

Attachment 3d
2015-16 NHANES
HAND CARDS



December 2014

SP

PFQ1

No difficulty

Some difficulty

Much difficulty

Unable to do

Do not do this activity

PFQ2

Arthritis/rheumatism

Back or neck problem

Birth defect

Cancer

Depression/anxiety/
emotional problem

Other developmental
problem (such as
cerebral palsy)

Diabetes

Fractures, bone/joint
injury

Hearing problem

Heart problem

Hypertension/high blood
pressure

Lung/breathing problem

Mental retardation

Other injury

Senility

Stroke problem

Vision/problem seeing

Weight problem

Other
impairment/problem

HEQ1

Prescribed Medicines for Hepatitis B

Adefovir

Alinia

Baraclude

Entecavir

Epivir

Epivir HBV

Hepsera

Interferon / Peginterferon

Intron A

Lamivudine

Nitazoxanide

Pegasys

Roferon-A

Telbivudine

Tenofovir

Tyzeka

Viread

HEQ2

Prescribed Medicines for Hepatitis C

Alinia

Boceprevir

Copegus

Incivek

Infergen

Interferon / Peginterferon

Intron A

Nitazoxanide

Olysio (simeprevir)

Pegasys

Pegintron

Rebetol

Rebetron

Ribapak

Ribasphere

Ribatab

Ribavirin

Roferon-A

Sovaldi (sofosbuvir)

Sylatron

Telaprevir

Victrelis

Virazole

DIQ1

Prediabetes

Impaired fasting glucose

Impaired glucose tolerance

Borderline diabetes

DIQ2

Risk Factors:

10. Family history
11. Overweight
12. Age
13. Poor diet
14. Race
15. Had a baby that weighed over 9 lbs. at birth
16. Lack of physical activity or sedentary lifestyle

Medical Conditions:

17. High blood pressure
18. High blood sugar
19. High cholesterol
20. Hypoglycemic

Experienced Symptoms:

21. Extreme hunger
22. Tingling/numbness in hands or feet
23. Blurred vision
24. Increased fatigue

Other Factors:

25. Anyone could be at risk
26. Doctor warning
27. Other, specify
28. Gestational diabetes
29. Frequent urination
30. Thirst

DIQ3

Less than 6

Less than 7

Less than 8

Less than 9

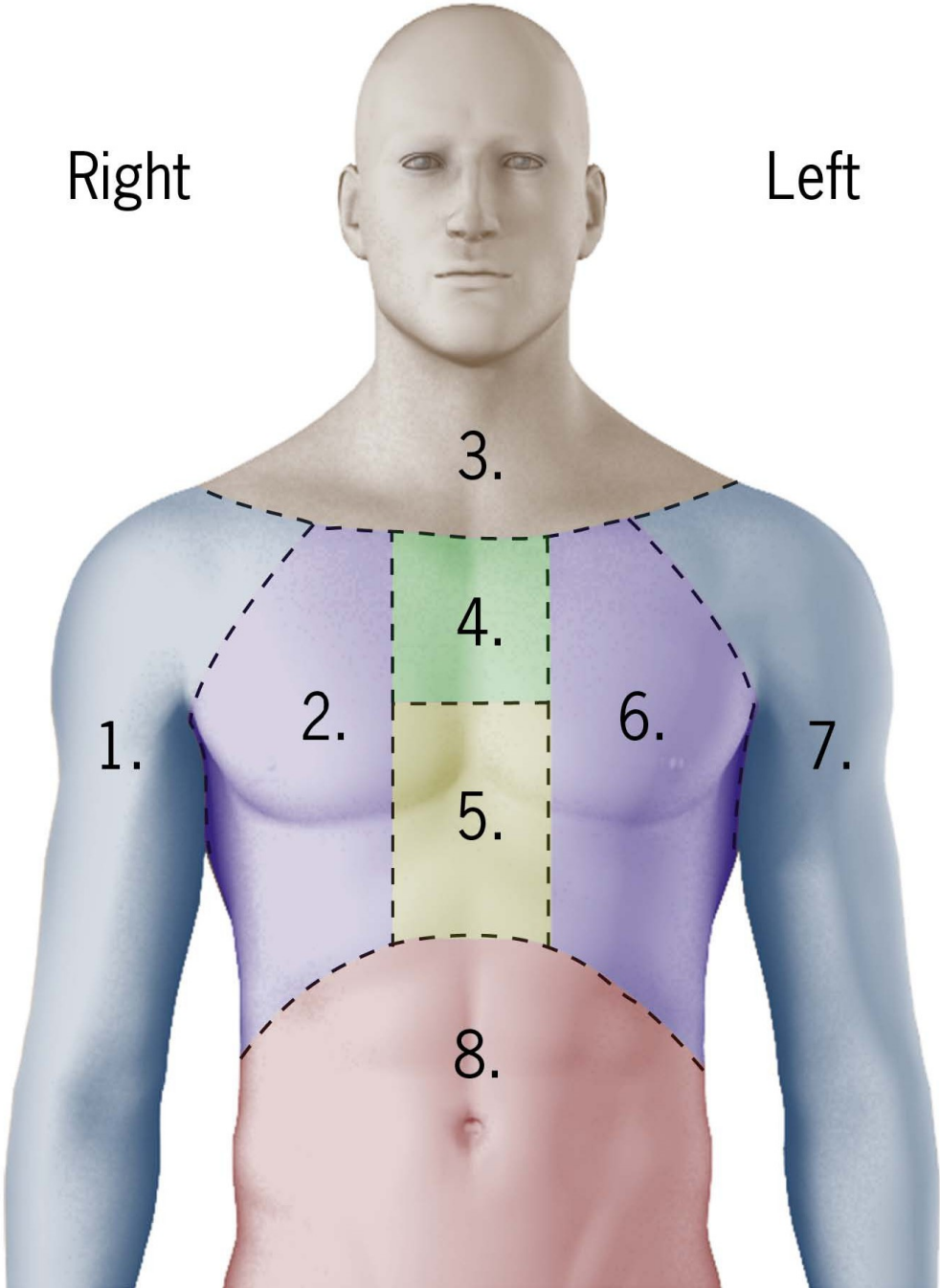
Less than 10

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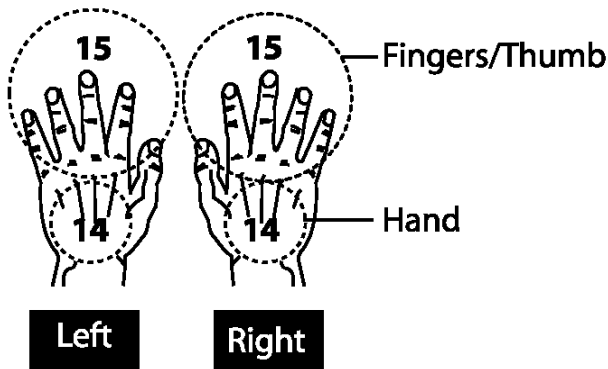
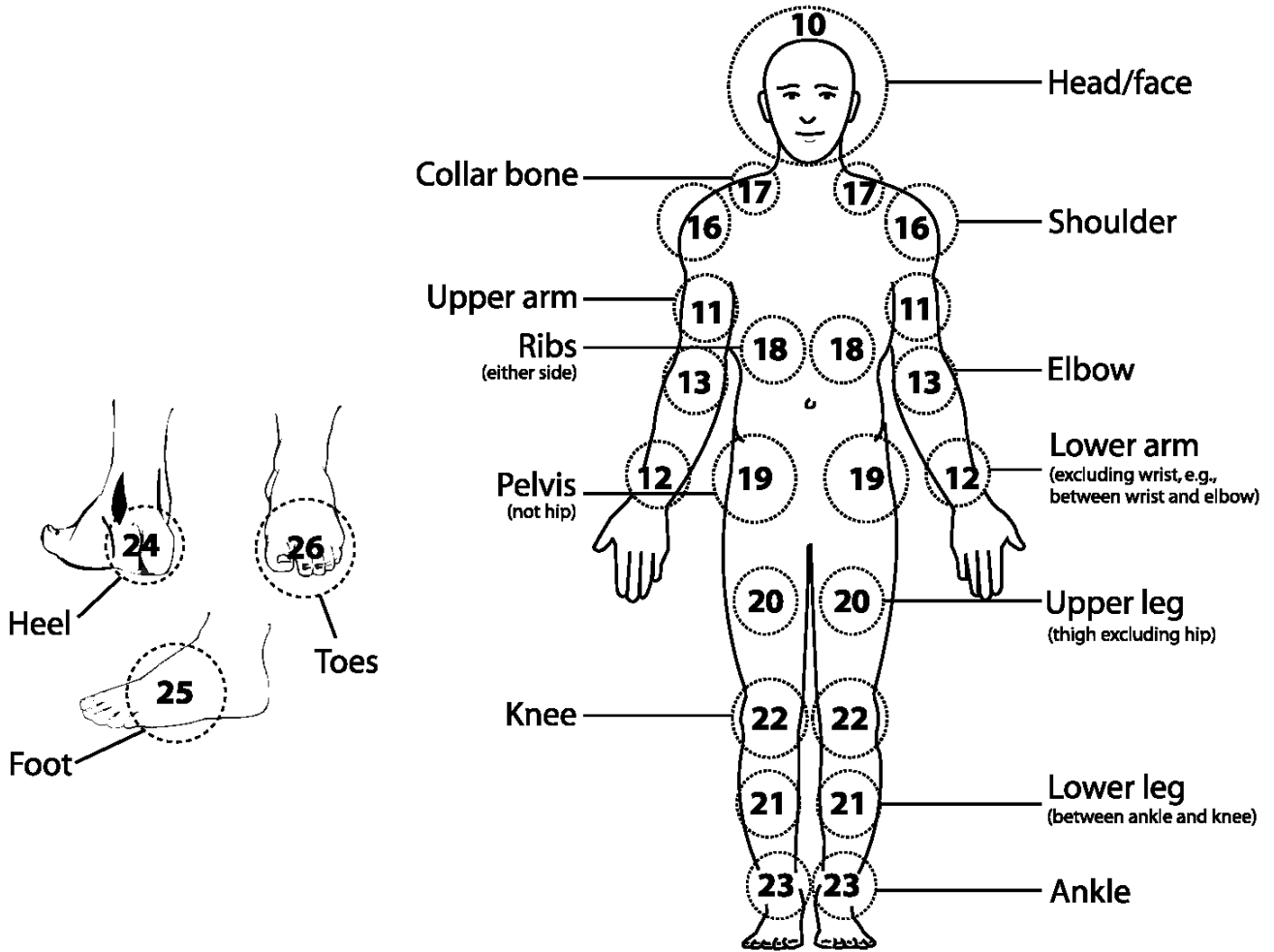
CDQ1

Right

Left



OSQ1



= Fracture

OSQ2

Prescribed Medicines for Osteoporosis

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OSQ3

Hip
replacement

Knee
replacement

Plates or
pins to fix a
broken bone

Dental
implants
(posts)

Metal
sutures or
clips

Stents

Pacemakers

AUQ1

Always

Usually

About half the time

Seldom

Never

AUQ2

Always

Usually

About half the time

Seldom

Never

No noise exposure past 12 months

DEQ1

Get a severe sunburn with blisters

A severe sunburn for a few days
with peeling

Mildly burned with some tanning

Turning darker without a sunburn

Nothing would happen in half an
hour

Other

DEQ2

Always

Most of the time

Sometimes

Rarely

Never

OHQ1

Could not afford
the cost

Did not want to
spend the
money

Insurance did
not cover
recommended
procedures

Dental office is
too far away

Dental office is
not open at
convenient
times

Another dentist
recommended
not doing it

Afraid or do not
like dentists

Unable to take
time off from
work

Too busy

I did not think
anything
serious was
wrong/expected
dental problems
to go away

OHQ2

Very
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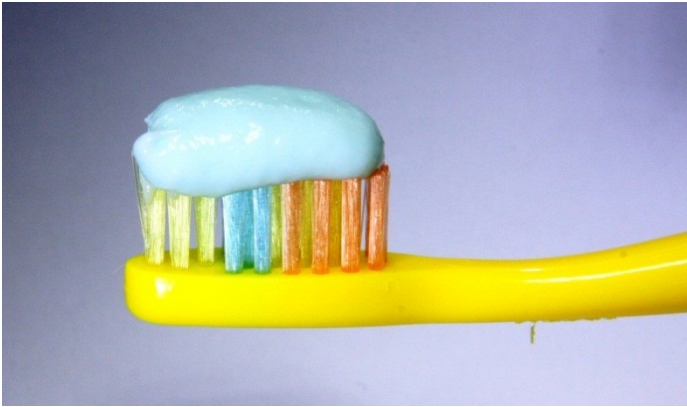
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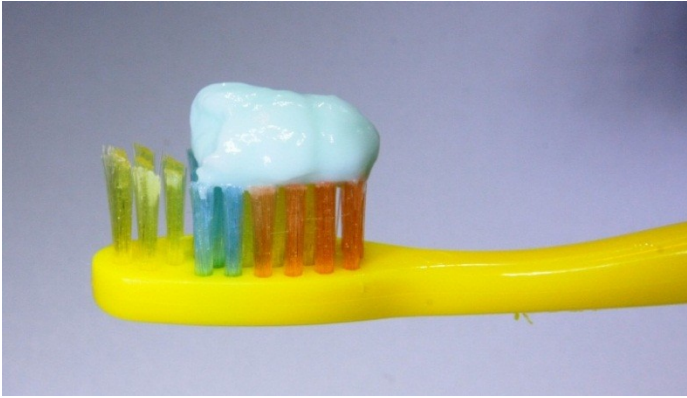
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OHQ3

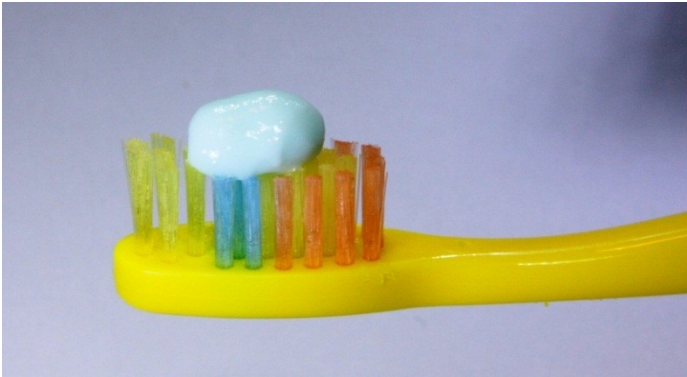
1. Full load



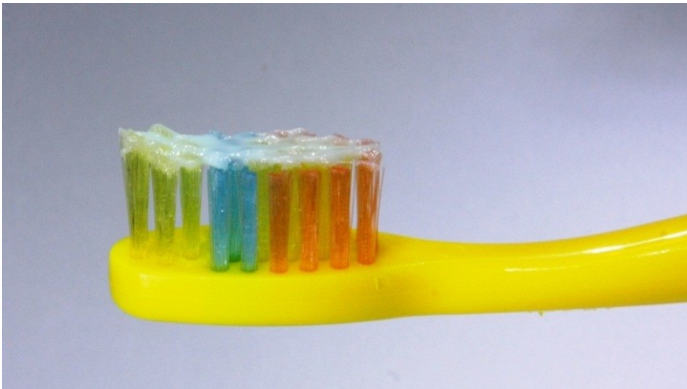
2. Half load



3. Pea size



4. Smear



PAQ1

Base

ball/

softb

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etball

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e ball

Chee

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PAQ2

Strongly
agree

Agree

Neither
agree
nor
disagree

Disagree

Strongly
disagree

SLQ1

Never

Rarely – 1
time a month

Sometimes –
2 to 3 times a
month

Often – 5 to
15 times a
month

Almost always
– 15 to 30
times a month

DBQ1

Never

Rarely – less than once a week

Sometimes – once a week or more, but
less than once a day

Often – once a day or more

DBQ2

A **regular** milk drinker for **most** or **all** of lifetime, including childhood

Never has been a **regular** milk drinker

Milk drinking has **varied** over lifetime – sometimes has been a **regular** milk drinker and sometimes has **not** been a regular milk drinker

DBQ3

Never

Rarely – less than once a week

Sometimes – once a week or more, but
less than once a day

Often – once a day or more

DBQ4

EXAMPLES OF FROZEN MEALS & FROZEN PIZZAS



DBQ5

Often

Sometimes

Rarely

Never

WHQ1

Ate less food (amount)

Switched to foods with lower calories

Ate less fat

Ate fewer carbohydrates

Exercised

Skipped meals

Ate "diet" foods or products

Used a liquid diet formula such as Slimfast or Optifast

Joined a weight loss program such as Weight Watchers, Jenny Craig, Tops, or Overeaters Anonymous

Followed a special diet such as Dr. Atkins, South Beach, other high protein or low carbohydrate diet, cabbage soup diet, Ornish, Nutrisystem, Body-for-Life

Took diet pills prescribed by a doctor

Took other pills, medicines, herbs or supplements not needing a prescription

Started to smoke or began to smoke again

Took laxatives or vomited

Had weight loss surgery

Drank a lot of water

Ate more fruits, vegetables, salads

Ate less sugar, candy, sweets

Changed eating habits (didn't eat late at night, ate several small meals a day)

Ate less junk food or fast food

Other (Specify)

WHQ2

Gastric bypass (Roux-en-Y gastric bypass)

Gastric banding (adjustable gastric banding or gastric stapling)

Bariatric sleeve (sleeve gastrectomy)

Duodenal switch (biliopancreatic diversion OR biliopancreatic diversion with a duodenal switch)

SMQ1

Include

Cigarette 



Hand Rolled Cigarette

Do NOT Include

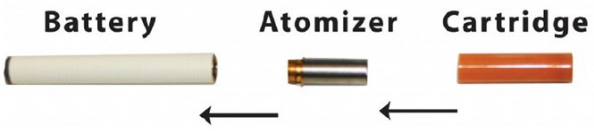
Little Cigar 

Cigarillo (Tipped) 

Cigarillo 

Cigar 

Cigar Images Courtesy of Legacy®

E-cigarette 

© 2009 K. Nacheff

SMQ2

Cigars, cigarillos and little filtered cigars



SMQ3

E-cigarettes and other vaping devices



SMQ4

Smokeless tobacco products



OCQ1

An employee of a **private** company, business, or individual for wages, salary, or commission

A **federal** government employee

A **state** government employee

A **local** government employee

Self-employed in **own** business, professional practice or farm

Working **without pay** in family business or farm

OCQ2

Always

Usually

About half the time

Seldom

Never

No noise exposure past 12 months

ACQ1

Only Spanish

More Spanish than English

Both equally

More English than Spanish

Only English

ACQ2

English

Chinese

Farsi/Persian

Hindi

Japanese

Khmer/Cambodian

Korean

Tagalog/Filipino

Urdu

Vietnamese

Other

DMQ1

Never

attended/kindergarten
only

1st grade

2nd grade

3rd grade

4th grade

5th grade

6th grade

7th grade

8th grade

9th grade

10th grade

11th grade

12th grade, no diploma

High school graduate

GED or equivalent

Some college, no degree

Associate degree:

Occupational,
technical, or vocational
program

Associate degree:

Academic program

Bachelor's degree
(example: BA, AB, BS,
BBA)

Master's degree
(example: MA, MS,
MEng, MEd, MBA)

Professional school
degree (example: MD,
DDS, DVM, JD)

Doctoral degree
(example: PhD, EdD)

DMQ2

September 2001 or later

August 1990 to August 2001 (including Persian Gulf War)

September 1980 to July 1990

May 1975 to August 1980

August 1964 to April 1975 (Vietnam Era)

March 1961 to July 1964

February 1955 to February 1961

July 1950 to January 1955 (Korean War)

January 1947 to June 1950

December 1941 to December 1946 (World War II)

November 1941 or earlier

DMQ3

D.

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- 11. Puerto Rican
- 12. Cuban
- 13. Dominican (Republic)

Central American:

- 14. Costa Rican
- 15. Guatemalan
- 16. Honduran
- 17. Nicaraguan
- 18. Panamanian
- 19. Salvadoran
- 20. Other Central American

South American:

- 21. Argentinean
- 22. Bolivian
- 23. Chilean
- 24. Colombian
- 25. Ecuadorean
- 26. Paraguayan
- 27. Peruvian
- 28. Uruguayan
- 29. Venezuelan
- 30. Other South American

Other Hispanic or Latino:

- 31. Filipino
- 32. Spaniard
- 33. Spanish
- 34. Spanish American
- 35. Hispano/Hispana
- 36. Hispanic/Latino
- 41. Chicana/Chicano

DMQ4

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

DMQ5

1. Native Hawaiian
2. Guamanian or Chamorro
3. Samoan
4. Other Pacific Islander

10. Asian Indian
11. Bangladeshi
12. Bengalese
13. Bharat
14. Bhutanese
15. Burmese
16. Cambodian
17. Cantonese
18. Chinese
19. Dravidian
20. East Indian
21. Filipino
22. Goanese
23. Hmong
24. Indochinese
25. Indonesian
26. Iwo Jiman
27. Japanese

28. Korean
29. Laohmong
30. Laotian
31. Madagascar/Malagasy
32. Malaysian
33. Maldivian
34. Mong
35. Nepalese
36. Nipponese
37. Okinawan
38. Pakistani
39. Siamese
40. Singaporean
41. Sri Lankan
42. Taiwanese
43. Thai
44. Vietnamese

DMQ7

Yes, born in United States

Yes, born in Puerto Rico, Guam,
American Virgin Islands, or other
U.S. territory

Yes, born abroad to American parents

Yes, U.S. citizen by naturalization

No, not a
citizen of the
United
States

HIQ1

Private health insurance

Medicare

Medi-gap

Medicaid

SCHIP (CHIP/Children's Health Insurance Program)

Military Health Care (Tricare/VA/Champ-VA)


Indian Health Service

State-sponsored health plan

Other government program

Single service plan (e.g., dental, vision, prescriptions)

HIQ2

MEDICARE			HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY			
JANE DOE			
MEDICARE CLAIM NUMBER		SEX	
000-00-0000-A		FEMALE	
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL	(PART A)	07-01-1986	
MEDICAL	(PART B)	07-01-1986	
SIGN HERE _____			
DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (↓) ADDRESS			

DSQ1a

VITAMINS	Calcium	Vitamin C	Calcium and Magnesium
MINERALS	Iron	Vitamin E	Calcium plus Vitamin D
ZINC			
MULTI-VITAMIN-- MULTI-MINERALS	Flintstones Tri-Vi-Flor	One a Day B-Complex	Prenatals Centrum
HERBALS AND BOTANICALS	Echinacea Ginkgo	Garlic Ginseng	Saw P
FIBER	Metamucil	Fibercon	Benefiber
AMINO ACIDS	Lysine	Methionine	Tryptophan
OTHERS	Fish Oil	Chondroitin	Glucosamine

DSQ1b

EXAMPLES OF ANTACIDS

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DSQ2

Decided to take it
for reasons of my
own

A doctor or other
health provider
told me to

DSQ3

To:

Build muscle
Gain weight
Get more energy
Improve digestion
Improve my overall health
Maintain health (to stay healthy)
Maintain healthy blood sugar level, diabetes
Prevent colds, boost immune system
Prevent health problems
Supplement my diet (because I don't get enough from food)

For:

Anemia, such as low iron
Bone health, build strong bones, osteoporosis
Eye health
Good bowel/colon health
Healthy Joints, arthritis
Healthy skin, hair, and nails
Heart health, cholesterol
Kidney and bladder health, urinary tract health
Liver health, detoxification, cleanse system
Menopause, hot flashes
Mental health
Muscle related issues, muscle cramps
Pregnancy/breastfeeding
Prostate health
Relaxation, decrease stress, improve sleep
Teeth, prevent cavities
Weight loss

FAMILY

DMQ1

Never

attended/kindergarten
only

1st grade

2nd grade

3rd grade

4th grade

5th grade

6th grade

7th grade

8th grade

9th grade

10th grade

11th grade

12th grade, no diploma

High school graduate

GED or equivalent

Some college, no degree

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technical, or vocational
program

Associate degree:

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(example: BA, AB, BS,
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Master's degree

(example: MA, MS,
MEng, MEd, MBA)

Professional school

degree (example: MD,
DDS, DVM, JD)

Doctoral degree

(example: PhD, EdD)

CBQ1

EXAMPLES OF PLACES OTHER THAN GROCERY STORES

Convenience
Stores (7-11,
Mini Mart)

Wholesale
Stores (Costco,
Sam's Club,
BJ's)

Target/ Wal-
Mart/ Kmart

Dollar Store

Bakeries

Meat Markets

Vegetable
stands

Farmer's
Markets

INQ1

U	II.	\$34,000 - \$34,999
.		\$20,000 - \$20,999
V.		\$21,000 - \$21,999
W.		\$22,000 - \$22,999
X.		\$23,000 - \$23,999
Y.		\$24,000 - \$24,999
Z.		\$25,000 - \$25,999
AA.		\$26,000 - \$26,999
BB.		\$27,000 - \$27,999
CC.		\$28,000 - \$28,999
DD.		\$29,000 - \$29,999
EE.		\$30,000 - \$30,999
FF.		\$31,000 - \$31,999
GG.		\$32,000 - \$32,999
HH.		\$33,000 - \$33,999

JJ. \$35,000 - \$39,999
KK. \$40,000 - \$44,999
LL. \$45,000 - \$49,999
MM. \$50,000 - \$54,999
NN. \$55,000 - \$59,999
OO. \$60,000 - \$64,999
PP. \$65,000 - \$69,999
QQ. \$70,000 - \$74,999
RR. \$75,000 - \$79,999
SS. \$80,000 - \$84,999
TT. \$85,000 - \$89,999
UU. \$90,000 - \$94,999
VV. \$95,000 - \$99,999
WW. \$100,000 and over

INQ2

A.	Less than \$1,000	K.	\$10,000 - \$10,999
B.	\$1,000 - \$1,999	L.	\$11,000 - \$11,999
C.	\$2,000 - \$2,999	M.	\$12,000 - \$12,999
D.	\$3,000 - \$3,999	N.	\$13,000 - \$13,999
E.	\$4,000 - \$4,999	O.	\$14,000 - \$14,999
F.	\$5,000 - \$5,999	P.	\$15,000 - \$15,999
G.	\$6,000 - \$6,999	Q.	\$16,000 - \$16,999
H.	\$7,000 - \$7,999	R.	\$17,000 - \$17,999
I.	\$8,000 - \$8,999	S.	\$18,000 - \$18,999
J.	\$9,000 - \$9,999	T.	\$19,000 - \$19,999

INQ3

Cash

Checking account

Saving accounts

CDs (Certificates of deposit)

Retirement accounts (such as IRAs, 401K, etc.)

Stocks

Bonds

Mutual funds

INQ4

A:
\$0 -
\$3,000

B:
\$3,001 -
\$5,000

C:
\$5,001 -
\$10,000

D:
\$10,001 -
\$15,000

E:
\$15,001 -
\$20,000

Cash

Checking account

Saving accounts

CDs (Certificates of deposit)

Retirement accounts (such as IRAs, 401K, etc.)

Stocks

Bonds

Mutual funds

INQ5

In my car

In a car that belongs to someone I live with

In a car that belongs to someone who lives elsewhere

Walk

Ride bicycle

Bus, subway or other public transit

Taxi or other paid driver

Someone else delivers groceries

Other

1

MEC

STEPS IN MAKING THE MEC APPOINTMENT

1. Inform the R that s/he has been randomly selected to participate in a health examination.
2. Inform the R that their household has been randomly selected for morning or afternoon/evening session.
3. Have the R read/sign the appropriate SP Consent/Assent Brochure.
4. Have the R read/complete the appropriate consent for specimen storage and continuing studies.
5. Arrange a general appointment date and time for the examination.
6. Complete the SP CAPI Appointment Module.
7. If necessary, have the R sign the Authorization for Transportation Arrangements for Person Under 18 Years of Age Form.
8. If necessary, tell the R that the field office will provide him/her with a school excuse letter.
9. Complete the appropriate appointment slip and review the instructions with the R.
10. Record all appointment information on the front cover of the Household Folder.
11. Make a closing statement to the R/Hand Certificate of Appreciation.

SUMMARY OF FORMS USED TO COMPLETE THE CONSENT PROCESS

	Household Interview Consent	Transport	MEC Consent/ Assent	MEC Child Assent	Future Research Consent/Assent	Birth Certificate
SP 0-11 Months	Signed by Parent	YES	Signed by Parent	N/A	N/A	Signed by Parent
SP 1-6 Years	Signed by Parent	YES	Signed by Parent	N/A	Signed by Parent	Signed by Parent
SP 7-11 Years	Signed by Parent	YES	Signed by Parent	Signed by Child	Signed by Parent & Child	Signed by Parent
SP 12-17 Years	Signed by Parent & Child (16-17)	YES	Signed by Parent & Child	N/A	Signed by Parent & Child	Signed by Parent (12-15)
SP 18+ Years	YES	N/A	YES	N/A	YES	N/A

MEC EXAMINATION COMPENSATION

SPs 16+ who agree to be examined at the preselected time slot	\$125
SPs 16+ who refuse to be examined at the preselected time slot	\$90
SPs 12-15 who agree to be examined at the preselected time slot	\$75
SPs 12-15 who refuse to be examined at the preselected time slot	\$60
SPs under age 12	\$40
NonSP parent (per trip)	\$20
Child/Adult care	\$5.25/hour
Transportation allowance	by area

INFORMATION ABOUT CHILD ABUSE

Physical child abuse is a serious and widespread problem. Every year more than a million children in the United States are abused, and between 2,000 and 5,000 die as a result of their injuries. Physicians are in a unique position to detect child abuse and are mandated by law to report such cases.

Physical abuse of a child is defined as the nonaccidental injury of a child. Some physical signs are unusual bruises, welts, burns or multiple broken bones. Usually, the injuries are more severe than those that could be attributed to the claimed cause.

CHILD ABUSE Q & A's

What do you mean by "clear evident of physical child abuse?"

This card contains information about and definition of "child abuse" obtained from two publications produced by the American Medical Association entitled "Diagnostic and Treatment Guidelines on Child Sexual Abuse" and "Child Physical Abuse and Neglect."

Why are the people working on the survey concerned about child abuse?

We are concerned about the health, safety, and proper treatment of all children and our physicians are mandated by state law to report such cases.

Who gave you the right to determine whether my child is being abused?

My purpose here today is to administer the Health and Nutrition Examination Survey questionnaire. However, the physicians in the Mobile Examination Center are mandated by federal law to report such cases.

What actions are taken in suspected cases of child abuse?

Investigations of suspected cases of child abuse are dependent upon the specific laws in your state.

Will the physician at the Mobile Examination Center tell me if s/he is reporting my child as being abused?

Yes, they will inform you of their intention to do so.

Where do you get your guidelines on child abuse?

Guidelines vary from state to state, but the guidelines our physician uses for reporting come from two publications produced by the American Medical Association entitled "Diagnostic and Treatment Guidelines on Child Sexual Abuse" and "Child Physical Abuse and Neglect."

Are your physicians mandated by law to report instances of physical abuse of adults?

The law mentioned in the consent form only applies to physical abuse of children.

How can I get more information about child abuse and how it is treated in the National Health and Nutrition Examination Survey project?

My supervisor can give you more information and can be reached at (Give current phone number of Field Operations Coordinator).

If I have more questions which you or your supervisor cannot answer, who else can I call?

You may call the agency in your state that deals with child abuse cases (Give agency number) or the person to contact on a national level is Dr. Kathryn S. Porter at the National Center for Health Statistics. Her toll free number is 1 800 452-6115.

AIDS INFORMATION SHEET

NHANES is a survey that looks at the health of the United States population, studying many diseases such as heart disease, diabetes, and osteoporosis. One of the major health issues in the United States is AIDS. Because it is such an important public health problem and scientists need to know how widespread the infection is in the general population, we plan to test the blood of everyone ages 18-59 years for AIDS infection.

You cannot get AIDS from any procedure in the mobile examination center. All needles used in obtaining your blood are sterile and are used only on you. All other equipment used during the examination is either disposable or sterilized after each use.

NHANES Text Messages

Fasting Text Reminder for Morning Appointments - SPs 12+

(Sent at 1:00 pm and 7:00 pm the day before the MEC exam appointment)

Your health exam is at 8:30am tomorrow morning. Please do not eat or drink anything except water after 11:30pm tonight.

Su examen de salud es mañana a las 8:30 de la mañana. Por favor no coma ni beba nada excepto agua después de las 11:30 de esta noche.

Call In Test Result Reminder Text - SPs 14-59

(Sent 3:00 pm 38 days after MEC exam if SP has not called in for test results)

Reminder: please call 888-301-2360 to get your password protected test results from the health survey.

Recordatorio: por favor llame al 888-301-2360 con su clave para obtener los resultados de su prueba de la encuesta de salud.

SP Age	Fluid Ounces	Equivalency in Tablespoons	Equivalency in Teaspoons	# of Tubes
1-2	.3	$\frac{1}{2}$	1 $\frac{1}{2}$	3
3-5	.5	$\frac{3}{4}$	2 $\frac{1}{4}$	4
6-11	1	2	6	5
12+	4	7-8	21-24	12

Interviewer Procedures for Identifying, Working with, and Paying Interpreters for Non-English and Non-Spanish Speaking Households and SPs

Identifying Language Needs

- Present Language Identification Card to identify respondent's language.
- If language identified is one in which an Introduction Card (Apple Card) is available, present Introduction Card to find good time to return with interpreter.
- Discuss situation with supervisor, including information on spoken language and a good time to return.

Minimum Qualifications for Identifying Interpreters

- Screener/Relationship Questionnaires: try to find a household member, friend or neighbor to assist in the conduct of interview.
- SP/Family Questionnaires: call SM before beginning interview to obtain approval.
- Interpreter must be age 18 or older.
- Interpreter must speak and understand English

as well as the respondent's language.

- If you cannot identify an interpreter, the Field Office staff will attempt to recruit one.

Procedures for Working with Interpreters

- If the interpreter is not a family or household member or arranged by FO, explain and have interpreter sign a Non-Disclosure Form.
- Record interpreter's name and contact information in CAPI instrument and inside Household Folder.
- Record household language at top of the Record of Contacts page.
- While interpreter available, obtain signature on appropriate study consent forms in one of the five translated languages (Spanish, Chinese Simplified, Chinese Traditional, Korean, Vietnamese).
 - Household Interview Consent.
 - Consent/Assent and Parental Permission for Examination at the Mobile Examination Center.

- Child Assent for the Examination at the Mobile Exam Center.
 - Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies with or without DNA.
 - Authorization for Transportation Arrangements for Persons Under 16 Years of Age.
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- If SP does not speak any of the translated consent form languages, use English Consent forms and have interpreter translate your explanation of each form.
 - When English consent forms are used for a non-English speaking SP, the interpreter will sign on the witness line.
 - Once all appropriate consents have been obtained, arrange for a MEC appointment following protocols.
 - Make sure identified interpreter can accompany the SP to the MEC.
 - When contacting Field Office for MEC appointment, have interpreter name and

contact information
available.

Training Interpreters

- Interpreter is recruited by the interviewer: Prior to conducting the SP/Family Questionnaires, use the NHANES Interpreter Protocol Handout to train the interpreter.

- Interpreter is arranged by the Field Office: Field Office training depends on amount and type of interpretation person is expected to conduct. Field Office interpreter training can include:
 - Overview of the study,
 - Review of the interpreter protocol, (Required)
 - Attendance at the MEC Dry-Run or tour of the MEC,
 - Review of the Confidentiality Brochure and Health Measurements List with a field staff member, and
 - Review of the Advance Letter and Outreach folder with study brochures to read

at home.
(Required)

Paying Interpreters

Do not discuss any payments with potential interpreters until receiving approval from the Study Manager. Below are some of the payments that may be approved.

- Household members:
Cannot be paid for their time.

- Non-household family, friends and neighbors:
Do not offer payment for their time unless it is requested. Regional rates vary for payment but can be from about \$10.50 to \$15 an hour. Study Managers can only approve regional rates. Any higher rates require home office or NCHS approval, which will take time. Interpreters who are paid for their time must go in-person to the Field Office to receive payments. Interpreter payments are tracked in the Field Office/ISIS management system. Appointments for payment must be made with the Office Manager and a signed receipt from the interpreter must be obtained. Non-household family, friends and neighbors who drive themselves to the household or MEC to interpret for an SP can be paid mileage.

- Interpreters arranged by the Field Office: Have

already agreed to a pay rate and will be paid in-person in the field office.

- In general, interpreters should not be paid their hourly rate portal to portal but instead be paid only for their time working in the field or in the MEC.

NHANES INTERPRETER PROTOCOL

This document summarizes the interpreter protocol for NHANES participants who speak languages other than English and Spanish. The role of the interpreter is to provide the link between the data collector and the participant. The interpreter offers a channel through which statements are conveyed from one language into another.

All interpreters are expected to assume the following basic responsibilities and employ the following procedures when working with NHANES participants and data collectors, which include household interviewers and examiners at the Mobile Examination Center (MEC).

1. Basic Responsibilities



Westat

- **Professionalism and Confidentiality** - The interpreter must prohibit professionalism at all times and maintain the confidentiality of the data collector-participant dialogue. As well as adherence to the interpreter protocol, important aspects of professionalism include: being courteous but not overfriendly, being honest but tactful, and showing respect to the data collector and the participant.
- **Accuracy and Completeness** - The interpreter should accurately and completely convey statements made by the participant and the data collector. This does not mean that a literal interpretation is necessarily appropriate. Interpreters must accurately relay the full meaning and spirit of what is said, rather than a literal interpretation per se, which conveys all of the words but not always all of the meaning.

The interpreter must communicate **everything** that is spoken by the participant and data collector. The same applies to hard-copy scripts and computer screens that the data collector asks the interpreter to read to the participant. The interpreter's role is **not** to decide what statements are relevant—no matter how familiar the interpreter becomes with the NHANES materials or questions.

- **Cultural Bridge and Knowing Limits** - Interpreters need the ability to serve as a cultural bridge between the participant and data collector, while keeping within the limits of the interpretation process. Besides repeating what the participant says to the data collector, certain instances may call for the interpreter to explain the cultural context of a specific statement. However, great care should be taken to provide **only** the essential, cultural background information. Guessing or making up terms is not acceptable. If the interpreter does not understand something that was said, he or she should ask for clarification in order to provide a complete and accurate interpretation.

2. Specific Procedures

- **Interpreter Introduction - State your name and role to the participant.** Introduce yourself and tell the participant that you are the interpreter. Introduce the data collector as well. The data collector may also initiate the introductions.
- **Interpret in the First Person "I" - Do not use, "He said, she said..." when interpreting what the participant or data collector has said.** For example, instead of saying, "He says he listened to loud music..." the interpreter should state, "I listened to loud music...." The interpreter is the voice, or mouthpiece, of both the participant and the data collector.
- **Positioning and Eye Contact - Use positioning and eye contact to foster the relationship between the data collector and the participant.** The interpretation process should promote eye-to-eye contact between the data collector and the participant. The interpreter may use eye contact, but it is also acceptable to look down and avoid eye contact while interpreting. The interpreter's position in the setting—between the participant and the data collector or beside either one—can also facilitate the data collector-participant dialogue.
- **No Side Conversations - Avoid unnecessary conversations with the data collector or the participant during the interview setting.** Irrelevant discussions or "side conversations" between the interpreter and the data collector are impolite and unprofessional whether or not the participant fully understands what is spoken. However, the participant will often initiate conversation with the interpreter. To politely dissuade the participant, you can simply offer to talk more after the interview is finished. In such cases, always be sure to

inform the data collector so that he or she understands what is going on.

Water Collection Instructions

INTRO: The NHANES survey is studying fluoride. Fluoride is in many dental products such as toothpaste, but is also found in most tap water. For this fluoride study, I will need to collect a tap water sample using a collection kit. This kit contains a plastic water vial in a plastic zip lock bag. I will collect the water sample according to the instructions I have been given. I will take the water sample with me when I leave.

Instructions for collecting tap water sample:

1. Identify the faucet used mostly for drinking and cooking. If only bottled water is used for cooking and drinking, still take a tap water sample from a faucet in the home. (Do not take water sample from bottled water or some other place. All samples should be tap water.)
2. Once you have identified the faucet from which you will take the sample, ask the respondent if there is a filter attached. This could be a full house filter or a filter attached to this specific faucet. (Filters may reduce or remove fluoride.)
3. Turn on the water.
4. Let the water run for 10-15 seconds. (The first water out of the tap may have higher amounts of fluoride due to evaporation. So, be sure to let the water run for 10-15 seconds).
5. Take the cap off the 10mL plastic tube. Carefully fill the tube halfway (to about the 5 mL line) with water.
6. Screw the cap tightly on the tube.
7. Turn the tube upside down to make sure it does not leak. (If the tube does leak, then remove the cap and try tightening the cap again.)
8. Put the water vial back into the plastic bag.