**Attachment 2b**

**National Health and Nutrition Examination Survey (NHANES)**

**Multi-Mode Screening Feasibility Study Form**

Form Approved

OMB No. 0920-0950

Exp. Date 12/31/2017

**Assurance of confidentiality –** All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

Public reporting burden of this collection of information is estimated to average 20minutes 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333. ATTN: PRA (0920-0950).

**Questionnaire** **2016**

WEB SCREENER

PAGE 1 Welcome to the National Health and Nutrition Examination Survey (NHANES).

All the information that you give us is voluntary and will be kept in the strictest confidence. Your name will not be attached to any of your answers without your specific permission.

BEGIN THE SURVEY (PAGE 2)

Para completer en español, haga clic aquí ... (Spanish Screener)

Information will be collected under authority of Section 306 of the Public Health Service Act (42 USC 242k) with a guarantee of strict confidence. Other than for NCHS staff and their Agents, federal law (Section 308(d) of the Public Health Service Act (42 USC 242m), the Privacy Act of 1974 (5 USC 552a) and the Confidential Information Protection Act <http://aspe.hhs.gov/datacncl/privacy/titleV.pdf,)> forbid us from releasing any information that identifies you or your family to anyone, for any purpose, without your consent. These laws carry stiff fines (up to $250,000) and a jail term if we violate your privacy. Public reporting burden for this collection of information is estimated to average 6.7 hours 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0950).

The material embodied in this software is provided to you "as-is" and without warranty of any kind, express, implied or otherwise, including without limitation, any warranty of fitness for a particular purpose. In no event shall the Centers for Disease Control and Prevention (CDC) or the united states (u.S.) government be liable to you or anyone else for any direct, special, incidental, indirect or consequential damages of any kind, or any damages whatsoever, including without limitation, loss of profit, loss of use, savings or revenue, or the claims of third parties, whether or not CDC or the u.s. government has been advised of the possibility of such loss, however caused and on any theory of liability, arising out of or in connection with the possession, use or performance of this software.

SCQ.010 Are you 18 years or older?

YES 3

NO 1

WEBSITE INSTRUCTIONS:

DISPLAY ANSWERS AS RADIO BUTTONS. IF SCQN010 = 1, SKIP TO END AND PREVENT RESPONDENT FROM CHANGING ANSWERS OR LOGGING BACK INTO SURVEY.

DO NOT ADVANCE WITHOUT A RESPONSE.

NEXT (PAGE 2)

PREVIOUS………………………………………(PAGE 1)

PAGE 3 Is this the correct address?

{ADDITIONAL ADDRESS LINE}

{#} {DIRECTION} {STREET NAME} {STREET/ROAD/AVENUE} {DIRECTION}

{UNIT/APT/BLDG} {UNIT #} {PO BOX} {RURAL ROUTE #} {RURAL ROUTE BOX}

{CITY} {STATE} { ZIP}-{ZIP-4}

YES 1

NO 2

WEBSITE INSTRUCTIONS:

DISPLAY THE ADDRESS ASSOCIATED WITH USER NAME AND PASSWORD FROM ISIS DATABASE. DISPLAY ANSWERS AS RADIO BUTTONS.

DO NOT ADVANCE WITHOUT A RESPONSE.

NEXT (IF PAGE 3 = 1, GO TO SCQ.027; IF PAGE 3 = 2, CONTINUE)

PREVIOUS ………………………………(PAGE 1)

PAGE 4 Please enter your complete address.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET NUMBER STREET NAME APARTMENT NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_\_|\_\_\_\_| |\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

TOWN OR 2 LETTER ZIPCODE

CITY NAME STATE ABBREVIATION

NEXT (SCQ.027)

PREVIOUS………………………………………….(PAGE 3)

WEBSITE INSTRUCTIONS:

IF THE RESPONDENT ENTERS AN ADDRESS, SET A FLAG. THE FLAG INDICATES THAT THE ADDRESS NEEDS TO BE REVIEWED.

SCQ.027 is this a dormitory room?

YES 1

NO 2

WEBSITE INSTRUCTIONS:

DISPLAY ANSWERS AS RADIO BUTTONS.

DO NOT ADVANCE WITHOUT A RESPONSE.

NEXT ……………. (SCQ.090)

PREVIOUS………………………………………(PAGE 4)

PAGE 6 What is your name?

FIRST LAST

WEBSITE INSTRUCTION:

DISPLAY NAME FIELD AS TEXT ENTRY BOX. ALLOW BLANK ENTRIES, EXCEPT IN FIRST NAME FIELD.

NEXT (SCQ.090)

PREVIOUS………………………………………….(SCQ.027)

SCQ.090 To begin, how many people live in this household? Please do not include anyone who usually lives somewhere else.

\_\_\_\_\_\_\_\_

NUMBER

WEBSITE INSTRUCTION:

DISPLAY NUMBER FIELD AS TEXT ENTRY BOX. DO NOT ALLOW MORE THAN 2 DIGITS TO BE ENTERED.

DO NOT ADVANCE WITHOUT A RESPONSE.

NEXT (SCQ.130)

PREVIOUS………………………………… (PAGE 6)

SCQ.130 What are the names of all of the other persons living here? Start with the name of the person, or one of the persons, who owns or rents this home. If members of your household have the same name, please fill out the last name and/or suffix fields (Please remember not to include anyone who usually lives somewhere else.)

PROBE: Any others?

\_\_\_\_\_\_   
 FIRST LAST SUFFIX

WEBSITE INSTRUCTIONS:

DISPLAY NAME ENTERED IN PAGE 6 AS FIRST ENTRY. DISPLAY OTHER NAME FIELDS AS TEXT ENTRY BOXES. NUMBER OF ROWS SHOULD MATCH NUMBER OF PERSONS ENTERED IN SCQ.090. ALLOW RESPONDENT TO ADD AND DELETE ROWS. ALLOW MISSING VALUES AS LONG AS THERE IS AN ENTRY IN THE FIRST NAME FIELD.

NEXT (SCQ.145)

PREVIOUS………………………………………(SCQ.090)

SCQ.145 You have entered {TOTAL # OF PERSONS ENUMERATED} {person/people} living here --

\_\_\_\_\_\_ \_\_\_\_\_\_\_  
 FIRST LAST SUFFIX GENDER

NEXT (SCQ.150)

PREVIOUS (SCQ.130)

|  |  |  |
| --- | --- | --- |
| Did you miss . . . | | |
| SCQ.150 …any babies or small children? | YES……1 | NO……2 |
| SCQ.160 …any lodgers, boarders, or persons in your employ who live here? | YES……1 | NO……2 |
| SCQ.170 …anyone who usually lives here but is now away from home? | YES……1 | NO……2 |
| SCQ.180 …anyone else living or staying here? | YES……1 | NO……2 |

WEBSITE INSTRUCTIONS:

THE SWEEP QUESTIONS (SCQ.150, 160, 170 AND 180) SHOULD BE DISPLAYED ON A SINGLE SCREEN. DISPLAY THE ANSWERS AS RADIO BUTTONS. A "YES" RESPONSE TO ANY SWEEP QUESTION BRINGS UP THE HOUSEHOLD COMPOSITION MATRIX (SCQ.130) AND INSERTS A NEW ROW FOR ENTRY OF NAME.

DO NOT ADVANCE WITHOUT A RESPONSE FOR EACH QUESTION.

NEXT (BOX 2)

PREVIOUS…………………………………… (SCQ.145)

**BOX 2**

**CHECK ITEMS SCQ.150, SCQ.160, SCQ.170, SCQ.180:**

IF SCQ.150, 160, 170, OR 180 = 1, GO TO SCQ.195

ELSE, GO TO SCQ.130A.

SCQ.150N What are their names?

\_\_\_\_\_\_   
 FIRST LAST SUFFIX

WEBSITE INSTRUCTIONS:

DISPLAY NAME FIELDS AS TEXT ENTRY BOXES. ALLOW RESPONDENT TO ADD AND DELETE ROWS.. ALLOW MISSING VALUES AS LONG AS THERE IS AN ENTRY IN THE FIRST NAME FIELD.

NEXT (BOX 3)

PREVIOUS………………………………………(SCQ.180)

**BOX 3**

**CHECK ITEM SCQ.193:**

IF SCQ.027 = YES (1), CODE SCQ.195 AS “YES” (1) AND GO TO SCQ.220; ELSE

CONTINUE.

SCQ.195 Do any of the persons in this household have a home anywhere else?

STUDENTS LIVING AWAY AT SCHOOL ARE CONSIDERED TO HAVE A HOME SOMEWHERE ELSE.

YES 1

NO 2

Don’t Know 9

Refuse 7

WEBSITE INSTRUCTIONS:

DISPLAY ANSWERS AS RADIO BUTTONS.

DO NOT ADVANCE WITHOUT A RESPONSE.

NEXT (SCQ.210 IF 1, SCQ.220 IF 2, 9, 7)

PREVIOUS………………………………………(SCQ.180 or SCQ.150NA)

SCQ.210 Where does {NAME} usually live and sleep; here or somewhere else?

Name Live Here

WEBSITE INSTRUCTIONS:

DISPLAY “NAME” AND “LIVE HERE” COLUMNS IN A GRID. DISPLAY ANSWER CATEGORIES IN A DROPDOWN MENU.

HERE 1

SOMEWHERE ELSE 2

Don’t Know 9

Refuse 7

DO NOT ADVANCE WITHOUT A RESPONSE..

NEXT (SCQ.220)

PREVIOUS………………………………………(SCQ.195)

WEBSITE INSTRUCTIONS: IF “1”, “9”, OR “7” IS SELECTED, LEAVE THE PERSON ON THE HH COMPOSITION MATRIX; ELSE

IF “2” IS SELECTED AND THIS IS A SINGLE PERSON HOUSEHOLD, OR IF “2” HAS BEEN SELECTED FOR ALL HOUSEHOLD MEMBERS, THE HOUSEHOLD IS “INELIGIBLEE.” SET A FLAG TO INDICATE THE ADDRESS IS NOT USED A PERMANENT RESIDENCE. ELSE

IF “2” IS SELECTED FOR AT LEAST ONE PERSON AND THE HOUSEHOLD IS MORE THAN A SINGLE PERSON HOUSEHOLD AND “2” HAS **NOT** BEEN SELECTED FOR **ALL** MEMBERS OF THE HH, SET A FLAG TO INDICATE THIS PERSON’S PERMANENT RESIDENCE WAS SOMEWHERE ELSE.

THE FLAG IS AN INDICATION TO REMOVE THIS PERSON FROM THE HOUSEHOLD DURING BACKEND DATA PROCESSING.

SCQ.220 Are {you/any of the persons in this household} now on full-time active duty with the Armed Forces of the United States?

YES 1

NO 2

Don’t Know 9

Refuse 7

WEBSITE INSTRUCTIONS: DISPLAY ANWER CHOICES AS RADIO BUTTONS. DO NOT ADVANCE WITHOUT A RESPONSE.

NEXT (SCQ.230 IF 1, SCQ.245 IF 2, 9, 7)

PREVIOUS…………………………………… (SCQ.195 OR SCQ.210)

WEBSITE INSTRUCTIONS: IF CODED “1” AND THIS IS A SINGLE PERSON HOUSEHOLD, OR IF ALL HOUSEHOLD MEMBERS ARE "1", THE HOUSEHOLD IS “INELIGIBLE.”

SCQ.230 Who is that?

Name Military

WEBSITE INSTRUCTIONS: DISPLAY FIRST AND LAST NAMES OF PERSONS LISTED ON THE HOUSEHOLD COMPOSITION MATRIX IN A LIST WITH DROPDOWN MENU OF ANSWER CHOICES IN THE MILITARY COLUMN. DO NOT DISPLAY THE NAMES OF ANYONE FOR WHOM SCQ.210 = 2.

YES 1

NO 2

Don’t Know 9

Refuse 7

DO NOT ADVANCE WITHOUT A RESPONSE..

NEXT (SCQ.240)

PREVIOUS………………………………………(SCQ.220)

SCQ.240 Where does {NAME} usually live and sleep; here or somewhere else?

HERE 1

SOMEWHERE ELSE 2

Don’t Know 9

Refuse 7

WEBSITE INSTRUCTIONS: DISPLAY ANSWER CHOICES AS RADIO BUTTONS.

DO NOT ADVANCE WITHOUT A RESPONSE.

.

NEXT (SCQ.245)

PREVIOUS…………………………………… .(SCQ.230)

IF “2” IS ENTERED, SET A FLAG TO INDICATE PERSON’S PERMANENT RESIDENCE WAS SOMEWHERE ELSE. THE FLAG IS AN INDICATION TO REMOVE THIS PERSON FROM THE HOUSEHOLD DURING BACKEND DATA PROCESSING.

IN THE EVENT THAT THE PERSON BEING FLAGGED AS LIVING “SOMEWHERE ELSE” IS THE REFERENCE PERSON, IDENTIFICATION OF A NEW REFERENCE PERSON IS REQUIRED. RE-APPLY THE REFERENCE PERSON EDIT LOGIC TO IDENTIFY THE REFERENCE PERSON AS THE FIRST PERSON ON THE ENUMEARATION TABLE.

SCQ.245 Has anyone who lives here ever served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard? {Do not include anyone you just entered who is currently on active duty.}

YES 1

NO 2

Don’t Know 9

Refuse 7

WEBSITE INSTRUCTIONS:

DISPLAY 3 ONLY IF SCQ.220 = 1.

DISPLAY ANSWER CHOICES AS RADIO BUTTONS. DO NOT ADVANCE WITHOUT A RESPONSE.

.

NEXT (SCQ.247 IF 1, SCQ.250 IF 2, 9, 7)

PREVIOUS…………………………………… .(SCQ.220 OR SCQ.245)

SCQ.247 Who is that?

NAME EVER SERVED IN MILITARY

WEBSITE INSTRUCTIONS: DISPLAY FIRST AND LAST NAMES OF ALL PERSONS LISTED ON THE HOUSEHOLD COMPOSITION MATRIX IN A LIST WITH DROPDOWN MENU OF ANSWER CHOICES IN THE MILITARY COLUMN. DO NOT DISPLAY THE NAMES OF ANYONE FOR WHOM SCQ.210 OR SCQ.240 = 2.

YES 1

NO 2

Don’t Know 9

Refuse 7

DO NOT ADVANCE WITHOUT A RESPONSE..

NEXT (SCQ.250)

PREVIOUS………………………………………(SCQ.245)

**BOX 4**

START SCQ.130A – BOX 6 LOOP. ASK ABOUT EACH PERSON INDIVIDUALLY, STARTING WITH THE RESPONDENT. FOR QUESTIONS TO THE RESPONDENT, DISPLAY “YOU” AND “YOURSELF” IN THE QUESTION TEXT.

SCQ.130A Next, we will ask about each person individually. What is {your/NAME’s} gender?

MALE 1

FEMALE 2

Don’t Know 9

Refuse……………………………………………. 7

WEBSITE INSTRUCTIONS

DISPLAY GENDER CHOICES IN DROPDOWN MENU.

DO NOT ADVANCE WITHOUT A RESPONSE FOR GENDER.

NEXT (SCQ.260)

PREVIOUS………………………………………(SCQ.247 OR SCQ.245)

SCQ.260 [Do you/Does NAME] consider [yourself/himself/herself] to be Hispanic, Latino, or of Spanish origin?

YES 1

NO 2

Don’t Know 9

Refuse 7

WEBSITE INSTRUCTIONS:

DISPLAY ANSWER CHOICES AS RADIO BUTTONS.

DO NOT ADVANCE WITHOUT A RESPONSE.

NEXT (SCQ.270)

PREVIOUS…………………………………… .(SCQ.130A)

SCQ.270 What race do you consider {yourself/NAME} to be? Please select one or more.

* **American Indian or Alaska Native**
* **Asian**
* Asian Indian
* Cambodian
* Chinese
* Filipino
* Hmong
* Japanese
* Korean
* Laotian
* Pakistani
* Thai
* Vietnamese
* Other Asian
* **Black or African American**
* **Native Hawaiian or Pacific Islander**
* **White**

CHECK ALL THAT APPLY.

AMERICAN INDIAN OR ALASKAN NATIVE 1

ASIAN 2

BLACK OR AFRICAN AMERICAN 3

NATIVE HAWAIIAN OR PACIFIC ISLANDER 4

WHITE 5

OTHER 6

WEBSITE INSTRUCTIONS: DISPLAY ANSWER CHOICES AS CHECKBOXES. ALLOW BLANK RESPONSES.

NEXT (BOX 5A)

PREVIOUS…………………………………… .(SCQ.260)

**BOX 5A**

**CHECK ITEM SCQ.270C:**

CHECK SCQ.260. IF PERSON LISTED AS **NOT** HISPANIC (CODE 2), CONTINUE.

OTHERWISE, GO TO SCQ.300.

**BOX 5B**

**CHECK ITEM SCQ.270D:**

CHECK SCQ.270 – IF PERSON’S RACE = CODE 6 (OTHER) AND DOES **NOT** = CODE 2 OR CODE 3 (ASIAN OR BLACK), CONTINUE.

OTHERWISE, GO TO SCQ.300

SCQ.280 Do any of these groups represent {your/NAME’s} national origin or ancestry?

|  |  |
| --- | --- |
| Asian Indian | Korean |
| Bangladeshi | Laohmong |
| Bengalese | Laotian |
| Bharat | Madagascar/ Malagasy |
| Bhutanese | Malaysian |
| Burmese | Maldivian |
| Cambodian | Mong |
| Cantonese | Nepalese |
| Chinese | Nipponese |
| Dravidian | Okinawan |
| East Indian | Pakistani |
| Filipino | Siamese |
| Goanese | Singaporean |
| Hmong | Sri Lankan |
| Indochinese | Taiwanese |
| Indonesian | Thai |
| Iwo Jiman | Vietnamese |
| Japanese |  |

YES 1

NO 2

Don’t Know 9

Refuse 7

WEBSITE INSTRUCTION: DISPLAY ANSWER CHOICES AS RADIO BUTTONS. DO NOT ADVANCE WITHOUT A RESPONSE.

NEXT (CONTINUE WITH WEBSITE

INSTRUCTION SCQ.282 IF SCQ.280=1, OTHERWISE, GO TO BOX SCQ.300)

PREVIOUS…………………………………… .(SCQ.270)

SCQ.282 WEBSITE INSTRUCTION: ADD CODE #2 (ASIAN) AS RACE IN SCQ.270.

SCQ.300 About how old {are you/is NAME}?

|  |
| --- |
| Age Range Categories |
| 0-11 mos. |
| 1-2 yrs. |
| 3-5 yrs. |
| 6-11 yrs. |
| 12-19 yrs. |
| 20-29 yrs. |
| 30-39 yrs. |
| 40-49 yrs. |
| 50-59 yrs. |
| 60-69 yrs. |
| 70-79 yrs. |
| 80+ yrs. |
| Don’t Know……………….7 |
| Refuse…………………….9 |

WEBSITE INSTRUCTIONS: DISPLAY AGE RANGES IN A DROPDOWN MENU WITH DON’T KNOW AND REFUSE AS THE LAST TWO CHOICES IN THE MENU.

DO NOT ADVANCE WITHOUT A RESPONSE FOR EACH PERSON.

NEXT (SCQ.301)

PREVIOUS…………………………………… .(SCQ.292)

**BOX 6**

**CHECK ITEM SCQ.282A:**

CYCLE TRHOUGH SCQ.130A – BOX 6 FOR EACH REMAINING PERSON IN THE HOUSEHOLD. IF NO NEXT PERSON, CONTINUE.

SCQ.301 WEBSITE INSTRUCTIONS: DISPLAY NAME, GENDER, ETHNICITY, RACE, AND AGE FOR EACH ENUMERATED PERSON.

NEXT (BOX 7)

PREVIOUS…………………………………… .(SCQ.300)

**BOX 7**

**CHECK ITEM SCQ.315:**

IF SAMPLING MESSAGE FOR LOW INCOME IS SET, CONTINUE; ELSE

GO TO SCQ.430.

**BOX 8**

**CHECK ITEM SCQ.320:**

IF SCQ.027 = YES (1), GO TO SCQ.430; ELSE

CONTINUE.

**BOX 9**

**CHECK ITEM SCQ.325:**

IF **ALL** HOUSEHOLD MEMBER'S SAMPLED RACE/ETHNICITY = HISPANIC (1) OR BLACK (2) OR ASIAN, GO TO SCQ.430; ELSE

IF **ANY** HOUSEHOLD MEMBER'S SAMPLED RACE/ETHNICITY = WHITE/OTHER (3) AND ONE OR MORE PERSON'S IN THE HOUSEHOLD COULD MEET THE LOW INCOME SAMPLING CRITERIA AND THOSE PERSONS ARE NOT **ALL** ACTIVE MILITARY, CONTINUE; ELSE

GO TO SCQ.430.

**BOX 10**

**CHECK ITEM SCQ.330:**

IF **ALL** HOUSEHOLD MEMBER'S WHO WOULD MEET THE LOW INCOME SAMPLING CRITERIA ARE ALREADY SAMPLED BASED ON GENDER, ETHNICITY, RACE, AGE OR ARE ACTIVE MILITARY, GO TO SCQ.430; ELSE

CONTINUE.

SCQ.340 Please think for a moment about the various sources from which the members of this household received income during the last 12 months, that is from {CURRENT MONTH} {LAST YEAR IN 4-DIGITS} to {LAST MONTH} {CURRENT YEAR IN 4-DIGITS}. Thinking about all the sources of income, please tell me whether the total income received by the members of this household during the last 12 months was more or less than {DISPLAY EXACT THRESHOLD DOLLAR AMOUNT FOR # OF PEOPLE LIVING IN HOUSEHOLD}.

Note: if income is equal to {display exact threshold dollar amount for # of people living in household}, select 'less.’

WEBSITE INSTRUCTIONS: DISPLAY 1.85 TIMES THE AMOUNT IN TABLE BELOW (185%).

INCOME THRESHOLDS:

|  |  |
| --- | --- |
| **2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia** | |
| **Persons in family** | **Poverty guideline** |
| 1 | $11,770 |
| 2 | 15,930 |
| 3 | 20,090 |
| 4 | 24,250 |
| 5 | 28,410 |
| 6 | 32,570 |
| 7 | 36,730 |
| 8 | 40,890 |
| For families/households with more than 8 persons, add $4,160 for each additional person. | |

**SOURCE:**  *Federal Register No. 80FR3236, January 22, 2015, pp. 3236-3237*

MORE 1

LESS 2

Don’t Know 9

Refuse 7

WEBSITE INSTRUCTIONS: DISPLAY ANSWER CHOICES AS RADIO BUTTONS. DO NOT ADVANCE WITHOUT A RESPONSE.

NEXT (SCQ.430)

PREVIOUS…………………………………… .(SCQ.301)

SCQ.430 Please enter your telephone number in case we need to contact you.

SFQ.230

( ) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

TELEPHONE NUMBER TYPE

WORK 1

RELATIVE’S HOME 2

NEIGHBOR’S HOME 3

CELL PHONE 4

OTHER 5

Don’t Know 9

Refuse 7

WEBSITE INSTRUCTIONS: DISPLAY HOME TELEPHONE FIELDS AS OPEN TEXT ENTRY. ALLOW BLANK ENTRIES. DISPLAY TYPE FIELD WITH ANSWER CHOICES IN A DROP DOWN MENU

NEXT (SCQ.440)

PREVIOUS…………………………………… .(SCQ.301 OR 340))

SCQ.440a In whose name is the telephone listed?

SFQ.240a

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

FIRST LAST

UNLISTED 1

NOT ON LIST 2

Don’t Know 9

Refuse 7

WEBSITE INSTRUCTIONS: DISPLAY HH ROSTER AS DROPDOWN MENU, INCLUDING THE OPTIONS OF “UNLISTED”, “NOT ON LIST,” “DON’T KNOW,” AND “REFUSE.”

DO NOT ADVANCE WITHOUT A RESPONSE.

NEXT (IF SCQ.440A = 2, CONTINUE. ELSE, GO TO BOX 11)

PREVIOUS…………………………………… .(SCQ.430)

SCQ.440b [In whose name is the telephone listed?]

SFQ.240b

Name \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

{FIRST} {LAST} (BOX 11)

WEBSITE INSTRUCTION: DISPLAY NAME FIELDS AS OPEN TEXT ENTRY FIELDS. DO NOT ADVANCE WITHOUT A RESPONSE.

NEXT (CONTINUE)

PREVIOUS…………………………………… .(SCQ.430 OR 440a)

**BOX 11**

**CHECK ITEM SCQ.465:**

DISPLAY MESSAGE TO RESPONDENT:

“Thank you for taking the time to complete this important survey. One of our representatives may visit your home to talk to you about the opportunity to continue to take part in the National Health and Nutrition Examination Survey (NHANES).

If you have any questions, please call ### or visit www.cdc.gov/NHANES.”