

54HIS-501(C) (2013)

NATIONAL
HEALTH
INTERVIEW
SURVEY

U.S. Department
of Commerce

BUREAU OF THE
CENSUS

Field
Representative's
Flashcard and
Information
Booklet (CAPI)

CARD H1

You may choose more than one.

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/Spanish

CARD H2

You may choose more than one.

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

CARD H3

2. Spouse (husband/wife)
3. Unmarried Partner
4. Child (biological/adoptive/in-law/
step/foster)
5. Child of Partner
6. Grandchild
7. Parent (biological/adoptive/in-law/
step/foster)
8. Brother/Sister (biological/adoptive/in-law/
step/foster)
9. Grandparent (Grandmother/Grandfather)
10. Aunt/Uncle
11. Niece/Nephew
12. Other relative
13. Housemate/Roommate
14. Roomer/Boarder
15. Other non-relative
16. Legal Guardian
17. Ward

CARD F1

You may choose more than one.

1. Vision/problem seeing
 2. Hearing problem
 3. Speech problem
 4. Asthma/breathing problem
 5. Birth defect
 6. Injury
 7. Intellectual disability, also known as mental retardation
 8. Other developmental problem
(for example, 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)
- Other impairment/problem

CARD F2

You may choose more than one.

1. Vision/problem seeing
 2. Hearing problem
 3. Arthritis/rheumatism
 4. Back or neck problem
 5. Fracture or bone/joint injury
 6. Other injury
 7. Heart problem
 8. Stroke problem
 9. Hypertension/high blood pressure
 10. Diabetes
 11. Lung/breathing problem (for example, asthma and emphysema)
 12. Cancer
 13. Birth defect
 14. Intellectual disability, also known as mental retardation
 15. Other developmental problem (for example, cerebral palsy)
 16. Senility
 17. Depression/anxiety/emotional problem
 18. Weight problem
- Other impairment/problem

CARD F3

Beginning

1	2	3	4	5	6	7
8	9	10				

Middle

			11	12	13	14
15	16	17	18	19	20	

End

						21
22	23	24	25	26	27	28
29	30	31				

CARD F4

You may choose up to four.

Insert drawing of injured body parts here

Insert drawing of face here.

CARD F5

You may choose up to two.

1. Broken bone or fracture
2. Sprain, strain, or twist
3. Cut
4. Scrape
5. Bruise
6. Burn
7. Insect bite
8. Animal bite
9. Other (specify)

CARD F6

1. Passenger car
2. Passenger truck, such as a pickup truck, van, or SUV
3. Bus
4. Large commercial truck, such as a semi-truck, big rig, or 18-wheeler
5. Motorcycle (including mopeds, minibikes)
6. All terrain vehicle or ski/snow-mobile
7. Farm equipment (such as a tractor)
8. Industrial or construction vehicle
9. Other

CARD F7

You may choose up to two.

On, down, from, or into:

1. Stairs, steps, or escalator
2. Floor or level ground
3. Curb (including sidewalk)
4. Ladder or scaffolding
5. Playground equipment
6. Sports field, court, or rink
7. Building or other structure
8. Chair, bed, sofa, or other furniture
9. Bathtub, shower, toilet, or commode
10. Hole or other opening
11. Other

CARD F8

1. Slipping or tripping
2. Jumping or diving
3. Bumping into an object or another person
4. Being shoved or pushed by another person
5. Losing balance or having dizziness (becoming faint or having a seizure)
6. Other

CARD F9

1. Swallowing a drug or medical substance mistakenly or in overdose
2. Swallowing or touching a harmful solid or liquid substance
3. Inhaling harmful gases or vapors
4. Eating a poisonous plant or other substance mistaken for food
5. Being bitten by a poisonous animal
6. Other (specify)

CARD F10

You may choose up to two.

1. Driving or riding in a motor vehicle
2. Working at a paid job
3. Working around the house or yard
4. Attending school
5. Unpaid work (such as volunteer work)
6. Sports and exercise
7. Leisure activity (excluding sports)
8. Sleeping, resting, eating, or drinking
9. Cooking
10. Being cared for (hands-on care from other person)
11. Other (specify)

CARD F11

You may choose up to two.

1. Home (inside)
2. Home (outside)
3. School (not residential)
4. Child care center or preschool
5. Residential institution (excluding hospital)
6. Health care facility (including hospital)
7. Street or highway
8. Sidewalk
9. Parking lot
10. Sport facility, athletic field, or playground
11. Shopping center, restaurant, store, bank, gas station, or other place of business
12. Farm
13. Park or recreation area (including bike or jog path)
14. River, lake, stream, or ocean
15. Industrial or construction area
16. Other public building
17. Other

CARD F12

You may choose more than one.

1. Private health insurance*
2. Medicare
3. Medi-Gap
4. Medicaid
5. SCHIP (CHIP/Children's Health Insurance Program)
6. Military health care (TRICARE/VA/CHAMP-VA)
7. Indian Health Service
8. State-sponsored health plan
9. Other government program
10. Single service plan (e.g., dental, vision, prescriptions)
11. No coverage of any type

*EXCLUDE private plans that only provide extra cash while hospitalized.

CARD F13

Insert picture of Medicare card here.

CARD F14

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-
SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

FORTHCOMING

CARD F15

You may choose more than one.

1. Accidents
2. AIDS care
3. Cancer treatment
4. Catastrophic care
5. Dental care
6. Disability insurance (cash payments when unable to work for health reasons)
7. Hospice care
8. Hospitalization only
9. Long-term care (nursing home care)
10. Prescriptions
11. Vision care
12. Other (specify)

CARD F16

1. Through employer
2. Through union
3. Through workplace, but don't know if employer or union
4. Through workplace, self-employed or professional association
5. Purchased directly
6. Through a state/local government or community program
7. Other (specify)

CARD F17

1. 6 months or less
2. More than 6 months, but not more than 1 year ago
3. More than 1 year, but not more than 3 years ago
4. More than 3 years
5. Never

CARD F18

You may choose up to five.

1. Person in family with health insurance lost job or changed employers
2. Got divorced or separated/death of spouse or parent
3. Became ineligible because of age/left school
4. Employer does not offer coverage/ or not eligible for coverage
5. Cost is too high
6. Insurance company refused coverage
7. Medicaid/Medical plan stopped after pregnancy
8. Lost Medicaid/Medical plan because of new job or increase in income
9. Lost Medicaid (Other reason for losing Medicaid)
10. Other (specify)

CARD F19

0. Zero
1. Less than \$500
2. \$500 - \$1,999
3. \$2,000 - \$2,999
4. \$3,000 - \$4,999
5. \$5,000 or more

CARD F20

1. Yes, born in one of the 50 United States, or the District of Columbia
2. Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
3. Yes, born abroad to American parent(s)
4. Yes, U.S. citizen by naturalization
5. No, not a citizen of the United States

CARD F21

0. Never attended/kindergarten only
1. 1st grade
2. 2nd grade
3. 3rd grade
4. 4th grade
5. 5th grade
6. 6th grade
7. 7th grade
8. 8th grade
9. 9th grade
10. 10th grade
11. 11th grade
12. 12th grade, no diploma
13. GED or equivalent
14. HIGH SCHOOL GRADUATE
15. Some college, no degree
16. Associate's degree: occupational, technical, or vocational program
17. Associate's degree: academic program
18. Bachelor's degree (Example: BA, AB, BS, BBA)
19. Master's degree (Example: MA, MS, MEng, MEd, MBA)
20. Professional School degree (Example: MD, DDS, DVM, JD)
21. Doctoral degree (Example: Phd, EdD)

CARD F22

1. Working for pay at a job or business
2. With a job or business but not at work
3. Looking for work
4. Working, but not for pay, at a family-owned job or business
5. Not working at a job or business and not looking for work

CARD C1

1. Parent (Biological, adoptive or step)
2. Grandparent
3. Aunt/Uncle
4. Brother/Sister
5. Other relative
6. Legal Guardian
7. Foster parent
8. Other non-relative

CARD C2

You may choose more than one.

1. Down syndrome
2. Cerebral palsy
3. Muscular dystrophy
4. Cystic fibrosis
5. Sickle cell anemia
6. Autism/Autism spectrum disorder
7. Diabetes
8. Arthritis
9. Congenital heart disease
10. Other heart condition

CARD C3

0. Not true
1. Sometimes true
2. Often true

CARD C4

0. Never
1. 6 months or less
2. More than 6 months, but not more than 1 year ago
3. More than 1 year, but not more than 2 years ago
4. More than 2 years, but not more than 5 years ago
5. More than 5 years ago

CARD C5

0. None
1. 1
2. 2 - 3
3. 4 - 5
4. 6 - 7
5. 8 - 9
6. 10 - 12
7. 13 - 15
8. 16 or more

CARD C6

1. 1
2. 2 - 3
3. 4 - 5
4. 6 - 7
5. 8 - 9
6. 10 - 12
7. 13 - 15
8. 16 or more

CARD C7

1. Not true
2. Somewhat true
3. Certainly true

CARD C8

Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

1. No
2. Yes, minor difficulties
3. Yes, definite difficulties
4. Yes, severe difficulties

CARD C9

1. Pediatrician or family doctor
2. Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3. Speech, occupational or physical therapist
4. Religious or spiritual counselor or advisor
5. Probation or juvenile corrections officer or court counselor
6. Other

CARD A1

1. Working for pay at a job or business
2. With a job or business but not at work
3. Looking for work
4. Working, but not for pay, at a family-owned job or business
5. Not working at a job or business and not looking for work

CARD A2

1. An employee of a PRIVATE company, business, or individual for wages, salary, or commission
2. A FEDERAL government employee
3. A STATE government employee
4. A LOCAL government employee
5. Self-employed in OWN business, professional practice or farm
6. Working WITHOUT PAY in family-owned business or farm

CARD A3

1. 1-9 employees
2. 10-24 employees
3. 25-49 employees
4. 50-99 employees
5. 100-249 employees
6. 250-499 employees
7. 500-999 employees
8. 1000 employees or more

Card A4

You may choose more than one.

Place drawing of joints here.

CARD A5

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time

CARD A6

0. Not at all difficult
1. Only a little difficult
2. Somewhat difficult
3. Very difficult
4. Can't do at all
6. Do not do this activity

CARD A7

You may choose more than one.

1. Vision/problem seeing
 2. Hearing problem
 3. Arthritis/rheumatism
 4. Back or neck problem
 5. Fracture or bone/joint injury
 6. Other injury
 7. Heart problem
 8. Stroke problem
 9. Hypertension/high blood pressure
 10. Diabetes
 11. Lung/breathing problem (for example, asthma and emphysema)
 12. Cancer
 13. Birth defect
 14. Intellectual disability, also known as mental retardation
 15. Other developmental problem (for example, cerebral palsy)
 16. Senility
 17. Depression/anxiety/emotional problem
 18. Weight problem
- Other impairment/problem

CARD A8

0. Never
1. 6 months or less
2. More than 6 months, but not more than 1 year ago.
3. More than 1 year, but not more than 2 years ago
4. More than 2 years, but not more than 5 years ago
5. More than 5 years ago

CARD A9

0. None

1. 1

2. 2-3

3. 4-5

4. 6-7

5. 8-9

6. 10-12

7. 13-15

8. 16 or more

CARD A10

1. 1
2. 2-3
3. 4-5
4. 6-7
5. 8-9
6. 10-12
7. 13-15
8. 16 or more

CARD A11

1. It's unlikely you've been exposed to HIV
2. You were afraid to find out if you were HIV positive (that you had HIV)
3. You didn't want to think about HIV or about being HIV positive
4. You were worried your name would be reported to the government if you tested positive
5. You didn't know where to get tested
6. You don't like needles
7. You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
8. Some other reason (specify)
9. No particular reason

CARD ASI1

1. Gay
2. Straight, that is, not gay
3. Bisexual
4. Something else
5. I don't know the answer

CARD ASI2

1. Lesbian or gay
2. Straight, that is, not lesbian or gay
3. Bisexual
4. Something else
5. I don't know the answer

CARD ASI3

1. You are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexual
2. You are transgender, transsexual or gender variant
3. You have not figured out or are in the process of figuring out your sexuality
4. You do not think of yourself as having sexuality
5. You do not use labels to identify yourself
6. You mean something else

CARD ASI4

1. You don't understand the words
2. You understand the words, but you have not figured out or are in the process of figuring out your sexuality
3. You mean something else

CARD ASI5

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time