

Attachment 1i
National Health Interview Survey (NHIS) Follow-up Health Study
Home Health Visit Data Collection Forms

Form Approved
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**National Health Interview Survey (NHIS) Follow-up Health Study
Home Health Visit Data Collection Forms**

- Urine collection*
- Anthropometry - Body Measures
- Blood Pressure Measurement
- Venipuncture
- Experience Assessment Interview

*No data collection form for urine collection

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ANTHROPOMETRY - BODY MEASURES

Exclusion Criteria:

- Pregnant participants, identified via the question below, will be excluded from weight and waist measurement, because BMI and BMI/waist circumference statements are not accurate for pregnant women. If a pregnant participant requests to have her weight or waist measured, it will be measured but not stored.
- Participants in wheelchair or unable to stand unassisted will be excluded from height, weight, and waist measurement
- Participants whose weight exceeds the capacity of the scale will be excluded from the weight measurement
- Participants whose waist circumference exceeds the length of the tape measure will be excluded from the weight measurement
- Participants with both arms amputated or the presence of one of the following on each arm will be excluded from the mid-upper arm circumference measure: rashes, gauze dressings, casts, edema (swelling), paralysis, tubes, open sores or wounds, withered arms, arteriovenous shunts (a plastic tube inserted in an artery or vein), or fistula.

<u>Anthropometry Measurements/Questions</u>	<u>Units and Answer Options</u>
Are you currently pregnant?	Yes/No/Don't know/Refused
Height	Feet and Inches
Shoes worn during height measurement	Yes/No
Weight	Pounds
Shoes worn during weight measurement	Yes/No
Heavy outer clothes worn during weight measurement	Yes/No
Heavy items in pockets during weight measurement	Yes/No
Any visible amputations	Yes/No
Waist Circumference	Inches
Heavy outer clothes worn during weight measurement	Yes/No

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BLOOD PRESSURE MEASUREMENT

Exclusion Criteria:

- Participants with both arms amputated or the presence of one of the following on each arm will be excluded from blood pressure measurement: rashes, gauze dressings, casts, edema (swelling), paralysis, tubes, open sores or wounds, withered arms, arteriovenous shunts (a plastic tube inserted in an artery or vein), or fistula.
- Participants around whose arm the largest cuff size does not fit will be excluded from blood pressure measurement

Blood Pressure Measurements/Questions

Units and Answer Options

Arm selected

Right/left/Could not obtain

Cuff size selected

Child/Adult/Large Arm/Thigh

Heart Rate/Pulse

Beats per minute

Maximum Inflation Level

mm Hg

Systolic Blood Pressure (Readings 1,2,3)

mm Hg

Diastolic Blood Pressure (Readings 1,2,3)

mm Hg

Average Blood Pressure

mm Hg

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VENIPUNCTURE

Exclusion Criteria

- Participants with hemophilia or who are receiving cancer chemotherapy, as identified by the questions below, will be excluded from venipuncture
- Participants whose antecubital areas on both arms are callused or have open sore, wound, gauze dressing, rash, or burn scars will be excluded from venipuncture
- Participants wearing casts, shunts (a semi-permanent draining tube), or splints on both arms will be excluded from venipuncture
- Participants with both arms swollen, withered, or paralyzed will be excluded from venipuncture
- Participants who have intravenous catheters (IV) or other medical devices attached to both arms or both hands will be excluded from venipuncture

Pre venipuncture questions

Q1. Do you have hemophilia?

Yes (Venipuncture will not be conducted)

No

Refused (Venipuncture will not be conducted)

Don't know (Venipuncture will not be conducted)

Q2. Have you received cancer chemotherapy in the past four weeks?

Yes (Venipuncture will not be conducted)

No

Refused (Venipuncture will not be conducted)

Don't know (Venipuncture will not be conducted)

Q3. When was the last time you ate or drank anything other than plain water? This includes gum, breath mints, vitamins and non-prescription medicine, but not diet soda or black coffee with artificial sweetener like Sweet'N Low, Nutrasweet, Equal, or Splenda

HH:MM (AM PM) MMDDYY

Venipuncture Measurements/Questions Units and Answer Options

Venipuncture status

Complete\Partially complete\Not done

If venipuncture incomplete or not done, reason (Check all that apply)

- Safety exclusion
- Participant refusal
- No time
- Physical limitation
- Participant ill/emergency
- Equipment failure
- Communication problem
- Interrupted
- Error (technician, software, supply)
- No suitable vein
- Vein collapsed
- Participant not feeling well
- Fainting episode
- No tubes drawn
- Other, specify

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EXPERIENCE ASSESSMENT INTERVIEW

We would like to ask you a few questions about your study experience. Your feedback will help us improve studies like this in the future. Please answer honestly. There are no right or wrong answers.

1. How easy or difficult was **scheduling your appointment**? Very easy, easy, difficult, or very difficult?(Don't read: Don't know, refused)
2. (Ask if response to Q1 is easy, difficult, or very difficult): In what ways could **the appointment scheduling be improved**?
3. How easy or difficult was it to **get your questions answered**? Very easy, easy, difficult, or very difficult? I didn't have any questions (Not read to respondent, code only if volunteered). (Don't read: Don't know, refused)
4. (Ask if response to Q3 is easy, difficult, or very difficult): In what ways could we **better answer your questions**?
5. How easy or difficult was it for **you to take part in this home visit**? Very easy, easy, difficult, or very difficult? (Don't read: Don't know, refused)
6. (Ask if response to Q5 is easy, difficult, or very difficult): In what ways could the **home visit be made easier and more convenient**?
7. **How likely or unlikely are you to participate** in a study like this in the future? Very likely, likely, unlikely, or very unlikely? (Don't read: Don't know, refused)
8. **What were your concerns**, if any, about participating?
9. **Please tell me yes or no, whether you took part in this study for any of the following reasons:**
(Read a through f)(Answer options on the screen: Yes, No Don't read: Don't know, refused)
 - a. Free COVID-19 antibody test results
 - b. Free test results of any other kind
 - c. The \$75 prepaid card
 - d. Help with COVID-19 and other health efforts in the United States
 - e. Improve information used by policymakers
 - f. Some other reason_____

10. (Ask if response to 9f was yes) What was that reason?

11. **(Ask if more than 1 response selected in Q9 a-f) What was your main reason for taking part** in this follow-up study? Pick one or specify

- a. Free COVID-19 antibody test results
- b. Free test results of any other kind
- c. The \$75 prepaid card
- d. Help with COVID-19 and other health efforts in the United States
- e. Improve information used by policymakers
- f. Other _____