

54HIS-501(C) (2018)

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**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>8</b>	<b>9</b>	<b>10</b>				

**Middle**

			<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	

**End**

						<b>21</b>
<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>
<b>29</b>	<b>30</b>	<b>31</b>				

## 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. CHIP (SCHIP/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 Healthcare.gov or the Affordable Care Act, also known as Obamacare
7. Through a state/local government or community program
8. 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. Diabetes
7. Arthritis
8. Congenital heart disease
9. 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 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 employee
2. 2–9 employees
3. 10–24 employees
4. 25–49 employees
5. 50–99 employees
6. 100–249 employees
7. 250–499 employees
8. 500–999 employees
9. 1000 employees or more

## Card A4

*You may choose more than one.*

Place drawing of joints here.

## CARD A5

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 A6

*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 A7

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 A8

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 A9

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 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. 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 ASI4

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 your job, insurance,  
housing, friends, family, if people knew you were  
positive for  
AIDS infection
8. Some other reason
9. No particular reason