

Attachment 1: ACASI questions to be tested following full NHIS

Note to reviewers: *These instructions will change as Census develops the ACASI programming strategy. For example, [ENTER] may actually be the ENTER key with a green dot or label.*

INSTRUCTIONS AND PRACTICE SESSION QUESTIONS

READ TO RESPONDENT: Now I will ask you to do an important part of this interview on your own, using the computer and headphones. You will hear questions through the headphones and see them on the computer screen. Before you start, we'll go through a short practice session. Let me first show you the keys you will use. The practice session that follows will go through what each key does also.

MOVE COMPUTER SO RESPONDENT CAN SEE THE KEYBOARD AND POINT OUT THE FOLLOWING: WHERE THE QUESTIONS WILL APPEAR, EACH KEY THAT WILL BE USED. (NEXT QUESTION, PREVIOUS QUESTION, CHANGE YOUR ANSWER, SKIP THE QUESTION, IF YOU DON'T KNOW THE ANSWER, ENTER, WHERE THE NUMERIC KEYS ARE LOCATED)

These headphones will allow you to listen to the interview questions.

HAND HEADPHONES TO RESPONDENT.

You can adjust the volume here [DEMONSTRATE VOLUME ADJUSTMENT ON THE HEADPHONE CORD].

Please put on your headphones. When you are ready, let me know.

MOVE COMPUTER SO RESPONDENT CAN USE IT. ONCE RESPONDENT HAS HEADPHONES ON, PRESS "1" AND [ENTER] SO R CAN BEGIN PRACTICE SESSION.

HeadPhone- First I want to make sure you can hear me. I will ask you questions at this level. If you want to change the level of my voice, use the knob that the interviewer showed you. If you have difficulty, ask the interviewer for help. When you are comfortable with the volume, press the [ENTER]* key on the right side of the keyboard.

INTRO1- We want you to be able to answer the remaining questions in complete privacy. The first questions are for practice. When you are ready to go to the next screen, press the large [ENTER] key.

INTRO2- You can read the questions on the computer screen and hear them read through the headphones. If you would like to just see the questions on the screen without sound, you can turn off the voice using the knob on the cord. Now press the large [ENTER] key on the right side of the keyboard to move to the next screen.

DLIC After you hear or read this question, touch the [CIRCLE] key until the circle is on the answer you want, then press [ENTER].

Do you have a driver's license?

Yes

No

NUMBER Other questions will ask you to type in a number instead of choosing a number from a list. In the past 30 days, on how many days did you watch TV? Type in the number of days you watched TV. If you are happy with your answer, press the [ENTER].

_____ [RANGE: 0 - 30]

If you want to change or see your answer to a previous question, you can back up using the [BB] key. Each time you press the [BB] key, the computer will go back one question. Press [ENTER] to continue.

DOAGAIN- You can tell the computer to repeat a question by pressing [??]. Try this now. How many times did you listen to this screen?

- 1 One time.
- 2 Two or more times

LIST-The next type of question asks you to pick an answer from a list.

How many days are in a week? Touch the [CIRCLE] key until the answer you want is circled, then push [ENTER]. If you need to back up, >>>>

- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight

DKREF- If you cannot answer a question because you do not know the answer or do not want to answer you have that choice. Touch the [CIRCLE] until you have the answer you want, then push [ENTER] to get to the next question. Try that now.

How many stars are there in the sky?

- I don't know the answer
- I don't want to answer

If you have any questions, ask your interviewer now. If not, press 7 and then [ENTER] to begin the questions.

ACASI QUESTIONS TO BE TESTED

These questions are about you and your life.

1. How often do you use a computer?
 - Never or almost never
 - Some days
 - Most days
 - Every day
 - I don't know
 - I don't want to answer

2. In general, how satisfied are you with the health care you received in the past 12 months?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

I haven't had health care in the past 12 months

I don't know

I don't want to answer

3. How tall are you without shoes? First, please [CIRCLE] the number of feet, then press [Enter].

one foot tall

two feet tall

three feet tall

four feet tall

five feet tall

six feet tall

seven feet tall

eight feet tall

nine feet tall

ten feet tall

I don't know the answer

I don't want to answer

Now please [CIRCLE] number of inches and then press [Enter].

no inches

one inch

two inches

three inches

four inches

five inches

six inches

seven inches

eight inches

nine inches

ten inches

eleven inches

twelve inches

I don't know the answer

I don't want to answer

4. How much do you weigh without shoes? Type in the number of pounds and then push [ENTER].

_____Number of pounds

I don't know the answer

I don't want to answer

5. When you were 6 years old, who did you live with most of the time?

- My mother only
- My father only
- Both my mother and father
- I did not live with either parent
- I don't know
- I don't want to answer

6. When you were 16 years old, who did you live with most of the time?

- My mother only
- My father only
- Both my mother and father
- I did not live with either parent
- I don't know
- I don't want to answer

7. Where any of your grandparents born in the United States?

- Yes (Go to 7a)
- No (Go to 8)
- I don't know
- I don't want to answer

7a. How many of your grandparents were born in this country?

- 1
- 2
- 3
- 4
- I don't know
- I don't want to answer

8a. For men: Do you think of yourself as

- Gay
- straight, that is, not gay
- bisexual
- something else
- I don't know

[If something else is selected]

By something else, do you mean that...

You are not straight, but identify with another label such as queer, trisexual, omnisexual or pan-sexual

You are transgender, transsexual or gender variant

You have not figured out or are in the process of figuring out your sexuality

You do not think of yourself as having sexuality

You do not use labels to identify yourself

You made a mistake and did not mean to pick this answer

You mean something else

You don't know

You don't want to answer

8b. For women: Do you think of yourself as

Lesbian or Gay

Straight, that is, not gay

Bisexual

Something Else

I don't know

[If something else is selected]

By something else, do you mean that...

You are not straight, but identify with another label such as queer, trisexual, omnisexual or pan-sexual

You are transgender, transsexual or gender variant

You have not figured out or are in the process of figuring out your sexuality

You do not think of yourself as having sexuality

You do not use labels to identify yourself

You made a mistake and did not mean to pick this answer

You mean something else

You don't know

You don't want to answer

The next questions ask how concerned you are right now about financial matters.

9. How concerned are you right now about not having enough money for retirement? Are you

very worried

moderately worried

not too worried

not worried at all

I don't know the answer

I don't want to answer

10. How concerned are you right now about not being able to pay medical costs of a serious illness or accident? Are you

- very worried
- moderately worried
- not too worried
- not worried at all
- I don't know the answer
- I don't want to answer

11. How concerned are you right now about not being able to maintain the standard of living you enjoy? Are you

- very worried
- moderately worried
- not too worried
- not worried at all
- I don't know the answer
- I don't want to answer

12. How concerned are you right now about not being able to pay medical costs for normal healthcare? Are you

- very worried
- moderately worried
- not too worried
- not worried at all
- I don't know the answer
- I don't want to answer

13. How concerned are you right now about not having enough money to pay for your children's college? Are you

- very worried
- moderately worried
- not too worried
- not worried at all
- I don't know the answer
- I don't want to answer

14. How concerned are you right now about not having enough to pay your normal monthly bills? Are you

- very worried
- moderately worried
- not too worried
- not worried at all

I don't know the answer
I don't want to answer

15. How concerned are you right now about not being able to pay your rent, mortgage, or other housing costs? Are you

very worried
moderately worried
not too worried
not worried at all
I don't know the answer
I don't want to answer

16. How concerned are you right now about not being able to make the minimum payments on your credit cards? Are you

very worried
moderately worried
not too worried
not worried at all
I don't know the answer
I don't want to answer

17. On average, how many hours of sleep do you get in a 24-hour period?

one hour or less
two hours
three hours
four hours
five hours
six hours
seven hours
eight hours
nine hours
ten hours
eleven hours
twelve or more hours
I don't know
I don't want to answer

18. In the past week, how often did you have trouble falling asleep?

I didn't have trouble falling asleep in the past week
One time
two times
three times
four times
five times

six times
seven or more times
I don't know
I don't want to answer

19. In the past week, how many times did you have trouble staying asleep?

I didn't have trouble staying asleep in the past week
One time
two times
three times
four times
five times
six times
seven or more times
I don't know
I don't want to answer

20. In the past week, how many times did you take medication to help you fall asleep or stay asleep?

I did not take medication to help me sleep in the past week
one time
two times
three times
four times
five times
six times
seven or more times
I don't know
I don't want to answer

21. In the past week, on how many days did you wake up feeling well rested?

I never woke up feeling rested last week
One time
two times
three times
four times
five times
six times
seven or more times
I don't know
I don't want to answer

Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

22. DURING THE PAST 30 DAYS, how often did you feel

... So sad that nothing could cheer you up?

ALL of the time
MOST of the time
SOME of the time
A LITTLE of the time
NONE of the time
I don't know
I don't want to answer

23. During the PAST 30 DAYS, how often did you feel

... Nervous?

ALL of the time
MOST of the time
SOME of the time
A LITTLE of the time
NONE of the time
I don't know
I don't want to answer

24. During the PAST 30 DAYS, how often did you feel

... Restless or fidgety?

ALL of the time
MOST of the time
SOME of the time
A LITTLE of the time
NONE of the time
I don't know
I don't want to answer

25. During the PAST 30 DAYS, how often did you feel

... Hopeless?

ALL of the time
MOST of the time
SOME of the time
A LITTLE of the time
NONE of the time
I don't know
I don't want to answer

26. During the PAST 30 DAYS, how often did you feel

...That everything was an effort?

- ALL of the time
- MOST of the time
- SOME of the time
- A LITTLE of the time
- NONE of the time
- I don't know
- I don't want to answer

27. During the PAST 30 DAYS, how often did you feel

...Worthless?

- ALL of the time
- MOST of the time
- SOME of the time
- A LITTLE of the time
- NONE of the time
- I don't know
- I don't want to answer

Universe statement: Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days

28. We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- A lot
- Some
- A little
- Not at all
- I don't know
- I don't want to answer

29. The next question is about the test for HIV (the virus that causes AIDS). Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

- Yes
- No
- I don't know
- I don't want to answer

These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

30. In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

- Yes (Go to Q32)
- No (Go to Q31)
- I don't know
- I don't want to answer

31. In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

Yes

No

I don't know

I don't want to answer

32. In the PAST YEAR, how many days did you drink any type of alcoholic beverage?

_____ number of days drank any alcoholic beverage in the past year

I don't know

I don't want to answer

33. In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

_____ drinks per day

I don't know

I don't want to answer

34. In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

_____ number of days you drank 5 or more drinks

I don't know

I don't want to answer