



## 60M Questionnaire - Adult

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

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593\*). Do not return the completed form to this address.

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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	<ul style="list-style-type: none"> <li>• Limit text to 255 characters</li> </ul>
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> <li>• Limit text to 30 characters</li> </ul>
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	NUMERIC CHARACTER	<ul style="list-style-type: none"> <li>• DISPLAY AS MM/DD/YYYY</li> <li>• STORE AS YYYY-MM-DD</li> <li>• HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.</li> </ul>
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> <li>• HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59</li> </ul>

### **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)

### PROGRAMMER INSTRUCTIONS

- IF **ETHNIC\_ORIGIN** = 1, TO TO **ETHNIC\_ORIGIN\_2**.
- IF **ETHNIC\_ORIGIN** ≠ 1 AND
  - o IF **MODE** = CAPI, GO TO **RACE\_NEW**.
  - o 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	

**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)

**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	

**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)

**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	



Label	Code	Go To
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	

**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)

**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

**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)

**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	

#### 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)

#### 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	

#### 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)

#### 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	

#### 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)

#### 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	

#### 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)

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	

**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

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

**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

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

**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

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

Label	Code	Go To
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

**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	

**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

**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	

**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

**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	

**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

**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**

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

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**

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

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