the screen. This indicates that all transmission and file processing activities have been completed. An average size transmission (i.e., a full assignment) should take **no longer than 15 minutes.**

When the Transmissions Menu reappears, you can make another selection, or press ESC to exit and then turn off the laptop computer.

INSTALLING SOFTWARE

Approximately 1 week before each assignment begins, you will be instructed to set up your laptop and modem and transmit to receive your new assignment.

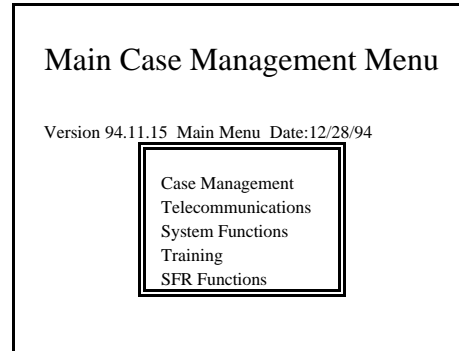
In addition to the assignment data, instruments, Case Management software or mail messages may also be transmitted. In order to get these items, initiate a transmission on a pre-set schedule as described in Section 4.D. In rare cases, you may be notified by your RO (by telephone or in a mail message) that automatic installation is not possible. If that happens, follow the **INSTALLATION FUNCTIONS** instructions in Chapter 7, **PREPARATION FOR NEXT ASSIGNMENT.**

HOW TO ACCESS CASE MANAGEMENT

After a transmission to pick up assignments, your laptop is ready for you to browse through your list of cases and plan your work for the week.

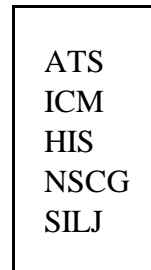
- ! At the Main Case Management Menu, use the arrow keys to move the highlight bar to the case management line and press <Enter>, or press C, to select CASE MANAGEMENT.

**Figure 4-8
Main Menu**



The menu shown in Figure 4-9 will be displayed after selecting Case Management.

**Figure 4-9
Surveys**



The case management main display contains a list of the available functions, plus a list of the cases in your assignment. This display will vary between surveys. Figure 4-10 shows the HIS Case Management Main Display.

Figure 4-10
HIS Case Management Main Display

HIS Version D95.11.01											
F1	HELP	F2	INT	F3	FULL	F4	ADD	F5	EDIT	F6	
F7	NOTES	F8	VIEW	F9	SORT	F10	F12				
CONTROL NUMBER			S	ADDRESS			PLACE	WIS/ QTR	CALLBACK	STAT	+
			S								
Y9513199300606			I	115 PARKWAY NORTH			PHILADELPHIA	03/3	Y	O	Y
Y9513199300609			I	986 PARKWAY SOUTH			PHILADELPHIA	03/3	Y	P	Y

If you have an assignment for a particular week and have not completed your assignment, and no cases are listed on this screen, it means that the transmission of your assignment was not successful. Contact your RO to find out when to attempt the transmission again.

From the case management main display, you can look at the rest of your case list, view more information about specific cases (F3), enter notes (F7) and edit telephone numbers, addresses and callback information (F5), and begin an interview (F2) (also available on the full screen). Chapter 5 provides detailed instructions for the use of all the case management functions. To determine which functions are available for your survey go into Case Management on your laptop.

**USE OF FORM
CAPI-35**

With each assignment, you will receive a form CAPI-35, FR Assignment List. This form lists the cases in your assignment, in a format very similar to your case management main display. You will also receive the segment folders for the assignment, requested interviewing supplies, and a calendar of "events" for the interview period.

The form CAPI-35, however, does not reflect changes to your assignment that may have been made after your initial assignment was generated. Additions and changes to your initial assignment, such as reassignments given to or taken from you, will be reflected on your laptop case management screen, not the CAPI-35.

Use Form CAPI-35 in the Following Ways:

1. After receiving both the CAPI-35 and your transmitted assignment, check the paper list against the case management main display. Verify that the number of cases is the same on both lists and that the individual addresses match. Notify your RO of any differences.
2. Look at the bottom of the CAPI-35 form to find out what listing activities are assigned to you. The laptop display does not contain any references to listing assignments.
3. Use the form CAPI-35 to make notes to yourself, such as the sequence in which you plan to contact the cases. **All notes intended for others to read must be entered in the laptop at the end of the interview**, since the CAPI-35 is not returned to the RO.

TRANSMITTING YOUR COMPLETED WORK

Every 24 hours during the interview period, you must transmit your completed work to HQ. After running your daily backup (see Chapter 6 section C), set up your laptop and modem for the nightly transmission of your day's work. Make the appropriate menu selections (as instructed in Chapter 4 section D) to make a daily transmission on a pre-set schedule.

At the pre-set time, your laptop dials the toll-free telephone number and makes the transmission. In addition to sending your completed work and any mail messages you created that day, your laptop picks up anything waiting for you in the HQ computer. This may include cases being added to your workload, mail messages from the RO, and confirmation that your previous day's work was received.

When the entire procedure has been completed, your computer hangs up the telephone connection and the display returns to the Transmissions Menu.

INSTRUCTIONS FOR DAILY (PRE-SET) TRANSMISSIONS

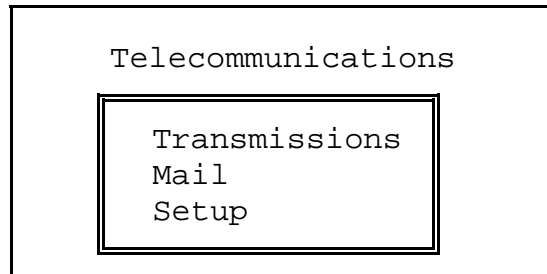
In preparation for making your scheduled daily transmission, be certain that all your equipment is set up and connected as described in section C, above.

Daily Transmissions

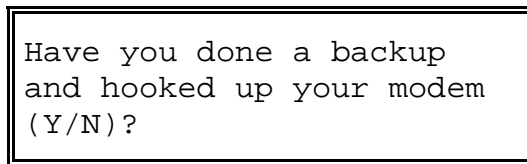
Starting from the Main Case Management Menu, select TELECOMMUNICATIONS.

- a. Select TRANSMISSIONS.

Figure 4-11
Telecommunications
Main Menu



The following message appears:

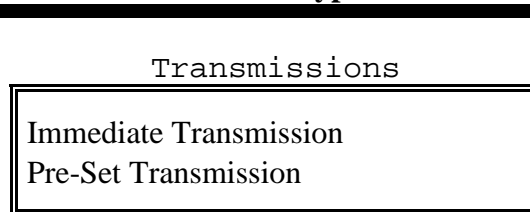


If you are not ready to transmit (i.e., you haven't done your backup or your hook-up is incomplete), press "N" to return to the Main Case Management Menu. Otherwise, press "Y" to continue and press <Enter>.

Enter the transmission password.

- b. Select PRE-SET TRANSMISSION (refer to the instructions given by your RO).

Figure 4-12
Transmission Type Menu



The menu (shown in Figure 4-13) will be displayed regardless of the choice of Immediate Transmission or Pre-Set Transmission.

Figure 4-13
Transmission Selection Menu

Survey	Trans Type	Hours	Miles
ATS		0	0
ICM		0	0
HIS		0	0

[F10] Begin Transmission [Esc] Exit

Enter D or F for Type of Transmission

- 6 D - Daily Transmission
- 6 F - Final Transmission
- 6 Blank - Don't Transmit Survey

Enter Cumulative Hours and Miles for interviewing only.

- ! Use the arrow keys to move the highlight bar to the appropriate survey selection and press <Enter>.
- ! Use the arrow keys to move the highlight bar to the TRANS TYPE field.
- ! Unless today is the last day (closeout as specified on the calendar distributed to you by your RO) of the interview period, select DAILY <D> TRANSMISSION.
- ! Press F10 to initiate the transmission process.
- ! After making this selection, do **nothing** else to the computer until after the transmission is completed or until morning if it is scheduled for overnight.

Do not close the lid of the laptop while it's turned on. The screen may overheat and crack or darken permanently.

Transmission Process

When you make the menu selection to initiate a transmission, your laptop computer begins to prepare itself for transmission. Once ready, it waits until the specified transmission time.

NOTE on use of the telephone: While your laptop is waiting to make a transmission, your telephone line is not in use. Telephone calls may be made and received during the waiting period, up until a few minutes before the scheduled transmission time; refer to the Telecommunications Setup Screen for a reminder of your scheduled transmission time.

When the transmission time comes, the laptop dials into the HQ computer, exchanges files, and hangs up. Your screen returns to the Transmissions Menu. If the connection is not made on the first attempt, it will try again up to 5 times. When your laptop is set up to transmit in the middle of the night, you need not stay up and watch. If you do choose to watch, do not make any keyboard entries, pick up the telephone, or disconnect any of the equipment during the transmission.

Follow up Procedures

In the morning, the Transmissions Menu should appear on the screen. Take the following steps before shutting down the laptop or doing more interviews:

- a. Read your TRANSLOG.MAI messages, using the instructions for reading mail messages given in section R. Following a successful transmission, you should always have a confirmation message. If the transmission was unsuccessful, you are expected to attempt another transmission or call your RO before doing anymore field work.
- b. When your transmission from HQ includes any new cases, information will be included about the number of new cases. You will see the following lines in your message:

Number of cases added to database = #
- c. Check the count of your transmitted cases, to determine whether that part of your transmission was successful:

Return to CASE MANAGEMENT, press F8 to select VIEW, then select COUNT CASES. The Count Cases Display screen is shown below.

Figure 4-14 Count Cases Screen
Counts for all cases

Not Interviewed	: 3
Interviewed cases	: 0
Open cases	: 0
Partial Interviews	: 2
Type A cases	: 0
Type B cases	: 0
Type C cases	: 0
X cases (Report to RO)	: 0
Total cases	: 5
Transmitted cases	: 0

Press any key to continue.

- ! Since this display may vary between surveys go into Case Management on your laptop to see this screen for your survey.
- ! Any cases that were transmitted the night before should now be shown as received.
- ! If these counts are not correct, call your RO. You may be instructed to make another transmission before doing more interviewing, so they may ask you to mark certain completed cases for re-transmission, as described in section M, below.

Check the Count Cases Display Screen each morning for changes. Cases received at HQ tend to be less than the number of cases transmitted (by the amount of cases included in your last transmission) because the received notice won't arrive until you make your next transmission. If you notice that **considerably** fewer cases have been received than the number you think you have transmitted, report it to your office.

NOTE on utility outages: If you ever discover that your telephone service is out, call your office from another telephone. If you are prevented from making your transmission due to widespread failure of the telephone system (due to an electrical storm, hurricane or earthquake, for example), do your best to contact the RO as soon as telephone service becomes available.

FINAL TRANSMISSIONS

At the end of each assignment, you must make a final transmission in which all remaining cases are transmitted by week in quarter, regardless of whether or not they have been completed. Procedurally, a final transmission is the same as a regular daily transmission. However, in order for cases to be placed in the correct directory on the laptop so that they can be transmitted, you must make sure that each remaining case has an appropriate outcome code:

For Unopened Cases with an Outcome of 200 - make them the appropriate Type A.

For Any Case with 202 Outcome Code (accessed instrument, no progress) - make them an appropriate Type A.

For Any Case with 204 Outcome Code (partial, follow-up needed) - make them a 203 (partial - no follow-up possible), instructing the laptop to transmit the case as no further information can be gathered.

INCOMPLETE INTERVIEWS AT FINAL TRANSMISSION

By the end of the interview period, you must classify any partial interviews or un-contacted cases left in your assignment as appropriate types of noninterviews.

From the case management main display:

Select F3 to check the outcome code of all remaining cases; look in the OUTCOME column located in right column of the full display screen for each case.

- a. For each "not interviewed" case, those with no entry in the status column and outcome code 200, you must begin the interview and

You have selected:

James R. Smith

1485 Suffield Street Unit 68

Agawam, MA 908117789

make the case a Type A in order to make it eligible to transmit.
Use F2 to start the interview (unless **specifically** instructed by your supervisor not to send this case in). The following prompt appears:

1. Press "Y" followed by <Enter> to continue with the interview. The following appears:

```
-START-  
  
                CENSUS CATI/CAPI SYSTEM  
  
                Date:  
                11-20  
                -95  
                Ver: 1  
  
SAMPLE: Y95    WEEK: 3  
                CASE STATUS: New case  
  
PSU: 13199  
SEGMENT: 3001  
SERIAL: 01  
  
DATE IS: February 12, 1996  
TIME IS: 11:27 a.m.  
  
(P)   Proceed  
(Q)   Quit -- Do Not Attempt now
```

2. Press <N> followed by <Enter>.
3. A Noninterview Status Display Screen -TYPEABC- appears:
4. Select appropriate Type A (Codes 1 - 5) and press <Enter>.
5. You will be led through a few more screens that ask you to verify the household address and type of housing unit. Enter these responses when prompted and the interview will end.

-TYPEABC-

FR: IS THIS A TYPE A, TYPE B, OR TYPE C
NONINTERVIEW? (IF NECESSARY,
PRESS (H) FOR EXAMPLE OF EACH TYPE)

<1> TYPE A
<2> TYPE B
<3> TYPE C

-
- a. For each partial interview with an outcome code of 202, you must make it a Type A in order to transmit it. Use F2 to start the interview and follow the 6 steps in section a. of J.1. above.
 - b. For each partial interview with an outcome code of 204, you must make it a 203 before making your final transmission. Instead of making the case a Type A, however, you must tell the computer that no more follow-up can be done and you are ready to transmit the case.

Use F2 to start the interview.

You have selected:

James R. Smith

1485 Suffield Street Unit 68

Agawam, MA 908117789

Do you wish to continue (Y/N)?

Enter a "Y" followed by <Enter> to continue with the interview.

Once you complete the case, exit the interview and the case will be ready to be transmitted.

**FINAL
TRANSMISSION
INSTRUCTIONS**

Make your final transmission for the assignment week on the date specified on the form CAPI-35.

Set up your laptop and modem as instructed in section C.

At the Main Case Management Menu, select
TELECOMMUNICATIONS.

**Figure 4-15
Telecommunications
Main Menu**

```
Telecommunications
┌───────────────────┐
│ Transmissions     │
│ Mail              │
│ Setup             │
└───────────────────┘
```

- a. Select TRANSMISSIONS.

You are prompted:

Have you done a backup and hooked up your modem (Y/N)?

Enter a "Y" followed by <Enter>. Enter the transmission password, then select PRE-SET Transmission (unless your RO has told you to transmit immediately). The Transmission Selection Menu (as shown in Figure 4-16) appears.

Figure 4-16
Transmission Selection Menu

Survey	Trans Type	Hours	Miles
ATS		0.00	0
ICM		0.00	0
HIS		0.00	0
NSCG		0.00	0
SILJ		0.00	0

[F10] Begin Transmission [ESC] Exit

Enter D or F for Type of Transmission

- 6 D - Daily Transmission
- 6 F - Final Transmission
- 6 Blank - Don't Transmit Survey

Enter Cumulative Hours and Miles for interviewing only. If you are transmitting HIS, you will be prompted to identify the quarter and week after you press enter.

Your laptop displays the time it will transmit, as well as, the current system time. It performs the transmission automatically. As before, make no keyboard entries during the transmission, and do not attempt to use the telephone line to make calls. Check following the transmission to make certain that you were successful. Your RO will notify you if there is anything more you must do.

**IMMEDIATE
TRANSMISSIONS**

From time to time, it may be necessary for you to make a

telecommunications transmission immediately, rather than waiting for your scheduled time.

When instructed, set up your laptop and modem as you would for a regular transmission

Transmission Instruction

At the Main Case Management Menu, select TELECOMMUNICATIONS.

- a. At the Telecommunications Menu (Figure 4-15), select TRANSMISSIONS.
- b. Enter password. At the Transmission screen, select IMMEDIATE TRANSMISSION.
- c. Next, select the survey to transmit.
- d. Then select DAILY or FINAL TRANSMISSION, whichever is appropriate.
- e. Then press F10 to begin transmission

Transmission Process

The laptop will automatically execute the transmission process

Your laptop computer initiates the dialing procedure and contacts the HQ computer. As usual, messages scroll by, lights flicker, and the computer makes various noises.

- a. **During an immediate transmission**, stay nearby and observe what takes place. If problems arise, use the instructions in Chapter 9, TROUBLESHOOTING AND GETTING HELP, to make appropriate observations and take notes regarding the problem. Write down any on-screen messages that indicate failure to connect or cancellation of the transmission.
- b. **During file transmission**, a message window on your laptop screen shows what percentage of the current file has been transmitted so far. If this number does not gradually increase over

2 minutes time, cancel the transmission as instructed in Chapter 4 section L.

- c. **During the transmission DO NOT PRESS ANY KEYS, DO NOT ATTEMPT TO MAKE TELEPHONE CALLS, AND DO NOT DISCONNECT ANY CABLES OR TURN OFF THE MODEM OR LAPTOP.** Wait until the menu returns to the screen, indicating that the transmission activities have been completed.

After the Transmissions Menu reappears, you can make another selection, or use ESC to exit and then turn off the laptop computer.

Notify your RO if there were any problems during the transmission; be prepared to report what you observed.

TO CANCEL A TRANSMISSION

If it is ever necessary to cancel the transmission, it's preferable to cancel during preparation or while waiting for a pre-scheduled transmission, rather than after the telephone connection has been made.

How to:

Press the ESC key to cancel the transmission.

Normally, you should avoid interruptions once transmission has begun, but there is one exception. If the transmission has stalled (the "percent transmitted" box shows no change for several minutes), press ESC to cancel the transmission.

To Resume After Canceling:

To resume making a transmission that was canceled, you must begin again from the Main Case Management Menu. From the Transmissions Menu, select PRE-SET or IMMEDIATE TRANSMISSION then select daily or final, as appropriate. The laptop will again prepare for transmission

TO PREPARE A CASE FOR RETRANSMISSION

If the data from an interview become lost or damaged during transmission, you will be asked to re-transmit the case.

1. Your RO contact person will tell you the control number(s) of the cases to be re-transmitted.

2. From the case management main display, press F8 (VIEW). The following screen appears:

```
Count Cases
Display Cases
```

3. Use the arrow keys to highlight DISPLAY CASES and press <Enter>.
4. Select TRANSMITTED cases. A list of your transmitted cases will appear.

The STAT column displays the current status, including the transmission status, of the case. Codes that may appear here include:

T = Transmitted
R = Received
I = Interviewed
A/B/C = Noninterview status

5. Using the arrow keys, highlight the first case that is to be re-transmitted, and press R. The case will disappear from the screen.

! The laptop prepares the case for transmission.

! The list of transmitted cases reappears.

6. Highlight any additional cases in turn, and press R.

If, the laptop displays an error message, write down the message and the control number. Immediately call your RO.

7. When finished selecting cases for retransmission, press ESC until you return to the Main Case Management Menu.
8. Select TELECOMMUNICATIONS, TRANSMISSIONS, etc. to (re)transmit the case(s).

TO TRANSMIT WHEN AWAY FROM HOME

If you are working away from home, you may need to make a transmission from a hotel or other place that requires dialing differently. For example, dialing 8-800 or 9-1-800 instead of 1-800 may be necessary.

Before attempting such a transmission, make all necessary corrections to the telecommunications setup screen (as described earlier in section B of this chapter).

Changes made in the setup screen remain in effect until the next time you change the information. Therefore, before making a transmission from home you must change the setup screen to reflect your home telephone service and dialing procedures.

FILES SENT FROM YOUR LAPTOP COMPUTER TO HEADQUARTERS

The files from FR transmissions are sent to a telecommunications server at HQ. Every day, the Central Database (CDB) pulls files from this server and begins processing them. At this point, several things happen.

1. Interview data files are separated from the mail files and are passed through a check-in process in the CDB to determine if the case was completed and if the data was received in good condition.
2. Mail messages are forwarded to the RO supervisor.
3. Based on the check-in results, a message is created to transmit the following day to each FR notifying them which files were checked-in and if they were received in good condition.
4. Data from the check-in is available through a Daily Receipts Report for the RO to review each day.

MAIL MESSAGES

The daily telecommunications transmission allows you to send electronic mail messages to the RO. A mail message is similar to any other letter or memo, except that it is created and read on a computer screen and stored and transmitted in electronic file form. Use such mail messages to:

- ! respond to a mail message from the RO staff;
- ! report a CAPI problem (contingent, of course, on the fact that the problem does not prevent you from making a transmission);
- ! ask a question about an administrative matter, such as your payroll or expense reimbursements,
- ! ask procedural questions,
- ! and order supplies from the RO.

Note: If you have a question needing an immediate response, telephone the regional office.

INSTRUCTIONS FOR READING INCOMING MESSAGES

To read your messages, select TELECOMMUNICATIONS from the Main Case Management Menu.

1. Select MAIL, then select READ MAIL MESSAGES.

**Figure 4-17
Mail Menu**



If you have no message, your laptop will beep and show the message:

"No mail files present
Press any key to continue....."

2. You are shown a list of files and told to press <Enter> to read a file.

```
TRANLOG.MAI  
C0720.MAI  
CERR.MAI
```

There are 3 types of files you can receive:

TRANLOG.MAI - Tells you what files were uploaded into the CDB, what files were downloaded onto your laptop, how many cases you should have received, and if any new software was transmitted to you.

YC0720.MAI - This file contains any memo or message that your RO types in. It holds "basic conversation" items. The file name changes and is constructed as follows:

Y = survey designation

C = RO designation

07 = the month

20 = the date

CERR.MAI - This file is rare. It will contain error messages if an answer file was missing during an attempted transmission.

Highlight the appropriate one and press <Enter>.

3. The first screen of the message is displayed. Use the arrow keys (89) to move around in the message and view lines not on the screen.
4. When you have finished reading, press ESC to exit.
5. You are asked whether to delete the message. When you have no further need for the message, press Y to delete it; otherwise, press N to retain it.

INSTRUCTIONS FOR CREATING OUTGOING MESSAGES

To create a mail message, select **CREATE MAIL MESSAGES** from the Mail Menu (Figure 4-17). Select the survey you wish to create mail for.

Figure 4-18
Surveys



ATS
ICM
HIS

1. The screen for creating mail messages appears:

Figure 4-19

Mail

Subject: Vacation Days
This is to confirm that I will be out of town October 2-7, as we had previously discussed. In case of emergency, use the Ship-To-Shore telephone network to contact me on the Majesty of the Seas, Royal Caribbean Cruise Line, in the Western Caribbean.

[F10] Save

[Esc] Exit

Create Mail Message Display Screen

2. You are first prompted to enter a subject for the message. When finished, press <Enter>.
3. Type the text of the message in the editor. If your message contains more lines than fit on one screen, the text scrolls automatically, giving you more lines to enter the text.
4. If you press ESC to exit the screen without saving the message, a message appears in the upper right corner of the screen that asks:

"Abort Edit? (Y/N)"

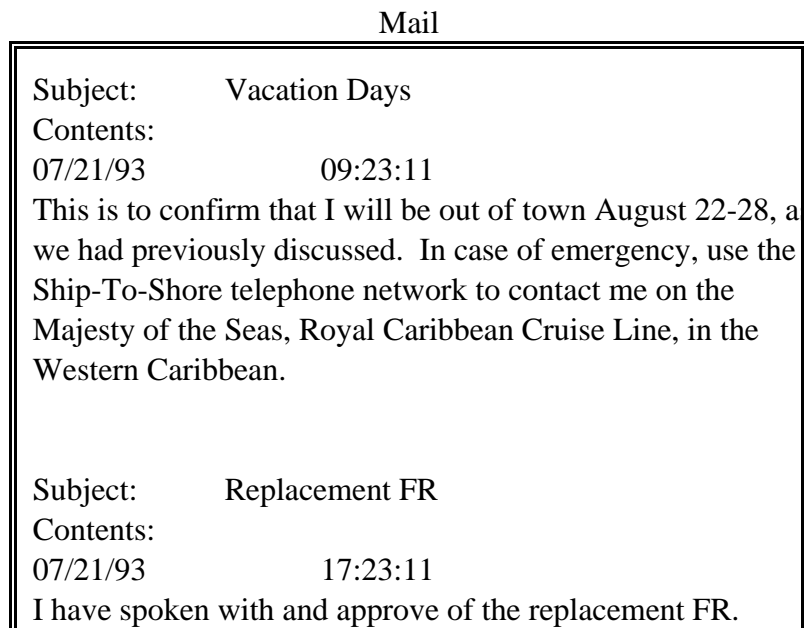
Enter the appropriate response in upper case. You DO NOT need to press <Enter>.
5. When you have finished typing your message, press F10 to exit and save the message for the next transmission.

6. If you want to add to this message, you can edit a previous message up until the time you make a transmission. Follow the steps to access the Create Mail Message utility. A message appears:

"Do you wish to edit a previous message?"

The default is No, so type "Y" for yes and a list of the mail messages you created that day are displayed:

Figure 4-20
Edit Previous Mail Messages
Screen



[F10] Save

[Esc] Exit

All saved, untransmitted messages listed by subject, and date and time of creation are displayed. You are already in the mail editor. Use the arrow keys to move to the message you want to edit and just type in the additional text. Press F10 to save the edits.

7. If you have already saved a message, but want to create a new one, press <Enter> at the "Edit a Previous Message" question to accept the default No and you can enter a new subject and begin a

new message (Figure 4-20). All saved messages are transmitted at the same time.

- a. All the messages that you create go automatically to the supervisor.
- b. If you are not yet comfortable with creating electronic mail messages, you can experiment with this option to learn more. Practice creating mail messages, and then throw them away without sending, by using ESC instead of F10.

PART D
SECTION 5
CASE MANAGEMENT

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**INTRODUCTION
TO CASE
MANAGEMENT**

The case management program on the laptop provides a variety of functions to help you prepare and manage your workload during the interview period. These functions include a concise case list (main case management display) which presents pertinent information about each case. The information available is the control number, it's 1st line of address, and other management information. Since the case management screens will vary between surveys go into case management on your laptop and view the screen display for your particular survey. Additional case information can be accessed for each case. Some of the surveys may want to add extra units, set appointments, edit the name and address data for a case, sort cases in a different sequence on the list, and enter notes. Special view options let you search the list by address or control number. You can review the number of cases you have completed and the outcome types, as well as the number you have yet to complete. Lastly, you can begin an interview from the initial case screen, as well as the full display screen.

**CASE
MANAGEMENT
MAIN DISPLAY**

When you select CASE MANAGEMENT for the Health Interview Survey (HIS), the main case management display appears as illustrated below.

Figure 5-1
Main Case Management Display

HIS Version D95.11.01											
F1	HELP	F2	INT	F3	FULL	F4	ADD	F5	EDIT	F6	
F7	NOTES	F8	VIEW	F9	SORT	F10	F12				
CONTROL NUMBER		S		ADDRESS		PLACE		WIS/ QTR	CALLBACK	STAT	+
		S									
Y9513199300606		I		115 PARKWAY NORTH		PHILADELPHIA		03/3	Y	O	Y
Y9513199300609		I		986 PARKWAY SOUTH		PHILADELPHIA		03/3	Y	P	Y

Across the top of the screen is a list of what each of the function keys does. On the lower part of the screen is a list of cases to be interviewed. Up to 15 cases are shown at once, one line per case.

- ! To move the highlight bar through the list of cases, use the arrow keys (89).
- ! To move down a page (15 records) in your case list, use the PAGE DOWN key or the DOWN ARROW (9). To move up a page use

the page up key or the up ARROW (8).

Control Number

The **CONTROL NUMBER** for each case will vary between surveys. For HIS the control number consists of the Survey (2), Field PSU (5), Segment # (4), Segment # Suffix (2), Sample Designation and Suffix (4) Serial #(2) and Serial # Suffix (1).

Screening Status

The **SCREENING STATUS** column will show either an "I," for interview, or an "S," for screening. If you see an "I" in this column, interview the household without checking for specific conditions. If you see an "S" in this column, you will only interview the household if specific conditions are met.

Address

The **ADDRESS** for each case consists of the first line of address.

Place

The **PLACE** column, shows the place or city name for the sample unit.

WIS/QTR

This displays the week and quarter of the case.

Callback

Displays callback information which can be added/edited in the F5 key and also in the instrument.

The STAT Column

The **STAT** column displays the status code for the case. A blank means that the current status of the case is "not interviewed or opened." Other codes that may appear in this column are:

P = partial

O = open

A **partial** status indicates that only a portion of the interview has been completed. To review the actual outcome code that has been assigned to the case thus far, use the full display (F3) option.

An **open** status means that the case has been touched, but no data has been gathered yet.

Final cases (completed interviews and noninterviews) are not included in this display. The case list shows only what you still need to work on. To view completed cases, noninterviews, counts of cases transmitted and received at HQ, use the F8 key (VIEW) as described below.

You can use the STAT column to organize your workload by sorting (F9) the case list by case status.

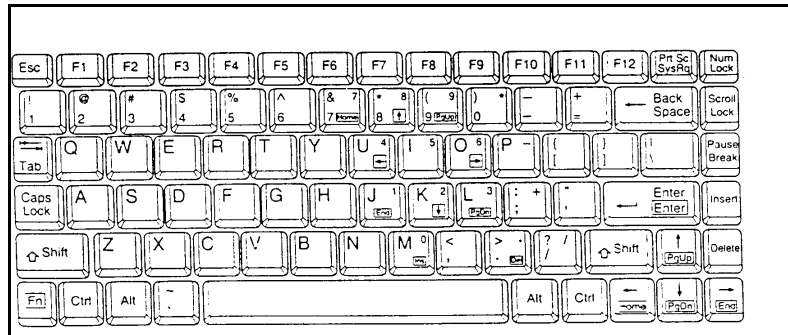
The Notes Column

The **NOTES +** column will either be blank or display aY if there are notes that can be viewed. You use the F7 Notes key to review these notes. These INotes will be displayed in the F7 notes in case management.

**CASE
MANAGEMENT
FUNCTION KEY
OPERATION**

On the case management main display, the function, or "F", keys allow you to manage your assignment. These keys are at the top of your computer's keyboard above the digits; they are labeled F1 through F12. The keyboards may vary from one laptop to another.

**Figure 5-2
Keyboard Layout of FR
Computer**



NOTE: The F1 through F12 keys perform different functions in the case management program than during an interview.

The complete list of the function key actions in the case management program are:

- F1** Obtain on-screen **HELP**
- F2** Begin an **INTERVIEW**
- F3** View a **FULL** case record display
- F4** **Add** an **EXTRA** unit
- F5** **EDIT** the record to make name and address corrections.
Place an **APPOINTMENT** in a case record on the full display
- F7** Review **NOTES**
- F8** **VIEW** certain case(s) or count cases of a certain type
- F9** **SORT** cases by week-in-sample, address, or status codes, or zipcodes.
- F6, F10, F11,** These keys are reserved for survey specific functions in the future.
- F12**
- ESC** **EXIT** the current screen to the previous screen

The availability of these functions will vary between surveys.

F1 HELP

F1 is the standard key in both case management and the interview to

use for the HELP function. The HELP screen will provide additional information or instructions. The contents of the F1 Help screens will vary, depending on where you are in the case management screen or in the interview. To request help, press F1. To return to the case management main display, press ESC.

F2 INT (INTERVIEW)

Highlight a case and press F2 to begin the interview. The following prompt appears to verify that you are at the correct address and have, indeed, selected the right case record for the interview you are about to begin.

You have selected:
2401 MUSTANG DR
SUITLAND, MD 06051

Do you wish to continue (Y/N)?

! Press N followed by <Enter> to return to the main case management display.

! Press Y followed by <Enter> to continue with the interview.

If you continue with the interview, the next screen you will see is the -PRE_START- screen. This screen will instruct you to:

! Verify that the date and time shown on the screen are accurate. If you answer "No," you will be able to correct either or both.

The -COVER1- screen appears next. It provides you with information about our confidentiality guarantee, the average length of an HIS interview, and an address to which the respondent can write concerning any aspect of the collection process.

The next introductory screen, -START-, identifies the case id, the sample designation, interview week, case status, PSU, segment, serial number, current date and time.

At this screen, you are given the option of entering:

6 (P) to proceed with the interview

6 (Q) to quit the interview

6 (N) to identify a final noninterview.

If you are resuming a partial interview for HIS, you will go through the same screens--PRE_START, COVER1, AND START.

F3 FULL

To display full case management data for one case, highlight the specific case and press F3.

The full display screen for HIS in Figure 5-3 below.

**Figure 5-3
Full Display Screen for HIS**

CONTROL NUMBER: 08131993021 Y99A03	CASEID:0M000001	
ADDRESS: 1465 BENSONHURST PARKWAY DECATUR, GA 30343	(404) 555-4949	
HOUSEHOLD CALLBACK: 2-14-98 7:30 PM		
WEEK-IN-SAMPLE	NOTES? Y	OUTCOME: 202
QUARTER: 3	LIST? N	ACTION: 01
SCREEN STATUS: I	SHEET NO: 006	STATUS: 0
STUDY NAME: HIS-D52	LINE NO: 0003	ARCNUM: 005

At the bottom of the full display screen, you will see the following symbols:

[Page-Up] 8 [Page-Down] 9 [F2]Int [F7] Notes
[M] View More [Esc] Exit

! Use the page up or page down key to view the full display screen for the previous or next case on the list. If there are no more cases to display in a particular direction, the same case remains on the display screen.

! To begin an interview from the full case screen, press F2.

! To review notes for a case, press F7.

10. To view contact person information press M.

! To return to the case management main display, press ESC.

FULL DISPLAY ITEMS

Figure 5-4 shows you the items on the HIS full display screen. These items include:

CONTROL NUMBER For HIS, you will see a 20-digit number, that is comprised of the Survey (2), Field PSU(5), Segment #(4), Segment # Suffix (2), Sample Designation and Suffix (4), Serial #2, and Serial # Suffix (1).

Case ID (sequence number) The number used by your RO to name the files associated with this case. This number changes each month.

ADDRESS The sample unit's address, plus place name, state abbreviation, and ZIP code. The first line of this address is displayed on the initial case list.

TELEPHONE NUMBER A telephone number will appear, if available.

HOUSE CALLBACK Displays callback information which can added from the F5 or entered in the instrument.

WEEK-IN-SAMPLE Identifies into which week the case belongs.

QUARTER Identifies into which quarter the case belongs.

SCREEN STATUS Either an "I" or "S" will appear here. "I" indicates that you interview as usual. "S" indicates that you will screen the household before determining whether or not to interview.

NOTES A "Y" indicates the presence of permanent interviewer notes for the case. Press F7 to view the notes.

LIST? Will show either a "Y" or an "N" to indicate whether or not listing activities are required for the sample address. Refer to your CAPI-35 for specific information about listing.

SHEET NO and LINE NO Identifies the sheet and line number to find the sample unit on the listing sheet in your segment folder.

OUTCOME A 3-digit code indicating the current outcome or completion status of the case.

ACTION A 2-digit code used to send the case through the correct processing paths.

STATUS A letter code that is derived from the outcome code. Included in the STAT column is the Transmission status indicated by a T (Transmitted) or a R (Received) in the STAT column.

ARCNUM 3 A 3digit code used as a processing identifier.

STUDY You will need to use this study name when copying a trace file.

The information in the full display screen will vary from one survey to another

F4 ADD

The F4 key is used when you discover that an extra unit must be added to the sample. HIS will use this function.

- ! Place the highlight bar on the case whose address is most closely related to that of the case to be added. This case is referred to as the "Parent Unit."
- ! Press F4 to display the Case ID and address of the "Parent Unit".
 - You are prompted to enter case management data for the new case.

Figure 5-4
Adding an EXTRA Unit

CONTROL NUMBER: Y9513199300101A CASEID: A0000001

HOUSE # SUFX STREET UNIT DESIGNATION
432 JACKSON WAY

LOCATION:

PLACE ZIP COUNTY

- ! The serial number suffix is pre-filled with a letter. If this is the first unit added off of the Parent Case, an A will be filled. If it is the second case being added off of the case, a B will appear, etc.
- ! Correct the first line of address as needed and add a second line when necessary.

To keep all or part of the present address, press <Enter>. To replace characters, type over them. To delete characters, use either the backspace key (7) or the DELETE key. To insert characters, press the INSERT key. Use the arrow keys to position the cursor where you want to add the character(s), and type the character(s). Press INSERT again to turn off the insertion mode. "Ins" appears in the upper right corner of the screen when the INSERT has been turned on.

- ! Place as much of the street address or location description on the first address line as possible.

When all information for the new case is correct, press F10 to save the record. Press ESC to quit without saving the record. After you save a record for a new case, the case appears on your case management list.

NOTE on adding a record by mistake: Be cautious when saving a new record. You cannot delete a record after it has been added. If you add a record by mistake, place notes in the record explaining the mistake. Send the supervisor an electronic mail message, separate from these notes, explaining the problem and listing the case id.

NOTE on adding an extra unit to a completed case: Completed cases are not displayed on your active case list. To add an extra unit when the parent case has already been completed:

- From the Case Management Main Display, select F8 (VIEW) to access the record for the parent case.
- Select DISPLAY CASES.
- Select ALL cases to display.
- Highlight the appropriate case.
- Press F4 to add the new case, using the same instructions as listed above.

- Use F10 to save the new case record.

F5 EDIT

The F5 key permits you to edit selected items on the case management record for the highlighted case. Use F5 to make a correction if you discover, for example, that any portion of an address is incorrect.

! When you press F5, the following screen is displayed:

Figure 5-5
Case Management Edit Screen

CONTROL NUMBER: 08131993021	CASEID: 0M000001	
ADDRESS: 1465 BENSONHURST PARKWAY DECATUR, GA 30343		
(404) 555-4949		
HOUSEHOLD CALLBACK: 2-14-96 7:30 PM		
WEEK-IN-SAMPLE: 03	NOTES? Y	OUTCOME: 202
QUARTER: 3	LIST? N	ACTION: 01
SCREEN STATUS: I	SHEET NO: 006	STATUS: 0
STUDY: HIS-TRNI	LINE NO: 0003	ARCNUM: 005
[F10] Save Changes [ESC] Exit		

ONLY the highlighted fields can be edited. For HIS, these fields include address, location description, telephone number, appointment date and time.

Move the cursor (the blinking underline) to the beginning of the appropriate field using the TAB key.

1. Use the left (7) and right (6) arrow keys to move to the desired position within the name, address or phone number if only certain characters are to be changed.
2. The <Enter> key moves down, or back to the top of the record if you are already in the last field.
 - To make corrections, you can type over existing characters. Use the backspace key (7) to erase characters to the left of the cursor or use DELETE (the delete key) to erase the character at the cursor position.
 - To insert characters, place the cursor at the desired spot, press the INSERT key, then type the characters to be inserted. The insert key acts as a toggle, press it again to turn off the function.

- Press F10 to save the corrections and return to the main display; use ESC to return without saving the changes.

The F5 key also permits you to enter an appointment for the case record that is currently highlighted.

3. To return to the beginning of the edit screen, press page up.
4. To delete an existing appointment, use the <space bar> to blank out fields.

Press F10 to save your entries or changes and return to the main display. Press ESC to exit without saving the appointment.

F7 NOTES

By pressing F7 at the case list, you can enter notes concerning the case while in Case Management. These notes are carried into the instrument where they can be edited and then are carried back out of the instrument in Case Management.

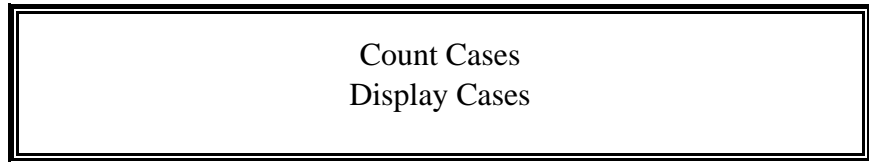
After entering a note, always enter your FR code and the current date. To save your note in case management, press F10. Press ESC to leave the notes screen without saving the note.

F8 VIEW

The F8 View key has a multitude of uses. It helps you to:

- ! Retrieve a count of completed, transmitted, and HQ-received cases in your assignment,
- ! Display certain types of cases on a modified case management screen, and
- ! You can also use the F8 View function to add an extra unit when the parent case has already been completed (see section 5.G).
- ! Press F8 to use the VIEW option. VIEW offers 2 choices, listed at the top of the screen:

Figure 5-6
List of F8 View Options



! Use the up (€) and down (•) arrow keys to highlight the option and press <Enter>.

Count Cases

NHIS will give an option of counting cases for a specific Q/W or all cases.

Figure 5-7
Count Cases Screen

Not Interviewed	: 3
Interviewed cases	: 0
Open cases	: 0
Partial Interview	: 2
Type A cases	: 0
Type B cases	: 0
Type C cases	: 0
X cases (Report to RO)	: 0
Total cases	: 5
<hr/>	
Transmitted cases	: 0
Cases received at HQ	: 0

(counts for all cases)

This screen may vary between surveys. When you are done viewing this screen, press any key to continue.

1. TOTAL cases equals the sum of the categories above it.
2. TRANSMITTED cases include all cases that have been sent to the HQ computer, including completed interviews, final noninterviews, and final partial interviews.
3. RECEIVED cases at HQ includes all transmitted cases whose receipt in HQ has been acknowledged. There is a one-day lag on this acknowledgment.

Display Cases

The display cases screen offers several search possibilities. When you select DISPLAY CASES from the "View Options" menu, a list appears showing the possible types of cases that can be displayed.

This list is illustrated below.

Figure 5-8
Display Cases Screen

Display Cases
All
Not Interviewed
Interviewed
Open
Partial
Type A
Type B
Type C
X Cases
Transmitted

Options on this screen provide modified case management displays that list a variety of cases, sorted by particular type.

You can view all cases in your assignment, those still on your case list, as well as, those already completed.

You can view cases not interviewed, as well as, those interviewed.

You can also receive displays of cases that are partially complete, Type A, B, or C, and those that have been transmitted. You can also retransmit a case from the display cases screens.

On the ALL cases list, you see a screen listing the same columns found on the initial case list, but your available options at the bottom of the screen are limited. These options are F2 to interview a case, F3 to display the full display for a case, F4 to add a case, F7 for notes, (S) to restart a case, and ESC to exit.

NOTE: If you restart a case, you will lose any information collected during the interview. Always check with your supervisor before restarting a case.

On the list of Not Interviewed, Interviewed, Partial, Type A, B, and C, you see the same type of screen as for the ALL cases option.

On the list of Transmitted cases, you see the same type of screen as for the ALL cases option, with the addition of "R," which allows you to

retransmit a case. Chapter 4, section 4M, explains how to retransmit a case.

F9 SORT

The F9 SORT function for HIS permits you to resequence your list of cases by week-in-sample, address, status, and zipcode. The sequence cases are sorted by will vary between surveys. Refer to case management to determine the sort sequence for your survey.

- ! When you press F9, all four options are offered on the screen. This is illustrated on the following page:

Figure 5-9
Sort Pop-Up Menu

Version 94.7.1					
F1 HELP	F2 INT	F3 FULL	F4 ADD	F5 EDIT	F6
F7 NOTES	F8 VIEW	F9 SORT	F10	F11	F12
Sort By: Week-In-Sample		Address	Status	Zip	

- ! Use the left and right arrow keys to highlight an option and then press <Enter>. Your case list will be resequenced and reappear almost immediately in the chosen sequence.

The new sequence continues in effect until you change it. This means that your sort will still be effective even when you turn your computer on/off or begin/end an interview.

Sorting by Week-In-Sample

For HIS, you will normally have more than one week's assignment on your case list. At times, you could even have cases more than one quarter on your case list. This option will help you keep track of your assignments.

Sorting by Address

If you sort by address, the cases will be displayed alphabetical order by place name.

Sorting by Status

Cases of each status code are grouped together, with the codes listed alphabetically: blanks are first, then O and P. This is useful when searching for cases grouped by Not interviewed vs. Partial status code. To get additional status information (is., A, B, C, T, R) review Display cases under the Find F8 option (section 5.K2)

Sorting by Zipcode

This selection will sort the cases by zip code in ascending order.

ESC - EXIT

The escape key (marked ESC) is the standard way to return to the previous screen in case management.

Use the ESC key if you make a selection that you did not want, or whenever you want to exit the screen without saving any changes you have made.

REMINDER: Once in the interview, do not use ESC to back up.

PART D
SECTION 6
PROCEDURES FOR BACKUP AND RESTORE

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Possible Reasons for Restori33 Backups	303
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INTRODUCTION TO BACKUPS

Because there is always the chance that information stored in the computer can be erased or corrupted, it is necessary to make duplicate copies. These copies are called "backups."

During the interview period, **you must make daily backup copies of your work on a diskette** so that you can restore it to your computer if necessary.

This chapter explains how to create daily backups of the data on your computer and how to re-load or "restore" the data into your computer from the backups.

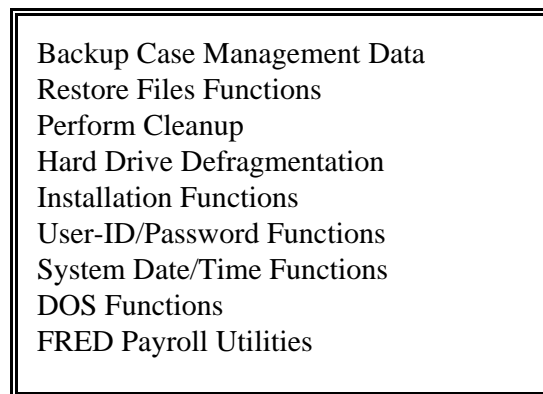
TIMING

Your computer is equipped with an automated procedure for easily making backup copies. Remember to run this procedure each day after you have completed your work and **before** you make your nightly transmission.

SPECIFIC BACKUP PROCEDURES

To begin the backup procedure, connect your external floppy disk drive as instructed in Part D, Chapter 2, section C. From the CASIC Main Menu, select the SYSTEM FUNCTIONS option. Once selected, the following menu appears:

Figure 6-1.
Systems Functions Menu



Backup Diskettes

You will be provided with blank, formatted diskettes from your RO. Use these to back up your data.

- a. Do not re-use diskettes that contain training files or software programs. These diskettes should be stored separate from your backup diskettes.

For instructions on how to view a file directory of the diskette, refer to Part D, Chapter 8 section B.1.

- b. Do not re-use the diskettes that contain your 2 most recent sets of backup files (ie., do not reuse Monday's backup disk(s) before Thursday).
- c. With a pencil, label each backup diskette BACKUP and record the date you made the backup. Keep a second diskette handy, just in case you have too much data to fit on one disk. You will be prompted to insert a second diskette if necessary.

To Run The Backup From The System Functions Menu

Select BACKUP CASE MANAGEMENT DATA from the Systems Functions menu. When selected, the following menu may appear depending on which survey you have on the laptop:

FHWAR
ICM
NLS
NSCG
SILJ

Select the survey you are working on.

- a. Place the diskette in the floppy disk drive. Be careful when inserting the diskette and make sure the label is facing up and an arrow is in the left hand corner.

When selected, the following prompt appears.

This procedure will backup the entire NHIS Survey. This procedure may require up to 2 blank diskettes. Do you currently have these ready? (Y/N)
--

- b. Once you answer Y, the laptop will display the following screen:

```
Backing up following directories:
```

```
c:\CM\XXX  
c:\CM\XXX\DATA  
c:\CM\XXX\BACKUP  
c:\CM\XXX\FIN  
c:\TELE\TRANS  
C:\CM\XXX\E-INST  
C:\CM\XXX\HIST  
C:\CM\XXX\SAVED
```

```
Please wait .....
```

The XXX in the above named directories will indicate the actual survey, i.e. FHWAR, ICM ILJ, NLS (c:\CM\FHWAR\DATA).

The backup will take approximately 5 minutes depending on the amount of data to be backed up. The following message will be displayed upon completion of the backup:

```
File backup complete.  
Press any key to continue...
```

Once you press any key, the laptop will return to the Systems Function Menu.

If the diskette has not been inserted, the following message will be displayed:

```
Not ready reading drive A  
Abort, Retry, Fail?
```

Insert a diskette at this time and enter an R (Retry). The backup will start once you enter the R.

- c. If you see a "general failure reading drive" error message, you may be using a new diskette which has not been formatted. (Formatting a diskette means preparing the diskette to accept files.) In that case, consult the DOS appendix. Also make sure the FDD (floppy

disk drive) was properly plugged in and that you rebooted (restarted) the computer after connectint the external FDD.

WARNING: Do not remove the diskette from the drive while it is running; this can damage the diskette and the drive. Assume the drive is running as long as the red light is lit on the floppy drive. This indicates that the drive is in operation. Always wait until the drive has stopped and the light has gone out to remove the diskette.

- d. At some point in the procedure, the computer may BEEP and request an additional diskette. This happens when there is too much information to fit on one diskette.

... The computer waits for you to change diskettes.

... Label your extra, formatted diskette with BACKUP #2 and today's date in pencil.

Press the diskette release button, slide diskette #1 out of the drive, and insert diskette #2.

Strike any key when ready.

- e. When the backup is finished, the computer displays the message:

File backup complete.
Press any key to continue...

Store the diskette(s) in a safe place, away from your computer and safe from excess heat and strong magnetic fields. If the backup was unsuccessful, contact your RO for help.

- f. The next two times you make your daily backup, use different diskettes. Thereafter, re-use the same diskettes on a rotating basis; that is, use the oldest first, etc.

REMINDER: Never use the same backup diskette two days in a row.

- g. Each time you re-use a diskette, be sure to write the current date on the diskette's label in pencil.

- h. After completing the backup procedures, press any key to return to the System Functions Menu.

There is no need to run the backup procedure on days that you do not work with the laptop computer.

POSSIBLE REASONS FOR RESTORING DATA FILES FROM BACKUP

If your computer malfunctions and the problem is something more than can be fixed by only returning the removable hard drive, you might have to return the whole laptop for repair. Meanwhile, you will be sent a replacement laptop. In such cases you will be instructed to restore data from your backup diskette(s) to continue with your assignment.

Restoring data from a backup is also necessary if it is discovered that data is ever accidentally lost or corrupted on your computer. If you work carefully, this problem may never occur.

RESTORE FILES INSTRUCTIONS

This procedure includes several options for recovering lost data from a backup copy. Options are available to restore single cases, the case management file (all cases), or the entire case management system.

Because restoring files from a backup will over-write (erase) your most recent work, this procedure is to be performed only under the direct supervision of your RO survey supervisor, supervisory clerk, or computer specialist.

The RO staff will also decide which of the options to use, based on the specific symptoms of the problem. You are not expected to know which option to use, but you are expected to know how to choose these options from the menu when instructed to do so.

The ability to restore data is a valuable safeguard against loss, but it is only as good as your latest backup. Failure to create a backup **each day** means that more than one day's work will be lost in case of serious hardware troubles. This results in having to **re-do** your previous days' work.

Before beginning the restore files procedure, you must first connect your external floppy disk drive to your laptop as instructed in Part D, Chapter 2, Section B.

... From the Main Case Management Menu, select SYSTEM FUNCTIONS.

... Select RESTORE FILES FUNCTIONS.

... Select the survey you are working on.

... The following screen will appear:

Warning! Warning!

This procedure will set your entire NHIS Case Management System to the state it was in when you performed your last backup!

THIS COULD RESULT IN THE LOSS OF COMPLETED INTERVIEWS!

Do you want to continue (Y/N)?

You are then asked (Y/N?) whether to proceed.

Press N if instructed.

If you press Y, you are prompted to place your most recent backup diskette into the floppy diskette drive and the restore procedure will start automatically.

If your daily backup took more than one diskette, you will be prompted to change diskettes when necessary.

RESTORING SOFTWARE PROGRAMS

The previous sections described the menu options and procedures for restoring DATA that pertain to interviewing and case management. There may come a time when PROGRAMS (software) become corrupted and need to be restored or re-installed on your computer.

If you have trouble running any of the programs on your computer, call your RO for technical assistance. If they determine that a program has been lost or damaged, you will need to transmit and pick up a good copy of the software to install.

If your telecommunications program is not working, it may be necessary for the RO or HQ to send the replacement software to you on a diskette.

When you receive software files during a transmission, they are automatically installed. If you receive software files on a diskette instead, your RO contact person will tell you how to install the software, with the INSTALLATION FUNCTIONS instructions in Part D, Chapter 7, PREPARATION FOR NEXT ASSIGNMENT.

When the procedure is completed, try to operate the laptop software that was initially found to be corrupted and notify your RO whether it is working properly or not.

PART D
SECTION 7
PREPARATION FOR NEXT ASSIGNMENT

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Install Training Cases Option	312
Cleanup of Refresher Training	314

INTRODUCTION

After completing your interviewing assignment, you need to perform a cleanup of your case management data prior to receiving your new workload. Additionally, you may receive new questionnaire software that needs to be installed. Both of these operations need to be performed before the next interview period.

CLEANUP OPERATIONS

Cleanup operations are completely automated. When you make the appropriate menu selection, all appropriate case management data and files for the most recent interview period are deleted from your computer. The timing of cleanup is very important. It should not be done until a week after closeout for a specific week.

After you have done your final data transmission for the week (see Part D, Chapter 4), perform a last backup of your files (see Part D, Chapter 6). Wait until a week **after closeout** to perform your cleanup.

... At the Main Case Management Menu, select SYSTEM FUNCTIONS, then select PERFORM CLEANUP.

... The following screen will appear:

FHWAR
ICM
NLS
NSCG
SILJ

Select the survey you are currently working on.

... The following screen will appear:

Cleanup Production Cases Cleanup Training Cases
--

If Cleanup production cases is chosen then:

Cleanup Cases only Cleanup Cases and Instrument Cleanup Instrument only

If cases only or cases and instrument are chosen then you are given a list of Q/W to choose from.

Warning! Warning!

This procedure will destroy all case management currently on your system.
It should not be done until a week after closeout for a wave. Also, a backup

You are prompted (Y/N?) to continue with cleanup operations.
(The default "N" is in a darkened box after the "?".)

If you type N or press <ENTER>, cleanup operations are not performed and the System Functions Menu reappears.

If you type Y, the cleanup operation begins.

... If the program detects that a final transmission has not been performed, an error message is displayed:

Cleanup cannot be done until after Final Transmission!
Press any key to continue.....

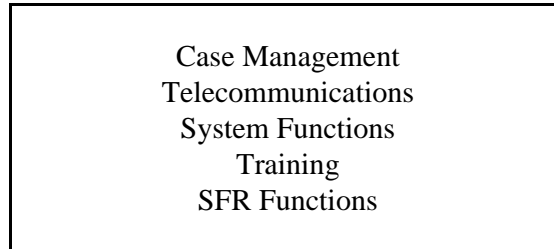
When the cleanup program terminates, the System Functions Menu reappears.

... If the program runs successfully, all case management data for the specified assignment week are deleted and you are returned to the Systems Functions Menu.

**INSTALL
SOFTWARE
OPTION**

Software is installed from diskettes sent to you from the RO. You may also install software at classroom training. Sometimes you can install a software upgrade when you make a transmission to headquarters. When software is installed the main menu will have the version number located in the upper left corner of the screen.

Figure 7-1
****Version 94.11.23 Date 01/14/96****
Main Menu



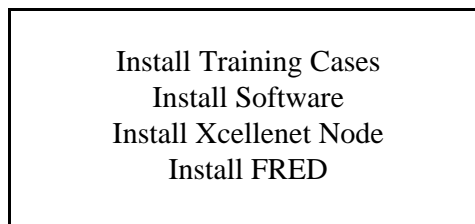
Compare the version on your main menu to the date the Regional Office gave you. If the main menu version is correct, select Case Management, then select the survey you are currently working on. This case list screen will display the cases in your assignment as well as the version. The version is located in the upper left corner. This date should also be compared to the date the Regional Office gave you.

The version on the main menu will seldom change. But the date on the case list screen will change fairly frequently. If either of these dates or both of these dates are incorrect you must retransmit to receive the new software. In order to install any new software sent to you on a diskette you may need to connect the external floppy disk drive to your laptop if your laptop does not have an internal disk drive. See specific User Manual for further instructions.

From the main menu select System Functions.

Select Installation Functions. The following menu appears:

Figure 7-2
Installation Functions



If you choose Install Software, the following screen will appear:

What survey do you wish to install?

FHWAR
ICM
NLS
NSCG
SILJ
Computer-Based Training

Select the survey you are installing software for. The following request will be displayed on the laptop:

Please place the first XXX disk in Drive A:, and press any key

The following messages may be displayed on the laptop during installation:

```
Directory already exists
Directory already exists
Directory already exists
Directory already exists
Directory already exists

Installing XXX Case Management software ...

XXX installation complete!

Do you want to install another survey? N

REMOVE DISKETTE AND PRESS ANY KEY TO
REBOOT SYSTEM
```

XXX will be replaced with the letter abbreviation for the survey.

If you are installing software for more than one survey, enter a Y when asked:

Do you want to install another survey? N

Otherwise just press ENTER.

Once you remove the diskette and press any key you will be placed in the CASIC login screen. Be sure to correctly enter the RO code, your FR code and your name. If an entry was made in error, you will have the opportunity to correct it when asked the question:

Is this information correct (Y or N)?

The laptop will display the message:

Your password has expired.

Enter the word password and press ENTER. Then enter your new password and press ENTER. Type the new password again for verification and press ENTER. You will then be brought to the Main Menu.

INSTALL TRAINING CASES OPTION

For a new FR, the classroom cases and the self study cases will already have been installed on your laptop. For an experienced FR who has been assigned to a new survey, you will receive training setup diskettes which you must install. To do this follow the procedures in section C above.

Neither the self study nor the classroom training cases should exist on your laptop during interviewing. The training cases will be located in Case Management, as well as the production cases. It is imperative you do a cleanup before transmitting to pick up your production cases.

Refresher Cases

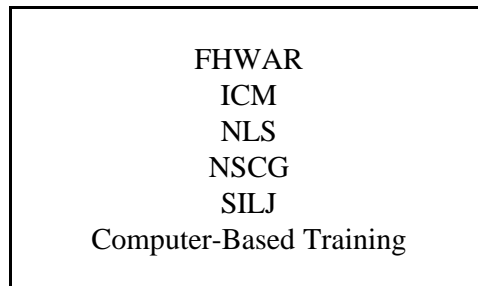
Refresher cases can be installed as often as you like. You can practice on these cases even during the interview period since they will have their own training case management.

You will not be able to transmit refresher cases to HQ. Only classroom cases and self study cases can be transmitted to HQ since they are in the survey case management.

To Install Refresher Cases

From the Main Case Management Menu, select Training and the following menu will appear:

**Figure 7-3
Surveys**



Select the survey you want refresher cases installed for or select Computer-Based Training. The following menu will appear:

Figure 7-4
XXX Training

Install XXX Refresher Cases
XXX Refresher Case Management

XXX will be replaced with the letter abbreviation for the survey. For example FHWAR Refresher Case Management.

Select Install Refresher Cases. The following question will be displayed on your laptop:

Do you wish to install refresher cases (Y/N)? N

Enter Y and press ENTER. If you are installing refresher cases in place of the refresher cases you currently have in training case management, the following message will be displayed:

Existing records found in training data base, installing refresher cases will result in loss of data.

Do you still wish to install cases (Y/N)? N

If you wish to replace refresher cases through the install, enter a Y and ENTER.

If you are initially installing refresher cases, the following will be displayed on your laptop:

Performing cleanup functions, please wait ...

Refresher training cases installed, Press any key to continue ...

Once you press any key you will be returned to the XXX Training menu.

Upon selecting CASE MANAGEMENT, you should see a number of refresher cases available to be interviewed. If not, try again or report the problem to your RO.

**CLEANUP OF
REFRESHER
TRAINING CASES**

If you just want to overwrite your refresher cases with the same cases so that you can continue practicing, just install the refresher cases again. An automatic cleanup of the old cases is performed for you.

PART D
SECTION 8
SYSTEM FUNCTIONS

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INTRODUCTION

System functions contains a variety of programs that handle all generic computer functions. These functions are performed using the system's Disk Operating System (DOS) programs, programs designed and written by Field's programming staff, or a combination of both. These operations do not affect case management, questionnaire, or telecommunications software.

Included under system functions are procedures for installing software and training cases, making backup copies of files, restoring files from backup, changing FR name/code/password, correcting the system date/time, performing cleanup operations, and certain DOS commands.

... At the Main Case Management Menu, select **SYSTEM FUNCTIONS**. The System Functions Menu appears. Seven options are available:

- Backup Case Management Data
- Restore Files Functions
- Perform Cleanup
- Hard Drive Defragmentation
- Installation Functions
- User-ID/Password Functions
- System Date/Time Functions
- DOS Functions
- FRED Payroll Utilities

BACKUP CASE MANAGEMENT DATA

This option runs an automatic procedure that places a fresh backup copy of your work onto a diskette. You need to do this at the end of each day's work, before your daily transmission. Instructions for backing up daily work are contained in Part D, Chapter 6.

Before using a diskette as a backup, you should check its contents. The **VIEW DIRECTORY** option will normally be performed in conjunction with the **BACKUP** procedure.

View a Directory

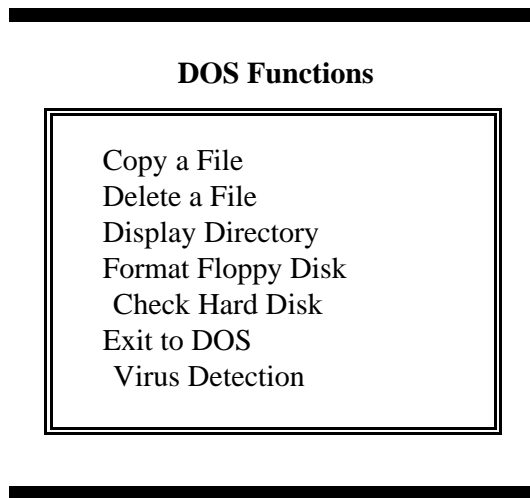
To view a directory of the files on a diskette:

Slide the diskette, label side up, into the drive until it clicks.

From the System Functions Menu, select **DOS FUNCTIONS**.

At the DOS Functions Menu:

Figure 8-1
DOS FUNCTIONS MENU



... Select DISPLAY DIRECTORY. You are prompted for the name of the directory to display.

... To view the files on the diskette, type "A:" and press <Enter>.

Procedures for creating the daily backup are covered in detail in Part D, Chapter 6, PROCEDURES FOR BACKUP AND RESTORE.

Always store backup diskettes in a safe place, separate from the computer and away from heat and strong magnetic fields.

RESTORE FILES

This option restores files if some become lost or corrupted. All cases or the entire case management system can be restored.

Because RESTORE FILES will overwrite current work, use it **ONLY** at the direction of your RO support person.

Detailed instructions for restoring files are covered in Part D, Chapter 6, PROCEDURES FOR BACKUP AND RESTORE.

PREFORM CLEANUP FUNCTIONS

This option erases all interview and case management data for the monthly interview period. It also deletes the corresponding mail messages. It is used only once, at the end of the interview period.

Cleanup must not be done until a week after closeout for a wave. The Final Data Transmission and a file Backup must be performed **first**. Cleanup operations are provided in Part D, Chapter 7.

HARD DRIVE DEFRAGMENTA- TION

Files are routinely saved (backed up) to the laptop's hard drive. Parts of a given file can become scattered (fragmented) to many parts of the drive. When you select a "fragmented" file, the laptop may function slower. The new option "Hard Drive Defragmentation" will help to speed it up. The process moves directories to the front of the disk, defragments all files, and moves all gaps to the end of the disk. Use this option only after the monthly cleanup. However, if the laptop is running slowly, you may run hard drive defragmentation anytime.

INSTALLATION FUNCTIONS

The System Functions INSTALLATION option is used to install software and training cases.

Specific procedures for installation of new software is covered in Part D, Chapter 7, PREPARATION FOR NEXT ASSIGNMENT.

CHANGE USER IDENTIFICATION INFORMATION

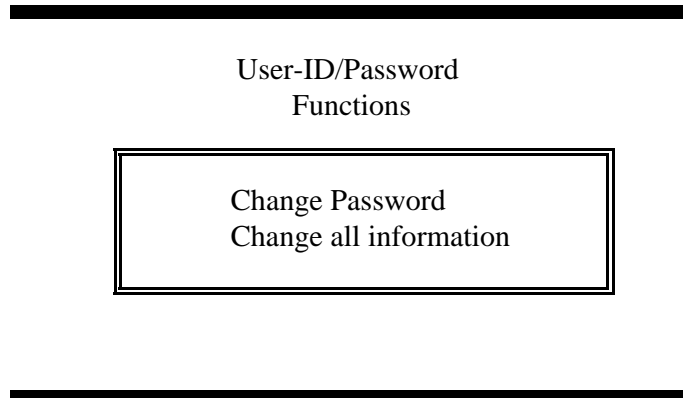
This option is used to change the RO code, FR code, FR name, and password. Regular monthly password changes are handled automatically by prompting the user during login.

This option, however, is used to change your password at other times before your password has expired. For example, you must change your password if it is no longer secret. The password must also be changed when other user information needs changing because of errors in the information or because the computer has been redistributed to a

different user (though your RO may set it up for you before sending it out).

At the System Functions Menu, select **USER-ID/PASSWORD FUNCTIONS** as appropriate.

Figure 8-2
SUB-MENU TO CHANGE USER INFORMATION



Change User ID

Select **Change user ID** to change your code and/or your name.

... Following the prompts, type your RO code <Enter>, type your FR code, press <Enter>, last name, press <Enter>, first name, press <Enter>, SSN <Enter>, SSN again <Enter>.

... When asked (Y/N?) if all information is correct, check each item again. Press Y to store the information, or N to try again.

When you answer Y, the new data are stored. You are then required to change your password.

... For OLD password, type PASSWORD and press <Enter>.

... Type your new password, press <Enter>, type the new password again for verification, press <Enter>.

If the new password and the verification do not match, you are asked to try again.

Once finished, you are automatically returned to the Change User-Id/Password screen.

To back out of the CHANGE USER-ID and CHANGE PASSWORD screens, you cannot use ESC. If you have selected one of these screens by mistake, hold down the CTRL key and press C to return to the menu.

Change Password

Select **Change Password** to change password only.

... Type your old password and press <Enter>. You have three tries to do so correctly.

If you cannot remember the old password, obtain assistance from your RO.

... Next, type your new password and press <Enter>. It must be exactly 8 characters long, and cannot be the same as any previously used one. (See Chapter 3 for detailed information on passwords.)

... Type your new password again for verification and press <Enter>.

... When accepted, the new password is stored and the menu returns.

SYSTEM DATE/TIME FUNCTIONS

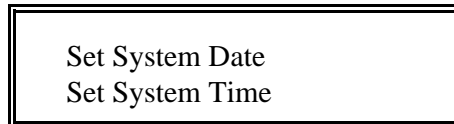
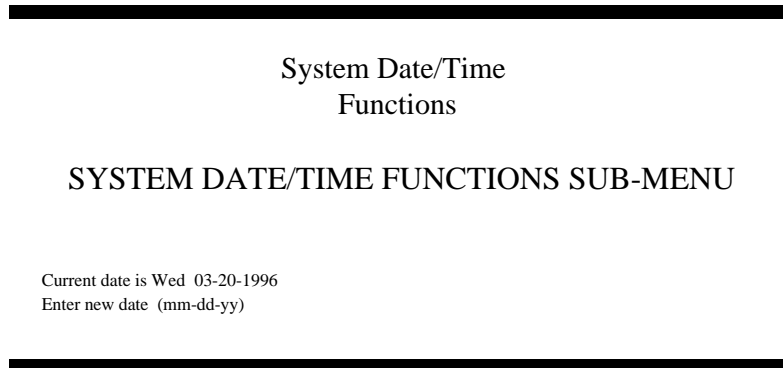
Your computer contains an internal calendar and clock, which must be accurate to properly time and date stamp your interview data and to make sure that your nightly transmissions occur at the correct hour.

Some laptops can lose time during the months. It is a good idea to check the system time at the beginning of each month.

Date and time are displayed on the screen at the beginning of each interview. If either one is incorrect, or if your RO notifies you to make a correction, use this option. Also, remember to adjust your computer's clock for DAYLIGHT SAVING TIME each spring and fall where applicable. (If you work in different time zones, set the clock for the correct time at home.)

Set System Date

Figure 8-3



Select **Set System Date** to make a date correction. You are shown a current date and invited to enter the correct value.

- a. If the current date is correct, press <Enter> to accept it and then press any key to continue.
- b. If the current date is incorrect, type the correct date in the indicated format (MM-DD-YY) and press <Enter>.

Press any key to continue.

Set System Time

Select **Set System Time** to make a time correction.

From the System Date/Time Functions sub-menu (Figure 8-3), select "Set System Time". The following appears:

Current time is 8:55:42.78a
Enter new time: 9:03

The new time is 9:03:00
Press any key to continue...

- a. If the time that is displayed is correct, press <Enter> to make no change then press any key to continue.
- b. If the displayed time is incorrect, type the correct time in the format HH:MM and press <Enter> then press any key to continue.

Use leading zeros to fill slots when necessary. You can also enter an "A" for a.m. or "P" for p.m. after the seconds.

- c. The computer uses a 24-hour clock, so you can add 12 to the hours for afternoon and evening times. For example, 5 p.m. would be 17:00, since $12 + 5 = 17$. Similarly, 8:30 p.m. would be 20:30 on the 24-hour clock. The computer automatically displays the time in the 12-hour cycle.

You can also enter "P" for p.m. for any time after 12 noon instead of adding 12 to the hours.

Press any key to continue. The prompt to select date or time returns to the screen.

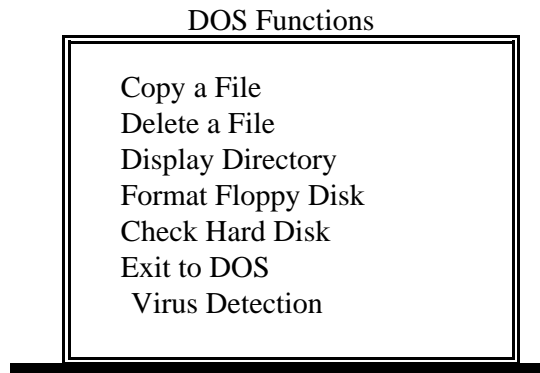
To return to the System Functions menu, press ESC.

DOS FUNCTIONS

This option provides several Disk Operating System (DOS) functions that may be needed from time to time, primarily for troubleshooting purposes. Generally speaking, you will use DOS functions only upon receiving directions to do so from the RO.

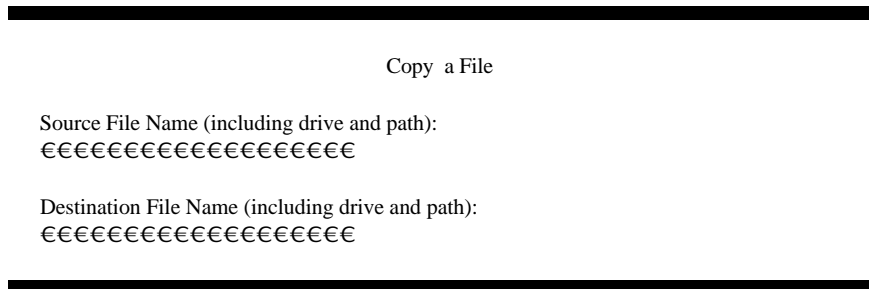
At the System Functions Menu, select DOS FUNCTIONS. The DOS menu appears:

Figure 8-4
DOS FUNCTIONS MENU



Copy a File

You select COPY A FILE only under the direct supervision of your RO. You are prompted to enter the full name of the file you wish to copy, its current location and its destination.



Information necessary to complete this process will be provided for you as need by your RO. Instructions are also included in Appendix A - Use of DOS.

Delete a File

Delete files only when instructed to do so by your RO support person. You are prompted to enter the name of the file you wish to delete.

Instructions are also included in Appendix 1

Display Directory

Viewing a "DOS directory" is a valuable troubleshooting tool. Use it under the direction of your RO support person to determine if all correct files are present in a directory, when a certain file was created and at what time, whether the size of the file is large enough to contain the expected data, or what is the exact name of a file that is to be copied or deleted.

Select DISPLAY DIRECTORY, when directed by your RO. Instructions are included in section B.1. of this chapter as well as Appendix 1 - Use of DOS.

Your computer operates using the "C:" drive. Specify otherwise only at the direction of your RO.

To view a directory of a diskette in drive A respond to the prompt by typing "A:" followed by <Enter>.

- a. If the specified directory cannot be found (or is empty), a message is displayed telling you that it is either an invalid directory or that no files are found.
- b. If files are found in the directory, they are displayed on the screen. The list includes the name of each file, its date and time of creation, and its size in bytes.
- c. Up to 19 files can be displayed on the screen at once. If there are more than 19, you will know because the final line of the directory listing shows the total number of files and the total bytes (size). You can compare the number in the total to the number of files displayed on the screen.
- d. If there are additional files to be displayed, press any key to see the additional files.

Press any key to exit back to the DOS Functions Menu.

Formatting a Disk

Some new diskettes must be formatted in preparation to record and store data. Usually, this is already done by the RO before the diskettes are sent to you. Many diskettes now are already formatted.

NOTE: Before formatting a diskette, check to make sure it does not contain any files that you should keep.

... To check the contents of a diskette,

- Select DOS DISPLAY DIRECTORY option,
- Specify A: as the directory to be viewed.

... Select **Format Floppy Disk**. You are instructed to place the diskette in the drive and press <Enter> to continue.

... When formatting is complete, you are asked if you want to name the volume. Press <Enter> to continue.

... You are asked whether you want to format another diskette.

- If YES, press "Y" and <Enter> and follow the prompts on the screen.
- If NO, press "N" and <Enter>.

... You will then be prompted to "press any key to continue". You are returned to the DOS Functions Menu.

... To return to the System Functions Menu, press <Enter>.

Check Hard Disk

When you select CHECK HARD DISK, the results, in summary form, appear on the screen.

Figure 8-5
HARD DISK SUMMARY SCREEN

85800960 bytes total disk space
 73728 bytes in 4 hidden files
 55296 bytes in 21 directories
10604544 bytes in 279 user files
75067392 bytes available on disk

 2048 bytes in each allocation unit
 41895 total allocation units on disk
 36654 available allocation units on disk

655360 bytes total memory
246624 bytes free

Press any key to continue...

This information is useful to determine the amount of storage space on your hard drive, whether part of the drive is damaged, and/or unavailable due to the presence of bad allocation units.

If you are requested to check the hard disk during troubleshooting, report these summary numbers to your RO. They will use them to help diagnose your computer's problems. Some problems you experience are a result of bad allocation units. Sometimes you are simply out of space on the hard drive. therefore, files cannot be installed on your hard drive.

Exit to DOS

Exit to DOS is password-protected. You may only use this option with assistance from the regional office or an SFR. This option is only used to help diagnose laptop problems when the laptop is in the possession of either your RO or a technically-knowledgeable SFR.

Virus Detection

Choosing this option will bring up the following menu:

Virus Detection Options

Scan a Diskette Interactive Virus Scan

4. If you choose scan a diskette, you will be prompted as follows:

Please place diskette to be scanned for viruses in floppy drive.
If a virus is detected, it will be disinfected.

Press any key to continue.

This option will scan a diskette for viruses and display a virus report on the screen with an option of scan next diskette? (Y/N)

5. If you choose Interactive viruses scan, it will launch the command antivirus software where you will be able to perform custom scans per RO request.

PART D
SECTION 9
TROUBLESHOOTING AND GETTING HELP

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INTRODUCTION

The key to successful troubleshooting is determining the cause of the problem. There are three main types of problems you may encounter while working on a CAPI survey:

software (the instrument or case management does not operate correctly)

hardware (the laptop computer is having mechanical troubles)

transmission (the modem, communication lines or HQ computers are not working)

You can help determine a the computer problem by recording what you were doing and what the computer did when you encountered the problem.

DEFINING A COMPUTER PROBLEM: ATTENTIVE OBSERVATION

Solving a computer problem requires some very specific types of information. As the user, you can provide information about your laptop computer that may help resolve the problem.

When something does not work as expected try it again. Go ahead. This may produce the correct results, thereby solving the problem.

Re-entering the same response, or re-pressing the same key, and sometimes turning the machine off and on (rebooting) will often correct the problem. Usually when something doesn't work, the machine will beep and an error message is displayed on the screen.

If the problem persists, do not randomly press keys or handle the computer roughly (DO NOT give it a kick).

Write down whatever you can about the circumstances leading up to the problem, the computer's behavior, and any error messages that were displayed. Small details are crucial.

After making a few notes, try to cause the same problem again by repeating the procedure that triggered it. It helps to determine if it was an isolated incident or if the problem is widespread. Prevalent problems will require RO or HQ support.

As you go through this scenario, attempt to answer each of the following questions about the problem:

1. Doing what: What were you attempting to do when the problem occurred? For example:

- ! typing the abbreviation for a state during an interview
- ! making a telecommunications transmission
- ! editing an address in case management

2. Program and screen: Which program were you using, and what screen were you on when the problem occurred? For example:

- ! appointment screen in the interview program
- ! system functions menu
- ! case management sort options menu
- ! telecommunications menu

If a problem occurs within the questionnaire, write down the exact screen name displayed in the upper left corner of the screen.

3. Behavior of the equipment: In what way did the computer behave abnormally? What happened that wasn't right? For example:

- ! screen went dark
- ! error message #142 displayed on screen
- ! computer beeps and does not accept characters typed on the keyboard

4. Abnormal conditions: Were there any abnormal conditions that led up to this problem? For example:

- ! computer got wet
- ! slid off the table and fell to the floor
- ! was plugged in during an electrical storm

5. Already done: What have you already done to try to solve the problem? What were the results? For example:

- ! tried other, related function keys
- ! exited the interview and went back in
- ! turned off the computer and started over from the login screen
- ! checked all connections and made sure everything was hooked-up correctly and securely

This information helps the support person refrain from telling you to do things that you've already tried.

When you have the answers to these questions (or most of them), you are more likely to provide the RO with the types of information needed to solve your problem.

COMPUTER PROBLEMS DURING AN INTERVIEW

What to do if computer troubles happen during a telephone or personal visit interview.

1. TRY AGAIN: Do the same procedure again and follow the instructions exactly.
2. BACK STEP AND TRY AGAIN: Go back to the previous screen and then forward again. Or you could exit the interview completely, and re-select the same case on the case list and begin the interview again.
3. EXPLAIN TO THE PERSONAL INTERVIEW RESPONDENT: Explain that you are having technical difficulties and make whatever additional efforts you can to solve the problem. **Do not** accept assistance from household members.
4. TELEPHONE FOR HELP: Telephone your RO for help. If you are using a respondent's phone, use a credit card or call collect. Otherwise, excuse yourself and call from a pay telephone. Ask the respondent if you may return later in the day or telephone in the evening to finish the interview. Obtain a telephone number.
5. REMAIN CALM AND POSITIVE: Assure the respondent that you will resolve the problem with help from your supervisor. Always convey the expectation that you will complete the interview later when it is convenient for the respondent..
6. DON'T TRY TO FINISH ON PAPER: **Do not** attempt to take notes on paper to complete the interview. Without the instrument, you may miss skip patterns and ask the wrong questions. Set up a callback to complete the interview when it is convenient for the respondent.

Warm Boot And Cold Boot As Trouble-Shooting Methods

Two terms are commonly used to refer to re-starting the computer:

Warm Boot - restarting the computer while the power is still on

Cold Boot - restarting the computer after turning the power off

Certain temporary problems can be overcome by re-starting the machine.

Backing out and re-trying the procedure is a useful strategy, but if the screen display freezes up or the computer does not respond to any keyboard entries there is little else you can do but re-boot.

DO NOT turn off or re-boot the computer while you are in the interview program (instrument). Doing so will lose data entries made since your last save. However, if the computer does not respond to anything else, re-booting may be the only thing left to do.

Under these circumstances, try a "warm boot" first. If that does not work, turn off the machine and do a "cold boot".

Warm Boot

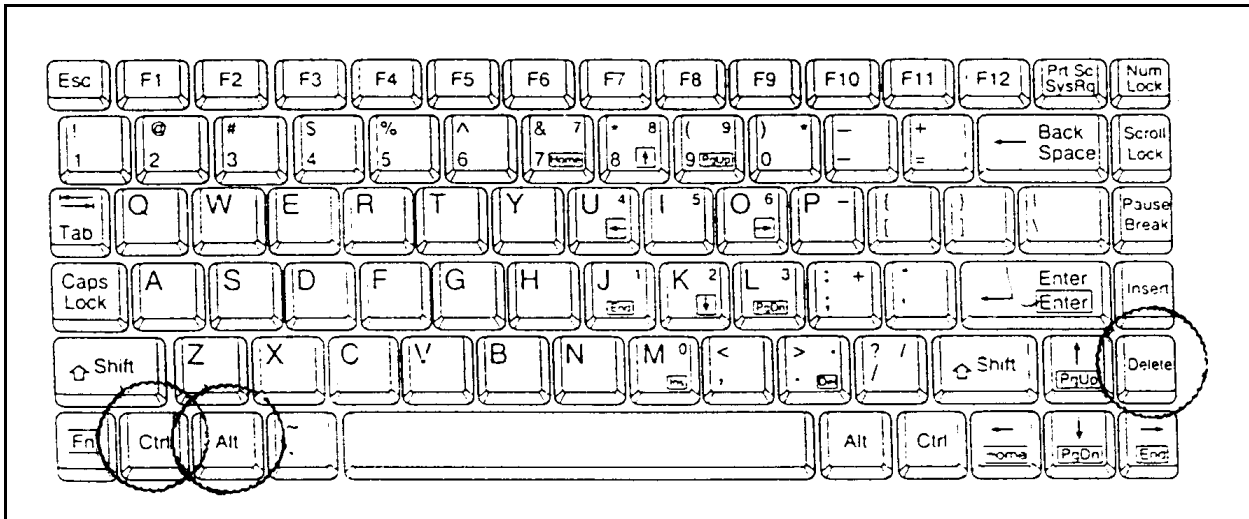
TO DO A WARM BOOT, hold down the following combination of keys:

<CTRL> + <ALT> and then press <DELETE>

This procedure is sometimes referred to as CONTROL-ALT-DELETE.

This empties the computer's working memory and forces it to start from scratch. The location of the keys may vary from one laptop to another.

Figure 9-1
WARM BOOT KEYS



After a warm boot, wait for the computer to do the self-tests and load the software. Enter your password and continue as if you had just turned on the computer. The computer may now behave normally.

Even if it doesn't, an error message may appear that will help to diagnose the problem.

Cold Boot

TRY A "COLD BOOT",IF THE COMPUTER STILL DOES NOT RESPOND.

Turn off the power switch.
WAIT 30 seconds.
Turn the power back on.

Waiting 30 seconds to turn the computer back on is very important. This keeps the hard disk from being damaged. Think of the a record or compact disk, that needs to stop spinning before you can re-start it or remove it from the stereo. The computer's hard disk is very much like a compact disk and needs to come to a complete stop before re-starting it or the hard disk may get damaged.

The computer may behave normally now. If not, write down notes about what happened and call the RO for help.

HARDWARE FAILURES AND EXCHANGE PROCEDURES

If you experience an equipment failure which is serious enough to prevent you from continuing your work, report the problem to your regional office staff. You may be instructed to ship the malfunctioning component (your computer, its removable hard drive, the battery charger and battery, or the modem) back to the office for exchange. If so, a replacement will be sent to you by overnight delivery.

For those who live near an RO, an in-person exchange of the equipment at the office may be more efficient. Regardless of the exchange method, repairs are always handled by the office. **Do not contact a computer repair service yourself.**

1. USE THE SAME BOX: When shipping any equipment back to the RO, always use the original box and all its internal packing material. (If you only need to send in the battery charger or hard drive, use a smaller box and pack it securely.) Your office will also give you instructions about which delivery service to use.
2. HOW TO RETURN COMPUTER ACCESSORIES: When some other piece of equipment fails, send only that part to the RO. Do not use the computer or modem box for shipping other items. For cables or battery packs, use a padded envelope. To ship a battery charger with battery or hard drive, use a roomy box and fill ALL sides with styrofoam chips, bubble wrap, or crumpled newspaper.
3. DON'T TRY TO FIX IT YOURSELF: NEVER disassemble any computer or modem equipment when attempting to solve hardware problems. Not only will you void the warranty, but you may further damage the equipment and you may risk getting a shock from the power supply.

SOFTWARE PROBLEMS AND REPLACEMENTS

If, when working with the RO staff, you determine that there is a defect in a software program on your computer, one of three things may happen.

1. WORK AROUND THE PROBLEM: If the problem doesn't prevent basic interviewing, you may be instructed in how to "work around" the problem until the software can be replaced.
2. GET A CLEAN COPY OF THE PROGRAM: If it appears that your software has become damaged, a fresh copy of it can be sent to you on a disk or via telecommunications. If you are instructed to install the new copy of the software when it

arrives, follow the INSTALL SOFTWARE instructions in Part D, Chapter 7, section C.

3. EVERYONE GETS A NEW VERSION: If the software problem is serious and widespread, it may require that a new version of the software be distributed to all FRs. If this happens, you will be notified of the new release and told when to install it. When the appropriate time comes, follow the INSTALL SOFTWARE instructions in Part D, Chapter 7, section C.

TELE- COMMUNICATIONS TROUBLE- SHOOTING

Telecommunications is the process of transmitting and receiving computer files over telephone lines. Transmissions are dependent not only on hardware and software working correctly, but also on the stability of the connections between computers, modems, and telephone lines.

Telecommunication connections, therefore, may be more fragile than other parts of your CAPI system.

1. CABLE CONNECTIONS ARE CRITICAL: Check ALL physical connections to make sure nothing is loose or disconnected.

Figure 4-3 in Chapter 4 shows the equipment setup and cable connections required for making a transmission. Half of the time failures occur due to a loose or non-existent connection.

2. IF YOUR SCHEDULED TRANSMISSION FAILED: If you discover that your overnight transmission was not successful, call the RO first thing in the morning, then try an immediate transmission. It's important that all interview data be processed daily, so don't disconnect everything unless you are told that a transmission is impossible at this time (due to a computer failure at HQ, for example).
3. TRY AGAIN WITH CAREFUL OBSERVATION: Try the transmission again, making certain that you are following the instructions. Observe what happens at every step along the way. Following this attempt, call the office to make sure your transmission succeeded or to get more assistance.
4. IF THE COMPUTER WAS TURNED OFF DURING THE WAITING PERIOD: The computer must be running continuously while waiting to make a transmission. Turning it off or re-booting

the computer will result in a lost transmission setup. If this happens, you must transmit again.

5. TO CANCEL A TRANSMISSION: Occasionally you may discover, that you need to use the computer when you already have it setup to make a transmission. For instance, a respondent may call and you might need to take a last-minute interview. If this occurs, you can cancel the transmission by pressing ESC.
6. BEFORE CALLING YOUR RO: Having the answers to the following questions helps the staff at the RO assist you.
 - a. What does the screen say? What screen are you on? Are there any related error messages?
 - b. How did you get here? What steps did you follow and can you do it again **with the same results**?
 - c. What did you do **next**? How did **you** attempt to solve the problem?
 - d. What **can** you do? Can you go forward, back or around to problem area?

WHERE TO TURN FOR MORE HELP

A network of support has been set up to assist you with your computer and all phases of your work. A local Supervisory Field Representative (SFR) may have more experience with the computer than you have and may be able to answer some of your questions. The survey staff in the RO has had additional training and can be of help with procedures and troubleshooting.

The RO staff can obtain advice from their Regional Office Computer Specialist to assist in the more technically-oriented hardware problems. Finally, Headquarters has set up a Support Desk that assists the RO staff in answering any questions with which they may be having trouble.

PART D - NHIS
APPENDIX 1. USE OF THE DISK
OPERATING SYSTEM (DOS)

Your laptop computer contains several **APPLICATION PROGRAMS**. Each performs a specific set of functions such as case management, data collection, or data transmission via telecommunications. In addition to its application programs, a computer contains an **OPERATING SYSTEM**. This provides the environment in which the application programs run. The operating system on your laptop computer is called the Disk Operating System (**DOS**).

For the most part, your application programs are menu-driven. This means that you make selections from a list or menu, rather than type the instructions or "commands" directly into the computer. Therefore, it is rare that you will find it necessary to use DOS commands.

If necessary, you may do so **only under the direction of the Regional Office**. To insure the integrity of the CAPI system you are working with, access to the DOS prompt, where you can issue commands, is password protected.

This appendix provides an introduction to basic DOS concepts and instructions for performing a few DOS functions, just in case you ever need them.

- A **PROMPT** is the computer's signal to you that it is ready for your next command. It appears on the screen just below the last line of text. Format may vary, but it usually ends with >.
- A **CURSOR** is the blinking box or underscore that shows you where the entries you are about to make on the screen will appear.
- You give a **COMMAND** by typing the name of a program or DOS function, which tells the computer what to do next.
- "**FOLLOWED BY <ENTER>**" instructs you to press the <Enter> key, so that the computer can begin to carry out your command. When entering text, it is equivalent to the carriage return on a typewriter. Whenever you see <Enter> in the instructions, press the key; **do not** type the word.
- A **BAD COMMAND OR FILENAME** message means that the computer can't find the file or command you tried to execute. Check for typing errors and make sure that you are in the correct directory.
- **Special keys:** Depressing the CTRL while simultaneously pressing an indicated letter or number key will modify the action of the other key.

The ALT key, like CTRL, is a "modifier" key that is held down while pressing another key.

F1, F2 The letter F plus a number up to 10 refers to your computer's special function keys, which are located at the top of the keyboard above the digits. Some of these keys are set up as one-touch commands, while others function in combination with CTRL, ALT, or SHIFT.

The arrow keys (6897) are used to move the cursor in the direction indicated by each arrow.

Some laptops use an FN key. This, in conjunction with the Enter or the arrow keys allow you to perform more functions, such as Page Up and Page Down or move to the front or end of a document. This key is often found on laptop keyboards because the keyboard is not full-size and cannot accommodate additional keys. It is mainly used in word processing.

- A **DEVICE** includes such things as your modem, the AC adapter and any other equipment with which the computer interacts, as well as your computer's hard disk or its floppy disk drive. Your **HARD DISK** is named "C:" and your **FLOPPY DISK DRIVE** is named "A:". A **colon** always follows these drive names.
- Files on a diskette are organized into sub-lists known as **DIRECTORIES**. These may contain (in addition to program, data, and text files) one or more additional **SUB-DIRECTORIES**.
- Each file that is stored on a diskette has its own unique **FILENAME**. A **FILENAME** consists of up to 8 characters, which may be followed by a period and a **FILE EXTENSION** of up to 3 characters indicating the type of file.
- **PROGRAM** (EXE) files contain instructions to be executed by the computer when the program is run.
- **DATA** (DAT) files contain a sequence of digits, words, or other material that programs accept as **INPUT** or generate as **OUTPUT**.
- **TEXT** (TXT) files contain ordinary prose, the format is determined by the program that created the file (for example, Word Perfect).

Examples of **FILENAMES**:

LETRHOME.TXT is a document;
MIGGLE.EXE is a program;
SURVEY.DAT is a data file.

- When typing the name of a file, you also enter the appropriate **PATH**. While working in the directory where the file is located, you may be instructed to use a shortened version of its name (filename plus extension). However, if the file is in another directory or on another drive, you must specify the drive name the directory path (with any applicable sub-directories) and the filename with extension.

Example of **PATH**

C:\DATA\DAY1\FILE001.DAT refers to a data file named FILE001.DAT located in sub-directory DAY1 under directory DATA on drive C:.

- Use a **BACKSLASH** (\) to separate the names of all directories and sub-directories. This key is located on the top row of letters under the backspace key. It is NOT interchangeable with the front slash on the same key as the question mark.
- A **HARD DISK** may also be called a fixed disk or internal disk. Its magnetic storage surfaces are on a disk that is either built into the computer or contained within a removable cartridge. If a cartridge is used, the user can remove the hard drive.

However, **do not** alter the directory structure on the **HARD DISK**.

- The **FLOPPY DISK DRIVE** of your computer accepts diskettes as you insert and remove them. It can either be internal, built into the computer, or attachable via a cable.

The floppy diskettes that are inserted into the floppy disk drive are magnetic storage apparatuses that contain a disk inside a small, square, hard cover. Like the removable hard disk cartridge, these floppy diskettes can easily be removed from the floppy disk drive.

Be careful when **INSERTING DISKETTES** into the FLOPPY DISK DRIVE that the label is facing up and an arrow appears in the upper left hand corner. Do not insert or remove a diskette when the "drive in operation" light is lit. Do not expose diskettes to excessive heat or physical abuse. Put diskettes away in a safe place when not in use--never on or near an electrical device (television, computer, telephone, airport scanner) that emits magnetic fields as these will erase the diskette.

The DOS prompt indicates the drive the computer is currently using. To **CHANGE TO A DIFFERENT DRIVE**, type the drive name followed by a colon and press <Enter>.

Examples: C: <Enter> or A: <Enter>.

DRIVE NOT READY message will appear if you try to change to drive A: and there isn't a diskette in the drive, the diskette is inserted incorrectly, or the drive is not properly closed.

- The DOS command **TO CHANGE TO A DIFFERENT DIRECTORY** is **CD** followed by a backslash (\) and the name of the directory you want to go to. For example, CD\DATA takes you to the DATA subdirectory of the current drive. These entries will be specified by the RO if you need them.
- **TO VIEW A DIRECTORY** of all files in a directory, as directed by your RO, use the DOS command **DIR**. When used with the name of a drive and a directory structure, the DIR command can display other directories.

For example:

```
DIR C:\DATA <Enter>.
```

Use **DIR/P** to view the directory contents one page at a time.

Use **DIR/W** to display the list of a directory across the page in several columns. However, you will only see the file and subdirectory name. The size and date of each file will not be displayed.

- In each DOS command, **USE THE SPACE BAR** to enter a blank space between the command and the file information following it. Do not put in any blank spaces unless specified.

Examples of **SPACING**:

```
DIR A:\DIREC\SUBDIREC\FILENAME.EXT  
TYPE B:THISFILE.DAT  
COPY C:\MEMOS\MEMO1.TXT
```

- **PERIODS** are used only to separate a filename from its extension.
- **TO FIND A SPECIFIC FILE**, include its full name in the directory command.
For example:

DIR C:\DATA\FILE2.DAT returns either a single directory entry (the one for FILE2.DAT), or an error message if the file is not in the C:\DATA directory.

When searching for a specific file in the current directory, omit the path.

For example: DIR FILE2.DAT.

- To **SEARCH FOR A GROUP OF FILES** whose names or extensions contain certain characters, use a **WILDCARD** character to replace the unspecified parts of the filename. To replace a single character use a **?**, and a ***** to replace any number of characters.

Example of **? WILDCARD**:

DIR C:\DATA\MAY01??.DAT displays all files on the C drive, in the DATA directory, with **any last 2 characters in the name** and all other characters and the extension exactly as listed.

Example of *** WILDCARD**:

DIR A:QUERY*.* displays all files on the A drive whose names begin with QUERY, **end with any other characters (either none or up to three)**, and have any file extension (or none).

A **FILE NOT FOUND** message received in response to a DIR command means that no such file(s) is in the directory. Check to make sure you are looking in the correct directory, and that all spelling is correct.

- To **STOP A LIST FROM SCROLLING**, press PAUSE, or use the CTRL-S key combination. When using the SYSTEM FUNCTIONS menu pick, the directory is automatically displayed a page at a time.
- To **RESUME SCROLLING**, press <Enter>, CTRL-S, or CTRL-Q.
- To **EXECUTE (RUN) A PROGRAM** type the name of the program and press <Enter>. This is usually triggered automatically by other programs.
- **TO STOP A LONG LISTING OF A FILE OR DIRECTORY THAT WAS REQUESTED BY MISTAKE**, press CTRL-C. Avoid using this method in an interview or in case management, because such an exit damages certain data files.
- **TO RENAME A FILE**, use the RENAME (or just REN) command, followed by the old filename, a space, and then the new one. Do a directory listing after executing this command, to make sure it achieved the desired results. If you want to rename the file and put it in another directory, you must specify the directory path right before typing the new file name. Otherwise, the file stays in the directory you are currently in.
- **TO CLEAR THE SCREEN** use the CLS command. This erases the screen and returns a fresh prompt at the top of the screen.
- **TO TYPE A FILE** in order to see what's inside it, key in "type" plus the filename. Include the PATH (drive and directory information) if the file is not in the current directory.
- **TO CREATE SOME TEXT**, you can type directly from the keyboard into a file by giving the command COPY CON: followed by the filename and <Enter>. As you type, each line is placed into a file with the specified name. To end typing and save the file, type CTRL-Z at the beginning of a new line. To quit and throw away the file, type CTRL-C. This file can be read (using TYPE, as above), transmitted via telecommunications, etc.

ANY OTHER QUESTIONS??? If you need more help, consult the user manuals that came with your computer, or contact your Regional Office.

PART D - NHIS
APPENDIX 2. COMPUTER CARE AND BACKGROUND
INFORMATION

A. EXPOSURE TO ENVIRONMENTAL CONDITIONS

Due to the nature of your job, your computer may sometimes be exposed to extreme weather conditions. Your computer has been designed to resist adverse conditions to a large extent.

By taking reasonable precautions, you can prolong the life of the computer. Do not let rain or food and beverages fall directly into the open computer. Use your briefcase or computer tote bag to carry the computer outdoors.

Whenever possible, give the computer a few moments to achieve room temperature when using it after storage in temperatures over 100 degrees or below freezing. To lengthen its life-span, avoid leaving the computer for extended periods in direct sunlight or in very hot or cold temperatures.

B. ELECTRICAL STORMS

Large voltage surges, which may occur in the electrical or telephone wires of your house, can cause major damage to computer equipment. To avoid such damage, run the machine on battery power if storms are nearby.

Charge batteries using the separate charger.

Unplug your modem from the electrical outlets and the telephone jacks when it's not in use. If particularly severe electrical storms are predicted, request permission to make your data transmission early, or to wait until morning.

Any type of power surge or drop can affect the operation of your computer. Protection is available through the use of a surge protector. However, in the event of a nearby lightning strike, even a surge protector is not enough. Leaving electrical equipment unplugged during storms is safest.

If damage does occur to the laptop or the battery charger, any battery that was in either machine at the time of failure should be kept and returned with the machine.

C. CLEANING

To clean the screen of your computer, wipe it gently with a soft cloth. You may dampen **the cloth** very slightly. Never spray a cleaner of any type directly onto the computer. **Don't use** abrasives, waxes, or any other chemicals that could damage the plastic case of the computer. **Never clean or touch the screen while the computer is on** as this may result in a shock to the laptop and you.

D. COMPUTER SECURITY AND PERSONAL SAFETY

1. TO AVOID THEFT OF THE COMPUTER: Do not leave the computer unattended in public places. Do not leave it in view in an unoccupied car. When staying in a hotel, lock the machine in your suitcase, or at least put it out of sight in your room. Generally, treat it with the same level of care you would give to a pocketbook or a briefcase full of important papers.
2. WHAT ABOUT ON THE STREET? There is no indication from previous research that carrying a computer increases the risk of robbery or assault. While the computer has considerable value, this is not apparent to people on the street, provided that you carry it in your briefcase, with the Census Bureau logo facing towards you.
3. PROTECTING CONFIDENTIAL DATA WITH A PASSWORD: Your personal password is one form of protection necessary because of the confidential data contained in the computer. Your Case Management Program is run automatically, whenever the computer is turned on. The password is required before anything more can be done. You will be required to change your password each month.
4. SELECTING A PASSWORD: When you choose your new password each month, avoid common English words. A password can consist of any combination of letters and numbers as long as the total number of characters equals 8.

An ideal password is a totally obscure mixture of numbers and letters, but you might also use fragments of several words, or one badly misspelled word. For example, try to think up a really unusual word (a foreign one, perhaps?), then misspell it or rearrange the letters, and finally throw in a digit or two someplace for extra security.

Memorize your password! Never write a password down. You must conscientiously remember this password, but after you type it a few times this should not be a problem.

If you ever find yourself in the awkward position of having forgotten your password, call your RO for assistance.

5. OTHER SECURITY MEASURES: Never let others use the computer for other work or play. Never use diskettes not provided by the Census Bureau. Do not even place such diskettes in your computer's floppy disk drive, since they could contaminate the computer with a "**virus**" (a computer program that damages other files).

Computers have the potential for greatly increased data security compared to paper forms scattered over the dining room table, but only if they are used with care.

6. A SERIOUS WARNING: **Never attempt to alter anything in your computer.** Computer-assisted interviewing cannot succeed unless all FRs have identical questionnaires on their computers. If anything is altered or other software installed, your questionnaire and case management software may not be able to run.

7. SPECIFIC RULES: Do not attempt to make any changes to your computer. Such actions may be cause for dismissal.
8. SOFTWARE UPGRADES: If you have suggestions for improvements, send them to your supervisor with a request to forward them to HQ. This way, improvements can be provided to all FRs at the same time.

E. SOME BACKGROUND INFORMATION

Occasionally respondents or household members are curious about the laptop computer.

If you find that a respondent asks, refer to your user manual to provide information such as the name of the computer and where it comes from, the type of processor (either 386 or 486), the amount of working memory, the amount of hard disk storage, the weight of the machine, etc.

PART D - NHIS
APPENDIX 3. NHIS CAPI VALID OUTCOME CODES

OUTCOME CODE	DESCRIPTION
200	New case, not started
201	Complete interview
202	Accessed instrument, no progress
203	Partial interview, no follow-up
204	Partial interview, follow-up needed
213	Language problem
215	Insufficient Partial
216	No one home, repeated calls
217	Temporarily absent, no follow-up
218	Refused
219	Other Type A
220	Temporarily absent, follow possible
223	Occupied entirely by Armed Forces members
225	Occupied entirely by persons with URE
226	Vacant, nonseasonal
228	Unfit or to be demolished
229	Under construction, not ready
230	Converted to temporary business or storage
231	Unoccupied site for mobile home, trailer, or tent
232	Permit granted, construction not started
233	Other Type B
235	Vacant, seasonal
236	Occupied - screened out by household
240	Demolished
241	House or trailer moved
242	Outside segment boundaries
243	Converted to permanent business or storage
244	Merged
245	Condemned
246	Built after 4/1/1990
247	Unused line of listing sheet
248	Other Type C