

60M Questionnaire - Adult

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | 60M |
| Administration: | N/A |
| Instrument Target: | Primary Caregiver |
| Instrument Respondent: | Primary Caregiver |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, CAI;Phone, CAI |
| OMB Approved Modes: | In-Person, CAI;Phone, CAI;Web-Based, CAI |
| Estimated Administration Time: | 2 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| Special Considerations: | N/A |
| Version: | 1.0 |
| MDES Release: | 4.0 |

\*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

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60M Questionnaire - Adult

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60M Questionnaire - Adult

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM CHARACTERS PERMITTED** | **DATA TYPE** | **PROGRAMMER INSTRUCTIONS** |
| ADDRESS AND EMAIL FIELDS | 100 | CHARACTER |  |
| UNIT AND PHONE FIELDS | 10 | CHARACTER |  |
| \_OTH AND COMMENT FIELDS | 255 | CHARACTER | * Limit text to 255 characters
 |
| FIRST NAME AND LAST NAME | 30 | CHARACTER | * Limit text to 30 characters
 |
| ALL ID FIELDS | 36 | CHARACTER |  |
| ZIP CODE | 5 | NUMERIC |  |
| ZIP CODE LAST FOUR | 4 | NUMERIC |  |
| CITY | 50 | CHARACTER |  |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | NUMERICCHARACTER | * DISPLAY AS MM/DD/YYYY
* STORE AS YYYY-MM-DD
* HARD EDITS:

MM MUST EQUAL 01 TO 12DD MUST EQUAL 01 TO 31YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC | * HARD EDITS:

HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59 |

**Instrument Guidelines for Participant and Respondent IDs:**

PRENATALLY, THE **P\_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

 POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER. THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R\_P\_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

**A REMINDER:**

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT\_CONSENT AND LINK\_PERSON\_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P\_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

HOUSEHOLD COMPOSITION AND DEMOGRAPHICS

**(TIME\_STAMP\_HCA\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PARTICIPANT ID (**P\_ID**) AND RESPONDENT ID (**R\_P\_ID**?) FOR ADULT CAREGIVER.
 |

**HCA01000.** Next, I’d like to ask some questions about your race and ethnicity.

**HCA02000/(ETHNIC\_ORIGIN).** Are you of Hispanic, Latino/a or Spanish origin?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **ETHNIC\_ORIGIN** = 1, TO TO **ETHNIC\_ORIGIN\_2**.
* IF **ETHNIC\_ORIGIN** ≠ 1 AND
	+ IF MODE = CAPI, GO TO **RACE\_NEW**.
	+ IF MODE = CATI, GO TO **RACE\_1**.
 |

**HCA03000/(ETHNIC\_ORIGIN\_2).** Are you one or more of the following?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY.
* PROBE: Anything else?
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Mexican, Mexican American, Chicano/a | 1 |  |
| Puerto Rican | 2 |  |
| Cuban | 3 |  |
| Another Hispanic, Latino/a, or Spanish origin | 4 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **ETHNIC\_ORIGIN\_2** = -5, OR ANY COMBINATION OF 1 THROUGH 4 AND -5, GO TO **ETHNIC\_ORIGIN\_2\_OTH**.
* IF **ETHNIC\_ORIGIN\_2** = ANY COMBINATION OF 1 THROUGH 4, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **ETHNIC\_ORIGIN\_2\_OTH**.
* IF **ETHNIC\_ORIGIN\_2** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **ETHNIC\_ORIGIN\_2\_OTH**.
 |

**HCA04000/(ETHNIC\_ORIGIN\_2\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF MODE = CAPI, GO TO **RACE\_NEW**.
* OTHERWISE, IF MODE = CATI, GO TO **RACE\_1**.
 |

**HCA05000/(RACE\_NEW).** What is your race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
* CODE “SOME OTHER RACE” ONLY IF VOLUNTEERED.
* PROBE: Anything else?
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| WHITE | 1 |  |
| BLACK OR AFRICAN AMERICAN | 2 |  |
| AMERICAN INDIAN OR ALASKA NATIVE | 3 |  |
| ASIAN INDIAN | 4 |  |
| CHINESE | 5 |  |
| FILIPINO | 6 |  |
| JAPANESE | 7 |  |
| KOREAN | 8 |  |
| VIETNAMESE | 9 |  |
| OTHER ASIAN | 10 |  |
| NATIVE HAWAIIAN | 11 |  |
| GUAMANIAN OR CHAMORRO | 12 |  |
| SAMOAN | 13 |  |
| OTHER PACIFIC ISLANDER | 14 |  |
| SOME OTHER RACE | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_NEW** = ANY COMBINATION OF 1 THROUGH 14, GO TO **PARTICIPANT\_SEX**.
* IF **RACE\_NEW** = -5, OR ANY COMBINATION OF 1 THROUGH 14 AND -5, GO TO **RACE\_NEW\_OTH**.
* IF **RACE\_NEW** =  -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **PARTICIPANT\_SEX**.
 |

**HCA06000/(RACE\_NEW\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | PARTICIPANT\_SEX |
| DON'T KNOW | -2 | PARTICIPANT\_SEX |

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| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * GO TO **PARTICIPANT\_SEX**.
 |

**HCA07000/(RACE\_1).** What is your race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES
* ONLY USE  “SOME OTHER RACE” IF VOLUNTEERED.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| White | 1 |  |
| Black or African American | 2 |  |
| American Indian or Alaska native | 3 |  |
| Asian | 4 |  |
| Native Hawaiian or other Pacific Islander | 5 |  |
| SOME OTHER RACE | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
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| PROGRAMMER INSTRUCTIONS |
| IF **RACE\_1** = ANY COMBINATION OF 1 THROUGH 3, GO TO **PARTICIPANT\_SEX**.IF **RACE\_1** = 4 OR ANY COMBINATION OF 4 AND 1, 2, 3, AND/OR 5, GO TO **RACE\_2**.IF **RACE\_1** = 5 OR ANY COMBINATION OF 5 AND 1 THROUGH 3, GO TO **RACE\_3**.IF **RACE\_1** = -5, OR ANY COMBINATION OF 1 THROUGH 5 AND -5, GO TO **RACE\_1\_OTH**.IF **RACE\_1** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **PARTICIPANT\_SEX**. |

**HCA08000/(RACE\_1\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| DATA COLLECTOR INSTRUCTIONS |
| * IF **RACE\_1** = 4 OR ANY COMBINATION OF 4 AND 1, 2, 3, AND/OR 5, GO TO **RACE\_2**.
* IF **RACE\_1** = 5 OR ANY COMBINATION OF 5 AND 1 THROUGH 3, GO TO **RACE\_3**.
* OTHERWISE, GO TO **PARTICIPANT\_SEX**.
 |

**HCA09000/(RACE\_2).** What is your race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Asian Indian | 1 |  |
| Chinese | 2 |  |
| Filipino | 3 |  |
| Japanese | 4 |  |
| Korean | 5 |  |
| Vietnamese | 6 |  |
| Other Asian | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
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| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_1** = ANY COMBINATION WITH 4 AND 5, GO TO **RACE\_3**.
* OTHERWISE, GO TO **PARTICIPANT\_SEX**
 |

**HCA10000/(RACE\_3).** What is your race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Native Hawaiian | 1 |  |
| Guamanian or Chamorro | 2 |  |
| Samoan | 3 |  |
| Other Pacific Islander | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
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**HCA11000/(PARTICIPANT\_SEX).** WHAT IS THE SEX OF THE PARENT/CAREGIVER?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * DO NOT ADMINISTER THIS QUESTION TO THE ADULT CAREGIVER.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| MALE | 1 |  |
| FEMALE | 2 |  |
| DON'T KNOW | -2 |  |

**HCA12000/(ENGLISH\_WELL ).** How well do you speak English? Would you say…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very well | 1 |  |
| Well | 2 |  |
| Not well | 3 |  |
| Not at all | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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**HCA13000/(HH\_NONENGLISH\_NEW).** Do you speak a language other than English at home?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | DIFF\_HEAR |
| REFUSED | -1 | DIFF\_HEAR |
| DON'T KNOW | -2 | DIFF\_HEAR |

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**HCA14000/(OTHER\_LANG ).** What is this language?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Spanish | 1 | DIFF\_HEAR |
| Other | -5 |  |
| REFUSED | -1 | DIFF\_HEAR |
| DON'T KNOW | -2 | DIFF\_HEAR |

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**HCA15000/(OTHER\_LANG\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
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**HCA16000/(DIFF\_HEAR).** Are you deaf or do you have serious difficulty hearing?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
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**HCA17000/(DIFF\_SEE).** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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**HCA18000/(DIFF\_CONCENTRATE).** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
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**HCA19000/(DIFF\_WALK).** Do you have serious difficulty walking or climbing stairs?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
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**HCA20000/(DIFF\_DRESS).** Do you have difficulty dressing or bathing?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
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**HCA21000/(DIFF\_ERRAND).** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**(TIME\_STAMP\_HCA\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |