***Attachment 3k***

***Questionnaires, Hand Cards, and***

***MEC Data Collection Forms***

***2019-2020***

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

**2019-2020 Questionnaires, Hand Cards, and**

**MEC Data Collection Forms**

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***SCREENER MODULES***

Form Approved

OMB No. 0920-0950

Exp. Date 11/30/2021

CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, SD-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0950).

**Assurance of Confidentiality** – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice or an establishment will be used only for statistical purposes. NCHS staff, contractors and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA every NCHS employee, contractor and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.

SCREENER MODULE #1 (SCQ)

SCQ\_INTR Hello, I’m {INTERVIEWER’S NAME} and we are conducting a survey for the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC).

SHOW ID CARD.

A letter was sent to you recently explaining a survey which is called the National Health and Nutrition Examination Survey and is about your family’s health.

IF RESIDENT DOES NOT REMEMBER LETTER, HAND NEW COPY.

All the information that you give us is voluntary and will be kept confidential. Your name will not be attached to any of your answers without your specific permission. [At the completion of the interview, you will be given a ${INCENTIVE} debit card as a thank you for answering these questions.]

HELP SCREEN:

Assurance of confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.

**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).

CAPI INSTRUCTION:

DISPLAY TEXT ONLY IF INCENTIVE PILOT ACTIVE IN STAND AND IF HOUSEHOLD HAS BEEN SELECTED FOR A SCREENER INCENTIVE.

SCQ.010 Before we begin, I would like to verify a few things.

ASK FOR ALL PERSONS WHO APPEAR UNDER 30 YEARS OF AGE:

Are you 18 years or older?

NO 1 (SCQ\_END6)

NO, EMANCIPATED MINOR 2

YES 3

SCQ.015 Do you live here?

NO 1 (SCQ\_END6)

YES 3

SCQ.027 INTERVIEWER: IS THIS A DORMITORY ROOM?

YES 1

NO 2

DK 9

RF 7

SCQ.070a Please give me your complete physical street address.

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

{PO BOX} {RURAL ROUTE #} {RURAL ROUTE BOX} {CITY} {STATE} { ZIP}

NO (WRONG ADDRESS) 1 (SCQ\_END5)

YES (CORRECTIONS) 2 (SCQ.070b)

YES 3 (SCQ.600)

SCQ.070b Please give me your complete physical street 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}

CAPI INSTRUCTIONS: DISPLAY THE ADDRESS COLUMNS LISTED ABOVE AND ALLOW THE INTERVIEWER TO MAKE CORRECTIONS AS NEEDED. ONCE THE INTERVIEWER IS DONE, SHE WILL PRESS THE NEXT KEY TO CONTINUE.

THE FIELD FOR STATE MAY NOT BE UPDATED.

IF SCQ.070A = 2 AND NONE OF THE ADDRESS FIELDS ARE MODIFIED, AUTO-BACKCODE THE RESPONSE TO SCQ.070A = 3 (YES) AND GO TO SCQ.090.

HARD EDIT: IF UNIT/APT/BLDG = PO BOX OR IF “PO BOX” OR “P.O. BOX” IS ENTERED IN THE ADDITIONAL ADDRESS LINE, STREET #, OR STREET NAME FIELDS, DISPLAY MESSAGE, “PLEASE ENTER THE PHYSICAL STREET ADDRESS. DO NOT ENTER P.O. BOX ON THIS SCREEN.”

SCQ.600 First, I have some general questions about your health.

Would you say your health in general is . . .

excellent, 1

very good, 2

good, 3

fair, or 4

poor? 5

REFUSED 7

DON'T KNOW 9

SCQ.610 Are you now taking any medications prescribed by a health professional such as a doctor or dentist?

YES 1

NO 2 (SCQ.630)

REFUSED 7 (SCQ.630)

DON'T KNOW 9 (SCQ.630)

SCQ.620 How many prescription medications do you currently use or take? Would you say…

1 to 2, 1

3 to 5, or 2

6 or more? 3

REFUSED 7

DON'T KNOW 9

SCQ.630 Has a doctor or other health professional ever told you that you had diabetes?

INTERVIEWER INSTRUCTION:

IF DIABETES ONLYDURING PREGNANCY, CODE NO.

YES 1

NO 2

BORDERLINE OR PREDIABETES 3

REFUSED 7

DON'T KNOW 9

SCQ.640 Has a doctor or other health professional ever told you that you had hypertension (hy-per-ten-shun), also called high blood pressure?

INTERVIEWER INSTRUCTION:

IF HIGH BLOOD PRESSURE ONLYDURING PREGNANCY, CODE NO.

IF RESPONDENT SAYS “HIGH NORMAL BLOOD PRESSURE”, “BORDERLINE HYPERTENSION” OR “PREHYPERTENSION” CODE NO.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

SCQ.090 To continue, I need to know more about this household. How many people live here? Please do not include anyone who usually lives somewhere else.

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

NUMBER

DK 99

RF 77

SCQ.130 What are the names of all of the persons living here? Start with the name of the person, or one of the persons, who owns or rents this home. (Please remember not to include anyone who usually lives somewhere else.)

PROBE: Any others?

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

DK 9

RF 7

CAPI INSTRUCTIONS: WHEN THE FOCUS IS ON THE “GENDER” FIELD, DISPLAY:

IF OBVIOUS, VERIFY ONLY:

Is {NAME} male or female?

MALE 1

FEMALE 2

DK 9

RF 7

CAPI INSTRUCTIONS:

HARD EDIT: IF FOCUS IS SHIFTED FROM THE “GENDER” FIELD AND NO ENTRY HAS BEEN MADE FOR GENDER, DISPLAY THE FOLLOWING HARD EDIT:

“REQUIRED VALUE MISSING FOR GENDER IN ROW {ROW IN WHICH GENDER IS MISSING}. PLEASE ENTER A VALUE.”

SOFT EDIT: THE FIRST TIME DK OR RF IS ENTERED FOR GENDER, DISPLAY THE FOLLOWING:

“A MISSING VALUE HERE MAY RESULT IN INCONCLUSIVE SAMPLING. PLEASE RE-ENTER THE VALUE TO CONFIRM.”

ACCEPT THE SECOND ENTRY.

ENSURE THAT EACH NAME (COMBINATION OF FIRST, MIDDLE, LAST, SUFFIX) IS UNIQUE WITHIN THE HOUSEHOLD. IF A DUPLICATE NAME IS ENTERED, DISPLAY THE FOLLOWING HARD EDIT, “NAMES MUST BE UNIQUE. PERSONS # AND # HAVE IDENTICAL NAMES RECORDED. CORRECT THE ERROR TO CONTINUE.”

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

READ NAMES LISTED BELOW.

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

SCQ.150

Have I missed . . .

SCQ.150 . . . any babies or small children?

SCQ.160 . . . any lodgers, boarders, or persons in your employ who live here?

SCQ.170 . . . anyone who usually lives here but is now away from home?

SCQ.180 . . . anyone else living or staying here?

YES 1 (SCQ.150N, 160N, 170N, 180N)

NO 2 (SCQ.190)

DK 9 (SCQ.190)

RF 7 (SCQ.190)

CAPI INSTRUCTIONS: THE SWEEP QUESTIONS (SCQ.150, 160, 170 AND 180) SHOULD BE DISPLAYED ON A SINGLE SCREEN. A "YES" RESPONSE TO A SWEEP QUESTION BRINGS UP THE HOUSEHOLD COMPOSITION MATRIX. BY CLICKING ON THE “INSERT ROW” BUTTON ON THIS SCREEN, A NEW ROW APPEARS FOR ENTRY OF NAME AND GENDER.

UPON EXITING THE NAME/GENDER SCREEN, THE CURSOR SHOULD RETURN TO THE SCREEN OF SWEEP QUESTIONS WITH THE CURSOR RESIDING ON THE NEXT LINE (QUESTION) THAT REQUIRES AN ANSWER.

IF ALL THE QUESTIONS HAVE BEEN ANSWERED, GO TO SCQ.190.

SCQ.150N [Have I missed any babies or small children?] (What are their names?)

PROBE (IF MALE): Is he a “Junior”, “Senior”, “the 3rd” or something like that? (What is that?)

PROBE: Any others?

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

DK 9

RF 7

CAPI INSTRUCTIONS: IF THE FOCUS IS ON THE GENDER FIELD, DISPLAY:

IF OBVIOUS, VERIFY ONLY:

Is {NAME} male or female?

MALE 1

FEMALE 2

DK 9

RF 7

SCQ.160N [Have I missed any lodgers, boarders, or persons in your employ who live here?] (What are their names?)

PROBE: Any others?

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

DK 9

RF 7

CAPI INSTRUCTIONS: IF THE FOCUS IS ON THE GENDER FIELD, DISPLAY:

IF OBVIOUS, VERIFY ONLY:

Is {NAME} male or female?

MALE 1

FEMALE 2

DK 9

RF 7

SCQ.170N [Have I missed anyone who usually lives here but is now away from home?] (What are their names?)

PROBE: Any others?

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

DK 9

RF 7

CAPI INSTRUCTIONS: IF THE FOCUS IS ON THE GENDER FIELD, DISPLAY:

IF OBVIOUS, VERIFY ONLY:

Is {NAME} male or female?

MALE 1

FEMALE 2

DK 9

RF 7

SCQ.180N [Have I missed anyone else living or staying here?] (What are their names?)

PROBE: Any others?

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

DK 9

RF 7

CAPI INSTRUCTIONS: IF THE FOCUS IS ON THE GENDER FIELD, DISPLAY:

IF OBVIOUS, VERIFY ONLY:

Is {NAME} male or female?

MALE 1

FEMALE 2

DK 9

RF 7

SCQ.190 [VERIFY HOUSEHOLD MEMBERS BY READING NAMES LISTED BELOW.]

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

CAPI INSTRUCTIONS: THE APPLICATION SHOULD ALLOW THE INTERVIEWER TO ADD OR DELETE NAMES OR ROWS FROM THE HH COMPOSITION MATRIX, AS NECESSARY, BASED ON RESPONDENT’S CONFIRMATION OF THE PERSONS WHO HAVE BEEN ENUMERATED.

**BOX 1**

**CHECK ITEM SCQ.191:**

APPLY THE SAMPLING ALGORITHM. IF NO PERSON IN THE HOUSEHOLD IS “POTENTIALLY ELIGIBLE” FOR THE STUDY BASED ON SAMPLING MESSAGES FOR GENDER GO TO SCQ.500; ELSE

GO TO BOX 2.

**BOX 2**

**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 {you/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 (SCQ.200)

NO 2 (SCQ.220)

SCQ.200 (Who is that?)

SELECT MEMBERS WITH HOME ELSEWHERE.

Name Other Home

CAPI INSTRUCTIONS: DISPLAY FIRST AND LAST NAMES OF ALL PERSONS LISTED ON THE HOUSEHOLD COMPOSITION MATRIX.

PROBE: Anyone else?

CAPI INSTRUCTIONS: THE DEFAULT FILL FOR THE “OTHER HOME” COLUMN IS “NO”. HOWEVER, THE DEFAULT CAN BE TOGGLED TO “YES” BY MOVING THE CURSOR TO THE “OTHER HOME” CELL ASSOCIATED WITH THE PERSON WHO HAS A SECOND RESIDENCE, AND SELECTING “YES”.

IF NONE OF THE “OTHER HOME” CELLS HAVE BEEN SET TO “YES”, DISPLAY THE FOLLOWING BOX:

“. You did NOT select any HH member living in another place.

Button 1:  Go back and select a person  
Button 2:  No one living elsewhere

”

IF BUTTON #1 IS SELECTED, RETURN TO SCQ.200. IF BUTTON #2 IS SELECTED, AUTO-BACKCODE THE RESPONSE TO SCQ.195 TO “NO” AND PROCEED TO SCQ.220.

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

Name Live Here

CAPI INSTRUCTIONS: DISPLAY “NAME” AND “LIVE HERE” COLUMNS. THE ANSWER CATEGORIES FOR THE LIVE HERE COLUMN ARE “HERE” (1), “SOMEWHERE ELSE” (2), “DK” (9), AND “RF” (7)

HERE 1

SOMEWHERE ELSE 2

DK 9

RF 7

CAPI 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 “INELIGIBLE” AND THE SCREENER IS TERMINATED AFTER THE COLLECTION OF BRANDING QUESTIONS (SCQ.500-SCQ.540) AND THE TELEPHONE NUMBER (SCQ.430); 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 THAT ON ALL FUTURE DISPLAYS OF THE HH COMPOSITION MATRIX, THIS PERSON (AND ALL PERSON-LEVEL DATA) WILL NOT BE DISPLAYED.

IF THE REFERENCE PERSON IS NOT ELIGIBLE TO BE THE REFERENCE PERSON BASED ON WHERE S/HE USUALLY LIVES, 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 WHO IS > 18 YEARS OLD; ELSE

IF NO ONE ON THE ENUMBERATION TABLE IS AGE 18 OR OLDER, IDENTIFY THE REFERENCE PERSON AS THE OLDEST PERSON IN THE HOUSEHOLD FOR WHOM THIS IS THE PRIMARY RESIDENCE.

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 (SCQ.230)

NO 2 (SCQ.250)

DK 9 (SCQ.250)

RF 7 (SCQ.250)

CAPI INSTRUCTIONS: IF CODED “1” AND THIS IS A SINGLE PERSON HOUSEHOLD, OR IF ALL HOUSEHOLD MEMBERS ARE "1", THE HOUSEHOLD IS “INELIGIBLE” AND THE SCREENER IS TERMINATED AFTER THE COLLECTION OF BRANDING QUESTIONS (SCQ.500-SCQ.540) AND THE TELEPHONE NUMBER (SCQ.430); ELSE

IF THE HOUSEHOLD IS MORE THAN A SINGLE PERSON HOUSEHOLD, THE SKIPS SHOULD BE FOLLOWED AS SPECIFIED ABOVE.

SCQ.230 Who is that?

Name Military

SELECT ACTIVE MILITARY MEMBERS.

CAPI INSTRUCTIONS: DISPLAY FIRST, MIDDLE AND LAST NAMES OF ALL PERSONS LISTED ON THE HOUSEHOLD COMPOSITION MATRIX.

PROBE: Anyone else?

CAPI INSTRUCTIONS: THE CURSOR SHOULD RESIDE IN THE COLUMN “Military”. THE DEFAULT FILL FOR THIS COLUMN SHOULD BE “NO”. HOWEVER, WHEN ON THIS QUESTION, THE DEFAULT CAN BE TOGGLED TO “YES” BY MOVING THE CURSOR TO THE “Military” CELL ASSOCIATED WITH THE PERSON IDENTIFIED AND SELECTING “YES”. WHEN LEAVING THIS SCREEN, IF NONE OF THE “Military” CELLS HAVE BEEN SET TO “YES”, DISPLAY THE FOLLOWING BOX:

You did NOT select any HH member on active duty.

Button 1:  Go back and select a person  
Button 2:  No one on active duty

”

IF BUTTON #1 IS SELECTED, RETURN TO SCQ.230. IF BUTTON #2 IS SELECTED, AUTO-BACKCODE THE RESPONSE TO SCQ.220 TO “NO” AND PROCEED TO SCQ.250.

CONTINUE.

SCQ.240 Where {do you/does {NAME}} usually live and sleep; here or some where else?

HERE 1

SOMEWHERE ELSE 2

DK 9

RF 7

CAPI INSTRUCTIONS: IF “1”, “9”, OR “7” IS ENTERED, LEAVE PERSON ON HH COMPOSITION MATRIX; DO **NOT** FLAG FOR SAMPLING.

IF “2” IS ENTERED, SET A FLAG TO INDICATE PERSON’S PERMANENT RESIDENCE WAS SOMEWHERE ELSE. THE FLAG IS AN INDICATION THAT ON ALL FUTURE DISPLAYS OF THE HH COMPOSITION MATRIX, THIS PERSON (AND ALL PERSON-LEVEL DATA) WILL NOT BE DISPLAYED.

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 WHO IS > 18 YEARS OLD; ELSE

IF NO ONE ON THE ENUMERATION TABLE IS AGE 18 OR OLDER, IDENTIFY THE REFERENCE PERSON AS THE OLDEST PERSON IN THE HOUSEHOLD FOR WHOM THIS IS THE PRIMARY RESIDENCE.

SCQ.250 THESE ARE THE MEMBERS OF THE DU WHO HAVE BEEN LISTED AS HH MEMBERS.

{NAME GENDER}

**BOX 3**

**CHECK ITEM SCQ.255:**

APPLY THE SAMPLING ALGORITHM. IF NO PERSON IN THE HOUSEHOLD IS “POTENTIALLY ELIGIBLE” FOR THE STUDY BASED ON SAMPLING MESSAGES FOR PLACE OF RESIDENCE, GO TO SCQ.500; ELSE

CONTINUE.

**BOX 3A**

**CHECK ITEM SCQ.256:**

ASK SCQ.260 FOR EACH PERSON ON HH ROSTER.

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

READ IF NECESSARY: Where do {your/his/her} ancestors come from?

Puerto Rican

Cuban/Cuban American

Dominican (Republic)

Mexican/Mexican American

Central/South American

Other Latin American

Other Hispanic or Latino

YES 1

NO 2

DK 9

RF 7

HELP SCREEN:

SPANISH, HISPANIC OR LATINO PEOPLE MAY BE OF ANY RACE. LISTED BELOW ARE HISPANIC OR LATINO CATEGORIES/COUNTRIES.

MEXICAN

PUERTO RICAN

CUBAN

DOMINICAN REPUBLIC

**CENTRAL AMERICAN:**

COSTA RICAN

GUATEMALAN

HONDURAN

NICARAGUAN

PANAMANIAN

SALVADORAN

OTHER CENTRAL AMERICAN

**SOUTH AMERICAN:**

ARGENTINEAN

BOLIVIAN

CHILEAN

COLOMBIAN

ECUADORIAN

PARAGUAYAN

PERUVIAN

URUGUAYAN

VENEZUELAN

OTHER SOUTH AMERICAN

**OTHER HISPANIC OR LATINO:**

SPANIARD

SPANISH

SPANISH AMERICAN

CAPI INSTRUCTIONS: DISPLAY THE FOLLOWING SOFT EDIT THE FIRST TIME A DK OR RF IS ENTERED:

“A missing value here may result in inconclusive sampling. Please re-enter the value to confirm.”

ACCEPT THE SECOND ENTRY.

SCQ.262 WARNING: REVIEW HISPANIC STATUS FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.

{NAME ETHNICITY}

CAPI INSTRUCTIONS: DISPLAY NAME AND ETHNICITY FOR EACH ENUMERATED PERSON AS DETERMINED AT SCQ.260. INTERVIEWER MAY BACK-UP TO CORRECT.

**BOX 3B**

**CHECK ITEM SCQ.265:**

CYCLE THROUGH SCQ.270 FOR EACH PERSON LISTED ON HH ROSTER.

SCQ.270 HAND CARD #1

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

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

DK 9

RF 7

CAPI INSTRUCTIONS: DISPLAY THE FOLLOWING SOFT EDIT THE FIRST TIME A DK OR RF IS ENTERED.

“A missing value here may result in inconclusive sampling. Please re-enter the value to confirm.”

ACCEPT THE SECOND ENTRY.

**BOX 3C**

**CHECK ITEM SCQ.270A:**

ASK FOR NEXT PERSON. IF NO NEXT PERSON, CONTINUE WITH BOX 3D.

**BOX 3D**

**CHECK ITEM SCQ.270B:**

CYCLE THROUGH BOX 3E THROUGH SCQ.280 FOR EACH PERSON ON HH ROSTER.

**BOX 3E**

**CHECK ITEM SCQ.270C:**

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

OTHERWISE, SKIP TO BOX 3H.

**BOX 3F**

**CHECK ITEM SCQ.270D:**

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

OTHERWISE, SKIP TO BOX 3H.

**BOX 3G**

**CHECK ITEM SCQ.270E:**

ASK QUESTION SCQ.280 FOR EACH PERSON ON HH ROSTER WHO MEET THE CRITERIA SPECIFIED IN BOXES 3E AND 3F (CODE 2 IN SCQ.260 AND CODE 6 ALONE OR WITH CODE 1, 4 OR 5 IN SCQ.270.

SCQ.280

Do any of the groups on this card represent {your/NAME’s} national origin or ancestry?

HAND CARD #2

YES 1 (CONTINUE WITH CAPI

INSTRUCTION SCQ.282)

NO 2 (BOX 3H)

SCQ.282

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

**BOX 3H**

**CHECK ITEM SCQ.282A:**

CYCLE THROUGH BOX 3D – SCQ.280 FOR NEXT PERSON. IF NO NEXT PERSON, CONTINUE.

SCQ.271 WARNING! REVIEW RACE FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.

{NAME RACE}

CAPI INSTRUCTIONS: DISPLAY NAME AND RACE(S) FOR EACH ENUMERATED PERSON AS DETERMINED AT SCQ.270, SCQ.280, or SCQ.282. INTERVIEWER MAY BACK-UP TO CORRECT.

**BOX 3I**

**CHECK ITEM SCQ.282B:**

IF SCQ.260 = CODE 1 (YES-HISPANIC), APPLY HISPANIC SAMPLING ALGORITHM AND SKIP TO BOX 4. OTHERWISE, CONTINUE WITH BOX 3J.

**BOX 3J**

**CHECK ITEM SCQ.282C:**

IF AT LEAST ONE CODE IN SCQ.270 = CODE 3 (BLACK), APPLY BLACK/AFRICAN AMERICAN SAMPLING ALGORITHM AND SKIP TO BOX 4. OTHERWISE, CONTINUE WITH BOX 3K.

**BOX 3K**

**CHECK ITEM SCQ.282D:**

IF SCQ.270 = 2 (ASIAN) OR IF SCQ.280 = 1, APPLY ASIAN SAMPLING ALGORITHM AND SKIP TO BOX 4. OTHERWISE, GO TO BOX 3L.

**BOX 3L**

**CHECK ITEM SCQ.282E:**

APPLY WHITE/OTHER SAMPLING ALGORITHM.

**BOX 4**

**CHECK ITEM SCQ.285:**

IF NO PERSON IN THE HOUSEHOLD IS “POTENTIALLY ELIGIBLE” FOR THE STUDY BASED ON SAMPLING MESSAGES FOR ETHNICITY OR RACE, GO TO SCQ.500; OTHERWISE, CONTINUE.

SCQ.290 What is {your/{NAME}’s} birthdate?

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

MM DD YYYY (SCQ.291)

DK 9 (SCQ.292)

RF 7 (SCQ.292)

CAPI INSTRUCTIONS: IF DATE OF BIRTH IS SPECIFIED, CALCULATE AGE AND POST IN THE “AGE” CELL FOR THE APPROPRIATE PERSON WITH THE CURSOR RESIDING IN THAT CELL AND SCQ.291 DISPLAYED ABOVE THE HH COMPOSITION MATRIX; ELSE

GO TO SCQ.292.

SCQ.291 So {you are/{NAME} is} {AGE AS CALCULATED FROM DOB}?

IF NECESSARY, RE-ENTER CORRECT AGE.

CAPI INSTRUCTIONS: IF AGE IS RE-ENTERED BY THE INTERVIEWER, THE APPLICATION SHOULD ADJUST DOB YEAR IF VALID VALUES FOR DOB MONTH AND DAY EXIST. IF DOB MONTH, DAY AND YEAR ARE RF OR DK, DO **NOT** BACK-FILL THE DOB YEAR BASED ON THE ENTERED AGE.

SCQ.292 How old {are you/is {NAME}}?

IF AGE IS LESS THAN 12 MONTHS, ENTER RF.

\_\_\_\_\_

AGE (SCQ.301)

DK 999 (SCQ.300)

RF 777 (SCQ.300)

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

{AGE RANGES FOR SAMPLED RACE/ETHNICITY = BLACK OR HISPANIC}/{AGE RANGES FOR SAMPLED RACE/ETHNICITY = ASIAN}/{AGE RANGES FOR SAMPLED RACE/ETHNICITY = WHITES/OTHERS}; {AGE RANGES FOR DK/RF RACE/ETHNICITY}

DK 9999

RF 7777

CAPI INSTRUCTIONS: DISPLAY QUESTION TEXT ABOVE THE HH COMPOSITION MATRIX WITH THE CURSOR RESIDING IN THE “AGE RANGE” CELL ON THE MATRIX.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| AGE RANGE CATEGORIES | | | | | | |
| Black non-Hispanic | M&F | 0-11 mos. |  | White/Other | M&F | 0-11 mos. |
|  |  | 1-2 yrs. |  | Low Income |  | 1-2 yrs. |
|  |  | 3-5 yrs. |  |  |  | 3-5 yrs. |
|  | M | 6-11 yrs. |  |  | M | 6-11 yrs. |
|  |  | 12-19 yrs. |  |  |  | 12-19 yrs. |
|  |  | 20-39 yrs. |  |  |  | 20-29 yrs. |
|  |  | 40-49 yrs. |  |  |  | 30-39 yrs. |
|  |  | 50-59 yrs. |  |  |  | 40-49 yrs. |
|  |  | 60+ yrs. |  |  |  | 50-59 yrs. |
|  | F | 6-11 yrs. |  |  |  | 60-69 yrs. |
|  |  | 12-19 yrs. |  |  |  | 70-79 yrs. |
|  |  | 20-39 yrs. |  |  |  | 80+ yrs. |
|  |  | 40-49 yrs. |  |  | F | 6-11 yrs. |
|  |  | 50-59 yrs. |  |  |  | 12-19 yrs. |
|  |  | 60+ yrs. |  |  |  | 20-29 yrs. |
| Hispanic | M&F | 0-11 mos. |  |  |  | 30-39 yrs. |
|  |  | 1-2 yrs. |  |  |  | 40-49 yrs. |
|  |  | 3-5 yrs. |  |  |  | 50-59 yrs. |
|  | M | 6-11 yrs. |  |  |  | 60-69 yrs. |
|  |  | 12-19 yrs. |  |  |  | 70-79 yrs. |
|  |  | 20-39 yrs. |  |  |  | 80+ yrs. |
|  |  | 40-49 yrs. |  | White/Other | M&F | 0-11 mos. |
|  |  | 50-59 yrs. |  | Not Low Income |  | 1-2 yrs. |
|  |  | 60+ yrs. |  |  |  | 3-5 yrs. |
|  | F | 6-11 yrs. |  |  | M | 6-11 yrs. |
|  |  | 12-19 yrs. |  |  |  | 12-19 yrs. |
|  |  | 20-39 yrs. |  |  |  | 20-29 yrs. |
|  |  | 40-49 yrs. |  |  |  | 30-39 yrs. |
|  |  | 50-59 yrs. |  |  |  | 40-49 yrs. |
|  |  | 60+ yrs. |  |  |  | 50-59 yrs. |
| Asian non-Black/ | M&F | 0-11 mos. |  |  |  | 60-69 yrs. |
| non-Hispanic |  | 1-2 yrs. |  |  |  | 70-79 yrs. |
|  |  | 3-5 yrs. |  |  |  | 80+ yrs. |
|  | M | 6-11 yrs. |  |  | F | 6-11 yrs. |
|  |  | 12-19 yrs. |  |  |  | 12-19 yrs. |
|  |  | 20-39 yrs. |  |  |  | 20-29 yrs. |
|  |  | 40-49 yrs. |  |  |  | 30-39 yrs. |
|  |  | 50-59 yrs. |  |  |  | 40-49 yrs. |
|  |  | 60+ yrs. |  |  |  | 50-59 yrs. |
|  | F | 6-11 yrs. |  |  |  | 60-69 yrs. |
|  |  | 12-19 yrs. |  |  |  | 70-79 yrs. |
|  |  | 20-39 yrs. |  |  |  | 80+ yrs. |
|  |  | 40-49 yrs. |  |  |  |  |
|  |  | 50-59 yrs. |  |  |  |  |
|  |  | 60+ yrs. |  |  |  |  |

DISPLAY THE FOLLOWING SOFT EDIT THE FIRST TIME A DK OR RF IS ENTERED. ACCEPT THE SECOND ENTRY.

“A missing value here may result in inconclusive sampling. Please re-enter the value to confirm.”

ACCEPT THE SECOND ENTRY.

SCQ.301 WARNING: REVIEW AGE FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.

{NAME AGE RANGE}

CAPI INSTRUCTIONS: DISPLAY NAME AND AGE AS DETERMINED AT SCQ291, SCQ292, OR SCQ300 FOR EACH ENUMERATED PERSON. INTERVIEWER MAY BACK-UP TO CORRECT.

**BOX 5**

**CHECK ITEM SCQ.303:**

APPLY THE SAMPLING ALGORITHM. IF NO PERSON IN THE HOUSEHOLD IS “POTENTIALLY ELIGIBLE” FOR THE STUDY BASED ON SAMPLING MESSAGES FO AGE, GO TO SCQ.500; ELSE

CONTINUE.

**BOX 6**

**CHECK ITEM SCQ.315:**

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

GO TO BOX 12.

**BOX 7**

**CHECK ITEM SCQ.320:**

IF SCQ.027 = YES (1), GO TO BOX 12; ELSE

CONTINUE.

**BOX 8**

**CHECK ITEM SCQ.325:**

IF **ALL** HOUSEHOLD MEMBER'S SAMPLED RACE/ETHNICITY = HISPANIC (1) OR BLACK (2), GO TO BOX 12; 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 BOX 12.

**BOX 9**

**CHECK ITEM SCQ.330:**

IF **ALL** HOUSEHOLD MEMBERS WHO WOULD MEET THE LOW INCOME SAMPLING CRITERIA ARE ALREADY SAMPLED BASED ON GENDER, ETHNICITY, RACE, AGE OR ARE ACTIVE MILITARY, GO TO BOX 12; ELSE

CONTINUE.

SCQ.340 Think about all the sources of income received by all the members in this household during the last 12 months, that is from {CURRENT MONTH} {LAST YEAR IN 4-DIGITS} to {LAST MONTH} {CURRENT YEAR IN 4-DIGITS}. Was the total income more or less than {DISPLAY EXACT THRESHOLD DOLLAR AMOUNT FOR # OF PEOPLE LIVING IN HOUSEHOLD}?

CAPI INSTRUCTIONS: DISPLAY 1.85 TIMES THE AMOUNT IN TABLE BELOW (185%) FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA OR HAWAII BASED ON THE SAMPLE ADDRESS.

INCOME THRESHOLDS:

|  |  |  |
| --- | --- | --- |
|  | **2019 Poverty Guidelines** | |
| **Persons in family** | **The 48 contiguous states and the District of Columbia** | **Hawaii** |
| 1 | $12,490 | 14,380 |
| 2 | 16,910 | 19,460 |
| 3 | 21,330 | 24,540 |
| 4 | 25,750 | 29,620 |
| 5 | 30,170 | 34,700 |
| 6 | 34,590 | 39,780 |
| 7 | 39,010 | 44,860 |
| 8 | 43,430 | 49,940 |
| For families/households with more than 8 persons:   * add $4,420 for each additional person for the 48 contiguous states and the District of Columbia * add $5,080 for each additional person for Hawaii. | | |

**SOURCE:**  *Federal Register No. 84FR1167, February 1,2019, pp. 1167-1168*

INTERVIEWER INSTRUCTIONS: IF INCOME EQUAL TO {DISPLAY EXACT THRESHOLD DOLLAR AMOUNT FOR # OF PEOPLE LIVING IN HOUSEHOLD}, CODE 'LESS'.

MORE 1 (BOX 12)

LESS 2 (BOX 12)

DK 9

RF 7

**BOX 10**

**CHECK ITEM SCQ.345:**

IF **ANY** CHILDREN IN HOUSEHOLD <6 YEARS OLD, CONTINUE; ELSE

GO TO BOX 12.

**BOX 11**

**CHECK ITEM SCQ.347:**

IF **ANY** MALES IN HOUSEHOLD >18, GO TO BOX 12; ELSE

TREAT HOUSEHOLD AS LOW INCOME FOR PURPOSES OF SAMPLING.

**BOX 12**

**CHECK ITEM SCQ.355:**

IF **ANY** INDIVIDUAL MEETS THE SPECIFIED SAMPLING CRITERIA BASED ON GENDER, ETHNICITY, RACE, AGE; OR INCOME LEVEL **AND** IS **NOT** ON ACTIVE MILITARY STATUS, GO TO SCQ.370; ELSE

IF SAMPLING FOR ALL INDIVIDUALS IS INCONCLUSIVE DUE TO CONFIRMED MISSING DATA (DK/RF) IN THE CRITICAL SAMPLING VARIABLES, GO TO SCQ.500, THEN TERMINATE THE SCREENER WITH AN ASSIGNED STATUS OF “INCOMPLETE”; ELSE

GO TO SCQ.500.

SCQ.370 THIS HOUSEHOLD HAS ELIGIBLE SURVEY PARTICIPANTS.

THE ELIGIBLE PERSON(S) SAMPLED IN THIS HOUSEHOLD ARE:

{UNIQUE NAMES, GENDERS, ETHNICITIES RACES, AGES OF SAMPLED PERSONS}

CAPI INSTRUCTIONS: SINCE THE SAMPLING ALGORITHM HAS BEEN RUN FOR THE LAST TIME, BACK-UP IS NOT ALLOWED AFTER THIS SCREEN.

SCQ.420 Is {REFERENCE PERSON}’s mailing address the same as {his/her} street address?

SFQ.220

YES 1 (SCQ.500)

NO 2 (SCQ.425)

DK 9 (SCQ.500)

RF 7 (SCQ.500)

SCQ.425 Please give me {REFERENCE PERSON}'s complete mailing address.

SFQ.225

HARD EDIT: IF “PO BOX” OR “P.O. BOX” IS ENTERED IN THE ADDITIONAL ADDRESS LINE, STREET #, OR STREET NAME FIELDS, DISPLAY “DO NOT ENTER P.O. BOX INFORMATION IN THIS FIELD. DELETE P.O. BOX FROM FIELD AND SELECT “PO BOX” FROM THE UNIT/APT/BLDG DROP DOWN MENU. ENTER THE P.O. BOX NUMBER IN THE UNIT # FIELD.”

HARD EDIT: IF “PO BOX” IS SELECTED FROM THE UNIT/APT/BLDG DROP DOWN MENU AND TEXT IS ENTERED IN THE ADDITIONAL ADDRESS LINE, STREET #, OR STREET NAME FIELDS, OR AN ITEM IS SELECTED FROM DIR PRE, ST/RD/AVE OR DIR POST DROP DOWN MENUS, DISPLAY, “DO NOT INCLUDE STREET ADDRESS INFORMATION WHEN SELECTING PO BOX AS THE MAILING ADDRESS. DELETE ALL STREET ADDRESS INFORMATION OR REMOVE P.O. BOX INFORMATION TO CONTINUE. IF THE ADDRESS IS A BOX OTHER THAN A P.O. BOX, SELECT “BOX” FROM THE DROP DOWN MENU.”

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

{PO BOX} {RURAL ROUTE #} {RURAL ROUTE BOX} {CITY} {STATE} { ZIP}

CAPI INSTRUCTIONS: DISPLAY THE COMPLETE ADDRESS OF THE HOUSEHOLD AS COLLECTED IN SCQ070 OR SCQ080 AND ALLOW UPDATES IN ALL FIELDS. IF UPDATES ARE MADE, STORE THIS ADDRESS AS THE MAILING ADDRESS. IF NO UPDATES ARE MADE, RESET SCQ.420 TO “NO” AND CONTINUE TO SCQ.500.

SCQ.500 Other than me (or my colleague) talking to you about the survey, have you ever heard about the National Health and Nutrition Examination Survey?

INTERVIEWER: READ ‘OR MY COLLEAGUE’ IF ANOTHER INTERVIEWER HAS VISITED THE HOUSE.

YES 1 (SCQ.510)

NO 2 (SCQ.520\* or SCQ.430)

DK 9 (SCQ.520\* or SCQ.430)

RF 7 (SCQ.520\* or SCQ.430)

CAPI INSTRUCTION:

DISPLAY QUESTION FOR 2019 AND/OR IF SOCIAL MEDIA PILOT ACTIVE IN STAND.

SKIP TO SCQ.520 IF SOCIAL MEDIA PILOT IS ACTIVE IN STAND. OTHERWISE SKIP TO SCQ.430.

SCQ.510 From where did you hear about the survey?

CODE ALL THAT APPLY

HAND CARD #3

TV 1

Radio 2

Newspaper (Print or online) 3

Social media 4

Other website 5

Word of mouth (HEARD FROM

FAMILY, FRIENDS, or contacts) 6

Other 7

DK 99

RF 77

HELP SCREEN:

Social media refers to interactive electronic platforms that allow users to share ideas and information with a network of contacts (popular sites include Facebook, Twitter, Reddit, Snapchat, LinkedIn, etc.).

CAPI INSTRUCTION:

DISPLAY QUESTION FOR 2019 AND/OR IF SOCIAL MEDIA PILOT ACTIVE IN STAND.

SCQ.520 Do you have at least one social media account?

YES 1

NO 2

DK 9

RF 7

HELP SCREEN:

The term social media account is used to describe a person having an account on one of the social media platforms such as Facebook, Twitter, Reddit, Snapchat, LinkedIn, etc.

CAPI INSTRUCTION:

DISPLAY QUESTION ONLY IF SOCIAL MEDIA PILOT ACTIVE IN STAND.

SCQ.530 Did you or someone in your household see an ad for the National Health and Nutrition Examination Survey on Facebook or Instagram?

HARDCARD #4

YES 1

NO 2

DK 9

RF 7

CAPI INSTRUCTION:

DISPLAY QUESTION ONLY IF SOCIAL MEDIA PILOT ACTIVE IN STAND.

SCQ.540 {Would seeing these ads on Facebook or Instagram/Did these ads} motivate you to learn more about the National Health and Nutrition Examination Survey?

YES 1

NO 2

DK 9

RF 7

CAPI INSTRUCTION:

IF SCQ.530=1, FILL “Did these ads”

IF SCQ.530=2,9, OR 7, FILL “Would seeing these ads on Facebook or Instagram”

CAPI INSTRUCTION:

DISPLAY QUESTION ONLY IF SOCIAL MEDIA PILOT ACTIVE IN STAND.

SCQ.430 Please give me your home telephone number in case my office wants to check my work.

SFQ.230

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

HOME TELEPHONE NUMBER (SCQ.440a)

NO HOME TELEPHONE 2 (SCQ.460)

DK 9 (SCQ.460)

RF 7 (SCQ.460)

CAPI INSTRUCTIONS: THE FIELD FOR "EXTENSION" IS ALLOWED TO BE BLANK.

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

SFQ.240a

INTERVIEWER INSTRUCTION: SELECT NAME FOR TELEPHONE LISTING FROM HOUSEHOLD ROSTER.

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

FIRST LAST (BOX 13)

UNLISTED 1 (BOX 13)

NOT ON LIST 2 (SCQ440b)

DK 9 (BOX 13)

RF 7 (BOX 13)

CAPI INSTRUCTIONS: THE DEFAULT FILL FOR THE “NAME” FIELD SHOULD BE THE FIRST, LAST, AND SUFFIX NAME OF THE REFERENCE PERSON. HOWEVER, MOVING THE FOCUS OF THE CURSOR OVER THE “NAME” FILL PRODUCES A LIST DISPLAYING THE FIRST AND LAST NAMES OF ALL HH MEMBERS ON THE HH COMPOSITION MATRIX AND THE OPTIONS OF “UNLISTED”, AND “NOT ON LIST”.

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

SFQ.240b

INTERVIEWER INSTRUCTION: ENTER NAME.

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

{FIRST} {LAST} (BOX 13)

SCQ.460 Is there another number where you can be reached?

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

OTHER TELEPHONE NUMBER (SCQ461)

NO 2 (BOX 13)

DK 9 (BOX 13)

RF 7(BOX 13)

CAPI INSTRUCTIONS: THE FIELD FOR "EXTENSION" IS ALLOWED TO BE BLANK.

SCQ461 Where is that telephone located?

WORK 1

RELATIVE’S HOME 2

NEIGHBOR’S HOME 3

CELL PHONE 4

OTHER 5

DK 9

RF 7

**BOX 13**

**CHECK ITEM SCQ.465:**

IF THIS IS AN INELIGIBLE HOUSEHOLD, GO TO BOX 13A; ELSE

IF THIS IS AN ELIGIBLE HOUSEHOLD, GO TO SCQ\_END2; ELSE

IF THIS IS A BREAK-OF, GO TO SCQ\_END3 AND REQUIRE ENTRY OF DISPOSITION; ELSE

IF MISSING CRITICAL SAMPLING DATA, GO TO SCQ\_END4; ELSE

IF SCQ.070 (ADDRESS VERIFICATION) IS “NO (WRONG ADDRESS)”; GO TO SCQ\_END 5.

**BOX 13A**

**CHECK ITEM SCQ.545:**

IF CASE IS SELECTED FOR MDU PROCEDURE, CONTINUE TO SCQ.560; ELSE GO TO SCQ\_END1.

SCQ.560 We want to be sure that every household in this area has been given a chance to participate inthis important survey. Are there any other living quarters here that we may have missed?

YES 1

NO 2 (SCQ\_END1)

DK 9 (SCQ\_END1)

RF 7 (SCQ\_END1)

CAPI INSTRUCTION: DISPLAY IF CASE SELECTED FOR MDU PROCEDURE.

SCQ.570 COMPLETE THE HIDDEN DU FORM.

FORM COMPLETE 1

DK 9

RF 7

SCQ\_END1 Thank you for your responses today {and if you had already answered these questions online}. No members of this household were selected for further participation in the survey.

CAPI INSTRUCTIONS:

IF THE CASE IS FLAGGED FOR WEBSCREENING (WEB\_SCREENER FROM SAM\_DU TABLE = YES), DISPLAY “and if you had already answered these questions online”.

|  |
| --- |
| **BOX 14A**  CHECK ITEM SCQ.645:  IF CASE IS FLAGGED FOR THE PROMISED INCENTIVE, CONTINUE.  OTHERWISE GO TO BOX 14 |

CCQ.010 As a thank you for answering these questions, will you accept a ${INCENTIVE} debit card today?

DID THE RESPONDENT ACCEPT THE INCENTIVE?

YES 1

NO 2 (BOX 14)

CAPI INSTRUCTIONS:

IF THE CASE IS FLAGGED FOR THE PROMISED SCREENER OR PROMISED SP INCENTIVE, DISPLAY INCENTIVE AMOUNT.

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

CCQ.020 TAKE OUT A NEW DEBIT CARD FROM YOUR SUPPLY .

OPEN THE ENVELOPE.

SHOW THE RESPONDENT THE DEBIT CARD ATTACHED TO THE CARRIER SHEET.

Here is your Health Study debit card. This debit card is a VISA© Card and is accepted anywhere VISA© is accepted. The card cannot be used to withdraw money from an ATM. Your payment will be available for use on the card within 3 business days. You can find answers to most commonly asked questions on the card carrier sheet along with phone numbers to call for additional information.

SCAN BARCODE OR MANUALLY ENTER THE 13 DIGIT NUMBER SHOWN ON THE CARD CARRIER SHEET.

CAPI INSTRUCTION:

EDIT CHECK: ENTRY MUST BE 13 DIGITS. IF NOT, DISPLAY “THE BARCODE NUMBER SHOULD BE 13 DIGITS. PLEASE RE-ENTER OR CONFIRM YOU ARE SCANNING THE CORRECT BARCODE.”

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

|  |
| --- |
| **BOX 1**  CHECK ITEM CCQ.025:  IF NUMBER ENTERED USING SCANNER, SKIP TO CCQ.040.  IF NUMBER MANUALLY ENTERED, CONTINUE. |

CCQ.030 RE-ENTER THE 13 DIGIT NUMBER SHOWN ON THE CARD CARRIER SHEET.

CAPI INSTRUCTION:

EDIT CHECK: THE NUMBER ENTERED IN CCQ.030 MUST MATCH THE NUMBER ENTERED IN CCQ.020. IF NUMBERS DO NOT MATCH, DISPLAY “THE TWO BARCODE NUMBERS DO NOT MATCH, PLEASE CHECK ENTRIES.”

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

CCQ.040 RECORD THE NAME OF THE CARD RECIPIENT AND THE AMOUNT ADDED TO THE CARD ON THE CARD CARRIER SHEET.

NAME AND AMOUNT RECORDED 1

CAPI INSTRUCTION:

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

CCQ.050 TO WHOM DID YOU GIVE THE CARD?

CARD RECIPIENT

{FIRST NAME} {LAST NAME}

CAPI INSTRUCTIONS:

WHEN THE FOCUS OF THE CURSOR IS ON THE “CARD RECIPIENT” FIELD, THE ANSWER CHOICES SHOULD BE A LIST THAT DISPLAYS FIRST AND LAST NAMES OF ALL HH MEMBERS ON THE HH COMPOSITION MATRIX. THE LIST SHOULD BE SORTED BY ORDER ON ROSTER.

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

**BOX 14**

**CHECK ITEM SCQ.575:**

GO TO RIQ.010

SCQ\_END2 Thank you for your responses today {and if you had already answered these questions online}. This household has eligible survey participants.

[READ NAMES LISTED BELOW.]

{UNIQUE NAMES, GENDERS, AGES OF SAMPLE PERSONS}

[IF APPROPRIATE, EXPLAIN PARTICIPATION IN STUDY TO RESPONDENT.]

CAPI INSTRUCTIONS:

IF THE CASE IS FLAGGED FOR WEBSCREENING (WEB\_SCREENER FROM SAM\_DU TABLE = YES), DISPLAY “and if you had already answered these questions online”.

SCQCONT PERFORM THE RELATIONSHIP INTERVIEW AT THIS TIME?

YES 1 SCQ\_MODULE 2)

NO 2 (RIQ.010)

CAPI INSTRUCTIONS: IF CODED “YES” (1), UPON LEAVING THIS SCREEN, LAUNCH MODULE 2 OF THE SCREENER, COLLECTING RELATIONSHIP INFORMATION.

RIQ.010 SELECT RESPONDENT FOR THE SCREENER MODULE 1 – HOUSEHOLD COMPOSITION.

Respondent

{FIRST NAME} {LAST NAME}

CAPI INSTRUCTIONS: WHEN THE FOCUS OF THE CURSOR IS ON THE “RESPONDENT” FIELD, THE ANSWER CHOICES SHOULD BE A LIST THAT DISPLAYS FIRST AND LAST NAMES OF ALL HH MEMBERS ON THE HH COMPOSITION MATRIX.

**BOX 15**

**CHECK ITEM SCQ.585:**

GO TO INTERPRETER MODULE – INT\_END1.

SCQ\_END3 Thank you.

SCQEND3 PROGRAMMER SPEC: AFTER EXITING FROM THIS SCREEN, PRESENT THE LIST OF DISPOSITIONS AND DO NOT ALLOW EXIT FROM THE APPLICATION WITHOUT ENTRY OF A DISPOSITION.

SCQ\_END4 Thank you.

[EXPLAIN TO RESPONDENT THAT YOU WILL NEED TO RETURN TO THE HOUSEHOLD TO COLLECT CRITICAL INFORMATION THAT WAS NOT PROVIDED THIS TIME.]

SCQ\_END5 Thank you.

LOCATE CORRECT ADDRESS AND RESTART SCREENER.

SCQ\_END6 Thank you.

IDENTIFY HOUSEHOLD RESIDENT WHO IS 18 YEARS OR OLDER.

CAPI INSTRUCTION: KEEP SCREENER DISPOSITION AS ‘NOT WORKED’.

SCREENER MODULE #2 (SFQ)

TO BE ADMINISTERED TO ALL ELIGIBLE HOUSEHOLDS

**BOX 1**

**CHECK ITEM SFQ.001:**

IF ONLY 1 PERSON HOUSEHOLD, CODE PERSON AS "REFERENCE PERSON", CODE RELATIONSHIP AS "SELF", ASSIGN FAMILY #1 TO PERSON AND GO TO END OF SECTION.

OTHERWISE, CONTINUE.

**BOX 2**

**CHECK ITEM SFQ.004:**

CODE FIRST PERSON LISTED ON H.H. MATRIX WHOSE AGE IS > 18 AND IS **NOT** FLAGGED AS LIVING "SOMEWHERE ELSE" AS "REFERENCE PERSON", HEAD OF FAMILY #1 AND RELATIONSHIP AS "SELF".

**BOX 3**

**LOOP 1:**

ASK NEW BOX 3A – SFQ.040 AS APPROPRIATE FOR EACH PERSON {P} LISTED BELOW REFERENCE PERSON ON THE HOUSEHOLD MATRIX.

**NEW BOX 3A**

**CHECK ITEM SFQ.005:**

CHECK GENDER OF {PERSON} FROM SCREENER. IF {PERSON} IS MALE, DISPLAY SFQ.006. IF FEMALE, DISPLAY SFQ.007.

SFQ.000{The next questions are about family relationships.}

NEW BOX 3B

IF EXIT BEFORE SFQEND, GO TO SFQ.210.

SFQ.006 What is {PERSON'S} relationship to {REFERENCE PERSON}?

HAND CARD SFQ1

**CAPI DESIGN = RADIO BUTTONS**

|  |  |
| --- | --- |
| RELATED  HUSBAND ⭘ 01  PARTNER ⭘ 02  SON (BIOLOGICAL, SON-IN-LAW,  ADOPTIVE, FOSTER, STEP) ⭘ 03  SON OF PARTNER ⭘ 04  GRANDSON ⭘ 05  FATHER ⭘ 06  BROTHER ⭘ 07  GRANDFATHER ⭘ 08  UNCLE ⭘ 09  NEPHEW ⭘ 10  OTHER RELATIVE ⭘ 11 | NOT RELATED  HOUSEMATE/ROOMMATE ⭘ 12  ROOMER/BOARDER ⭘ 13  OTHER/NON RELATED ⭘ 14  LEGAL GUARDIAN ⭘ 15  WARD ⭘ 16  REFUSED ⭘ 77  DON’T KNOW ⭘ 99 |

CAPI INSTRUCTIONS: IF CODE 1 AND {PERSON} IS <16 YEARS OLD, DISPLAY THE FOLLOWING BOX:

{PERSON} is listed as being under 16 years old. Are you sure {PERSON} should be coded as {HUSBAND/WIFE}?

Button 1: No, change relationship

Button 2: Yes, continue

IF BUTTON #1 IS SELECTED, RETURN TO SFQ.006/007. IF BUTTON #2 IS SELECTED, CONTINUE WITH BOX 5.

**SFQ.007** {The next questions are about family relationships.}

What is {PERSON'S} relationship to {REFERENCE PERSON}?

HAND CARD SFQ2

**CAPI DESIGN = RADIO BUTTONS**

|  |  |
| --- | --- |
| RELATED  WIFE ⭘ 01  PARTNER ⭘ 02  DAUGHTER (BIOLOGICAL,  DAUGHTER-IN-LAW, ADOPTIVE,  FOSTER, STEP) ⭘ 03  DAUGHTER OF PARTNER ⭘ 04  GRANDDAUGHTER ⭘ 05  MOTHER ⭘ 06  SISTER ⭘ 07  GRANDMOTHER ⭘ 08  AUNT ⭘ 09  NIECE ⭘ 10  OTHER RELATIVE ⭘ 11 | NOT RELATED  HOUSEMATE/ROOMMATE ⭘ 12  ROOMER/BOARDER ⭘ 13  OTHER/NON RELATED ⭘ 14  LEGAL GUARDIAN ⭘ 15  WARD ⭘ 16  REFUSED ⭘ 77  DON’T KNOW ⭘ 99 |

CAPI INSTRUCTIONS: IF CODE 1 AND {PERSON} IS <16 YEARS OLD, DISPLAY THE FOLLOWING BOX:

{PERSON} is listed as being under 16 years old. Are you sure {PERSON} should be coded as {HUSBAND/WIFE}?

Button 1: No, change relationship

Button 2: Yes, continue

IF BUTTON #1 IS SELECTED, RETURN TO SFQ.006/007. IF BUTTON #2 IS SELECTED, CONTINUE WITH BOX 5.

**BOX 5**

**CHECK ITEM SFQ.017:**

IF **{P}** RELATIONSHIP IN SFQ.006 or SFQ.007 = SON OR DAUGHTER (CODE 3), CONTINUE.

OTHERWISE, SKIP TO BOX 6.

SFQ.020 Is {PERSON}, {REFERENCE PERSON'S} biological (natural), adoptive, step, foster {son/daughter} or (son/daughter)-in-law?

BIOLOGICAL (NATURAL) {SON/  
 DAUGHTER} 1

ADOPTIVE {SON/DAUGHTER} 2

STEP {SON/DAUGHTER} 3

FOSTER {SON/DAUGHTER} 4

{SON/DAUGHTER}-IN-LAW 5

REFUSED 7

DON'T KNOW 9

**BOX 6**

**CHECK ITEM SFQ.025:**

IF {P} RELATIONSHIP IN SFQ.006 or SFQ.007 = FATHER OR MOTHER (CODE 6), CONTINUE.

OTHERWISE, GO TO BOX 7.

SFQ.030 Is {PERSON}, {REFERENCE PERSON'S} biological (natural), adoptive, step, or foster parent or {mother/father}-in-law?

BIOLOGICAL (NATURAL) PARENT 1

ADOPTIVE PARENT 2

STEP PARENT 3

FOSTER PARENT 4

{MOTHER/FATHER}-IN-LAW 5

REFUSED 7

DON'T KNOW 9

**BOX 7**

**CHECK ITEM SFQ.035:**

IF {P} RELATIONSHIP IN SFQ. 006 or SFQ.007 = BROTHER OR SISTER (CODE 7), CONTINUE.

OTHERWISE, GO TO BOX 8.

SFQ.100 Is {PERSON}, {REFERENCE PERSON'S} full, half, adoptive, step, or foster {brother/sister} or {brother/sister}-in-law?

FULL {BROTHER/SISTER} 1

HALF {BROTHER/SISTER} 2

ADOPTED {BROTHER/SISTER} 3

STEP {BROTHER/SISTER} 4

FOSTER {BROTHER/SISTER} 5

{BROTHER/SISTER}-IN-LAW 6

REFUSED 7

DON'T KNOW 9

**BOX 8**

**END LOOP 1:**

ASK NEW BOX 3A – SFQ.040 AS APPROPRIATE FOR NEXT PERSON {P} LISTED BELOW REFERENCE PERSON OR NEXT PERSON RELATED TO HEAD OF FAMILY ON THE HOUSEHOLD MATRIX.

IF NO NEXT PERSON, GO TO BOX 9.

**BOX 9**

**CHECK ITEM SFQ.043:**

IF ALL PERSONS IN HOUSEHOLD ARE RELATED (HAVE RELATIONSHIP CODES ASSOCIATED WITH CODES 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15, 16, 77 OR 99 IN SFQ.006 OR SFQ.007), GO TO BOX 20.

OTHERWISE, CONTINUE WITH BOX 10.

**BOX 10**

**CHECK ITEM SFQ.045:**

CODE FIRST PERSON REMAINING UNRELATED TO REFERENCE PERSON AND HEADS OF ADDITIONAL FAMILIES AND WHOSE AGE IS >18 AS HEAD OF NEXT FAMILY {H OF F} AS APPROPRIATE (#2, 3, 4, ETC.), AND GO TO BOX 11.

IF NO PERSONS AGE > 18, CODE OLDEST PERSON FROM THIS GROUP AS HEAD OF FAMILY.

**BOX 11**

**CHECK ITEM SFQ.047:**

IF MORE THAN ONE PERSON CODED AS UNRELATED, CONTINUE WITH SFQ.050.

OTHERWISE, GO TO BOX 20.

SFQ.050 Now I would like to talk about those persons in the household who are not related to {REFERENCE PERSON/REFERENCE PERSON OR HEADS OF FAMILY}. That is {LIST ALL PERSONS IN HOUSEHOLD NOT RELATED TO {REFERENCE PERSON/REFERENCE PERSON OR HEADS OF FAMILY}.

DISPLAY NAME OF REFERENCE PERSON IF THIS IS THE FIRST TIME THIS QUESTION IS ASKED. DISPLAY NAMES OF REFERENCE PERSON AND ALL HEADS OF ADDITIONAL FAMILIES IF THIS IS NOT THE FIRST TIME QUESTION IS ASKED.

Is {HEAD OF FAMILY #2, 3, 4, ETC} related to anyone in the household?

YES 1

NO 2 (BOX 19)

REFUSED 7

DON'T KNOW 9

SFQ.060 Who is {HEAD OF FAMILY #2, 3, 4, ETC. FROM BOX 10} related to? {DISPLAY LIST OF NAMES OF ALL PERSONS WHO ARE NOT REFERENCE PERSON, OR HEAD OF FAMILY AND WHO ARE NOT RELATED TO ANYONE ELSE IN HOUSEHOLD (DO NOT HAVE RELATIONSHIP CODE = CODE 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15 OR 16)}.

SELECT NAMES OF PERSONS RELATED TO {REFERENCE PERSON **OR** HEAD(S) OF FAMILY}.

**BOX 13**

**EMBEDDED LOOP 2A:**

ASK NEW BOX 3A THROUGH SFQ.040 FOR EACH PERSON SELECTED IN SFQ.060.

**BOX 18**

**END EMBEDDED LOOP 2A:**

ASK NEW BOX 3A THROUGH SFQ.040 AS APPROPRIATE FOR NEXT PERSON SELECTED AS RELATED TO HEAD OF FAMILY IN SFQ.060.

IF NO NEXT PERSON, GO TO BOX 19.

**BOX 19**

**END LOOP 2:**

IF MORE THAN 1 PERSON REMAINS UNRELATED TO THE REFERENCE PERSON OR THE HEAD OF ADDITION FAMILY:

◼ DESIGNATE NEXT HEAD OF FAMILY AS INSTRUCTED IN BOX 10.

◼ ASK NEW BOX 3A THROUGH SFQ.040 FOR NEXT HEAD OF FAMILY AND PERSONS WHO REMAIN AS UNRELATED.

IF NO NEXT PERSONS GO TO BOX 20.

**BOX 20**

**CHECK ITEM SFQ.105:**

◼ IF REFERENCE PERSON OR HEAD OF FAMILY IS MARRIED (CODED AS 01 IN SFQ.006 OR SFQ.007) OR   
LIVING WITH A PARTNER (CODED AS UNMARRIED PARTNER IN SFQ.006 OR SFQ.007).

AND

◼ REFERENCE PERSON OR HEAD OF FAMILY HAS A CHILD OR THE **PARTNER** HAS A CHILD (CODED AS 03 OR 04 IN SFQ.006 OR SFQ.007), CONTINUE.

OTHERWISE GO TO BOX 23.

**BOX 21**

**LOOP 3:**

ASK SFQ.110 FOR EACH PERSON (CHILD OF REFERENCE PERSON AND CHILD OF PARTNER – RELATIONSHIP CODE 3 OR 4).

SFQ.110 I recorded that {NAME OF MOTHER/FATHER OF CHILD – THIS IS SPOUSE OR PARTNER OF REFERENCE PERSON} is the {father/mother} of {NAME OF CHILD – THIS IS CHILD OF REFERENCE PERSON AND SPOUSE OR REFERENCE PERSON AND PARTNER OR CHILD OF PARTNER}. Is {NAME OF CHILD} {his/her} biological, adoptive, step, foster child, (son or daughter)-in-law or a non relative of {NAME OF MOTHER/FATHER}?

BIOLOGICAL CHILD 1

ADOPTIVE CHILD 2

STEP CHILD 3

FOSTER CHILD 4

(SON/DAUGHTER)-IN-LAW 5

NON RELATIVE 6

REFUSED 7

DON'T KNOW 9

**BOX 22**

**END LOOP 3:**

ASK SFQ.110 FOR NEXT PERSON (CHILD OR CHILD OF PARTNER).

IF NO NEXT PERSON, CONTINUE WITH BOX 23.

**BOX 23**

**CHECK ITEM 115:**

CHECK RELATIONSHIPS. IF ALL HOUSEHOLD MEMBERS HAVE MOTHER, FATHER, AND SPOUSE OR PARTNER IDENTIFIED, GO TO BOX 31.

OTHERWISE, IF ANY OF THESE RELATIONSHIPS FOR EACH PERSON IS NOT ALREADY IDENTIFIED, CONTINUE.

**BOX 24**

**LOOP 4:**

ASK SFQ.120 – SFQ.200 **AS APPROPRIATE** FOR EACH PERSON WHO DOES **NOT** HAVE A MOTHER AND FATHER AND SPOUSE OR PARTNER IDENTIFIED IN HOUSEHOLD.

**BOX 25**

**CHECK ITEM SFQ.117:**

IF PERSON'S MOTHER HAS NOT BEEN IDENTIFIED, AND THERE ARE FEMALES IN THE HOUSEHOLD WHO ARE > 13 YEARS OLDER THAN PERSON, CONTINUE OTHERWISE, GO TO BOX 27.

SFQ.120 Is {PERSON'S} mother a household member? [Include mother-in-law].

IF OBVIOUS, VERIFY ONLY.

CHOOSE MOTHER OVER MOTHER-IN-LAW IF BOTH PRESENT.

YES – MOTHER IN HOUSEHOLD 1

NO – MOTHER NOT IN HOUSEHOLD 2 (BOX 27)

LEGAL GUARDIAN IN HOUSEHOLD 3

REFUSED 7 (BOX 27)

DON'T KNOW 9 (BOX 27)

SFQ.130 Who is that?

[SELECT PERSON FROM HOUSEHOLD MATRIX.

**BOX 26**

**CHECK ITEM SFQ.135:**

IF LEGAL GUARDIAN CODED IN SFQ.120, GO TO BOX 27.

OTHERWISE, CONTINUE.

SFQ.140 Is {NAME OF MOTHER IN SFQ.130}, {PERSON'S} biological [natural], adoptive, step, or foster mother or mother-in-law?

BIOLOGICAL MOTHER 1

ADOPTIVE MOTHER 2

STEP MOTHER 3

FOSTER MOTHER 4

MOTHER-IN-LAW 5

REFUSED 7

DON'T KNOW 9

**BOX 27**

**CHECK ITEM SFQ.145:**

IF PERSON'S FATHER HAS NOT BEEN IDENTIFIED, AND THERE ARE MALES IN THE HOUSEHOLD WHO ARE > 13 YEARS OLDER THAN PERSON, CONTINUE.

OTHERWISE, GO TO BOX 29A.

SFQ.150 Is {PERSON'S} father a household member? [Include father-in-law].

IF OBVIOUS, VERIFY ONLY.

CHOOSE FATHER OVER FATHER-IN-LAW IF BOTH PRESENT.

YES – FATHER IN HOUSEHOLD 1

NO – FATHER NOT IN HOUSEHOLD 2 (BOX 29)

LEGAL GUARDIAN IN HOUSEHOLD 3

REFUSED 7 (BOX 29)

DON'T KNOW 9 (BOX 29)

SFQ.160 Who is that?

[SELECT PERSON FROM HOUSEHOLD MATRIX.

**BOX 28**

**CHECK ITEM SFQ.165:**

IF LEGAL GUARDIAN CODED IN SFQ.150, GO TO BOX 29A.

OTHERWISE, CONTINUE.

SFQ.170 Is {NAME OF FATHER IN SFQ.160}, {PERSON'S} biological (natural), adoptive, step, or foster father or father-in-law?

BIOLOGICAL FATHER 1

ADOPTIVE FATHER 2

STEP FATHER 3

FOSTER FATHER 4

FATHER-IN-LAW 5

REFUSED 7

DON'T KNOW 9

**BOX 29A**

**CHECK ITEM SFQ.175:**

IF PERSON'S AGE >= 14 AND SPOUSE OR UNMARRIED PARTNER HAS NOT BEEN IDENTIFIED, CONTINUE.

OTHERWISE, GO TO BOX 30.

SFQ.180 Is {PERSON'S NAME} now married, widowed, divorced, separated, never married or living with a partner?

MARRIED 1

WIDOWED 2 (BOX 30)

DIVORCED 3 (BOX 30)

SEPARATED 4 (BOX 30)

NEVER MARRIED 5 (BOX 30)

LIVING WITH PARTNER 6

REFUSED 7 (BOX 30)

DON'T KNOW 9 (BOX 30)

**BOX 29B**

**CHECK ITEM SFQ.185:**

IF THERE ARE PERSONS IN THE HOUSEHOLD WHO ARE > = 14 YEARS OLD, CONTINUE.

OTHERWISE, GO TO BOX 30.

SFQ.190 Is {PERSON'S} {spouse/partner} living in the household?

YES 1

NO 2 (BOX 30)

REFUSED 7 (BOX 30)

DON'T KNOW 9 (BOX 30)

SFQ.200 Who is that?

DISPLAY LIST OF ALL NONDELETED HOUSEHOLD MEMBERS WHO ARE 14 YEARS OLD OR OLDER.

**BOX 30**

**END LOOP 4:**

ASK SFQ.120 – SFQ.200 FOR NEXT PERSON.

IF NO NEXT PERSON, GO TO BOX 31.

**BOX 31**

**CHECK ITEM SFQ.205:**

◼ APPLY NHANES AND CPS FAMILY DEFINITIONS. IF A MINOR WARD IS

NOT RELATED TO A HOUSEHOLD MEMBER AGE 18+, PLACE WARD IN

THE SAME NHANES FAMILY AS HIS/HER GUARDIAN, BUT IN A

SEPARATE CPS FAMILY.

◼ IF MORE THAN 1 NHANES FAMILY, CONTINUE.

◼ IF ONLY 1 NHANES FAMILY, GO TO BOX 33. DO **NOT** REASK SCQ.430 –   
 SCQ.461.

OTHERWISE, GO TO SFQ.210.

**BOX 32**

**LOOP 5:**

ASK MODULE 1 – SCQ.420 – SCQ.440b FOR EACH **ADDITIONAL** NHANES FAMILY.

NOTE: THE SUBJECT OF QUESTIONS SHOULD BE EACH ADDITIONAL HEAD OF NHANES FAMILY AND NUMBERED SFQ.220, SFQ.225, SFQ.230 AND SFQ.240a.

DO **NOT** REASK SCQ.430 – SCQ.461 OF THE FIRST NHANES FAMILY.

**BOX 33**

**CHECK ITEM SFQ.215:**

IF CASE IS SELECTED FOR MDU PROCEDURE, GO TO SFQ.265; ELSE GO TO SFQEND.

SFQ.265 We want to be sure that every household in this area has been given a chance to participate in this important survey. Are there any other living quarters here that we may have missed?

YES 1

NO 2 (SFQEND)

DK 9 (SFQEND)

RF 7 (SFQEND)

CAPI INSTRUCTION: DISPLAY IF CASE SELECTED FOR MDU PROCEDURE.

SFQ.270 COMPLETE THE HIDDEN DU FORM.

FORM COMPLETE 1

DK 9

RF 7

SFQEND Thank you. That completes the questions about family relationships.

|  |
| --- |
| **BOX 34**  CHECK ITEM SFQ.275:  IF CASE IS FLAGGED FOR THE PROMISED INCENTIVE, CONTINUE.  OTHERWISE GO TO RIQ.010 |

CCQ.010 As a thank you for answering these questions, will you accept a ${INCENTIVE} debit card today?

DID THE RESPONDENT ACCEPT THE INCENTIVE?

YES 1

NO 2 (RIQ.010)

CAPI INSTRUCTIONS:

IF THE CASE IS FLAGGED FOR THE PROMISED SCREENER OR PROMISED SP INCENTIVE, DISPLAY INCENTIVE AMOUNT.

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

CCQ.020 TAKE OUT A NEW DEBIT CARD FROM YOUR SUPPLY .

OPEN THE ENVELOPE.

SHOW THE RESPONDENT THE DEBIT CARD ATTACHED TO THE CARRIER SHEET.

Here is your Health Study debit card. This debit card is a VISA© Card and is accepted anywhere VISA© is accepted. The card cannot be used to withdraw money from an ATM. Your payment will be available for use on the card within 3 business days. You can find answers to most commonly asked questions on the card carrier sheet along with phone numbers to call for additional information.

SCAN BARCODE OR MANUALLY ENTER THE 13 DIGIT NUMBER SHOWN ON THE CARD CARRIER SHEET.

CAPI INSTRUCTION:

EDIT CHECK: ENTRY MUST BE 13 DIGITS. IF NOT, DISPLAY “THE BARCODE NUMBER SHOULD BE 13 DIGITS. PLEASE RE-ENTER OR CONFIRM YOU ARE SCANNING THE CORRECT BARCODE.”

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

|  |
| --- |
| **BOX 1**  CHECK ITEM CCQ.025:  IF NUMBER ENTERED USING SCANNER, SKIP TO CCQ.040.  IF NUMBER MANUALLY ENTERED, CONTINUE. |

CCQ.030 RE-ENTER THE 13 DIGIT NUMBER SHOWN ON THE CARD CARRIER SHEET.

CAPI INSTRUCTION:

EDIT CHECK: THE NUMBER ENTERED IN CCQ.030 MUST MATCH THE NUMBER ENTERED IN CCQ.020. IF NUMBERS DO NOT MATCH, DISPLAY “THE TWO BARCODE NUMBERS DO NOT MATCH, PLEASE CHECK ENTRIES.”

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

CCQ.040 RECORD THE NAME OF THE CARD RECIPIENT AND THE AMOUNT ADDED TO THE CARD ON THE CARD CARRIER SHEET.

NAME AND AMOUNT RECORDED 1

CAPI INSTRUCTION:

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

CCQ.050 TO WHOM DID YOU GIVE THE CARD?

CARD RECIPIENT

{FIRST NAME} {LAST NAME}

CAPI INSTRUCTIONS:

WHEN THE FOCUS OF THE CURSOR IS ON THE “CARD RECIPIENT” FIELD, THE ANSWER CHOICES SHOULD BE A LIST THAT DISPLAYS FIRST AND LAST NAMES OF ALL HH MEMBERS ON THE HH COMPOSITION MATRIX. THE LIST SHOULD BE SORTED BY ORDER ON ROSTER.

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

RIQ.010 SELECT RESPONDENT FOR THE SCREENER MODULE II – HOUSEHOLD RELATIONSHIPS.

Respondent

{FIRST NAME} {LAST NAME}

CAPI INSTRUCTIONS: WHEN THE FOCUS OF THE CURSOR IS ON THE “RESPONDENT” FIELD, THE ANSWER CHOICES SHOULD BE A LIST THAT DISPLAYS FIRST AND LAST NAMES OF ALL HH MEMBERS ON THE HH COMPOSITION MATRIX.

INT.001 WAS AN INTERPRETER USED FOR INTERVIEW?

YES 1

NO 2 (GO TO THE END

OF THE SECTION)

**BOX #1**

**CHECK ITEM INT.001A:**

IF THIS IS SCREENER, SKIP TO INT.003.

OTHERWISE, IF THIS IS RELATIONSHIP MODULE, CONTINUE WITH BOX 2.

**BOX #2**

**CHECK ITEM INT.001B:**

IF SCREENER AND RELATIONSHIP COMPLETED DURING SAME SESSION (SCQ\_END 2a = YES), SKIP TO INT.003.

OTHERWISE, CONTINUE.

INT.002IS THIS THE SAME INTERPRETER THAT WAS USED FOR THE SCREENER?

YES 1 {CODE INTERPRETER

SCREENER INFORMATION

AND SKIP TO END OF SECTION)}

NO 2 (CONTINUE)

INT.003LANGUAGE USED FOR INTERVIEW

AMERICAN SIGN LANGUAGE 1 (SKIP TO INT.005)

CHINESE (CANTONESE) 2 (SKIP TO INT.005)

CHINESE (MANDARIN) 3 (SKIP TO INT.005)

FRENCH 4 (SKIP TO INT.005)

GERMAN 5 (SKIP TO INT.005)

ITALIAN 6 (SKIP TO INT.005)

JAPANESE 7 (SKIP TO INT.005)

KOREAN 8 (SKIP TO INT.005)

RUSSIAN 9 (SKIP TO INT.005)

SPANISH (READER) 10 (SKIP TO INT.005)

VIETNAMESE 11 (SKIP TO INT.005)

OTHER SPECIFY 99

INT.004 ENTER LANGUAGE USED FOR INTERVIEW

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

INT.005HOW WAS INTERPRETER OBTAINED

ARRANGED BY THE OFFICE 1

RECRUITED DURING VISIT/APPOINTMENT 2 (INT.007)

INT.006SELECT INTERPRETER FROM DROP DOWN LIST OR SELECT “OTHER” AND ENTER INTERPRETER NAME

{DROP DOWN LIST SHOULD HAVE ALL NAMES FROM EVM AND AN “OTHER SPECIFY” TO ALLOW FOR THOSE NAMES THAT HAVE NOT BEEN TRANSFERRED TO INTERVIEWER PENTOP}

**BOX #3**

**CHECK ITEM INT.006A:**

IF OTHER (SELECTED IN INT.006) GO TO INT.009.

OTHERWISE, GO TO BOX 5.

INT.007SELECT INTERPRETER SOURCE

RELATIVE LIVING IN HOUSEHOLD 1

NON-RELATIVE LIVING IN HOUSEHOLD 2

NEIGHBOR, RELATIVE OR FRIEND –  
 NOT IN HOUSEHOLD 3 (SKIP TO INT.009)

INT.008 SELECT NAME OF INTERPRETER FROM HOUSEHOLD ROSTER.

{DISPLAY CAPI PULL DOWN LIST FROM HH ROSTER}

**BOX #4**

**CHECK ITEM INT.008A:**

GO TO END OF SECTION.

INT.009ENTER NAME OF INTERPRETER

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

INT.010ENTER PHONE # OF INTERPRETER

\_\_\_ -\_\_\_ \_\_\_\_

INT.011ENTER AGE RANGE OF INTERPRETER

{AGE RANGE CAN BE A PULL DOWN LIST}

RANGES = 18-29

30-59

60+

INT.012ENTER GENDER OF INTERPRETER

MALE 1

FEMALE 2

**BOX 5**

GO TO END OF SECTION.

SFQ.210 Thank you.

**BOX 6**

GO TO FINMOD2.

FINMOD2 TAP “NO” AND THE NEXT BUTTON. FINISH THE RELATIONSHIP QUESTIONAIRE AT ANOTHER TIME.

WARNING: YOU MUST GET SUPERVISOR PERMISSION TO CODE “YES.” IF YOU CHOOSE “YES,” CAPI WILL FINALIZE THE RELATIONSHIP QUESTIONNAIRE AS A REFUSAL. SP, FAMILY, AND APPOINTMENT MODULES WILL BE CREATED WITH FAMILY NUMBER OF ZERO.

END OF SECTION

***SCREENER MODULE HAND CARDS***

**HAND CARD #1**

* **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**
* Native Hawaiian
* Guamanian or Chamorro
* Samoan
* Other Pacific Islander
* **White**

**HAND CARD #2**

|  |  |
| --- | --- |
| 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 |  |

**HAND CARD #3**

TV

Radio

Newspaper (Print or Online)

Social Media

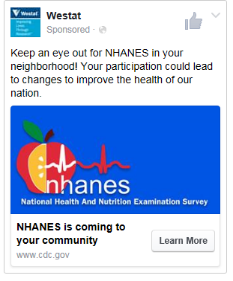
Other Websites

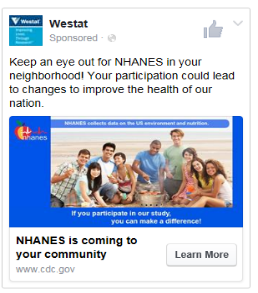
Word of mouth

Other

**HAND CARD #4**

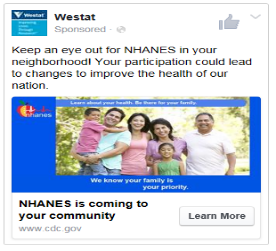
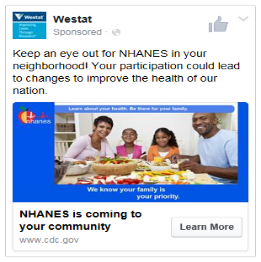
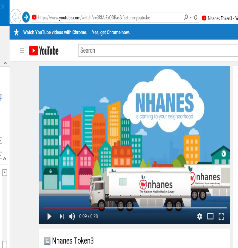
*.*

****



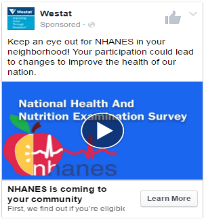
Learn more about your health at no cost to you.

*Note: Back of Hand Card #4*



Learn more about your health at no cost to you.

Health measurements and state-of-the art tests will be provided at no cost to you.



Health measurements and state-of-the art tests will be provided at no cost to you.

***Household Interview***

Form Approved

OMB No. 0920-0950

Exp. Date 11/30/2021

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# Sample Person Questionnnaire

RESPONDENT SELECTION SECTION - RIQ - SP QUESTIONNAIRE

RIQ.006 SELECT RESPONDENT FOR THE SP QUESTIONNAIRE FOR {SP NAME}.

CAPI INSTRUCTION:

DISPLAY HOUSEHOLD ROSTER FROM SCREENER AND ‘SOMEONE NOT LIVING IN HH’ AS OPTION.

DMQ.INTRO[{You have/SP has} been chosen to participate in the National Health and Nutrition Examination Survey conducted for the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC).] [All the information that you give us will be kept confidential. Your name will not be attached to any of your answers without your specific permission.] [At the completion of the interview, you will be given a ${INCENTIVE} debit card as a thank you for answering these questions.] HAND RESPONDENT THE ADVANCE LETTER.

Before we begin the health interview, I would like to verify some information about {you/SP}.

CAPI INSTRUCTION:

DISPLAY TEXT ONLY IF INCENTIVE PILOT ACTIVE IN STAND AND IF SP HAS BEEN SELECTED FOR AN INCENTIVE.

DMQ.010 VERIFY OR ASK DATE OF BIRTH AND AGE.

CAPI INSTRUCTION:

DISPLAY PERSON #, NAME, DOB MONTH, DAY AND YEAR AND AGE IN YEARS. ALLOW DOB AND AGE FIELDS TO BE UPDATED.

DMQ.020VERIFY GENDER.

MALE 1

FEMALE 2

CAPI INSTRUCTION:

PREFILL WITH GENDER FROM SCREENER AND ALLOW UPDATE.

**BOX 8**

**CHECK ITEM DMQ.025:**

APPLY SAMPLING ALGORITHM. IF SP IS NO LONGER ELIGIBLE DUE TO GENDER AND AGE CHANGES, CONTINUE.

OTHERWISE, SKIP TO DMQ.040.

DMQ.030Thank you for your participation in the study. Our scientific, random selection process indicates that {you have/SP has} not been selected for the next part of the study.

**BOX 9**

**CHECK ITEM DMQ.032:**

END INTERVIEW AND APPLY DISPOSITION CODE ‘COMPLETE, ELIGIBILITY PROBLEMS’.

DMQ.040What is {your/SP’s} full name, including middle name?

VERIFY SPELLING.

What is {your/SP’s} first name?

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAPI INSTRUCTION:

PREFILL FIRST NAME FROM SCREENER AND ALLOW UPDATES.

DMQ.050[What is {your/SP’s} full name, including middle name?]

VERIFY SPELLING.

What is {your/SP’s} middle name?

Middle Name #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No middle name 1

REFUSED 7

DON’T KNOW 9

CAPI INSTRUCTION:

PREFILL WITH MIDDLE NAME FROM SCREENER AND ALLOW UPDATES.

DMQ.060[What is {your/SP’s} full name, including middle name?]

VERIFY SPELLING.

What is {your/SP’s} last name?

Last Name #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAPI INSTRUCTION:

PREFILL WITH LAST NAME FROM SCREENER AND ALLOW UPDATES.

**BOX 10**

**CHECK ITEM DMQ.065:**

IF DMQ.020 = 2, GO TO BOX 0.

IF DMQ.020=1, CONTINUE.

DMQ.070[What is {your/SP’s} full name, including middle name?]

VERIFY SPELLING.

{Do you/Does SP} have a suffix? [What is it?]

Suffix: \_\_\_\_\_\_\_\_\_

CAPI INSTRUCTION:

ALLOW SUFFIX FIELD TO BE LEFT BLANK/NULL.

**BOX 0**

**CHECK ITEM RIQ.008:**

IF PROXY RESPONDENT FOR SP AGE 15 OR YOUNGER, GO TO RIQ.012.

IF PROXY RESPONDENT FOR SP AGE 16 OR OLDER, GO TO RIQ.014.

OTHERWISE GO TO BOX 1.

RIQ.012 INTERVIEWER: ASK OR MARK IF KNOWN.

(What is your relationship to {SP}?)

MOTHER (BIOLOGICAL/ADOPTIVE/  
 STEP/FOSTER) 1 (BOX 1)

FATHER (BIOLOGICAL/ADOPTIVE/  
 STEP/FOSTER) 2 (BOX 1)

GRANDPARENT (GRANDMOTHER/  
 GRANDFATHER) 3 (BOX 1)

AUNT/UNCLE 4 (BOX 1)

BROTHER/SISTER 5 (BOX 1)

OTHER RELATIVE 6 (BOX 1)

NON-RELATIVE 7 (BOX 1)

REFUSED 77 (BOX 1)

DON'T KNOW 99 (BOX 1)

RIQ.014 INTERVIEWER: ASK OR MARK IF KNOWN.

(What is your relationship to {SP}?)

SPOUSE (WIFE/HUSBAND) OR   
 PARTNER 1

DAUGHTER OR SON (BIOLOGICAL/   
 ADOPTIVE/IN-LAW/STEP/FOSTER) 2

PARENT (BIOLOGICAL/ADOPTIVE/  
 STEP/FOSTER) 3

GRANDPARENT (GRANDMOTHER/  
 GRANDFATHER) 4

BROTHER/SISTER 5

OTHER RELATIVE 6

NON-RELATIVE 7

REFUSED 77

DON'T KNOW 99

**BOX 1**

**CHECK ITEM \*11RIQ.015:**

◼ IF SP IS SELECTED AS RESPONDENT AND SP AGE IS <= 15, GO TO  
 \*11RIQ.020.

◼ IF SP IS SELECTED AS RESPONDENT AND SP AGE IS >= 16, GO TO  
 BOX 3AA.

◼ IF SP IS NOT SELECTED AS RESPONDENT AND SP AGE IS <= 15, GO TO  
 BOX 2.

◼ IF SP IS NOT SELECTED AS RESPONDENT AND SP AGE IS >= 16, GO TO   
 RIQ.039.

\*11RIQ.020 INTERVIEW SHOULD BE CONDUCTED WITH A PROXY BECAUSE SP IS UNDER 16 YEARS OLD. YOU SHOULD HAVE APPROVAL FROM YOUR SUPERVISOR BEFORE CONDUCTING THE INTERVIEW WITH AN EMANCIPATED MINOR.

ENTER ONE OPTION.

SP IS AN EMANCIPATED MINOR 1 (BOX 3)

PERSON SELECTED AS

RESPONDENT IN ERROR 2 (RIQ.006)

SP AGE ENTERED IN ERROR -- SP IS

AGE 16+ 3 (DMQ.010)

RIQ.039 WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

SP HAS COGNITIVE PROBLEMS 1

SP HAS PHYSICAL PROBLEMS

(SPECIFY) 2

\*11RIQ.035 DO YOU HAVE SUPERVISOR PERMISSION TO CONDUCT INTERVIEW WITH A PROXY?

YES 1

NO 2 (RIQ.006)

**BOX 2**

**CHECK ITEM RIQ.031:**

IF 'SOMEONE NOT LIVING IN HH' SELECTED AS RESPONDENT IN RIQ.006, CONTINUE.

OTHERWISE, GO TO BOX 3AA.

RIQ.040 WHY IS INTERVIEW BEING CONDUCTED WITH SOMEONE OUTSIDE THE HOUSEHOLD?

RIQ.050 ENTER RESPONDENT NAME.

FIRST NAME LAST NAME

RIQ.060 ENTER RESPONDENT'S PHONE NUMBER.

ENTER '00' IN AREA CODE IF NO PHONE.

|\_\_\_|\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

AREA CODE ENTER PHONE NUMBER

**BOX 3**

**CHECK ITEM \*11RIQ.072:**

IF SP SELECTED AS RESPONDENT IS <12 YEARS OLD, CONTINUE.

OTHERWISE, GO TO BOX 3AA.

\*11RIQ.074 EMANCIPATED MINOR MUST BE AT LEAST 12 YEARS OLD.

PRESS ‘ENTER’ TO SELECT ANOTHER RESPONDENT.

CAPI INSTRUCTION:

WHEN ‘ENTER’ IS PRESSED, CAPI SHOULD RETURN TO RIQ.006.

**BOX 3AA**

**CHECK ITEM RIQ.245:**

IF SP SELECTED AS RESPONDENT IS 16 OR 17 YEARS OLD, CONTINUE.

OTHERWISE, GO TO RIQ.250.

RIQ.248 IS SP AN EMANCIPATED MINOR? YOU SHOULD HAVE APPROVAL FROM YOUR SUPERVISOR BEFORE CONDUCTING THE INTERVIEW WITH AN EMANCIPATED MINOR.

YES 1

NO 2

**BOX 3B**

OMITED

RIQ.250 HAND RESPONDENT COPY OF HOME INTERVIEW CONSENT FORM IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS WITH RESPONDENT OR READ CONSENT FORM OUT LOUD IF NECESSARY.

ANSWER ANY RESPONDENT QUESTIONS. (PRESS NEXT TO CONTINUE)

**BOX 3C**

**CHECK ITEM RIQ.260:**

IF RESPONDENT IS 16-17 YEARS OLD AND NOT EMANCIPATED (RIQ.248 = 2/NO OR \*11RIQ.020 NOT EQUAL TO 1), CONTINUE.

OTHERWISE, SKIP TO RIQ.278.

RIQ.274 WHO IS PARENT/GUARDIAN CONSENTING FOR {SP}?

CAPI INSTRUCTION:

LIST HH ROSTER MEMBERS WHO ARE 18+ AND ‘SOMEONE NOT LIVING IN HH’ AS RESPONSE OPTIONS.

IF ‘NOT ON LIST’ SELECTED GO TO RIQ.276. IF HH MEMBER SELECTED, GO TO RIQ.278.

RIQ.276 WHAT IS PARENT/GUARDIAN’S NAME?

INTERVIEWER INSTRUCTION: ENTER NAME. VERIFY SPELLING.

FIRST NAME LAST NAME

RIQ.278 CAPI INSTRUCTION:

1. DISPLAY IMAGE HOME INTERVIEW CONSENT FORM. SHOW TOP OF FORM, INCLUDING FIRST THREE PARAGRAPHS.
2. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.
3. DISPLAY INTERVIEWER INSTRUCTION: “TURN SCREEN TO {SP/PROXY NAME/NAME IN RIQ.274 OR 276} AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.”
4. DISPLAY PERSON CONSENTING/SIGNING IN INSTRUCTION #3 AS:
   1. ‘SP’ IF ADULT SP RESPONDENT OR
   2. ‘PROXY NAME’ IF PROXY FOR ADULT OR CHILD OR
   3. ‘NAME FROM RIQ.274 OR RIQ.276’ IF RESPONDENT IS 16-17 YEAR OLD SP AND NOT EMANCIPATED.

RIQ.280a/b EXPLAIN THE HOME INTERVIEW CONSENT AND LINKAGE CHECK BOXES. TURN SCREEN AND ASK {SP/PROXY NAME/NAME IN RIQ.274 OR 276} TO RECORD HIS/HER HOME INTERVIEW CONSENT AND LINKAGE CHOICE BELOW.

1. I have read the information above. I agree to {allow SP to} proceed with the interview {for SP}.

YES 1

NO 2

1. We can do additional health research by linking the interview and exam data to vital statistics, health, nutrition, and other related records. May we try to link {your/SP’s} survey records with other records?

YES 1

NO 2

HELP SCREEN:

RIQ.280b- IF RESPONDENT NEEDS MORE INFORMATION, READ: I understand your concern. By matching NHANES data with other health-related records, researchers can study health conditions like heart attacks and diabetes in depth. They can also better understand health care use and health care costs for all Americans. These findings will help doctors assist patients in making smart choices. Here are some examples (HAND CARD RIQ1) of things we have learned when we matched records from different sources.  May we try to link your/the SP’s survey records with other records?

CAPI INSTRUCTION:

* 1. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.
  2. IN RIQ.280 STEM, DISPLAY PERSON CONSENTING/SIGNING IN INSTRUCTION AS:
     1. ‘SP’ IF ADULT SP RESPONDENT OR
     2. ‘PROXY NAME’ IF PROXY FOR ADULT OR CHILD OR
     3. ‘NAME FROM RIQ.274 OR RIQ.276’ IF RESPONDENT IS 16-17 YEAR OLD SP AND NOT EMANCIPATED.
  3. DISPLAY YES/NO OPTIONS AS RADIO BUTTON, ALLOWING ONLY ONE CHOICE.
  4. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.
  5. DISABLE LINKAGE QUESTION IF RIQ.280a = NO (2).
  6. IF RIQ.280a = 2, GO TO RIQ.280CK.: “EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOME INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED” (FUNCTIONS LIKE CURRENT RIQ.080-081).
  7. FOR RIQ.280a: DISPLAY “allow SP to” WHEN RESPONDENT IS 16-17 YEAR OLD SP AND NOT EMANCIPATED. OTHERWISE LEAVE BLANK.
  8. FOR RIQ.280b: DISPLAY ‘your’ IF ADULT SP RESPONDENT OR 16-17 YEAR OLD SP RESPONDENT WHO IS EMANCIPATED. DISPLAY ‘SP’s’ IF PROXY RESPONDENT FOR SP AGED 0-15 OR 18+. DISPLAY ‘SP’s’ IF RESPONDENT IS SP 16-17 YEAR OLD NON-EMANCIPATED.
  9. FOR RIQ.280a: DISPLAY “for SP” IF PROXY RESPONDENT.

RIQ.320 ADULT RESPONDENT OR PARENT/GUARDIAN OF NON-EMANCIPATED 16-17 YEAR OLD SIGNATURE SCREEN (USED FOR ALL INTERVIEWS)

CAPI INSTRUCTION:

1. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.

2. CHECK BOX LABELED ‘OFFICE USE ONLY:  H’ FOR FI TO CHOOSE IF RESPONDENT REFUSES TO SIGN ELECTRONICALLY BUT WILL SIGN HARDCOPY. IF SELECTED SKIP TO RIQ.080.

3. REFUSED BUTTON LABELED ‘RF’ FOR IF RESPONDENT REFUSES TO CONSENT. IF REFUSED, DISPLAY THE FOLLOWING MESSAGE: “EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOME INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED” (FUNCTIONS LIKE CURRENT RIQ.080-081).

4. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE, RF BUTTON OR HARDCOPY SIGNATURE ENTERED. CODE REFUSAL AS -1.

5. Display “YES I agree to proceed with the interview {for SP}” if RIQ.280a = 1.

6. DISPLAY “YES I permit NHANES to link {my/SP’s} survey records with other records” if RIQ.280b = 1.

DISPLAY “NO I do not permit NHANES to link {my/SP’s} survey records with other records” if RIQ.280b = 2.

7. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.

8. ABOVE SIGNATURE BOX, DISPLAY “Sign below.”

9. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.

10. UNDER SIGNATURE LINE, DISPLAY NAME OF PERSON SIGNING (IF ADULT SP OR EMANCIPATED MINOR, DISPLAY SP NAME. IF 16-17 YEAR OLD NOT EMANCIPATED, DISPLAY NAME FROM RIQ.274 OR RIQ.276).

**BOX 3D**

**CHECK ITEM RIQ.290:**

IF RESPONDENT SP 16-17 YEARS OLD AND MINOR (NOT EMANCIPATED (RIQ.248 = 2/NO OR \*11RIQ.020 NOT EQUAL TO 1)

IF YES, CONTINUE.

IF NO, GO TO RIQ.350.

IF RESPONDENT REFUSED, EXIT OUT (STEP #3 ABOVE).

IF RESPONDENT REQUESTED HARDCOPY SIGNATURE, SKIP TO RIQ.390.

RIQ.300 GIVE PARENT/GUARDIAN PERMISSION TO AUDIO RECORD HOME INTERVIEW FORM TO PARENT/GUARDIAN IN THE LANGUAGE HE/SHE READS.

REVIEW THAT WE WOULD LIKE TO AUDIO RECORD THE SP’S INTERVIEW OR READ CONSENT FORM OUT LOUD IF NECESSARY.

ANSWER ANY QUESTIONS. (PRESS NEXT TO CONTINUE)

RIQ.305 CAPI INSTRUCTION:

1. DISPLAY IMAGE OF PARENTAL/GUARDIAN PERMISSION TO AUDIO RECORD THE HOME INTERVIEW FORM. DISPLAY TOP OF FORM, INCLUDING TITLE AND FIRST PARAGRAPH.

2. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.

3. DISPLAY INTERVIEWER INSTRUCTION: “TURN SCREEN TO {NAME IN RIQ.274 OR 276} AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.”

RIQ.310 INTERVIEWER: TURN SCREEN FOR PARENT/GUARDIAN TO SELECT ANSWER.

I have read the Parent/Guardian Permission to Audio Record the Home Interview.

I agree to have my child’s interview   
recorded for quality control 1

I do not agree to have my child’s interview   
recorded for quality control 2

CAPI INSTRUCTION:

DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.

DISPLAY RESPONSE OPTIONS AS RADIO BUTTONS, ALLOWING ONLY ONE CHOICE.

DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.

RIQ.332 PARENTAL/GUARDIAN PERMISSION TO AUDIO RECORD THE HOME INTERVIEW SIGNATURE SCREEN

CAPI INSTRUCTION:

1. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.

2. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE,

3. DISPLAY “AGREE to have my child’s interview recorded for quality control.” IF RIQ.310 = 1.

DISPLAY “DO NOT AGREE to have my child’s interview recorded for quality control.” IF RIQ.310 =2.

7. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.

8. ABOVE SIGNATURE BOX, DISPLAY “Sign below.”

9. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.

10. UNDER SIGNATURE LINE, DISPLAY NAME OF PERSON SIGNING (DISPLAY PARENTAL/GUARDIAN NAME FROM RIQ.274 OR RIQ.276).

**BOX 3E**

\*OMITED.

RIQ.334 CAPI INSTRUCTION:

1. DISPLAY IMAGE HOME INTERVIEW CONSENT FORM. SHOW TOP OF FORM, INCLUDING FIRST THREE PARAGRAPHS.

2. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.

3. DISPLAY INTERVIEWER INSTRUCTION: “TURN SCREEN TO {SP} AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.”

RIQ.336a/b EXPLAIN THE HOME INTERVIEW CONSENT AND LINKAGE CHECK BOXES. TURN SCREEN AND ASK {SP} TO RECORD HIS/HER HOME INTERVIEW CONSENT AND LINKAGE CHOICE BELOW.

1. I have read the information above. I agree to proceed with the interview.

YES 1

NO 2

1. We can do additional health research by linking the interview and exam data to vital statistics, health, nutrition, and other related records. May we try to link your survey records with other records?

YES 1

NO 2

HELP SCREEN:

RIQ.336b- IF RESPONDENT NEEDS MORE INFORMATION, READ: I understand your concern. By matching NHANES data with other health-related records, researchers can study health conditions like heart attacks and diabetes in depth. They can also better understand health care use and health care costs for all Americans. These findings will help doctors assist patients in making smart choices. Here are some examples (HAND CARD RIQ1) of things we have learned when we matched records from different sources.  May we try to link your/the SP’s survey records with other records?

CAPI INSTRUCTION:

DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.

DISPLAY YES/NO OPTIONS AS RADIO BUTTON, ALLOWING ONLY ONE CHOICE.

DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.

DISPLAY LINKAGE QUESTION (RIQ.RIQ.336b) WHEN RIQ.336a = 1 AND RIQ. = 280b = 1.

IF RIQ.336a = 2, DISPLAY THE FOLLOWING MESSAGE: “EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOME INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED” (FUNCTIONS LIKE CURRENT RIQ.080-081).

RIQ.340 16-17 YEAR OLD SP (NON EMANCIPATED) SIGNATURE SCREEN

CAPI INSTRUCTION:

1. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.

2. REFUSED BUTTON LABELED ‘RF’ FOR IF RESPONDENT REFUSES TO CONSENT. IF REFUSED, DISPLAY THE FOLLOWING MESSAGE: “EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOME INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED” (FUNCTIONS LIKE CURRENT RIQ.080-081). CODE REFUSAL AS -1.

3. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE, RF BUTTON OR HARDCOPY SIGNATURE ENTERED.

4. DISPLAY “YES I agree to proceed with the interview” if RIQ.336a = 1.

5. DISPLAY “YES I permit NHANES to link my survey records with other records” if RIQ.280b AND RIQ.336B = 1.

6. DISPLAY “NO I do not permit NHANES to link my survey records with other records” if RIQ.336B = 2

6b. DISPLAY “PARENT DID NOT PERMIT NHANES to link my survey records with other records” if RIQ.280b = 2.

7. IF SP IS 16-17 YEARS OLD, AND PARENT AGREED TO HAVE CHILD’S INTERVIEW RECORDED (RIQ.310=1), DISPLAY “PARENT AGREED to have my interview recorded for quality control.”

8. IF SP IS 16-17 YEARS OLD, AND PARENT DID NOT AGREE TO HAVE CHILD’S INTERVIEW RECORDED (RIQ.310=2), DISPLAY “PARENT DID NOT AGREE to have my interview recorded for quality control.”

9. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.

10. ABOVE SIGNATURE BOX, DISPLAY “Sign below.” BELOW ALLOW ADEQUATE SPACE FOR RESPONDENT TO SIGN.

11. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.

12. DISPLAY SP NAME UNDER SIGNATURE LINE.

RIQ.350 IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS 1

INTERPRETER 2 (RIQ.370)

NO 3 (RIQ.380)

RIQ.360 WITNESS SIGNATURE SCREEN

CAPI INSTRUCTION:

1. DISPLAY IN ENGLISH.

2. WITNESS MUST SIGN ELECTRONICALLY IF RESPONDENT DID.

3. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE.

4. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.

5. ABOVE SIGNATURE BOX, DISPLAY, “I observed the interviewer read this form to RESPONDENT NAME and {he/she} agreed to participate by electronically signing or marking.” BELOW ALLOW ADEQUATE SPACE FOR WITNESS TO SIGN.

6. SKIP TO RIQ.380.

RIQ.370 INTERPRETER SIGNATURE SCREEN

CAPI INSTRUCTION:

1. DISPLAY IN ENGLISH.

2. INTERPRETER MUST SIGN ELECTRONICALLY IF RESPONDENT DID.

3. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE.

4. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.

5. ABOVE SIGNATURE BOX, DISPLAY, “I interpreted this form to RESPONDENT NAME and {he/she} agreed to participate by electronically signing or marking.” BELOW ALLOW ADEQUATE SPACE FOR INTERPRETER TO SIGN.

RIQ.380 DID RESPONDENT REQUEST THAT A COPY OF THE CONSENT FORM(S) WITH HIS/HER SIGNATURE PRINTED BE MAILED?

YES 1 (BOX 3A)

NO 2 (BOX 3A)

CAPI INSTRUCTION:

SET AN ELECTRONIC INDICATOR (VARIABLE/ALERT/FLAG?) TO KNOW WHICH RESPONDENTS REQUESTED THE PRINTED FORMS BE MAILED.

RIQ.390 ASK RESPONDENT TO SIGN TWO COPIES OF {THE/EACH} CONSENT FORM LISTED BELOW. FOLLOW THE STEPS DISPLAYED IN THE HAND CARDS BEHIND THE HH CONSENT TAB IN THE HANDCARD BOOKLET.

HOME INTERVIEW CONSENT FORM

{PARENTAL/GUARDIAN PERMISSION TO AUDIO RECORD THE HOME INTERVIEW}

HAVE RESPONDENT KEEP ONE COPY OF THE CONSENT FORM{S} AND FI SHOULD RETURN THE OTHER COPY TO THE OFFICE. press NEXT to continue.

CAPI INSTRUCTIONS:

1. IF SP AGE IS 16-17, FILL “EACH”. ALL ELSE, FILL “THE.”
2. DISABLE PARENTAL/GUARDIAN PERMISSION TO AUDIO RECORD THE HOME INTERVIEW IF SP IS EMANCIPATED OR SP AGE > 17 OR <16.
3. IF SP AGE IS 16-17, FILL “s” to display “forms”. ALL ELSE, display “form”.

RIQ.080 HAS RESPONDENT SIGNED A HOME INTERVIEW CONSENT FORM?

CAPI INSTRUCTION:

IF 'NO' (CODE 2), DISPLAY THE FOLLOWING MESSAGE: "EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOME INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED" AND RETURN TO RIQ.080.

NOTE: IF INTERPRETER USED, RESPONDENT MUST SIGN FORM.

SET FORM TYPE VARIABLE TO HARDCOPY SO ISIS E/S KNOWS A HARDCOPY FORM MUST BE IMAGE SCANNED.

YES 1

NO 2

RIQ.085 PLEASE RECORD RESPONDENT’S ANSWER TO THE LINKAGE QUESTION ON THE HOME CONSENT.

INTERVIEWER INSTRUCTION: IF 16-17 YEAR OLD RESPONDENT, YES MEANS BOTH PARENT/GUARDIAN AND SP AGREE TO LINKING.

RESPONDENT’S ANSWER:

YES (MAY LINK) 1

NO (MAY NOT LINK) 2

**BOX 3A**

**CHECK ITEM RIQ.160:**

IF RESPONDENT SP AGE 16 OR 17 NOT EMANCIPATED AND SIGNED HARDCOPY CONSENT (NOT E-CONSENT), GO TO RIQ.210.

IF SP 16-17 NOT EMANCIPATED AND PARENT AGREED TO AUDIO RECORDING (RIQ.310 = 1), GO TO RIQ.230.

IF SP 16-17 NOT EMANCIPATED AND PARENT DID NOT AGREE TO AUDIO RECORDING (RIQ.310 = 2), GO TO INT.001.

IF SAME RESPONDENT AS A PREVIOUS INTERVIEW AND GAVE PERMISSION TO RECORD THAT PREVIOUS INTERVIEW, GO TO RIQ.200. IF NOT SAME RESPONDENT AS PREVIOUS INTERVIEW, GO TO RIQ.230.

RIQ.210 DO YOU HAVE WRITTEN PARENT/GUARDIAN PERMISSION TO AUDIO RECORD THIS INTERVIEW?

YES PARENT AGREED 1

NO PARENT DID NOT AGREE 2 (INT.001)

RIQ.230 CAPI INSTRUCTION: BEGIN RECORDING SO THAT WHEN INTERVIEWER READS THIS QUESTION IT IS CAPTURED ON RECORDING.

A standard part of our quality control procedures is to record interviews.

The information being recorded is protected and kept confidential, the same as all of your answers to the survey.

This recording will be used to improve the quality of our survey and to review the quality of my work.

{Your parent/guardian has already given permission to record the interview.}

The computer is now recording our conversation.

Do I have your permission to record this interview?

CAPI INSTRUCTION: IF SP AGE = 16 OR 17 DISPLAY “Your parent/guardian has already given permission to record the interview.”

YES 1 (INT.001)

NO 2 (INT.001)

CAPI INSTRUCTION: IF RIQ.230 = 2/NO, STOP.

RIQ.200 CAPI INSTRUCTION: BEGIN RECORDING SO THAT WHEN INTERVIEWER READS THIS QUESTION IT IS CAPTURED ON RECORDING.

A reminder that the system is now recording our conversation. Do I have your permission to record this interview?

YES 1

NO 2

CAPI INSTRUCTION: IF RIQ.200 = 2/NO, STOP.

INT.001 IS AN INTERPRETER BEING USED FOR INTERVIEW?

YES 1

NO 2 (GO TO THE END

OF THE SECTION)

INT.003LANGUAGE USED FOR INTERVIEW

AMERICAN SIGN LANGUAGE 1 (INT.013)

CHINESE (CANTONESE) 2 (INT.013)

CHINESE (MANDARIN) 3 (INT.013)

FRENCH 4 (INT.013)

GERMAN 5 (INT.013)

ITALIAN 6 (INT.013)

JAPANESE 7 (INT.013)

KOREAN 8 (INT.013)

RUSSIAN 9 (INT.013)

SPANISH (READER) 10 (INT.013)

VIETNAMESE 11 (INT.013)

OTHER SPECIFY 99

INT.004 ENTER LANGUAGE USED FOR INTERVIEW

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

INT.013 {DISPLAY INTERPRETER NAMES FROM ALL PREVIOUS INTERVIEWS: SCREENER, RELATIONSHIP, SP, FAMILY QUESTIONNAIRE}

ENTER INTERPRETER NAME INFO

SAME INTERPRETER USED IN OTHER   
INTERVIEW FOR HOUSEHOLD 1 (INT.014)

NEW INTERPRETER 2 (INT.005)

INT.014 {DISPLAY LIST OF INTERPRETER NAMES FROM SCREENER, RELATIONSHIP, SP AND/OR FAMILY QUESTIONNAIRES}

{INCLUDE “OTHER” AS A SELECTION}

SELECT INTERPRETER FROM DROP DOWN LIST OR SELECT “OTHER” AND ENTER INTERPRETER NAME

**BOX 4**

**CHECK ITEM INT.014a:**

IF ‘OTHER’ SELECTED IN INT.014, GO TO INT.005.

OTHERWISE, CODE INTERPRETER INFO FROM PREVIOUS INTERVIEW AND GO TO END OF SECTION.

INT.005HOW WAS INTERPRETER OBTAINED

ARRANGED BY THE OFFICE 1

RECRUITED DURING VISIT OR

APPOINTMENT 2 (INT.007)

INT.006SELECT INTERPRETER FROM DROP DOWN LIST OR SELECT “OTHER” AND ENTER INTERPRETER NAME

{DROP DOWN LIST SHOULD HAVE ALL NAMES FROM EVM AND AN “OTHER SPECIFY” TO ALLOW FOR THOSE NAMES THAT HAVE NOT BEEN TRANSFERRED TO INTERVIEWER PENTOP}

**BOX 6**

**CHECK ITEM INT.006A:**

IF OTHER (SELECTED IN INT.006), GO TO INT.009.

OTHERWISE, GO TO END OF SECTION.

INT.007SELECT INTERPRETER SOURCE

RELATIVE LIVING IN HOUSEHOLD 1

NON-RELATIVE LIVING IN HOUSEHOLD 2

NEIGHBOR, RELATIVE OR FRIEND –  
 NOT IN HOUSEHOLD 3 (SKIP TO INT.009)

INT.008 SELECT NAME OF INTERPRETER FROM HOUSEHOLD ROSTER.

{DISPLAY CAPI PULL DOWN LIST FROM HH ROSTER}

**BOX 7**

**CHECK ITEM INT.008A:**

GO TO END OF SECTION.

INT.009ENTER NAME OF INTERPRETER

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

INT.010ENTER PHONE # OF INTERPRETER

\_\_\_ -\_\_\_ \_\_\_\_

INT.011ENTER AGE RANGE OF INTERPRETER

{AGE RANGE CAN BE A PULL DOWN LIST}

RANGES = 18-29

30-59

60+

INT.012ENTER GENDER OF INTERPRETER

MALE 1

FEMALE 2

EARLY CHILDHOOD – ECQ

Target Group: SPs Birth to 15 Years

ECQ.010 First I have some questions about {SP NAME's} birth.

How old was {SP NAME's} biological mother when {s/he} was born?

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

ENTER AGE IN YEARS

CAPI INSTRUCTION:

HARD EDIT <10 AND >59, SOFT EDIT 10, 11, AND 12

REFUSED 7777

DON'T KNOW 9999

HELP SCREEN:

Biological Mother: The person who gave birth to the child.

ECQ.020 Did {SP NAME's} biological mother smoke at any time while she was pregnant with {him/her}?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

HELP SCREEN:

Biological Mother: The person who gave birth to the child.

|  |
| --- |
| **BOX 0**  **CHECK ITEM ECQ.025:**  IF SP AGE ≥ 24 MONTH, GO TO ECQ.071.  ELSE, CONTINUE. |

ECQ.035/ How much did {SP NAME's} biological mother weigh before she was pregnant with {him/her}?

L/K

|\_\_\_|

ENTER WEIGHT IN POUNDS 1

ENTER WEIGHT IN KILOGRAMS 2

REFUSED 7 (ECQ.045)

DON’T KNOW 9 (ECQ.045)

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

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:

SOFT EDIT 75-500, HARD EDIT 50-750

OR

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

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:

SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED 77777

DON’T KNOW 99999

ECQ.045/ How tall is {SP NAME's} biological mother without shoes?

G/F/I/C

|\_\_\_|

ENTER HEIGHT IN FEET AND INCHES 1

ENTER HEIGHT IN CENTIMETERS 2

REFUSED 7 (ECQ.071)

DON’T KNOW 9 (ECQ.071)

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

ENTER NUMBER OF FEET

CAPI INSTRUCTION: HARD EDIT 2-8

REFUSED 7777 (ECQ.071)

DON’T KNOW 9999 (ECQ.071)

AND

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

ENTER NUMBER OF INCHES

CAPI INSTRUCTION: HARD EDIT 0-11

DON’T KNOW 9999 (ECQ.071)

OR

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

ENTER NUMBER OF CENTIMETERS

CAPI INSTRUCTION: HARD EDIT 61-272

DON’T KNOW 9999 (ECQ.071)

ECQ.071G/ How much did {SP NAME} weigh at birth?

L/O/K/M

IF ANSWER GIVEN IN POUNDS ONLY, PROBE FOR OUNCES.

IF ANSWER GIVEN IN EXACT POUNDS, ENTER NUMBER OF POUNDS AND 0 OUNCES.

ENTER WEIGHT IN POUNDS, KILOGRAMS OR GRAMS.

|\_\_\_|

ENTER NUMBER OF POUNDS

AND OUNCES 1

ENTER NUMBER IN KILOGRAMS 2

ENTER NUMBER IN GRAMS 3

REFUSED 7 (BOX 1)

DON’T KNOW 9 (BOX 1)

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

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:

SOFT EDIT <3 OR >13, HARD EDIT EQUAL TO OR GREATER THAN 20

AND

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

ENTER NUMBER OF OUNCES

CAPI INSTRUCTION:

HARD EDIT 0-15, NO SOFT EDIT

OR

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

ENTER NUMBER IN KILOGRAMS

CAPI INSTRUCTION:

SOFT EDIT <1.5 OR >6, HARD EDIT GREATER THAN OR EQUAL TO 9

OR

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

ENTER NUMBER IN GRAMS

CAPI INSTRUCTION:

SOFT EDIT <1,500 OR >6,000, HARD EDIT GREATER THAN OR EQUAL TO 9,000

|  |
| --- |
| **BOX 1**  **CHECK ITEM ECQ.075:**  IF REFUSED (CODE 7) OR DON'T KNOW (CODE 9), CONTINUE.  OTHERWISE, GO TO BOX 2. |

ECQ.080 Did {SP NAME} weigh . . .

more than 5-1/2 lbs. (2 and a half kilograms),  
 or 1

less than 5-1/2 lbs. (2 and a half kilograms)? 2 (BOX 2)

REFUSED 7 (BOX 2)

DON'T KNOW 9 (BOX 2)

ECQ.090 Did {SP NAME} weigh . . .

more than 9 lbs. (4 kilograms), or 1

less than 9 lbs. (4 kilograms)? 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 2**  **CHECK ITEM ECQ.095:**  IF SP AGE = 2-15 YEARS, CONTINUE.  OTHERWISE, GO TO End of Section. |

WHQ.030e Do you consider {SP} now to be . . .

overweight, 1

underweight, or 2

about the right weight? 3

REFUSED 7

DON’T KNOW 9

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

MCQ.080e Has a doctor or health professional **ever** told {you/SP} that {you/he/she} was overweight?

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

HELP SCREEN:

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor’s assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor’s office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

ECQ.150 Are you now doing anything to help {SP} control {his/her} weight?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

HOSPITAL UTILIZATION AND ACCESS TO CARE – HUQ

Target Group: SPs Birth +

HUQ.010 {First/Next} I have some general questions about {your/SP's} health.

Would you say {your/SP's} health in general is . . .

CAPI INSTRUCTION:

DISPLAY "FIRST" IF SP AGE IS >= 16 YEARS.

excellent, 1

very good, 2

good, 3

fair, or 4

poor? 5

REFUSED 7

DON'T KNOW 9

HUQ.030 Is there a place that {you/SP} **usually** {go/goes} to if {you are/he is/she is} sick and need{s} health care?

YES 1

THERE IS **NO** PLACE 2 (HUQ.051)

THERE IS **MORE THAN ONE** PLACE 3

REFUSED 7 (HUQ.051)

DON'T KNOW 9 (HUQ.051)

HELP SCREEN:

Usual Place: Include walk-in clinic, doctor's office, clinic, health center, Health Maintenance Organization or HMO, hospital emergency room or outpatient clinic, or a military or VA health care facility.

HUQ.042 {What kind of place is it/

What kind of place {do you/does SP} go to most often} – a doctor’s office or health center; an urgent care center or clinic in a drug store or grocery store; an emergency room; a VA Medical Center or VA outpatient clinic; or some other place?

READ IF NECESSARY: A doctor’s office or health center is a place where you see the same doctor or same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file.

READ IF NECESSARY: Urgent care centers, and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider.

A DOCTOR’S OFFICE OR HEALTH   
 CENTER 1

URGENT CARE CENTER OR CLINIC IN   
 A DRUG STORE OR GROCERY STORE 2

EMERGENCY ROOM 3

A VA MEDICAL CENTER OR VA   
 OUTPATIENT CLINIC 4

SOME OTHER PLACE 5

DOESN’T GO TO ONE PLACE MOST

OFTEN 6

REFUSED 77

DON'T KNOW 99

CAPI INSTRUCTION:

IF HUQ.030 = 1 DISPLAY “What kind of place is it

IF HUQ.030 = 3 DISPLAY “What kind of place {do you/does SP} go to most often

HUQ.051 {During the **past 12 months**, how/How} many times {have you/has SP} seen a doctor or other health care professional about {your/his/her} health at a doctor's office, a clinic or some other place? **Do not include** times {you were/s/he was} hospitalized overnight, visits to hospital emergency rooms, home visits or telephone calls.

CAPI INSTRUCTION:

DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.

NONE 0

1 1 (HUQ.071)

2 TO 3 2 (HUQ.071)

4 TO 5 3 (HUQ.071)

6 TO 7 4 (HUQ.071)

8 TO 9 5 (HUQ.071)

10 TO 12 6 (HUQ.071)

13 TO 15 7 (HUQ.071)

16 OR MORE 8 (HUQ.071)

REFUSED 77 (HUQ.071)

DON'T KNOW 99 (HUQ.071)

HELP SCREEN:

Include: Physicians, osteopaths, doctor’s assistants, nurse practitioners, nurses, lab technicians and technicians who administer shots (e.g., allergy shots), paramedics, medics and physical therapists who work with or in a doctor’s office.

Do not include: Dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists and psychologists or social workers.

HUQ.062 About how long has it been since {you/SP} **last** saw a doctor or other health care professional about {your/his/her} health for any reason?

READ IF NECESSARY: Include doctors seen while a patient in a hospital.

READ IF NECESSARY: Do not include dental care.

never 0

within the past year (anytime less than   
 12 months ago) 1

within the last 2 years (1 year but less   
 than 2 years ago) 2

within the last 3 years (2 years but less   
 than 3 years ago) 3

within the last 5 years (3 years but less   
 than 5 years ago) 4

within the last 10 years (5 years but less   
 than 10 years ago) 5

10 years ago or more 6

REFUSED 77

DON'T KNOW 99

HUQ.071 During the **past 12 months**, {have you been/was SP} hospitalized **overnight**?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Overnight Stay in a Hospital: A person is admitted to a hospital and spends at least one night in the hospital. Note that a person can be “admitted” to a hospital without staying overnight. Do not count as “overnight” when a person is admitted and discharged on the same day. Do not include visits to outpatient clinics or stays for non-medical reasons, such as staying with a family member.

**BOX 1A**

**OMITTED**

**BOX 2**

**CHECK ITEM 085:**

IF SP AGE >= 4, CONTINUE.

OTHERWISE, GO TO END OF SECTION.

HUQ.090 During the **past 12 months**, did {you/SP} receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

**HELP SCREEN FOR HUQ.042:**

Clinic: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals, that is not located at a hospital. (Do not include hospital outpatient departments.) Include a clinic operated solely for employees of a company or industry, regardless of where the clinic is located.

Doctor's Office: In Hospital - An individual office in a hospital where patients are seen on an outpatient basis, or several doctors might occupy a suite of offices in a hospital where patients are treated as outpatients.

Doctor's Office: Not in Hospital - An individual office in the doctor's home or office building, or a suite of offices occupied by several doctors. Suites of doctors offices are not considered clinics.

Health Center: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals that is not located at a hospital.

HMO Clinic: A medical facility sponsored by an HMO that typically includes a group of doctors on staff.

Hospital Outpatient Department: A unit of a hospital providing health and medical services to individuals who receive services from the hospital but do not require hospitalization overnight, such as outpatient surgery centers. Examples of outpatient departments include the following:

Well-baby clinics/pediatric OPD;

Obesity clinics;

Eye, ear, nose, and throat clinics;

Cardiology clinic;

Internal medicine department;

Family planning clinics;

Alcohol and drug abuse clinics;

Physical therapy clinics; and

Radiation therapy clinics.

Hospital outpatient departments may also provide general primary care.

**HELP SCREEN FOR HUQ.062:**

Hospital: A health care organization that has a governing body, an organized medical staff and professional staff, and inpatient facilities. Hospitals provide medical, nursing, and related services for ill and injured patients 24 hours per day, 7 days per week.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor’s assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor’s office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

**HELP SCREEN FOR HUQ.090:**

Mental Health Professional: A person trained to diagnose and treat emotional or mental health problems, including, psychiatrists, psychologists, counselors, and social workers.

Psychologist: A non-physician who specializes in the counseling and testing of persons with mental, addictive or emotional disorders.

Psychiatrist: A physician who specializes in dealing with the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders, such as psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions and adjustment reactions.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor’s assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor’s office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Social Worker: A person who assists patients and their families in handling social, environmental and emotional problems associated with illness or injury. Can include social work specialists, such as a medical or psychiatric social worker.

IMMUNIZATION – IMQ

Target Group: SPs Birth +

**BOX 0**

**CHECK ITEM IMQ.005:**

IF SP AGE >= 2, CONTINUE.

OTHERWISE, GO TO IMQ.020.

**BOX 1**

OMITTED

IMQ.011 Hepatitis (Hep-a-**ti**-tis) A vaccine is given as a two dose series to children and adults, especially people who travel outside the United States. It has been available since 1995. {Have you/Has SP} **ever** received the hepatitis A vaccine?

INTERVIEWER INSTRUCTION: A COMBINATION HEPATITIS A AND HEPATITIS B VACCINE SHOULD BE COUNTED AS THE A VACCINE FOR THE PURPOSE OF THIS QUESTION. CODE 'YES AT LEAST 2 DOSES' IF RESPONDENT ANSWERS 3 OR 4 DOSES WERE RECEIVED. CODE 'LESS THAN 2 DOSES' ONLY IF MENTIONED BY RESPONDENT.

YES AT LEAST 2 DOSES 1

LESS THAN 2 DOSES 2

NO DOSES 3

REFUSED 7

DON'T KNOW 9

CAPI INSTRUCTION:

REMOVE CURRENT HELP.

IMQ.020 Hepatitis (Hep-a-**ti**-tis) B vaccine is given in three separate doses and has been recommended for all newborn infants since 1991. In 1995, it was recommended that adolescents be given the vaccine. Persons who may be exposed to other people’s blood, such as health care workers, also may have received the vaccine. {Have you/Has SP} **ever** received the 3-dose series of the hepatitis B vaccine?

INTERVIEWER INSTRUCTION: A COMBINATION HEPATITIS A AND HEPATITIS B VACCINE SHOULD BE COUNTED AS THE B VACCINE FOR THE PURPOSE OF THIS QUESTION. CODE 'YES AT LEAST 3 DOSES' IF RESPONDENT ANSWERS 4 DOSES WERE RECEIVED. CODE 'LESS THAN 3 DOSES' ONLY IF MENTIONED BY RESPONDENT.

YES AT LEAST 3 DOSES 1

LESS THAN 3 DOSES 2

NO DOSES 3

REFUSED 7

DON'T KNOW 9

CAPI INSTRUCTION:

REMOVE CURRENT HELP.

**BOX 2**

OMITTED

**BOX 3**

**CHECK ITEM IMQ.050:**

IF SP = FEMALE AND AGE IS >= 9 AND <= 59, CONTINUE.

IF SP = MALE AND AGE IS >= 9 AND <= 59, GO TO IMQ.070.

OTHERWISE, GO TO END OF SECTION.

IMQ.060 Human Papillomavirus (HPV) vaccine is given to prevent cervical cancer in girls and women. The HPV vaccines available are called Cervarix, Gardasil or Gardasil 9. It is given in 2 or 3 separate doses over a 6 month period. {Have you/Has SP} **ever** received one or more doses of the HPV vaccine?

YES 1 (IMQ.081)

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

IMQ.070 Human Papillomavirus (HPV) vaccine is given to prevent HPV infection and genital warts in boys and men. It is given in 2 or 3 separate doses over a 6 month period. {Have you/Has SP} **ever** received one or more doses of the HPV vaccine? (The brand name for the vaccine is Gardasil or Gardasil 9.)

YES 1 (IMQ.090)

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

IMQ.081 Which of the HPV vaccines did {you/SP} receive, Cervarix, Gardasil or Gardasil 9?

INTERVIEWER: CODE ALL THAT APPLY.

CERVARIX 1

GARDASIL 2

GARDASIL 9 3

GARDASIL (NOT SURE WHICH ONE) 4

REFUSED 7

DON'T KNOW 9

IMQ.090 How old {were you/was SP} when {you/SP} received {your/his/her} first dose of {Cervarix/Gardasil/Gardasil 9/ Gardasil or Gardasil 9/the vaccine}?

INTERVIEWER: IF MORE THAN ONE VACCINE WAS REPORTED AND SP ASKS WHICH AGE BE REPORTED, INSTRUCT SP TO PROVIDE AGE OF FIRST VACCINE RECEIVED.

HARD EDIT: IF AGE SP RECEIVED FIRST DOSE IS GREATER THAN SP’S CURRENT AGE, DISPLAY “AGE SP RECEIVED FIRST DOSE CANNOT EXCEED SP’S CURRENT AGE.”

SOFT EDIT: IF DIFFERENCE BETWEEN SP’S CURRENT AGE AND AGE SP RECEIVED FIRST DOSE IS GREATER THAN THE DIFFERENCE BETWEEN THE CURRENT YEAR AND 2006, DISPLAY “UNLIKELY RESPONSE AS HPV VACCINES WERE NOT AVAILABLE AT THAT TIME. PLEASE CONFIRM AGE SP RECEIVED FIRST DOSE.”

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

ENTER AGE IN YEARS

REFUSED 777

DON'T KNOW 999

CAPI INSTRUCTION:

IF SP = MALE, THEN FILL GARDASIL OR GARDASIL 9

IF IMQ.081 = 1, DISPLAY “Cervarix”; ELSE IF IMQ.081 = 2, DISPLAY “Gardasil”; ELSE IF IMQ.081 = 3, DISPLAY “Gardasil 9”; ELSE IF IMQ.081 = 4, DISPLAY “Gardasil or Gardasil 9”; ELSE DISPLAY “the vaccine”.

IMQ.100 How many doses of {Cervarix/Gardasil/Gardasil or Gardasil 9/the vaccine} {have you/has SP} received?

INTERVIEWER: IF MORE THAN ONE VACCINE WAS REPORTED AND SP ASKS WHICH VACCINE DOSES BE REPORTED, INSTRUCT SP TO PROVIDE DOSES FOR THE FIRST VACCINE RECEIVED.

1 DOSE 1

2 DOSES 2

3 DOSES 3

REFUSED 7

DON'T KNOW 9

CAPI INSTRUCTION:

IF SP = MALE, THEN FILL GARDASIL OR GARDASIL 9

IF IMQ.081 = 1, DISPLAY “Cervarix”; ELSE IF IMQ.081 = 2, DISPLAY “Gardasil”; ELSE if IMQ.081 = 3, DISPLAY “GARDASIL 9”; ELSE IF IMQ.081 = 4, DISPLAY “Gardasil or Gardasil 9”; ELSE DISPLAY “the vaccine”.

MEDICAL CONDITIONS – MCQ

Target Group: SPs 1+

MCQ.010 The following questions are about different medical conditions.

{Have you/Has SP} **ever** been told by a doctor or other health professional that {you/he/she} had asthma (**az**-ma)?

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

YES 1

NO 2 (AGQ.030)

REFUSED 7 (AGQ.030)

DON'T KNOW 9 (AGQ.030)

HELP SCREEN:

**Asthma:** Is a disease of the airways that carry air in and out of your lungs. It causes wheezing or whistling sounds when you breathe and can make you short of breath.

MCQ.025 How old {were you/was SP} when {you were/s/he was} **first** told {you/he/she} had asthma (**az**-ma)?

IF LESS THAN 1 YEAR, ENTER 1

CAPI INSTRUCTION:

IF SP AGE >= 16, DISPLAY "WERE YOU" AND "YOU WERE".

IF SP AGE = 12-15 OR >=16 AND PROXY INTERVIEW, DISPLAY "WAS {SP}" AND "S/HE WAS".

IF SP AGE < 12, DISPLAY "WAS {SP}" AND "YOU WERE".

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

ENTER AGE IN YEARS

CAPI INSTRUCTION:

HARD EDIT: 1-120

REFUSED 77777

DON'T KNOW 99999

MCQ.035 {Do you/Does SP} still have asthma (**az**-ma)?

YES 1

NO 2 (AGQ.030)

REFUSED 7 (AGQ.030)

DON'T KNOW 9 (AGQ.030)

MCQ.040 During the **past 12 months**, {have you/has SP} had an episode of asthma (**az**-ma) or an asthma attack?

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Episode/attack: When your asthma symptoms become worse than usual it is called an asthma episode or attack.

MCQ.050 During the **past 12 months**, {have you/has SP} had to visit an emergency room or urgent care center because of asthma (**az**-ma)?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

AGQ.030 **During the past 12 months**, {have you/has SP} been told by a doctor or other health professional that {you/he/she} had hay fever or seasonal allergies?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Hay Fever: Hay fever is a collection of symptoms in the nose and eyes, caused by particles of plant pollen in the air. This happens in people who are allergic to these substances. The pollens that cause hay fever vary from person to person and from region to region. Hay fever typically occurs in the Spring, Summer, or Fall when plant pollen is in the air. Examples of plants commonly responsible for hay fever include Trees, Grasses, Flowers, and Ragweed.

MCQ.053 During the **past 3 months**, {have you/has SP} been on treatment for anemia (a-**nee**-me-a), sometimes called "tired blood" or "low blood"? [Include diet, iron pills, iron shots, transfusions as treatment.]

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Anemia: Anemia (uh-NEE-me-eh) is a condition in which a person’s blood has a lower than normal number of red blood cells (RBCs).

|  |
| --- |
| **BOX 2**  **CHECK ITEM MCQ.055:**  IF SP AGE < 6, GO TO END OF SECTION.  IF SP AGE 6-15, GO TO MCQ.092.  IF SP AGE 16+, CONTINUE. |

MCQ.080 Has a doctor or other health professional **ever** told {you/SP} that {you were/s/he/ was} overweight?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 2AA**  **CHECK ITEM MCQ.087**  IF SP AGE 16-59, GO TO MCQ.092  IF SP AGE 60+,CONTINUE. |

MCQ.088 The next question asks about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact {you/SP}. During the past 12 months, {have you/has she/has he} experienced confusion or memory loss that is happening more often or is getting worse?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 2A**  OMITTED |

|  |
| --- |
| **BOX 3**  OMITTED |

MCQ.092 {Have you/Has SP} **ever** received a blood transfusion?

YES 1

NO 2 (BOX 7)

REFUSED 7 (BOX 7)

DON'T KNOW 9 (BOX 7)

MCQ.093 In what year did {you/SP} receive {your/his/her} **first** transfusion?

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

ENTER 4-DIGIT YEAR

CAPI INSTRUCTION:

HARD EDIT: IF BIRTH YEAR IS RF OR DK, RANGE = 1900 – 2100.

HARD EDIT: >= birth year and <= current year

REFUSED 777777

DON’T KNOW 999999

|  |
| --- |
| **BOX 4**  OMITTED |

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| --- |
| **BOX 6**  OMITTED |

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| **BOX 7**  **CHECK ITEM MCQ.145:**  IF SP'S AGE >= 20, GO TO MCQ.160.  IF SP’s AGE = 12-19, GO TO MCQ.500.  IF SP AGE 8-11 AND SP IS FEMALE, CONTINUE.  OTHERWISE, GO TO MCQ.300b. |

MCQ.149 Have {SP's} periods or menstrual (**men**-stral) cycles started yet?

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

YES 1

NO 2 (BOX 8B)

REFUSED 7 (BOX 8B)

DON'T KNOW 9 (BOX 8B)

HELP TEXT: When a girl starts having periods or menstrual cycles is a very important milestone in growth and development. Growth and development is very related to physical activity and body weight.

MCQ.151 How old was {SP} when she had {her} first menstrual period?

|\_\_\_|\_\_\_| YEARS (RHQ.018)

REFUSED 77 (BOX 8B)

DON'T KNOW 99 (BOX 8B)

Hard edits: maximum of 11 and age of onset must be less than or equal to current age.

Soft edit: if age less than 7.

HELP TEXT: When a girl starts having periods or menstrual cycles is a very important milestone in growth and development. Growth and development is very related to physical activity and body weight.

RHQ.018 In what month did {SP} have her first menstrual period?

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

ENTER MONTH NUMBER (BOX 8B)

REFUSED 77 (BOX 8B)

DON'T KNOW 99 (BOX 8B)

HARD EDIT VALUES FOR MONTH: 01 – 12.

HARD EDIT: DISPLAY ERROR WHEN ONLY ONE DIGIT IS ENTERED FOR MONTH.

ERROR MESSAGE: “ENTER TWO DIGITS FOR MONTH.”

IF THIS ITEM CHANGES, CHECK MEC COMPONENT

|  |
| --- |
| **BOX 8**  OMITTED |

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| --- |
| **BOX 8A**  OMITTED |

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| --- |
| **BOX 8B**  **CHECK ITEM MCQ.157:**  IF SP’s AGE = 6-11, GO TO MCQ.300b. |

|  |  |  |  |
| --- | --- | --- | --- |
| MCQ.160 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/he/she} . . .  CAPI INSTRUCTION:  TEXT OF QUESTION SHOULD BE OPTIONAL AFTER FIRST ITEM IS READ.  \*IF ITEMS 160B, C, D, E, OR F CHANGED, CHECK MEC COMPONENT. | MCQ.170 {Do you/Does SP} still . . . ? | MCQ.180 How old {were you/was SP} when  {you were/s/he was} **first** told  {you/s/he} . . . | MCQ.195 Which type of arthritis was it? |
| a. **had some form of arthritis**?  YES 1  NO 2 (b)  REFUSED 7 (b)  DON'T KNOW 9 (b) |  |  | Osteoarthritis or degenerative arthritis 1  Rheumatoid arthritis 2  Psoriatic arthritis 3  Other 4  REFUSED 7  DON’T KNOW 9 |
| \*b. **had congestive heart failure**?  YES 1  NO 2 (c)  REFUSED 7 (c)  DON'T KNOW 9 (c) |  | had congestive heart failure?  **|\_\_\_|\_\_\_|\_\_\_|**  ENTER AGE IN YEARS  REFUSED 77777  DON'T KNOW 99999 |  |
| \*c. **had coronary (kor**-o-nare-ee**) heart disease**?  YES 1  NO 2 (d)  REFUSED 7 (d)  DON'T KNOW 9 (d) |  | had coronary heart disease?  **|\_\_\_|\_\_\_|\_\_\_|**  ENTER AGE IN YEARS  REFUSED 77777  DON'T KNOW 99999 |  |
| \*d. **had angina (**an-**gī**-na**), also called angina pectoris**?  YES 1  NO 2 (e)  REFUSED 7 (e)  DON'T KNOW 9 (e) |  | had angina, also called angina pectoris?  **|\_\_\_|\_\_\_|\_\_\_|**  ENTER AGE IN YEARS  REFUSED 77777  DON'T KNOW 99999 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \*e. **had a heart attack (also called myocardial infarction (**my-O-**car**-dee-al in-**fark**-shun**))**?  YES 1  NO 2 (f)  REFUSED 7 (f)  DON'T KNOW 9 (f) |  | had a heart attack (also called myocardial infarction)?  **|\_\_\_|\_\_\_|\_\_\_|**  ENTER AGE IN YEARS  REFUSED 77777  DON'T KNOW 99999 |  |
| \*f. **had a stroke, slight stroke, transient ischemic attack or TIA**?  YES 1  NO 2 (m)  REFUSED 7 (m)  DON'T KNOW 9 (m) |  | had a stroke, slight stroke, transient ischemic attack or TIA?  **|\_\_\_|\_\_\_|\_\_\_|**  ENTER AGE IN YEARS  REFUSED 77777  DON'T KNOW 99999 |  |
| m. had a thyroid (**thigh**-roid) problem?  YES 1  NO 2 (p)  REFUSED 7 (p)  DON'T KNOW 9 (p) | have a thyroid problem?  YES 1  NO 2  REFUSED 7  DON'T KNOW 9 | had a thyroid problem?  **|\_\_\_|\_\_\_|\_\_\_|**  ENTER AGE IN YEARS  REFUSED 77777  DON'T KNOW 99999 |  |
| p. **had chronic obstructive pulmonary disease or COPD, emphysema, or chronic bronchitis**?  YES 1  NO 2  REFUSED 7  DON'T KNOW 9 |  |  |  |
| l. **had any kind of liver condition**?  INTERVIEWER: INCLUDE VIRAL HEPATITIS (INCLUDING HEPATITIS A, HEPATITIS B; AND HEPATITIS C); AUTOIMMUNE LIVER DISEASE (INCLUDING PRIMARY BILIARY CIRRHOSIS; AUTOIMMUNE HEPATITIS, SCLEROSING CHOLANGITIS); GENETIC LIVER DISEASES (INCLUDING ALPHA-1-ANTITRYSIN DEFICIENCY, HEMOCHROMOTOSIS, AND WILSON’S DISEASE); DRUG- OR MEDICATION-INDUCED LIVER DISEASE; ALCOHOLIC LIVER DISEASE; NON-ALCOHOLIC FATTY LIVER DISEASE; FATTY LIVER DISEASE; LIVER CANCER; LIVER CYST; LIVER ABSCESS; LIVER FIBROSIS; AND LIVER CIRRHOSIS. INTERVIEWER DO NOT INCLUDE GALLBLADDER DISEASE; GALLSTONES; OR CHOLECYSTITIS.  YES 1  NO 2 (MCQ.520)  REFUSED 7 (MCQ.520)  DON'T KNOW 9 (MCQ.520) | have this liver condition?  YES 1  NO 2  REFUSED 7  DON'T KNOW 9 | had this liver condition?  **|\_\_\_|\_\_\_|\_\_\_|**  ENTER AGE IN YEARS (MCQ.510)  REFUSED 77777 (MCQ.510)  DON'T KNOW 99999 (MCQ.510) |  |

**HELP SCREENS FOR MCQ.160**

MCQ160a

**Arthritis:** Is a disease that causes pain, swelling or stiffness in joints, for example the hand, the knee, or neck. Common kinds of arthritis are osteoarthritis and rheumatoid arthritis.

MCQ.195

**Osteoarthritis:** Is the most common kind of arthritis in older persons. It is also called degenerative joint disease. Most often, it affects the knees, the hips, the hands, the feet, and the spine. There is usually bony joint enlargement. There can be joint deformity or pain.

**Rheumatoid Arthritis:** Causes inflammation, redness and swelling of both hands and knees, but it can affect joints anywhere in the body. You may feel sick and tired, and sometimes there are fevers.

**Psoriatic Arthritis:** Is arthritis caused by the skin rash Psoriasis. Most often it causes redness and swelling of joints such as the spine, knees, hips and hands.

**Arthritis:** Is a disease that causes pain, swelling or stiffness in joints, for example the hand, the knee, or neck. Common kinds of arthritis are osteoarthritis and rheumatoid arthritis.

MCQ160b

**Congestive Heart Failure:** Is when the heart can't pump enough blood to the body. Blood and fluid "back up" into the lungs, which makes you short of breath. Heart failure causes fluid buildup in and swelling of the feet, legs and ankles.

INTERVIEWER: DO NOT COUNT HEART MURMURS, IRREGULAR HEART BEATS, CHEST PAIN OR HEART ATTACKS.

MCQ160c

**Coronary Heart Disease**: Is when the blood vessels that bring blood to the heart muscle become narrow and hardened due to plaque (plak). Plaque buildup is called atherosclerosis (ATH-er-o-skler-O-sis). Blocked blood vessels to the heart can cause chest pain or a heart attack.

INTERVIEWER: IF THE RESPONDENT REPORTS CHEST PAIN, PROBE IF A DOCTOR TOLD THEM THAT THEY HAD BLOCKED BLOOD VESSELS OR CORONARY HEART DISEASE.

MCQ160d

**Angina (Angina Pectoris**): (AN-ji-na or an-JI-na). Angina is chest pain or discomfort that occurs when the heart does not get enough blood.

INTERVIEWER: IF THE RESPONDENT REPORTS CHEST PAIN, PROBE IF A DOCTOR TOLD THEM THAT THEY HAD BLOCKED BLOOD VESSELS OR ANGINA.

MCQ160e

**Heart Attack (Myocardial Infarction):** A heart attack happens when there is narrowing of a blood vessel that supplies the heart. A blood clot can form and suddenly cut off the blood supply to the heart muscle. This damage causes crushing chest pain that may also be felt in the arms or neck. There can also be nausea, sweating, or shortness of breath.

MCQ160f

**Stroke:** Is when the blood supply to a part of the brain is suddenly cut off by a blood clot or a burst blood vessel in the brain. The part of the brain affected can no longer do its job. There can be numbness or weakness on one side of the body; trouble speaking or understanding speech; loss of eyesight; trouble with walking, dizziness, loss of balance or coordination; or severe headache.

MCQ160m

**Thyroid Problem:** The thyroid is a gland in the neck that makes thyroid hormone. The thyroid sets your body's energy level: the temperature and heart rate. Thyroid problems include thyroid levels that are too high or too low, an inflamed or enlarged gland, and thyroid lumps or cancer.

INTERVIEWER: INCLUDE HYPERTHYROID (OVERACTIVE THYROID); HYPOTHYROID (UNDERACTIVE THYROID); GRAVES DISEASE (HYPERTHYROID AND/OR THYROID EYE DISEASE); HASHIMOTO'S THYRODITIS (INFLAMED THYROID); POSTPARTUM THYROIDITIS (INFLAMED THYROID THAT HAPPENS AFTER DELIVERY OF A BABY); GOITER (ENLARGED THYROID); THYROID NODULE (LUMP IN THYROID- NOT CANCER); AND THYROID CANCER.

MCQ.160p

**COPD:** stands for “Chronic Obstructive Pulmonary Disease.” It includes both Emphysema and Chronic Bronchitis. It is lung problem where you have trouble getting air in and out of your lungs. You may also have constant cough and phlegm.

**Chronic Bronchitis**: Is a long lasting breathing problem where you constantly cough up phlegm. Often there is a daily cough with phlegm for several months at a time for two or more years and you are short of breath. It is often due to smoking.

**Emphysema**: Is a disease where the tiny air sacs in the lungs become damaged so less air goes in and out. As a result, the body does not get the oxygen it needs. Emphysema makes it hard to catch your breath. It is often due to smoking.

MCQ.160l

**Liver Condition:** The liver is located under your rib cage on your right side. The liver helps your body digest food, store energy, and remove poisons. Liver conditions include viral diseases, autoimmune diseases, liver cancer, and liver disease from medications, poisons or drinking too much alcohol. If the liver forms scar tissue because of an illness, it's called fibrosis or cirrhosis.

MCQ.500 Has a doctor or other health professional ever told {you/SP} that {you/s/he} ever had any kind of liver condition?

INTERVIEWER: INCLUDE VIRAL HEPATITIS (INCLUDING HEPATITIS A, HEPATITIS B; AND HEPATITIS C); AUTOIMMUNE LIVER DISEASE (INCLUDING PRIMARY BILIARY CIRRHOSIS; AUTOIMMUNE HEPATITIS, SCLEROSING CHOLANGITIS); GENETIC LIVER DISEASES (INCLUDING ALPHA-1-ANTITRYSIN DEFICIENCY, HEMOCHROMOTOSIS, AND WILSON’S DISEASE); DRUG- OR MEDICATION-INDUCED LIVER DISEASE; ALCOHOLIC LIVER DISEASE; NON-ALCOHOLIC FATTY LIVER DISEASE; FATTY LIVER DISEASE; LIVER CANCER; LIVER CYST; LIVER ABSCESS; LIVER FIBROSIS; AND LIVER CIRRHOSIS. INTERVIEWER DO NOT INCLUDE GALLBLADDER DISEASE; GALLSTONES; OR CHOLECYSTITIS.

YES 1

NO 2 (BOX 8C)

REFUSED 7 (BOX 8C)

DON'T KNOW 9 (BOX 8C)

HELP SCREEN:

**Liver Condition:** The liver is located under your rib cage on your right side. The liver helps your body digest food, store energy, and remove poisons. Liver conditions include viral diseases, autoimmune diseases, liver cancer, and liver disease from medications, poisons or drinking too much alcohol. If the liver forms scar tissue because of an illness, it's called fibrosis or cirrhosis.

MCQ.510 Which type of liver condition was it . . .

INTERVIEWER: READ OPTIONS. CODE ALL THAT APPLY.

Fatty liver, 1 (BOX 8C)

Liver fibrosis, 2 (BOX 8C)

Liver cirrhosis, 3 (BOX 8C)

Viral hepatitis, 4 (BOX 8C)

Autoimmune hepatitis, or 5 (BOX 8C)

Other liver disease? 6 (BOX 8C)

REFUSED 77 (BOX 8C)

DON’T KNOW 99 (BOX 8C)

|  |
| --- |
| **BOX 8C**  **CHECK ITEM MCQ.515:**  IF SP'S AGE 12-19, GO TO MCQ. 300b.  OTHERWISE, IF SP'S AGE ≥ 20, CONTINUE. |

MCQ.520 During the past 12 months {have you/has s/he} had pain in the area shaded on the diagram?

INTERVIEWER INSTRUCTION: For females do not include menstrual pain.

HAND CARD MCQ1

YES 1

NO 2 (MCQ.550)

REFUSED 7 (MCQ.550)

DON'T KNOW 9 (MCQ.550)

MCQ.530 Sometimes people have more than one type of pain. I am going to ask you a few questions about the pain that has been the most uncomfortable in the past 12 months.

For the pain that was most uncomfortable please show me where the pain was located.

INTERVIEWER INSTRUCTION: For females do not include menstrual pain.

HAND CARD MCQ2

1 1

2 2

3 3

REFUSED 7

DON'T KNOW 9

MCQ.540 {Have you/has s/he} ever seen a doctor about this pain?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

MCQ.550 Has a doctor or other health professional ever told {you/SP} that {you/s/he} had gallstones?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Gallstones**:** Gallstones are hard particles that develop in the gallbladder. The gallbladder is a small, pear-shaped organ located in the upper right abdomen—the area between the chest and hips—below the liver.

MCQ.560 Have {you/Has s/he} ever had gallbladder surgery?

YES 1

NO 2 (BOX 8B)

REFUSED 7 (BOX 8B)

DON'T KNOW 9 (BOX 8B)

MCQ.570 How old {were you/was SP} when {you /s/he} **first** had gallbladder surgery?

INTERVIEWER INSTRUCTION: IF LESS THAN 1 YEAR, ENTER 1.

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

ENTER AGE IN YEARS

CAPI INSTRUCTION:

HARD EDIT: 1-120

REFUSED 77777

DON'T KNOW 99999

|  |
| --- |
| **BOX 8B**  **CHECK ITEM MCQ.208:**  IF SP AGE 6-19, GO TO MCQ300b  IF SP AGE ≥ 20, CONTINUE. |

MCQ.220 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had cancer or a malignancy (ma-**lig**-nan-see) of any kind?

CAPI INSTRUCTION:

IF ITEM CHANGES, CHECK MEC COMPONENT.

YES 1

NO 2 (MCQ.300b)

REFUSED 7 (MCQ.300b)

DON'T KNOW 9 (MCQ.300b)

HELP SCREEN:

**Cancer:** Is an abnormal growth that can spread to other parts of the body. This causes damage and even death. Most cancers are named for where they start: for example lung cancer or breast cancer. A cancer is also called a "malignancy" or a "malignant tumor".

**Malignancy:** A tumor or growth that is a cancer. (see Cancer)

MCQ.230 What kind of cancer was it?

ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3, ENTER 66 AS THE 4TH RESPONSE.

CAPI INSTRUCTIONS:

ALLOW UP TO 3 ENTRIES.

ALLOW 'MORE THAN 3 KINDS (CODE 66) ONLY AS 4TH ENTRY.

CAPI INSTRUCTION:

IF ITEM CHANGES, CHECK MEC COMPONENT.

(        ) (        ) (        ) (        )

|  |  |  |
| --- | --- | --- |
| BLADDER 10  BLOOD 11  BONE 12  BRAIN 13  BREAST 14  CERVIX (CERVICAL) 15  COLON 16  ESOPHAGUS (ESOPHAGEAL) 17  GALLBLADDER 18  KIDNEY 19  LARYNX/WINDPIPE 20 | LEUKEMIA 21  LIVER 22  LUNG 23  LYMPHOMA/HODGKINS' DISEASE 24  MELANOMA 25  MOUTH/TONGUE/LIP 26  NERVOUS SYSTEM 27  OVARY (OVARIAN) 28  PANCREAS (PANCREATIC) 29  PROSTATE 30  RECTUM (RECTAL) 31 | SKIN (NON-MELANOMA) 32  SKIN (DON'T KNOW WHAT KIND) 33  SOFT TISSUE (MUSCLE OR FAT) 34  STOMACH 35  TESTIS (TESTICULAR) 36  THYROID 37  UTERUS (UTERINE) 38  OTHER 39  MORE THAN 3 KINDS 66  REFUSED 77  DON'T KNOW 99 |

|  |  |
| --- | --- |
| MCQ.300 a/b/c | Including living and deceased, **were any of {SP’s/your} close biological** that is, blood **relatives** including father, mother, sisters, brothers, or children, **ever told by a health professional that they had** . . . |

CAPI INSTRUCTION:

TEXT OF QUESTION SHOULD BE OPTIONAL, “[ ]’S, AFTER FIRST TIME.

HELP SCREEN:

**Close biological relatives:** Include SP’s parents, full siblings, and children.

b. **asthma (az**-ma**)?**

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 10D**  **CHECK ITEM MCQ.360:**  IF SP AGE 6-15, GO TO END OF SECTION.  IF SP AGE16-19, GO TO MCQ.366.  OTHERWISE, CONTINUE. |

c. **diabetes?**

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

a. **a heart attack or angina (**an-**gī**-na**) before the age of 50?**

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 11**  OMITTED |

MCQ.366 During the past 12 months {have you/has s/he} ever been told by a doctor or health professional to:

a/b/c/d

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON’T KNOW = 9

a. control {your/his/her} weight or lose weight? \_\_\_\_

b. increase {your/his/her} physical activity or exercise? \_\_\_\_

c. watch or reduce the amount of sodium or salt in {your/his/her} diet? \_\_\_\_

d. watch or reduce the amount of fat or calories in {your/his/her} diet? \_\_\_\_

HELP SCREEN: Controlling your weight might be recommended to help prevent high blood pressure, diabetes, high cholesterol and other conditions.

MCQ.371 {Are you/Is s/he} now doing any of the following:

a/b/c/d

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON’T KNOW = 9

a. controlling {your/his/her} weight or losing weight? \_\_\_\_

b. increasing {your/his/her} physical activity or exercise? \_\_\_\_

c. watching or reducing the amount of sodium or salt in {your/his/her} diet? \_\_\_\_

d. watching or reducing the amount of fat or calories in {your/his/her} diet? \_\_\_\_

HELP SCREEN: Controlling your weight might be recommended to help prevent high blood pressure, diabetes, high cholesterol and other conditions.

|  |
| --- |
| **BOX 12**  OMITTED |

|  |
| --- |
| **BOX 13**  **CHECK ITEM MCQ.385:**  IF SP AGE LESS THAN 40, GO TO END OF SECTION.  OTHERWISE, CONTINUE. |

OSQ.230 The following question is about metal objects you may have inside your body.

{Do you/Does SP} have any artificial joints, pins, plates, metal suture material, or other types of metal objects in {your/his/her} body? Some common examples are on the hand card.

INTERVIEWER INSTRUCTION: Do not include piercings, crowns, dental braces or retainers, shrapnel, or bullets. The metal object should **NOT** be visible on the outside of the body or in the mouth.

HAND CARD OSQ3

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HEPATITIS – HEQ

Target Group: SPs 6+

HEQ.010 Has a doctor or other health professional **ever** told {you/SP} that {you have/s/he/SP has} hepatitis B? (Hepatitis is a form of liver disease. Hepatitis B is an infection of the liver from the hepatitis B virus (HBV).)

CAPI INSTRUCTION:

IF SP AGE >= 12 AND NOT A PROXY INTERVIEW, DISPLAY “YOU” AND “YOU HAVE”.

IF SP AGE >= 12 AND PROXY INTERVIEW, DISPLAY "SP" AND “S/HE HAS”.

IF SP AGE = 6-11, DISPLAY “YOU” AND “SP HAS”.

INTERVIEWER: DO NOT ACCEPT SELF-DIAGNOSED OR DIAGNOSED BY A PERSON WHO IS NOT A DOCTOR OR OTHER HEALTH PROFESSIONAL.

YES 1

NO 2 (HEQ.030)

REFUSED 7 (HEQ.030)

DON'T KNOW 9 (HEQ.030)

HEQ.020 Please look at the drugs on this card that are prescribed for hepatitis B. {Were you/ Was/s/he/SP} ever prescribed any medicine to treat hepatitis B?

HAND CARD HEQ1

CAPI INSTRUCTION:

IF SP AGE >= 12 AND NOT A PROXY INTEVIEW, DISPLAY “WERE YOU”.

IF SP AGE >= 12 AND PROXY INTERVIEW, DISPLAY "WAS S/HE”.

IF SP AGE = 6-11, DISPLAY “WAS SP”.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HEQ.030 Has a doctor or other health professional **ever** told {you/SP} that {you have/s/he/SP has} hepatitis C? (Hepatitis is a form of liver disease. Hepatitis C is an infection of the liver from the hepatitis C virus (HCV).)

CAPI INSTRUCTION:

IF SP AGE >= 12 AND NOT A PROXY INTERVIEW, DISPLAY “YOU” AND “YOU HAVE”.

IF SP AGE >= 12AND PROXY INTERVIEW, DISPLAY "SP" AND “S/HE HAS”.

IF SP AGE = 6-11, DISPLAY “YOU” AND “SP HAS”.

INTERVIEWER: DO NOT ACCEPT SELF-DIAGNOSED OR DIAGNOSED BY A PERSON WHO IS NOT A DOCTOR OR OTHER HEALTH PROFESSIONAL.

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

HEQ.040 Please look at the drugs on this card that are prescribed for hepatitis C. {Were you/ Was/s/he/ SP} ever prescribed any medicine to treat hepatitis C?

HAND CARD HEQ2

CAPI INSTRUCTION:

IF SP AGE >= 12 AND NOT A PROXY INTERVIEW, DISPLAY “WERE YOU”.

IF SP AGE >= 12 AND PROXY INTERVIEW, DISPLAY "WAS S/HE”.

IF SP AGE = 6-11, DISPLAY “WAS SP”.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

KIDNEY CONDITIONS – KIQ

Target Group: SPs 20+

KIQ.022 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had weak or failing kidneys? Do not include kidney stones, bladder (**bladd**-er) infections, or incontinence (in‑**kon**‑ti‑nens).

CAPI INSTRUCTION:

IF ITEM CHANGES, CHECK MEC COMPONENT.

YES 1

NO 2 (KIQ.026)

REFUSED 7 (KIQ.026)

DON'T KNOW 9 (KIQ.026)

HELP SCREEN:

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Health Care Professionals (Health Professional): A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, technicians who administer shots (e.g., allergy shots), and who work with a doctor. Also include paramedics, medics, and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

KIQ.025 In the **past 12 months**, {have you/has SP} received dialysis (either hemodialysis (heemo-di-**al**-i-sis) or peritoneal dialysis (pare-i-ton-**nee**-al di-**al**-i-sis))?

CAPI INSTRUCTION:

IF ITEM CHANGES, CHECK MEC COMPONENT.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

KIQ.026 {Have you/Has SP} **ever** had kidney stones?

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

KIQ.029 In the **past 12 months** {have you/has SP} passed a kidney stone?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

If the respondent indicates a stone was not passed but they had it broken up with lithotripsy or removed by a doctor, code ‘Yes’.

DIABETES – DIQ

Target Group: SPs 1+

DIQ.010 {Other than during pregnancy, {have you/has SP}/{Have you/Has SP}} **ever** been told by a doctor or other health professional that {you have/{s/he/SP} has} diabetes or sugar diabetes?

CAPI INSTRUCTION:

IF SP AGE >= 12 AND NOT A PROXY INTERVIEW, DISPLAY "HAVE YOU" AND "YOU HAVE"

IF SP AGE >= 12 AND PROXY INTERVIEW, DISPLAY "HAS {SP}" AND "S/HE HAS"

IF SP AGE <12, DISPLAY "HAVE YOU" AND "{SP} HAS"

IF SP IS FEMALE AND AGE >= 20, DISPLAY "OTHER THAN DURING PREGNANCY, {HAVE YOU/HAS SP}".

IF ITEM CHANGES, CHECK MEC COMPONENT.

YES 1

NO 2 (BOX 4)

BORDERLINE OR PREDIABETES 3 (BOX 4)

REFUSED 7 (BOX 4)

DON'T KNOW 9 (BOX 4)

|  |  |
| --- | --- |
| DIQ.040 G/Q | How old {was SP/were you} when a doctor or other health professional **first** told {you/him/her} that {you/s/he} had diabetes or sugar diabetes? |

CAPI INSTRUCTION:

IF SP AGE >= 12 AND NOT A PROXY INTERVIEW, DISPLAY "WERE YOU" AND "YOU" AND "YOU"

IF SP AGE >= 12 AND PROXY INTERVIEW, DISPLAY "WAS {SP}" AND "HIM/HER" AND "S/HE"

IF SP AGE <12, DISPLAY "WAS {SP}" AND "YOU" AND "S/HE"

IF ITEM CHANGES, CHECK MEC COMPONENT.

|\_\_\_|

ENTER AGE IN YEARS 1

LESS THAN 1 YEAR 2 (BOX 4)

REFUSED 7 (BOX 4)

DON'T KNOW 9 (BOX 4)

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

ENTER AGE IN YEARS

REFUSED 77777

DON'T KNOW 99999

**BOX 4**

**CHECK ITEM DIQ.159:**

IF ANY AGE AND DIQ.010 = 1 (YES) GO TO DIQ.050.

IF AGE >= 12 AND DIQ.010 = 3, GO TO DIQ.180.

IF AGE < 12, GO TO END OF SECTION.

OTHERWISE, CONTINUE.

DIQ.160 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you have/SP has} any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes or that {your/her/his} blood sugar is higher than normal but not high enough to be called diabetes or sugar diabetes?

HAND CARD DIQ1

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

HELP SCREEN: **PREDIABETES, IMPAIRED FASTING GLUCOSE, IMPAIRED GLUCOSE TOLERANCE, OR BORDERLINE DIABETES** OCCURS WHEN BLOOD SUGAR (GLUCOSE) LEVELS ARE HIGHER THAN NORMAL BUT NOT HIGH ENOUGH TO BE DIABETES.

DIQ.180 {Have you/Has SP} had a blood test for high blood sugar or diabetes within the past three years?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE URINE TESTS

YES 1 (BOX 0)

NO 2 (BOX 0)

REFUSED 7 (BOX 0)

DON’T KNOW 9 (BOX 0)

DIQ.050 Insulin can be taken by shot or pump. {Is SP/Are you} **now** taking insulin?

CAPI INSTRUCTION:

IF ITEM CHANGES, CHECK MEC COMPONENT.

YES 1

NO 2 (BOX 0)

REFUSED 7 (BOX 0)

DON'T KNOW 9 (BOX 0)

HELP SCREEN:

Insulin: A chemical used in the treatment of diabetes. Typically, insulin is administered with a syringe by the patient.

|  |  |
| --- | --- |
| DIQ.060 G/Q/U | For how long {have you/has SP} been taking insulin? |

|\_\_\_|

ENTER NUMBER (OF MONTHS OR YEARS) 1

LESS THAN 1 MONTH 2 (BOX 0)

REFUSED 7 (BOX 0)

DON'T KNOW 9 (BOX 0)

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

ENTER NUMBER (OF MONTHS OR YEARS)

REFUSED 77777 (BOX 0)

DON'T KNOW 99999 (BOX 0)

ENTER UNIT

|\_\_\_|

MONTHS 1

YEARS 2

HELP SCREEN:

Insulin: A chemical used in the treatment of diabetes. Typically, insulin is administered with a syringe by the patient.

**BOX 0**

**CHECK ITEM DIQ.065:**

IF DIQ.010 = 1 (YES) OR DIQ.160 = 1 (YES) OR DIQ.010 = 3, CONTINUE.

OTHERWISE, GO TO END OF SECTION.

DIQ.070 {Is SP/Are you} **now** taking diabetic pills to lower {{his/her}/your} blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

CAPI INSTRUCTION:

IF ITEM CHANGES, CHECK MEC COMPONENT.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

**BOX 8**

**CHECK ITEM DIQ.229:**

IF DIQ.010 = 3 OR DIQ.160 = 1 (YES), GO TO END OF SECTION.

OTHERWISE, CONTINUE.

DIQ.230 When was the last time {you/SP} saw a diabetes nurse educator or dietitian or nutritionist for {your/his/her} diabetes? Do not include doctors or other health professionals.

INTERVIEWER INSTRUCTION: CODE 5 FOR NEVER. IF RESPONDENT ANSWERS “TODAY” OR A PERIOD LESS THAN A MONTH, CODE 1 – 1 YEAR AGO OR LESS.

1 YEAR AGO OR LESS 1

MORE THAN 1 YEAR AGO BUT NO   
MORE THAN 2 YEARS AGO 2

MORE THAN 2 YEARS AGO BUT NO   
MORE THAN 5 YEARS AGO 3

MORE THAN 5 YEARS AGO 4

NEVER 5

REFUSED 7

DON’T KNOW 9

HELP SCREEN: A diabetes nurse educator is a nurse who teaches people with diabetes and who is knowledgeable about the day-to-day aspects of diabetes self-care, such as, use of diabetes medications, checking and controlling blood glucose levels, managing weight through diet and physical activity, and maintaining a healthy pregnancy if diabetes is present.

DIQ.240 Is there **one** doctor or other health professional {you usually see/SP usually sees} for {your/his/her} diabetes? Do not include specialists to whom {you have/SP has} been referred such as diabetes educators, dieticians or foot and eye doctors.

YES 1

NO 2 (DIQ.260)

REFUSED 7 (DIQ.260)

DON’T KNOW 9 (DIQ.260)

HELP SCREEN: A diabetes nurse educator is a nurse who teaches people with diabetes and who is knowledgeable about the day-to-day aspects of diabetes self-care, such as, use of diabetes medications, checking and controlling blood glucose levels, managing weight though diet and physical activity, and maintaining a healthy pregnancy if diabetes is present.

DIQ.250 How many times {have you/has SP} seen this doctor or other health professional in the past 12 months?

G/Q

ENTER NUMBER 1

NONE 2 (DIQ.369)

REFUSED 7 (DIQ.369)

DON'T KNOW 9 (DIQ.369)

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

ENTER NUMBER OF TIMES

CAPI INSTRUCTION:

HARD EDIT: DO NOT ALLOW 0.

**BOX 9**

**CHECK ITEM DIQ.369:**

IF DIQ.250 = 2 (NONE), CONTINUE.

OTHERWISE, GO TO BOX 10.

DIQ.370 INTERVIEWER: YOU HAVE ENTERED “NONE” FOR THE NUMBER OF TIMES IN THE PAST 12 MONTHS THAT THE SP HAS SEEN THEIR USUAL DOCTOR OR OTHER HEALTH PROFESSIONAL. THIS IS AN UNLIKELY RESPONSE. IS THIS CORRECT?

YES 1

NO 2 (DIQ.250)

**BOX 10**

**CHECK ITEM DIQ.379:**

IF DIQ.250 = 100 OR MORE, CONTINUE.

OTHERWISE, GO TO DIQ.260.

DIQ.380 INTERVIEWER: YOU HAVE ENTERED A VALUE THAT IS OUTSIDE THE EXPECTED RANGE FOR THE NUMBER OF TIMES IN THE PAST 12 MONTHS THAT THE SP HAS SEEN THEIR USUAL DOCTOR OR OTHER HEALTH PROFESSIONAL. THIS IS AN UNLIKELY RESPONSE. IS THIS CORRECT?

YES 1

NO 2 (DIQ.250)

|  |  |
| --- | --- |
| DIQ.260 G/Q/U | How often {do you check your/does SP check his/her} blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional. |

INTERVIEWER INSTRUCTION: DO NOT INCLUDE URINE TESTS.

|\_\_\_|

ENTER NUMBER OF TIMES 1

NEVER 2 (DIQ.275)

UNABLE TO DO ACTIVITY (BLIND) 3 (DIQ.275)

REFUSED 7 (DIQ.275)

DON'T KNOW 9 (DIQ.275)

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

ENTER NUMBER OF TIMES

CAPI INSTRUCTION: SOFT EDIT 7 OR MORE PER DAY

SOFT EDIT 30 OR MORE PER WEEK.

REFUSED 7777 (DIQ.275)

DON'T KNOW 9999 (DIQ.275)

ENTER UNIT

|\_\_\_|

PER DAY 1

PER WEEK 2

PER MONTH 3

PER YEAR 4

DIQ.275 Glycosylated (GLY-CO-SYL-AT-ED) hemoglobin or the “A one C” test measures your average level of blood sugar for the past 3 months, and usually ranges between 5.0 and 13.9. During the past 12 months, has a doctor or other health professional checked {your/SP’s} glycosylated hemoglobin or “A one C”?

YES 1

NO 2 (BOX 10A)

REFUSED 7 (BOX 10A)

DON'T KNOW 9 (BOX 10A)

DIQ.280 What was {your/SP’s} last “A one C” level?

CAPI INSTRUCTION:

SOFT EDIT FOR ANY NUMBER LESS THAN 5 OR MORE THAN 14.

|\_\_\_|\_\_\_| . |\_\_\_|

ENTER VALUE

REFUSED 7777

DON'T KNOW 9999

DIQ.291 What does {your/SP’s} doctor or other health professional say {your/his/her} “A one C” level should be? (Pick the lowest level recommended by {your/his/her} health care professional.)

HAND CARD DIQ2

LESS THAN 6 1

LESS THAN 7 2

LESS THAN 8 3

LESS THAN 9 4

LESS THAN 10 5

PROVIDER DID NOT SPECIFY GOAL 6

REFUSED 77

DON'T KNOW 99

**BOX 10A**

**CHECK ITEM DIQ.295:**

IF AGE <12, GO TO END OF SECTION.

OTHERWISE, CONTINUE.

|  |  |
| --- | --- |
| DIQ.300 S/D | Blood pressure is usually given as one number over another. What was {your/SP’s} most recent blood pressure in numbers? |

|\_\_\_|\_\_\_|\_\_\_| OVER |\_\_\_|\_\_\_|\_\_\_|

SYSTOLIC DIASTOLIC

ENTER VALUES

CAPI INSTRUCTION:

SYSTOLIC RANGE: 0-776 SOFT EDIT: 80-200.

DIASTOLIC RANGE: 0-776 SOFT EDIT: 0-150.

REFUSED 777

DON'T KNOW 999

|  |  |
| --- | --- |
| DIQ.310 G/S/D | What does {your/SP’s} doctor or other health professional say {your/his/her} blood pressure should be? |

|\_\_\_|

ENTER VALUES 1

PROVIDER DID NOT SPECIFY GOAL 2 (DIQ.320)

REFUSED 7 (DIQ.320)

DON'T KNOW 9 (DIQ.320)

|\_\_\_|\_\_\_|\_\_\_| OVER |\_\_\_|\_\_\_|\_\_\_|

SYSTOLIC DIASTOLIC

ENTER VALUES

INTERVIEWER INSTRUCTION:

IF RANGE GIVEN, RECORD UPPER VALUE OF RANGE.

CAPI INSTRUCTION:

SYSTOLIC RANGE: 0-776 SOFT EDIT: 80-200.

DIASTOLIC RANGE: 0-776 SOFT EDIT: 0-150.

REFUSED 777

DON'T KNOW 999

|  |  |
| --- | --- |
| DIQ.320 G/Q | One part of total serum cholesterol in {your/SP’s} blood is a bad cholesterol, called LDL, which builds up and clogs {your/his/her} arteries. What was {your/his/her} most recent LDL cholesterol number? |

|\_\_\_|

ENTER VALUE 1

NEVER HEARD OF LDL 2 (DIQ.341)

NEVER HAD CHOLESTEROL TEST 3 (DIQ.341)

REFUSED 7

DON'T KNOW 9

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

ENTER VALUE

CAPI INSTRUCTION:

RANGE: 0-776 SOFT EDIT: 40-250.

REFUSED 777

DON'T KNOW 999

|  |  |
| --- | --- |
| DIQ.330 G/Q | What does {your/SP’s} doctor or other health professional say {your/his/her} LDL cholesterol should be? |

|\_\_\_|

ENTER VALUE 1

PROVIDER DID NOT SPECIFY GOAL 2 (DIQ.341)

REFUSED 7 (DIQ.341)

DON'T KNOW 9 (DIQ.341)

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

ENTER VALUE

INTERVIEWER INSTRUCTION:

IF RANGE GIVEN, RECORD UPPER VALUE OF RANGE.

CAPI INSTRUCTION:

RANGE: 0-776 SOFT EDIT: 40-250.

REFUSED 777

DON'T KNOW 999

|  |  |
| --- | --- |
| DIQ.341 G/Q | During the past 12 months, about how many times has a doctor or other health professional checked {your/SP’s} feet for any sores or irritations? |

|\_\_\_|

ENTER NUMBER OF TIMES 1

NONE 2

BOTH FEET AMPUTATED 3 (DIQ.360)

REFUSED 7

DON'T KNOW/not sure 9

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

ENTER NUMBER OF TIMES

CAPI INSTRUCTION:

HARD EDIT: DO NOT ALLOW 0.

REFUSED 7777

DON'T KNOW/not sure 9999

|  |  |
| --- | --- |
| DIQ.350 G/Q/U | How often {do you check your feet/does SP check (his/her) feet} for sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional. |

|\_\_\_|

ENTER NUMBER OF TIMES 1

NONE 2 (DIQ.360)

REFUSED 7 (DIQ.360)

DON'T KNOW 9 (DIQ.360)

CAPI INSTRUCTION:

HARD EDIT: DO NOT ALLOW 0.

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

ENTER NUMBER OF TIMES

REFUSED 7777 (DIQ.360)

DON'T KNOW 9999 (DIQ.360)

ENTER UNIT

|\_\_\_|

PER DAY 1

PER WEEK 2

PER MONTH 3

PER YEAR 4

DIQ.360 When was the last time {you/SP} had an eye exam in which the pupils were dilated? This would have made {you/SP} temporarily sensitive to bright light.

LESS THAN 1 MONTH 1

1-12 MONTHS 2

13-24 MONTHS 3

GREATER THAN 2 YEARS 4

NEVER 5

REFUSED 7

DON'T KNOW 9

DIQ.080 Has a doctor **ever** told {you/SP} that diabetes has affected {your/his/her} eyes or that {you/s/he} had retinopathy (ret-in-op-ath-ee)?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Retinopathy: Any disorder of the retina.

Diabetes: A glandular disease that impairs the ability of the body to use sugar and causes sugar to appear abnormally in the urine. Common symptoms are persistent thirst and excessive discharge of urine. Do not include gestational diabetes or diabetes that was only present during pregnancy. Also, do not include self-diagnosed diabetes, pre-diabetes or high sugar.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

**HELP SCREEN FOR DIQ.010/040:**

Diabetes: A glandular disease that impairs the ability of the body to use sugar and causes sugar to appear abnormally in the urine. Common symptoms are persistent thirst and excessive discharge of urine. Do not include gestational diabetes or diabetes that was only present during pregnancy. Also, do not include self-diagnosed diabetes, pre-diabetes or high sugar.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor’s assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor’s office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

BLOOD PRESSURE – BPQ

Target Group: SPs 16+

BPQ.020 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had hypertension (hy-per-**ten**-shun), also called high blood pressure?

IF HIGH BLOOD PRESSURE **ONLY** DURING PREGNANCY, CODE NO.

INTERVIEWER INSTRUCTION: IF SP SAYS “HIGH NORMAL BLOOD PRESSURE”, “BORDERLINE HYPERTENSION” OR “PREHYPERTENSION” CODE NO.

YES 1

NO 2 (BPQ.080)

REFUSED 7 (BPQ.080)

DON'T KNOW 9 (BPQ.080)

BPQ.030 {Were you/Was SP} told on 2 or more **different** visits that {you/s/he} had hypertension (hy-per-**ten**-shun), also called high blood pressure?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |  |
| --- | --- |
| BPQ.035 G/Q | How old {were you/was SP} when {you were/he/she was} **first** told that {you/he/she} had hypertension or high blood pressure? |

HARD EDIT: SP AGE CANNOT BE LESS THAN 6.

SOFT EDIT: PLEASE VERIFY THAT SP WAS LESS THAN 11 YEARS OLD.

|\_\_\_|

ENTER AGE IN YEARS 1

REFUSED 7 (BPQ.040a)

DON'T KNOW 9 (BPQ.040a)

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

ENTER AGE IN YEARS

REFUSED 777

DON’T KNOW 999

BPQ.040a Because of {your/SP’s} (high blood pressure/hypertension) (hy-per-**ten**-shun), {have you/has s/he} **ever** been told to **take prescribed medicine**?

YES 1

NO 2 (BPQ.080)

REFUSED 7 (BPQ.080)

DON’T KNOW 9 (BPQ.080)

HELP SCREEN:

Prescribed Medicine: Prescribed medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

|  |
| --- |
| **BOX 1A**  OMITTED |

|  |
| --- |
| **BOX 1B**  OMITTED |

BPQ.050a {Are you/Is SP} **now** taking a prescribed medicine?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 2**  OMITTED |

BPQ.080 {Have you/Has SP} **ever** been told by a doctor or other health professional that {your/his/her} blood cholesterol level was high?

YES 1 (BPQ.070)

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Cholesterol: Cholesterol is a type of fat in the bloodstream and is measured with a blood test, usually done in the morning before you’ve eaten. High levels of cholesterol are a major risk factor for heart disease, which leads to heart attack.

BPQ.060 {Have you/Has SP} **ever** had {your/his/her} blood cholesterol checked?

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

BPQ.070 About how long has it been since {you/SP} **last** had {your/his/her} blood cholesterol checked? Has it been…

less than 1 year ago, 1

1 year but less than 2 years ago, 2

2 years but less than 5 years ago, or 3

5 years or more? 4

REFUSED 7

DON'T KNOW 9

BPQ.090d To lower {your/his/her} blood cholesterol, {have you/has SP} **ever** been told by a doctor or other health professional **to take prescribed medicine**?

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

HELP SCREEN:

Prescribed Medicine: Prescribed medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

|  |
| --- |
| **BOX 3**  OMITTED |

BPQ.100d {Are you/Is SP} **now** taking a prescribed medicine?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Prescribed Medicine: Prescribed medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

|  |
| --- |
| **BOX 5**  OMITTED |

|  |
| --- |
| **BOX 6**  OMITTED |

|  |
| --- |
| **BOX 7**  OMITTED |

|  |
| --- |
| **BOX 8**  OMITTED |

|  |
| --- |
| **BOX 9**  OMITTED |

CARDIOVASCULAR DISEASE – CDQ

Target Group: SPs 40+

CDQ.001 {Have you/Has SP} ever had any pain or discomfort in {your/her/his} chest?

YES 1

NO 2 (CDQ.010)

REFUSED 7 (CDQ.010)

DON'T KNOW 9 (CDQ.010)

CDQ.002 {Do you/Does she/Does he} get it when {you/she/he} {walk/walks} uphill or {hurry/hurries}?

YES 1

NO 2 (CDQ.008)

NEVER WALKS UPHILL OR HURRIES 3

REFUSED 7 (CDQ.008)

DON'T KNOW 9 (CDQ.008)

CDQ.003 {Do you/Does she/Does he} get it when {you/she/he} {walk/walks} at an ordinary pace on level ground?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 1**  **CHECK ITEM CDQ.003A:**  IF 'YES' (CODE '1') IN CDQ.002 OR CDQ.003, CONTINUE.  OTHERWISE, GO TO CDQ.008. |

CDQ.004 What {do you/does she/does he} do if {you/she/he} get it while {you/she/he} are walking? {Do you/Does she/Does he} stop or slow down, or continue at the same pace?

CODE "STOP OR SLOW DOWN" IF SP CARRIES ON AFTER TAKING NITROGLYCERINE.

STOP OR SLOW DOWN 1

CONTINUE AT THE SAME PACE 2 (CDQ.008)

REFUSED 7 (CDQ.008)

DON'T KNOW 9 (CDQ.008)

CDQ.005 If {you/she/he} {stand/stands} still, what happens to it? Is the pain or discomfort relieved or not relieved?

RELIEVED 1

NOT RELIEVED 2 (CDQ.008)

REFUSED 7 (CDQ.008)

DON'T KNOW 9 (CDQ.008)

CDQ.006 How soon is the pain relieved? Would you say . . .

10 minutes or less or 1

more than 10 minutes? 2 (CDQ.008)

REFUSED 7 (CDQ.008)

DON'T KNOW 9 (CDQ.008)

CDQ.009 Please look at this card and show me where the pain or discomfort is located.

CODE ALL THAT APPLY.

PROBE FOR ADDITIONAL AREAS.

HAND CARD CDQ1

1 1

2 2

3 3

4 4

5 5

6 6

7 7

8 8

REFUSED 77

DON'T KNOW 99

CDQ.008 Have {you/she/he} ever had a severe pain across the front of {your/her/his} chest lasting for half an hour or more?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CDQ.010 {Have you/Has SP} had shortness of breath either when hurrying on the level or walking up a slight hill?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 2**  OMITTED |

OSTEOPOROSIS – OSQ

\*Target Group: Males and Females 50+

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OSQ.010 a/b/c | Has a doctor or other health professional **ever** told {you/SP} that {you/he/she} had broken or fractured {your/his/her} . . . |  | OSQ.020 | How many times {have you/has SP} broken or fractured {your/his/her} {hip/wrist/spine}? |
|  |  |  |  |  |
|  | a. hip? YES 1  NO 2 (b)  REFUSED 7 (b)  DON'T KNOW 9 (b)  HELP SCREEN:  Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.  Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor’s assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor’s office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers. | |  | |\_\_\_|\_\_\_|  ENTER NUMBER OF TIMES  CAPI INSTRUCTION:  HARD EDIT: 1-33.  SOFT EDIT: 13-33, DISPLAY  “UNLIKELY RESPONSE.  PLEASE VERIFY.”  REFUSED 77  DON'T KNOW 99 |
|  | b. wrist? YES 1  DO NOT NO 2 (c)  INCLUDE REFUSED 7 (c)  FOREARM OR DON'T KNOW 9 (c)  HAND | |  | |\_\_\_|\_\_\_|  ENTER NUMBER OF TIMES  CAPI INSTRUCTION:  HARD EDIT: 1-33.  REFUSED 77  DON'T KNOW 99 |
|  | c. spine? YES 1  NO 2 (BOX 1)  REFUSED 7 (BOX 1)  DON'T KNOW 9 (BOX 1) | |  | |\_\_\_|\_\_\_|  ENTER NUMBER OF TIMES  CAPI INSTRUCTION:  HARD EDIT: 1-33.  REFUSED 77  DON'T KNOW 99 |

|  |
| --- |
| **BOX 1**  **CHECK ITEM OSQ.025:**  IF 'YES' (CODE 1) IN OSQ.010 a, b, OR c, CONTINUE WITH LOOP 1.  OTHERWISE, GO TO OSQ.080.  **LOOP 1:**  ASK OSQ.030 - OSQ.051 FOR EACH **TYPE** AND EACH **INCIDENT** OF FRACTURE. (EXAMPLE: HOW OLD WERE YOU WHEN YOU FRACTURED YOUR **HIP** THE **FIRST** TIME?) |

|  |  |
| --- | --- |
| OSQ.030 a/b/c | How old {were you/was SP} when {you/s/he} fractured {your/his/her} {hip/wrist/spine} {the {1st/2nd/10th or more recent time . . .} time}? |

CAPI INSTRUCTION:

IF ONLY BROKE HIP, WRIST OR SPINE 1 TIME, DO NOT DISPLAY "THE {1ST/2ND . . .} TIME".

IF 10TH TIME, DISPLAY {10TH OR MOST RECENT TIME}.

|\_\_\_|\_\_\_|\_\_\_| (BOX 2)

ENTER AGE IN YEARS

CAPI INSTRUCTION: HARD EDIT: 1-120.

REFUSED 777

DON'T KNOW 999

CAPI INSTRUCTION:

IF OSQ.030 = DK, RF OR NULL AND SP AGE < 50, CODE OSQ.040 = 1 (UNDER 50).

IF OSQ.030 = DK, RF OR NULL AND SP AGE >= 50, CONTINUE.

OSQ.040 {Were you/Was SP} . . .

a/b/c

under 50 years old, or 1

50 years old or older? 2

REFUSED 7 (BOX 3)

DON'T KNOW 9 (BOX 3)

|  |
| --- |
| **BOX 2**  **CHECK ITEM OSQ.045:**  IF AGE IS >= 50 IN OSQ.030 OR OSQ.040, CONTINUE.  OTHERWISE, GO TO BOX 3. |

OSQ.051 Did that fracture occur as a result of . . .

a fall from **standing height or less**, for   
example, tripped, slipped, fell out of bed 4

**a hard fall**, such as falling off a ladder or   
step stool, down stairs, or 5

**a car accident** or other severe trauma? 6

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Additional examples for “a fall from standing height or less” include leg gave way, was dizzy, fell bending over, fell out of a chair. Additional examples for “a hard fall” include being forcibly knocked down by another person or bicycle.

|  |
| --- |
| **BOX 3**  **END LOOP1:**   * ASK OSQ.030 - OSQ.051 FOR NEXT INCIDENT OF FRACTURE. * IF NO NEXT INCIDENT, CONTINUE. |

OSQ.080 Has a doctor or other health professional ever told {you/SP} that {you/s/he} had broken or fractured any other bone **after** {you were/s/he was} 20 years of age?

YES 1

NO 2 (OSQ.060)

REFUSED 7 (OSQ.060)

DON'T KNOW 9 (OSQ.060)

OSQ.090 Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?

YES 1 (OSQ.120)

NO 2

REFUSED 7 (OSQ.120)

DON'T KNOW 9 (OSQ.120)

HELP SCREEN:

Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair.

Additional examples for “a hard fall” include being knocked down by another person or bicycle.

OSQ.100 Please look at this card and tell me where the fracture occurred.

HAND CARD OSQ 1

HEAD/FACE 10

UPPER ARM (HUMERUS) 11

LOWER ARM BETWEEN WRIST AND

ELBOW (DO NOT INCLUDE WRIST) 12

ELBOW 13

HAND 14

FINGERS 15

SHOULDER 16

COLLAR BONE 17

RIBS (EITHER SIDE) 18

PELVIS (NOT HIP) 19

UPPER LEG (THIGH EXCLUDING HIP) 20

LOWER LEG (BETWEEN ANKLE AND

KNEE) 21

KNEE (PATELLA) 22

ANKLE 23

HEEL 24

FOOT 25

TOES 26

OTHER (DO NOT SPECIFY) 27

REFUSED 77

DON'T KNOW 99

OSQ.110 How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ.100) for the **first** time after age 20?

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

ENTER AGE IN YEARS

CAPI INSTRUCTION: HARD EDIT: 20-120.

REFUSED 777

DON'T KNOW 999

OSQ.120 Has a doctor or other health professional ever told {you/SP} that {you/s/he} had broken or fractured **any other bones after** {you were/s/he was} 20 years of age?

YES 1

NO 2 (OSQ.060)

REFUSED 7 (OSQ.060)

DON'T KNOW 9 (OSQ.060)

|  |
| --- |
| **BOX 4**  **CHECK ITEM OSQ.129:**  IF OSQ120 = 1 (YES), CONTINUE WITH LOOP 2. OTHERWISE, GO TO OSQ.060.  **LOOP 2:**  ASK OSQ.090 – OSQ.120 FOR NEXT INCIDENT OF FRACTURE. IF NO NEXT INCIDENT, CONTINUE. |

OSQ.060 Has a doctor or other health professional **ever** told {you/SP} that {you/s/he} had osteoporosis, sometimes called thin or brittle bones?

YES 1

NO 2 (OSQ.130)

REFUSED 7 (OSQ.130)

DON'T KNOW 9 (OSQ.130)

HELP SCREEN:

Osteoporosis: A disease in which bones become less dense, which makes them more fragile and likely to break. Osteoporosis is not always painful. In fact, many people don't know they have osteoporosis unless a bone breaks. A doctor may tell you that you have osteoporosis after you have had a broken bone or a bone density test.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor’s assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor’s office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

OSQ.072 Please look at the drugs on this card that are prescribed for osteoporosis. {Have you/Has SP} ever been told by a doctor or other health professional to take a **prescribed medicine** for osteoporosis?

HAND CARD OSQ 2

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Osteoporosis: A disease in which bones become less dense, which makes them more fragile and likely to break. Osteoporosis is not always painful. In fact, many people don't know they have osteoporosis unless a bone breaks. A doctor may tell you that you have osteoporosis after you have had a broken bone or a bone density test.

OSQ.130 {Have you/has SP} **ever** taken **any** prednisone or cortisone pills **nearly every day for a month or longer**? [Prednisone and cortisone are types of steroids.]

YES 1

NO 2 (OSQ.150)

REFUSED 7 (OSQ.150)

DON'T KNOW 9 (OSQ.150)

|  |  |
| --- | --- |
| OSQ.140 Q/U | Please think about {your/SP's} use of prednisone or cortisone during {your/his/her} lifetime. For how long did {you/s/he} use prednisone or cortisone **nearly every day**? Do not count the months or years when {you were/s/he was} not taking the medicine. |

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

ENTER NUMBER (OF MONTHS OR YEARS)

CAPI INSTRUCTION: SOFT EDIT: 19 OR HIGHER. DISPLAY MESSAGE, “IT IS UNUSUAL TO BE TAKING PREDNISONE FOR {RESPONSE FOR OSQ.140Q} {MONTHS/YEARS}.

REFUSED 777

DON'T KNOW 999

ENTER UNIT

MONTH 1

YEAR 2

REFUSED 7

DON’T KNOW 9

OSQ.150 Including living and deceased, were either of {your/SP's} biological parents ever told by a doctor or other health professional that they had osteoporosis or brittle bones?

YES 1

NO 2 (OSQ.170)

REFUSED 7 (OSQ.170)

DON'T KNOW 9 (OSQ.170)

OSQ.160 Which biological [blood] parent?

CODE ALL THAT APPLY

MOTHER 1

FATHER 2

REFUSED 7

DON'T KNOW 9

OSQ.170 Did {your/SP's} biological mother **ever** fracture her hip?

YES 1

NO 2 (OSQ.200)

REFUSED 7 (OSQ.200)

DON'T KNOW 9 (OSQ.200)

OSQ.180 About how old was she when she fractured her hip (the **first** time)?

|\_\_\_|\_\_\_|\_\_\_| (OSQ.200)

ENTER AGE IN YEARS

CAPI INSTRUCTION:

HARD EDIT: 0-120.

SOFT EDIT: 0-19.

ERROR MESSAGE: ‘THAT IS AN UNUSUAL AGE, PLEASE VERIFY.’

REFUSED 777

DON'T KNOW 999

OSQ.190 Was she. . .

under 50 years old, or 1

50 years old or older? 2

REFUSED 7

DON'T KNOW 9

OSQ.200 Did {your/SP's} biological father **ever** fracture his hip?

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

OSQ.210 About how old was he when he fractured his hip (the **first** time)?

|\_\_\_|\_\_\_|\_\_\_| (END OF SECTION)

ENTER AGE IN YEARS

CAPI INSTRUCTION:

HARD EDIT: 0-120.

SOFT EDIT: 0-19.

ERROR MESSAGE: ‘THAT IS AN UNUSUAL AGE, PLEASE VERIFY.’

REFUSED 777

DON'T KNOW 999

OSQ.220 Was he . . .

under 50 years old, or 1

50 years old or older? 2

REFUSED 7

DON'T KNOW 9

AUDIOMETRY – AUQ

Target Group: SPs 1+

AUQ.054 These next questions are about {your/SP’s} hearing.

Which statement best describes {your/SP’s} hearing (without a hearing aid, personal sound amplifier, or other listening devices)? Would you say {your/his/her} hearing is excellent, good, that {you have/s/he has} a little trouble, moderate trouble, a lot of trouble, or {are you/is s/he} deaf?

EXCELLENT 1

GOOD 2

A LITTLE TROUBLE 3

MODERATE HEARING TROUBLE 4

A LOT OF TROUBLE 5

DEAF 6

REFUSED 77

DON’T KNOW 99

HELP SCREEN:

Deaf means that you can’t hear in both ears without the use of hearing aids or other devices to help you hear. If you can hear in one ear, you are not deaf.

Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

Personal Sound Amplifier: A wearable electronic product that is intended to amplify sounds for people with normal hearing who need a little “boost” in some situations. They are sold direct to the consumer over-the-counter or online, and are not customized for individuals’ hearing loss. Although not designed for people with hearing loss, they are frequently used by hearing impaired individuals as a low-cost alternative to hearing aids.

Other Listening Devices: Other listening devices are any device you use to help you hear. They are also called assistive listening devices. These are:

A pocket talker

An amplified telephone

An amplified or vibrating alarm clock

A light signaler for your doorbell

A TV headset

Closed-captioned TV

TTY (teletypewriter)

TDD (telecommunications device for the deaf)

A telephone relay service

A video relay service

A sign language interpreter

**BOX 1A**

**CHECK ITEM AUQ.055:**

IF {SP AGE >= 6, AND SP AGE <= 19 OR SP AGE > 69} AND {AUQ.054 = 1, 7, 9}, GO TO AUQ.420;

IF {SP AGE >= 6, AND SP AGE <= 19 OR SP AGE > 69} AND {AUQ.054 = 2, 3, 4, 5 OR 6}, CONTINUE.

OTHERWISE, END OF SECTION.

AUQ.060 These next questions refer to hearing without the use of a hearing aid or any other listening devices. If {you have/SP has} one ear that is better than the other, please answer the questions for the hearing in {your/SP’s} better ear.

Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **whispers** to {you/him/her} from across a quiet room?

YES 1 (BOX 2A)

NO 2

REFUSED 7

DON'T KNOW 9

AUQ.070 Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **talks in a normal voice** to {you/him/her} from across a quiet room?

YES 1 (BOX 2A)

NO 2

REFUSED 7

DON'T KNOW 9

AUQ.080 Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **shouts** to {you/him/her} from across a quiet room?

YES 1 (BOX 2A)

NO 2

REFUSED 7

DON'T KNOW 9

AUQ.090 Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **speaks loudly** into {your/his/her} **better ear**?

INTERVIEWER: IF THE INTERVIEWEE HEARS BETTER IN ONE EAR THAN THE OTHER,

RECORD THE RESPONSE FOR SPEAKING LOUDLY INTO THE BETTER EAR.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

**BOX 2A**

**CHECK ITEM AUQ.395:**

IF AUQ.054 = {3, 4, 5 OR 6} CONTINUE.

OTHERWISE, GO TO AUQ.420.

AUQ.400 How old {were you/was SP} when {you/he/she} began to have any hearing loss?

READ CATEGORIES IF NECESSARY

BEFORE AGE 1 YEAR OLD 1

BETWEEN 2 AND 5 YEARS OLD 2

BETWEEN 6 AND 19 YEARS OLD 3

BETWEEN 20 AND 39 YEARS OLD 4

BETWEEN 40 AND 59 YEARS OLD 5

BETWEEN 60 AND 69 YEARS OLD 6

70 YEARS AND OLDER 7

NO HEARING LOSS 8

REFUSED 77

DON’T KNOW 99

AUQ.410 What are the main causes of {your/SP’s} hearing loss?

INTERVIEWER INSTRUCTION: CODE ALL THAT APPLY

HAND CARD AUQ1

GENETIC/HEREDITARY CAUSES 1

EAR INFECTIONS (INCLUDING FLUID IN EARS) 2

EAR DISEASES (OTOSCLEROSIS, MENIERES, TUMOR) 3

ILLNESS/INFECTIONS (MEASLES, MENINGITIS, MUMPS) 4

DRUGS/MEDICATIONS 5

HEAD OR NECK INJURY/TRAUMA 6

LOUD BRIEF EXPLOSIVE NOISE/SOUNDS 7

NOISE EXPOSURE, LONG-TERM (MACHINERY, ETC.) 8

AGING, GETTING OLDER 9

OTHER CAUSES 10

SPECIFY:

REFUSED 77

DON’T KNOW 99

AUQ.156 Because of hearing loss, {have you/has SP} **ever** used any of the following to improve {your/his/her} communication: FM systems, closed-captioned television, instant or text messages, live video streaming, amplified telephone, relay services, or a sign-language interpreter?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

This question asks about the use of “Assistive Listening Devices,” which include any device {you use/SP uses} to help {you hear/SP hear}. Some examples include:

FM system, which provides direct input to your hearing aid or another earpiece.

Closed-captioned television, which displays the audio portion of a television program as text on the TV screen.

Instant or text messages, when used because {you have/SP has} difficulty hearing on the telephone

Live video streaming, for example, video on computers or phones using sign language or other means to communicate.

Amplified telephone, which improves telephone communication through amplified volume, loud ringers, light signalers, voice enhancers, etc.

Relay services, in which a third party transmits messages between {you/SP} and another person

Sign language interpreter, translate from spoken to signed language.

AUQ.420 {Have you/Has SP} **ever** had ear infections or ear aches?

YES 1

NO 2 (AUQ.144)

REFUSED 7 (AUQ.144)

DON'T KNOW 9 (AUQ.144)

AUQ.430 {Have you/Has SP} **ever** had 3 or more ear infections or ear aches?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

AUQ.139 {Have you/Has SP} **ever** had a tube placed in {your/his/her} ear to drain the fluid from {your/his/her} ear or to treat ear infections?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

AUQ.144 A hearing test by a specialist is one that is done in a sound proof booth or room, or with headphones. Hearing specialists include audiologists, ear nose and throat doctors, and trained technicians or occupational nurses. When was the last time {you/SP} had {your/his/her} hearing tested by a hearing specialist?

READ CATEGORIES IF NECESSARY

LESS THAN A YEAR AGO 1

1 YEAR TO 4 YEARS AGO 2

5 TO 9 YEARS AGO 3

TEN OR MORE YEARS AGO 4

NEVER 5

REFUSED 7

DON’T KNOW 9

AUQ.147 {Do you/Does SP} **now wear or use** a hearing aid, a personal sound amplifier, or cochlear implant?

YES 1

NO 2 (AUQ.630)

REFUSED 7 (AUQ.630)

DON'T KNOW 9 (AUQ.630)

HELP SCREEN:

Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

Personal Sound Amplifier: A wearable electronic product that is intended to amplify sounds for people with normal hearing who need a little “boost” in some situations. They are sold direct to the consumer over-the-counter or online, and are not customized for an individual’s hearing loss. Although not designed for people with hearing loss, they are frequently used by hearing-impaired individuals as a low-cost alternative to hearing aids.

Cochlear Implant: A cochlear implant is an electrical device that a surgeon puts in your ear. It helps you hear by sending sounds directly to the brain. It is used only when you are almost totally deaf.

AUQ.149 Which was it?

CODE ALL THAT APPLY

CAPI INSTRUCTION:

IF ANY OR ALL RESPONSE OPTIONS 1, 2, OR 3 ARE SELECTED, GO TO AUQ.153.

A HEARING AID 1

A PERSONAL SOUND AMPLIFIER 2

A COCHLEAR IMPLANT 3

REFUSED 7 (BOX 4A)

DON'T KNOW 9 (BOX 4A)

AUQ.153 In the **past 2 weeks**, how often {have you/has SP} worn a {hearing aid and/or personal sound amplifier and/or cochlear implant}?

If unsure, provide your best estimate of the average amount of time {you have/he has/she has} worn {your/his/her} {hearing aid, and/or personal sound amplifier, and/or cochlear implant}.

CAPI INSTRUCTION:

IF AUQ.149 = 1, DISPLAY “hearing aid”

IF AUQ.149 = 2, DISPLAY “personal sound amplifier”

IF AUQ.149 = 3, DISPLAY “cochlear implant”

IF AUQ.149 = 1 AND AUQ.149 = 2, DISPLAY “hearing aid and/or personal sound amplifier”

IF AUQ.149 = 1 AND AUQ.149 = 3, DISPLAY “hearing aid and/or cochlear implant”

IF AUQ.149 = 2 AND AUQ.149 = 3, DISPLAY “personal sound amplifier and/or cochlear implant”

IF AUQ.149 = 1 AND AUQ.149 = 2 AND AUQ.149 = 3, DISPLAY “hearing aid and/or personal sound amplifier and/or cochlear implant”

READ CATEGORIES IF NECESSARY

LESS THAN 1 HOUR A DAY 1 (BOX 4A)

1 TO 3 HOURS A DAY 2 (BOX 4A)

4 TO 7 HOURS A DAY 3 (BOX 4A)

8 OR MORE HOURS PER DAY 4 (BOX 4A)

NEVER 5 (BOX 4A)

REFUSED 7 (BOX 4A)

DON’T KNOW 9 (BOX 4A)

HELP SCREEN:

Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

Personal Sound Amplifier: A wearable electronic product that is intended to amplify sounds for people with normal hearing who need a little “boost” in some situations. They are sold direct to the consumer over-the-counter or online, and are not customized for an individual’s hearing loss. Although not designed for people with hearing loss, they are frequently used by hearing-impaired individuals as a low-cost alternative to hearing aids.

Cochlear Implant: A cochlear implant is an electrical device that a surgeon puts in your ear. It helps you hear by sending sounds directly to the brain. It is used only when you are almost totally deaf.

AUQ.630 {Have you/Has SP} **ever** worn or used a hearing aid, a personal sound amplifier, or cochlear implant in the past?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

**BOX 4A**

**CHECK ITEM AUQ.435:**

IF SP AGE >= 6 AND SP AGE <= 15 CONTINUE.

OTHERWISE, GO TO AUQ.101.

AUQ.440 Has SP **ever** received Special Education or Early Intervention Services for speech-language, reading, hearing or listening skills, intellectual disability, movement or mobility difficulties (e.g., using arms or legs), or other developmental or disability problems?

YES 1

NO 2 (AUQ.460)

REFUSED 7 (AUQ.460)

DON'T KNOW 9 (AUQ.460)

HELP SCREEN:

Special Education: Teaching designed to meet the needs of a child with special needs and/or disabilities. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

Early Intervention Services: Services designed to meet the needs of very young children with special needs and/or disabilities. They may include but are not limited to: medical and social services, parental counseling, and therapy. They may be provided at the child's home, a medical center, a day care center, or other place. They are provided by the state or school system at no cost to the parent.

AUQ.450 Which was it?

INTERVIEWER INSTRUCTION: CODE ALL THAT APPLY

HAND CARD AUQ2

SPEECH-LANGUAGE 1

READING 2

HEARING OR LISTENING SKILLS 3

INTELLECTUAL DISABILITY 4

MOVEMENT OR MOBILITY DIFFICULTIES 5

OTHER DEVELOPMENTAL OR DISABILITY  
 PROBLEMS 6

REFUSED 77

DON'T KNOW 99

AUQ.460 Has SP **ever** been exposed to **very loud noise or music** for **10 or more hours a week for a period of 3 months or longer**?

This is noise so loud {he/she has} to shout to be understood or heard 3 feet away.

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

AUQ.470 How long has SP been exposed to **very loud noise or music** for **10 or more hours a week**?

This is noise so loud that {he/she has} to shout to be understood or heard 3 feet away.

READ CATEGORIES IF NECESSARY

LESS THAN 1 YEAR 1 (END OF SECTION)

1 TO 2 YEARS 2 (END OF SECTION)

3 TO 4 YEARS 3 (END OF SECTION)

5 OR MORE YEARS 4 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

AUQ.101 How often {do you/does SP} have difficulty hearing and understanding if there is background noise, for example, when other people are talking, TV or radio is on, or children are playing? Would you say...

HAND CARD AUQ3

Always, 1

Usually, 2

About half the time, 3

Seldom, or 4

Never? 5

REFUSED 7

DON’T KNOW 9

AUQ.110 How often does {your/SP’s} hearing cause {you/him/her} to feel frustrated when talking to members of {your/his/her} family or to friends? Would you say...

HAND CARD AUQ3

ALWAYS, 1

USUALLY, 2

ABOUT HALF THE TIME, 3

SELDOM, OR 4

NEVER? 5

REFUSED 7

DON’T KNOW 9

AUQ.480 How often does {your/SP’s} hearing cause {you/him/her} to avoid groups of people, limiting or hampering {your/his/her} personal or social life? Would you say…

HAND CARD AUQ3

ALWAYS, 1

USUALLY, 2

ABOUT HALF THE TIME, 3

SELDOM, OR 4

NEVER? 5

REFUSED 7

DON’T KNOW 9

AUQ.490 During the **past 12 months**, {have you/has SP} had a problem with dizziness, lightheadedness, feeling as if {you are/s/he is} going to pass out or faint, unsteadiness or imbalance?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE TIMES WHEN DRINKING ALCOHOL.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

AUQ.191 In the **past 12 months**, {have you/has SP} been bothered by ringing, roaring, or buzzing in {your/his/her} ears or head **that lasts for 5 minutes or more**?

YES 1

NO 2 (AUQ.300)

REFUSED 7 (AUQ.300)

DON'T KNOW 9 (AUQ.300)

HELP SCREEN:

Tinnitus (tin-uh-tus) is the medical term for ringing, roaring or buzzing in the ears or head.

AUQ.250 How long {have you/has SP} been bothered by this ringing, roaring, or buzzing in {your/his/her} ears or head?

READ CATEGORIES IF NECESSARY

LESS THAN THREE MONTHS 1

THREE MONTHS TO A YEAR 2

1 TO 4 YEARS 3

5 TO 9 YEARS 4

TEN OR MORE YEARS 5

REFUSED 7

DON’T KNOW 9

AUQ.255 **In the past 12 months**, how often {have you/has SP} had this ringing, roaring, or buzzing in {your/his/her} ears or head? Would you say...

almost always, 1

at least once a day, 2

at least once a week, 3

at least once a month, or 4

less frequently than once a month? 5

REFUSED 7

DON’T KNOW 9

AUQ.260 {Are you/Is SP} **bothered** by ringing, roaring, or buzzing in {your/his/her} ears or head **only** after listening to loud sounds or loud music?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

AUQ.270 {Are you/Is SP} **bothered** by ringing, roaring, or buzzing in {your/his/her} ears or head when going to sleep?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

AUQ.280 How much of a problem is this ringing, roaring, or buzzing in {your/his/her} ears or head? Would you say...

No problem, 1

A small problem, 2

A moderate problem, 3

A big problem, or 4

A very big problem? 5

REFUSED 7

DON’T KNOW 9

AUQ.500 {Have you/Has SP} ever discussed this ringing, roaring, or buzzing in {your/his/her} ears or head with {your/his/her} doctor or other health care professional?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

AUQ.300 This next question is about {your/SP’s} use of firearms that {you/he/she} may have used for target shooting, hunting, for {your/his/her} job or in military service. {Have you/Has SP} ever used firearms for any reason?

YES 1

NO 2 (AUQ.330)

REFUSED 7 (AUQ.330)

DON'T KNOW 9 (AUQ.330)

HELP SCREEN:

Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.

AUQ.310 How many **total** rounds {have you/has SP} ever fired?

READ CATEGORIES IF NECESSARY

INTERVIEWER: ONE ROUND EQUALS ONE SHOT. INCLUDE TARGET SHOOTING, HUNTING, YOUR JOB AND MILITARY SERVICE.

1 TO LESS THAN 100 ROUNDS 1

100 TO LESS THAN 1000 ROUNDS 2

1000 TO LESS THAN 10,000 ROUNDS 3

10,000 TO LESS THAN 50,000 ROUNDS 4

50,000 ROUNDS OR MORE 5

REFUSED 7

DON’T KNOW 9

AUQ.320 How often {did you/did SP} wear hearing protection devices (ear plugs, ear muffs) when shooting firearms?

INTERVIEWER: PROTECTIVE HEARING DEVICES INCLUDE PLUGS AND EARMUFFS.

HAND CARD AUQ3

Always, 1

Usually, 2

About half the time, 3

Seldom, or 4

Never? 5

REFUSED 7

DON’T KNOW 9

AUQ.330 These next questions are about noise exposure {you/SP} may have had at work.

{Have you/Has SP} **ever had a job, or combination of jobs where** {you were/s/he was} exposed to loud sounds or noise for **4 or more hours a day, several days a week**?

(Loud means so loud that {you/s/he} must speak in a raised voice to be heard.)

YES 1

NO 2 (AUQ.370)

NEVER WORKED 3 (AUQ.370)

REFUSED 7 (AUQ.370)

DON'T KNOW 9 (AUQ.370)

AUQ.340 For how many months or years {have you/has SP} been exposed at work to loud sounds or noise for 4 or more hours a day, several days a week?

READ CATEGORIES IF NECESSARY

LESS THAN 3 MONTHS 1

3 TO 11 MONTHS 2

1 TO 2 YEARS 3

3 TO 4 YEARS 4

5 TO 9 YEARS 5

10 TO 14 YEARS 6

15 OR MORE YEARS 7

REFUSED 77

DON’T KNOW 99

AUQ.350 In {your/SP’s} work {were you/was he/was she} exposed to **very loud noise**? (**Very loud noise** is noise that is so loud {you have/he has/she has} to shout in order to be understood by someone standing 3 feet away from {you/him/her}.)

YES 1

NO 2 (AUQ.370)

REFUSED 7 (AUQ.370)

DON'T KNOW 9 (AUQ.370)

AUQ.360 This next question is about {your/SP’s} work in jobs where there was **very loud noise** for 4 or more hours a day, several days a week.

Please give me the total number of months or years for all jobs where this has happened.

READ CATEGORIES IF NECESSARY

LESS THAN 3 MONTHS 1

3 TO 11 MONTHS 2

1 TO 2 YEARS 3

3 TO 4 YEARS 4

5 TO 9 YEARS 5

10 TO 14 YEARS 6

15 OR MORE YEARS 7

NOT EXPOSED 8

REFUSED 77

DON’T KNOW 99

AUQ.370 **Outside of a job,** {have you/has SP} **ever** been exposed to **very loud noise or music** for **10 or more hours a week**? This is noise so loud that {you have/s/he has} to shout to be **understood or heard 3 feet away**. Examples are noise from power tools, lawn mowers, farm machinery, cars, trucks, motorcycles, motor boats or loud music.

YES 1

NO 2 (AUQ.380)

REFUSED 7 (AUQ.380)

DON'T KNOW 9 (AUQ.380)

AUQ.510 How long {have you/has SP} been exposed to **very loud noise or music** for **10 or more hours a week**?

This is noise so loud that {you have/s/he has} to shout to be understood or heard 3 feet away.

READ CATEGORIES IF NECESSARY

LESS THAN 1 YEAR 1

1 TO 2 YEARS 2

3 TO 4 YEARS 3

5 OR MORE YEARS 4

REFUSED 7

DON’T KNOW 9

AUQ.380 **In the past 12 months, how often** did {you/SP} wear hearing protection devices (ear plugs, ear muffs) when exposed to very loud sounds or noise?

INTERVIEWER INSTRUCTION: PLEASE INCLUDE BOTH ON THE JOB AND OFF THE JOB EXPOSURES.

HAND CARD AUQ4

ALWAYS 1

USUALLY 2

ABOUT HALF THE TIME 3

SELDOM 4

NEVER 5

NO NOISE EXPOSURE PAST 12 MONTHS 6

REFUSED 77

DON’T KNOW 99

HELP TEXT:

Hearing Protection Device: A device such as an earplug or earmuff designed to protect you from noise that is so loud that it might damage your hearing.

DERMATOLOGY – DEQ

Target Group: SPs 20-59

|  |  |
| --- | --- |
| DEQ.034 a/c/d | When {you go/SP goes} outside on a very sunny day, for **more** than one hour, how often {do you/does SP} . . . |

HAND CARD DEQ1

a. Stay in the shade? Would you say . . .

always, 1

most of the time, 2

sometimes, 3

rarely, or 4

never? 5

DON'T GO OUT IN THE SUN 6 (DEQ.120)

REFUSED 77

DON'T KNOW 99

c. Wear a long sleeved shirt? [Would you say . . .]

ALWAYS, 1

MOST OF THE TIME, 2

SOMETIMES, 3

RARELY, OR 4

NEVER? 5

REFUSED 7

DON'T KNOW 9

d. Use sunscreen? [Would you say . . .]

ALWAYS, 1

MOST OF THE TIME, 2

SOMETIMES, 3

RARELY, OR 4

NEVER? 5

REFUSED 7

DON'T KNOW 9

|  |  |
| --- | --- |
| DEQ.120 G/Q/U | The next questions ask about the time you spent outdoors during the past 30 days. By outdoors, I mean outside and not under any shade. |

How much time did you usually spend outdoors between 9 in the morning and 5 in the afternoon **on the days that you worked or went to school**?

PROBE IF NEEDED: I am only interested in the amount of time you spent outdoors between 9 in the morning and 5 in the afternoon.

|\_\_\_|

ENTER AMOUNT OF TIME

(IN MINUTES OR HOURS) 1

NO TIME SPENT OUTDOORS 2 (DEQ.125)

DOES NOT WORK OR GO TO SCHOOL 3 (DEQ.125)

REFUSED 7 (DEQ.125)

DON'T KNOW 9 (DEQ.125)

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

ENTER NUMBER (OF MINUTES OR HOURS)

HARD EDIT: The value entered cannot exceed 8 hours or 480 minutes.

REFUSED 77777 (DEQ.125)

DON'T KNOW 99999 (DEQ.125)

ENTER UNIT

|\_\_\_|

MINUTES 1

HOURS 2

REFUSED 7

DON'T KNOW 9

|  |  |
| --- | --- |
| DEQ.125 G/Q/U | During the past 30 days, how much time did you usually spend outdoors between 9 in the morning and 5 in the afternoon **on the days when you were not working or going to school**? |

|\_\_\_|

ENTER AMOUNT OF TIME

(IN MINUTES OR HOURS) 1

NO TIME SPENT OUTDOORS 2 (END OF SECTION)

AT WORK OR SCHOOL

9 TO 5 SEVEN DAYS A WEEK 3 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

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

ENTER NUMBER (OF MINUTES OR HOURS)

HARD EDIT: The value entered cannot exceed 8 hours or 480 minutes.

REFUSED 77777 (END OF SECTION)

DON'T KNOW 99999 (END OF SECTION)

ENTER UNIT

|\_\_\_|

MINUTES 1

HOURS 2

REFUSED 7

DON'T KNOW 9

ORAL HEALTH – OHQ

Target Group: SPs 1+

OHQ.030 The next questions are about {your/SP’s} teeth and gums.

About how long has it been since {you/SP} **last** visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

6 MONTHS OR LESS 1

MORE THAN 6 MONTHS, BUT NOT MORE   
THAN 1 YEAR AGO 2

MORE THAN 1 YEAR, BUT NOT MORE   
THAN 2 YEARS AGO 3

MORE THAN 2 YEARS, BUT NOT MORE   
THAN 3 YEARS AGO 4

MORE THAN 3 YEARS, BUT NOT MORE   
THAN 5 YEARS AGO 5

MORE THAN 5 YEARS AGO 6

NEVER HAVE BEEN 7 (BOX 0)

REFUSED 77

DON'T KNOW 99

HELP SCREEN:

Dentist: Medical persons whose primary occupation is caring for teeth, gums, and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

OHQ.033 What was the main reason {you/SP} **last** visited the dentist?

HAND CARD OHQ1

WENT IN ON OWN FOR CHECK-UP,   
EXAMINATION OR CLEANING 1

WAS CALLED IN BY THE DENTIST FOR   
CHECK-UP, EXAMINATION OR   
CLEANING 2

SOMETHING WAS WRONG, BOTHERING   
OR HURTING {ME/SP} 3

WENT FOR TREATMENT OF A   
CONDITION THAT DENTIST   
DISCOVERED AT EARLIER CHECK-UP   
OR EXAMINATION 4

OTHER 5

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Cleaning (Dental): Refers to activities performed by a dentist or dental hygienist to maintain healthy teeth and prevent cavities. Cleaning includes scraping tartar deposits off teeth, both above and below the gumline.

Dentist: Medical persons whose primary occupation is caring for teeth, gums, and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Condition: Respondent's perception of a departure from physical or mental well-being. Any response describing a health problem of any kind.

OHQ.770 During the past 12 months, was there a time when {you/SP} needed dental care but could not get it at that time?

YES 1

NO 2 (BOX 0)

REFUSED 7 (BOX 0)

DON'T KNOW 9 (BOX 0)

OHQ.780 What were the reasons that {you/SP} could not get the dental care {you/she/he} needed?

CODE ALL THAT APPLY

HAND CARD OHQ2

COULD NOT AFFORD THE COST 10

DID NOT WANT TO SPEND THE MONEY 11

INSURANCE DID NOT COVER   
RECOMMENDED PROCEDURES 12

DENTAL OFFICE IS TOO FAR AWAY 13

DENTAL OFFICE IS NOT OPEN AT   
CONVENIENT TIMES 14

ANOTHER DENTIST RECOMMENDED   
NOT DOING IT 15

AFRAID OR DO NOT LIKE DENTISTS 16

UNABLE TO TAKE TIME OFF FROM   
WORK 17

TOO BUSY 18

I DID NOT THINK ANYTHING SERIOUS   
WAS WRONG/EXPECTED DENTAL   
PROBLEMS TO GO AWAY 19

OTHER 20

REFUSED 77

DON'T KNOW 99

**BOX 0**

**CHECK ITEM OHQ.550:**

IF SP AGE <3, GO TO OHQ.845

IF SP AGE 3-15, CONTINUE.

ELSE IF SP AGE 16+ and OHQ.030 = 1 or 2, GO TO OHQ.610.

ELSE GO TO BOX 2.

|  |  |
| --- | --- |
| OHQ.555 G/Q/U | We would like you to think of the time when {you/SP} started brushing {your/his/her} teeth either with someone else’s help or alone. At what age did {you/SP} start brushing {your/his/her} teeth? |

|\_\_\_\_|

ENTER AGE 1

HAS NOT STARTED BRUSHING TEETH 2 (OHQ.566)

REFUSED 7 (OHQ.566)

DON'T KNOW 9 (OHQ.566)

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

ENTER AGE IN MONTHS OR YEARS

REFUSED 7777 (OHQ.566)

DON'T KNOW 9999 (OHQ.566)

ENTER UNIT

MONTHS 1

YEARS 2

CAPI INSTRUCTION:

SOFT EDIT: OHQ.555 >SP’S AGE

ERROR MESSAGE: ‘AGE STARTED BRUSHING TEETH CANNOT BE OLDER THAN SP’S CURRENT AGE.’

|  |  |
| --- | --- |
| OHQ.560 G/Q/U | At what age did {you/SP} start using toothpaste? |

|\_\_\_\_|

ENTER AGE 1

HAS NEVER USED TOOTHPASTE 2 (OHQ.566)

REFUSED 7 (OHQ.566)

DON'T KNOW 9 (OHQ.566)

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

ENTER age IN MONTHS OR YEARS

REFUSED 7777 (OHQ.566)

DON'T KNOW 9999 (OHQ.566)

ENTER UNIT

MONTHS 1

YEARS 2

CAPI INSTRUCTION:

SOFT EDIT: OHQ.560 >SP’S AGE

ERROR MESSAGE: ‘AGE STARTED USING TOOTHPASTE CANNOT BE OLDER THAN SP’S CURRENT AGE.’

OHQ.566 {Have you/HasSP} ever received prescription fluoride drops or fluoride tablets?

YES 1

NO 2 (BOX 1)

REFUSED 7 (BOX 1)

DON'T KNOW 9 (BOX 1)

|  |  |
| --- | --- |
| OHQ.571 Q/U | How old in months or years {were you/was SP} when {you/he/she} started taking prescription fluoride drops or fluoride tablets? |

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

ENTER AGE IN MONTHS OR YEARS

REFUSED 7777 (BOX 1)

DON'T KNOW 9999 (BOX 1)

ENTER UNIT

MONTHS 1

YEARS 2

CAPI INSTRUCTION:

SOFT EDIT: OHQ.571 >SP’S AGE

ERROR MESSAGE: ‘AGE STARTED TAKING FLUORIDE DROPS OR FLUORIDE TABLETS CANNOT BE OLDER THAN SP’S CURRENT AGE.’

|  |  |
| --- | --- |
| OHQ.576 G/Q/U | How old in months or years {were you/was SP} when {you/he/she} stopped taking prescription fluoride drops or fluoride tablets? |

|\_\_\_\_|

ENTER AGE 1

STILL TAKING FLUORIDE DROPS OR   
TABLETS 2 (BOX 1)

REFUSED 7 (BOX 1)

DON'T KNOW 9 (BOX 1)

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

ENTER age IN MONTHS OR YEARS

REFUSED 7777 (BOX 1)

DON'T KNOW 9999 (BOX 1)

ENTER UNIT

MONTHS 1

YEARS 2

CAPI INSTRUCTION:

SOFT EDIT: OHQ.576 >SP’S AGE

ERROR MESSAGE: ‘AGE STOPPED TAKING FLUORIDE DROPS OR TABLETS CANNOT BE OLDER THAN SP’S CURRENT AGE.’

IF ‘STILL TAKING FLUORIDE DROPS OR TABLETS SELECTED, FILL OHQ.576 Q/U WITH CURRENT AGE AND GO TO BOX 1.’

SOFT EDIT: OHQ.576 LESS THAN OHQ.571

ERROR MESSAGE: ‘AGE STOPPED TAKING FLUORIDE DROPS OR TABLETS CANNOT BE YOUNGER THAN AGE WHEN STARTED.’

**BOX 1**

**CHECK ITEM OHQ.592:**

IF SP AGE 3-15, GO TO OHQ.845.

OHQ.610 In the past 12 months, did a dentist, hygienist or other dental professional have a direct conversation with {you/SP} about…

… the benefits of giving up cigarettes or other types of tobacco to improve {your/SP’s} dental health?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

OHQ.612 (In the past 12 months, did a dentist, hygienist or other dental professional have a direct conversation with {you/SP} about…)

… the dental health benefits of checking {your/his/her} blood sugar?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

**BOX 2**

**CHECK ITEM OHQ.616:**

IF SP AGE 0-2, GO TO OHQ.845.

IF SP AGE 3+, CONTINUE.

OHQ.620 How often during the last year {have you/has SP} had painful aching anywhere in {your/his/her} mouth? Would you say . . .

HAND CARD OHQ3

Very often, 1

Fairly often, 2

Occasionally, 3

Hardly ever, or 4

Never? 5

REFUSED 7

DON'T KNOW 9

**BOX 2A**

**CHECK ITEM OHQ.622:**

IF SP AGE 3-29, GO TO OHQ.845.

IF SP AGE 30+, CONTINUE.

OHQ.640 How often during the last year {have you/has SP} had difficulty doing {your/his/her} usual jobs or attending school because of problems with {your/his/her} teeth, mouth or dentures?

HAND CARD OHQ3

VERY OFTEN, 1

FAIRLY OFTEN, 2

OCCASIONALLY, 3

HARDLY EVER, OR 4

NEVER? 5

REFUSED 7

DON'T KNOW 9

OHQ.835 The next questions will ask about the condition of {your/SP’s} teeth and some factors related to gum health.

Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. {Do you/Does SP} think {you/s/he} might have gum disease?

CAPI INSTRUCTION:

IF ITEM CHANGES, CHECK MEC COMPONENT.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

OHQ.845 Overall, how would {you/SP} rate the health of {your/his/her} teeth and gums? Would you say . . .

Excellent, 1

Very good, 2

Good, 3

Fair, or 4

Poor? 5

REFUSED 7

DON’T KNOW 9

**BOX 3**

**CHECK ITEM OHQ.846:**

IF SP AGE 3-19, CONTINUE.

IF SP AGE >= 30, GO TO OHQ.850.

OTHERWISE, GO TO END OF SECTION.

OHQ.848 How many times {do you/does SP} brush (your/his/her} teeth in one day?

G/Q

|\_\_\_|

ENTER NUMBER 1

CHILD DOES NOT BRUSH YET 2 (END OF SECTION)

DOES NOT BRUSH EVERY DAY 3 (OHQ.849)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

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

ENTER NUMBER OF TIMES

REFUSED 77 (END OF SECTION)

DON’T KNOW 99 (END OF SECTION)

CAPI INSTRUCTION:

SOFT EDIT: OHQ.848Q > 9

ERROR MESSAGE: ‘UNLIKELY RESPONSE. CONFIRM SP BRUSHED HIS/HER TEETH MORE THAN 9 TIMES IN ONE DAY.’

HARD EDIT: 1-75.

ERROR MESSAGE: THE NUMBER OF BRUSHINGS IN ONE DAY CANNOT BE 0 OR GREATER THAN 75.

OHQ.849 On average, how much toothpaste {do you/does SP} use when brushing {your/his/her} teeth?

HAND CARD OHQ4

FULL LOAD 1 (END OF SECTION)

HALF LOAD 2 (END OF SECTION)

PEA SIZE 3 (END OF SECTION)

SMEAR 4 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

OHQ.850 {Have you/Has SP} ever had treatment for gum disease such as scaling and root planing, sometimes called deep cleaning?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

OHQ.860 {Have you/Has SP} ever been told by a dental professional that {you/s/he} lost bone around {your/his/her} teeth?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

OHQ.870 Aside from brushing {your/his/her} teeth with a toothbrush, in the last seven days, how many days did {you/SP} use dental floss or any other device to clean between {your/his/her} teeth?

HARD EDIT 0-7.

INTERVIEWER INSTRUCTION: CODE ‘0’ IF THE SP RESPONDS THAT THEY HAVE NO TEETH OR ONLY DENTURES. PLEASE DO NOT PUT INFORMATION ABOUT NO TEETH IN THE COMMENTS.

|\_\_\_|

ENTER number of DAYS

REFUSED 77

DON'T KNOW 99

OHQ.882 In the past 12 months, {have you/has SP} had an exam for oral cancer in which the doctor or dentist pulls on {your/his/her} tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

PHYSICAL ACTIVITY AND PHYSICAL FITNESS – PAQ

Target Group: SPs 2+

|  |
| --- |
| **BOX 1**  **CHECK ITEM PAQ.700:**  IF SP AGE 2-11 OR 16-17, GO TO PAQ706.  IF SP AGE <2 OR SP 12-15, GO TO NEXT SECTION.  IF SP AGE 18+, CONTINUE. |

PAQ.605 Next I am going to ask you about the time {you spend/SP spends} doing different types of physical activity in a typical week.

Think first about the time {you spend/he spends/she spends} doing work. Think of work as the things that {you have/he has/she has} to do such as paid or unpaid work, household chores, and yard work.

Does {your/SP’s} work involve **vigorous**-intensity activity that causes **large increases** in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for **at least 10 minutes continuously**?

YES 1

NO 2 (PAQ.620)

REFUSED 7 (PAQ.620)

DON'T KNOW 9 (PAQ.620)

PAQ.610 In a typical week, on how many days {do you/does SP} do **vigorous**-intensity activities as part of {your/his/her} work?

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

INTERVIEWER: REMEMBER, WE ARE ONLY ASKING ABOUT WORK AND CHORES IN THIS QUESTION.

HARD EDIT: 1-7.

ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

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

ENTER NUMBER OF DAYS

REFUSED 77 (PAQ.620)

DON'T KNOW 99 (PAQ.620)

PAQ.615 How much time {do you/does SP} spend doing **vigorous**-intensity activities at work on a typical day?

Q/U

PROBE IF NEEDED: Think about a typical day when {you do/he does/she does} vigorous-intensity activities during {your/his/her} work.

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

INTERVIEWER: REMEMBER, WE ARE ONLY ASKING ABOUT WORK AND CHORES.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING VIGOROUS-INTENSITY ACTIVITIES AT WORK ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: 0 HOURS OR >24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME MUST BE 10 MINUTES OR MORE OR GREATER THAN 0 HOURS BUT LESS THAN 24 HOURS.

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

ENTER NUMBER OF MINUTES OR HOURS

REFUSED 7777 (PAQ.620)

DON'T KNOW 9999 (PAQ.620)

ENTER UNIT

MINUTES 1

HOURS 2

PAQ.620 Does {your/SP’s} work involve **moderate**-intensity activity that causes **small increases** in breathing or heart rate such as brisk walking or carrying light loads for **at least 10 minutes** **continuously**?

YES 1

NO 2 (PAQ.635)

REFUSED 7 (PAQ.635)

DON'T KNOW 9 (PAQ.635)

PAQ.625 In a typical week, on how many days {do you/does SP} do **moderate**-intensity activities as part of {your/his/her} work?

PROBE IF NEEDED: Moderate-intensity activity causes small increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

INTERVIEWER: REMEMBER, WE ARE ONLY ASKING ABOUT WORK AND CHORES.

HARD EDIT: 1-7.

ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

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

ENTER NUMBER OF DAYS

REFUSED 77 (PAQ.635)

DON'T KNOW 99 (PAQ.635)

PAQ.630 How much time {do you/does SP} spend doing **moderate**-intensity activities at work on a typical day?

Q/U

PROBE IF NEEDED: Think about a typical day when {you do/he does/she does} moderate-intensity activities during {your/his/her} work.

PROBE IF NEEDED: Moderate-intensity activity causes small increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

INTERVIEWER: REMEMBER, WE ARE ONLY ASKING ABOUT WORK AND CHORES.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING MODERATE-INTENSITY ACTIVITIES AT WORK ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: 0 HOURS OR >24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME MUST BE 10 MINUTES OR MORE OR GREATER THAN 0 HOURS BUT LESS THAN 24 HOURS.

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

ENTER NUMBER OF MINUTES OR HOURS

REFUSED 7777 (PAQ.635)

DON'T KNOW 9999 (PAQ.635)

|\_\_\_|

ENTER UNIT

MINUTES 1

HOURS 2

PAQ.635 The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way {you travel/SP travels} to and from places. For example to work, for shopping, to school.

In a typical week {do you/does SP} walk or use a bicycle for **at least 10 minutes** **continuously** to get to and from places?

YES 1

NO 2 (PAQ.650)

REFUSED 7 (PAQ.650)

DON'T KNOW 9 (PAQ.650)

PAQ.640 In a typical week, on how many days {do you/does SP} walk or bicycle for **at least 10 minutes continuously** to get to and from places?

HARD EDIT: 1-7.

ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

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

ENTER NUMBER OF DAYS

REFUSED 77 (PAQ.650)

DON'T KNOW 99 (PAQ.650)

PAQ.645 How much time {do you/does SP} spend walking or bicycling for travel on a typical day?

Q/U

PROBE IF NEEDED: Think about a typical day when {you walk or bicycle/SP walks or bicycles} for travel.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS WALKING OR BICYCLING TO GET TO AND FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: >24 HOURS.

HARD EDIT: 0 HOURS OR <10 MINUTES.

ERROR MESSAGE: THE TIME MUST BE 10 MINUTES OR MORE OR GREATER THAN 0 HOURS BUT LESS THAN 24 HOURS.

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

ENTER NUMBER OF MINUTES OR HOURS

REFUSED 7777 (PAQ.650)

DON'T KNOW 9999 (PAQ.650)

|\_\_\_|

ENTER UNIT

MINUTES 1

HOURS 2

PAQ.650 The next questions exclude the work and transportation activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities.

In a typical week {do you/does SP} do any **vigorous**-intensity sports, fitness, or recreational activities that cause **large increases** in breathing or heart rate like running or basketball for **at least 10 minutes continuously**?

YES 1

NO 2 (PAQ.665)

REFUSED 7 (PAQ.665)

DON'T KNOW 9 (PAQ.665)

PAQ.655 In a typical week, on how many days {do you/does SP} do **vigorous**-intensity sports, fitness or recreational activities?

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

HARD EDIT: 1-7.

ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

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

ENTER NUMBER OF DAYS

REFUSED 77 (PAQ.665)

DON'T KNOW 99 (PAQ.665)

|  |  |
| --- | --- |
| PAQ.660 Q/U | How much time {do you/does SP} spend doing **vigorous**–intensity sports, fitness or recreational activities on a typical day? |

PROBE IF NEEDED: Think about a typical day when {you do/SP does} vigorous-intensity sports, fitness or recreational activities.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING VIGOROUS-INTENSITY RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: 0 HOURS OR >24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME MUST BE 10 MINUTES OR MORE OR GREATER THAN 0 HOURS BUT LESS THAN 24 HOURS.

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

ENTER NUMBER OF MINUTES OR HOURS

REFUSED 7777 (PAQ.665)

DON'T KNOW 9999 (PAQ.665)

|\_\_\_|

ENTER UNIT

MINUTES 1

HOURS 2

PAQ.665 In a typical week {do you/does SP} do any **moderate**-intensity sports, fitness, or recreational activities that cause a **small increase** in breathing or heart rate such as brisk walking, bicycling, swimming, or golf for **at least 10 minutes continuously**?

YES 1

NO 2 (PAQ.680)

REFUSED 7 (PAQ.680)

DON'T KNOW 9 (PAQ.680)

PAQ.670 In a typical week, on how many days {do you/does SP} do **moderate**-intensity sports, fitness or recreational activities?

PROBE IF NEEDED: Moderate-intensity sports, fitness or recreational activities cause small increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

HARD EDIT: 1-7.

ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

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

ENTER NUMBER OF DAYS

REFUSED 77 (PAQ.680)

DON'T KNOW 99 (PAQ.680)

|  |  |
| --- | --- |
| PAQ.675 Q/U | How much time {do you/does SP} spend doing **moderate**-intensity sports, fitness or recreational activities on a typical day? |

PROBE IF NEEDED: Think about a typical day when {you do/SP does} moderate-intensity sports, fitness or recreational activities.

PROBE IF NEEDED: Moderate-intensity sports, fitness or recreational activities cause small increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING MODERATE-INTENSITY RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: 0 HOURS OR >24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME MUST BE 10 MINUTES OR MORE OR GREATER THAN 0 HOURS BUT LESS THAN 24 HOURS.

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

ENTER NUMBER OF MINUTES OR HOURS

REFUSED 7777 (PAQ.680)

DON'T KNOW 9999 (PAQ.680)

|\_\_\_|

ENTER UNIT

MINUTES 1

HOURS 2

|  |  |
| --- | --- |
| PAQ.680 Q/U | The following question is about sitting at work, at home, getting to and from places, or with friends, including time spent sitting at a desk, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping. |

How much time {do you/does SP} usually spend sitting on a typical day?

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

ENTER NUMBER OF MINUTES OR HOURS

REFUSED 7777 (BOX 2)

DON'T KNOW 9999 (BOX 2)

|\_\_\_|

ENTER UNIT

MINUTES 1

HOURS 2

SOFT EDIT: 18 HOURS OR MORE.

ERROR MESSAGE: PLEASE VERIFY TIMES OF 18 HOURS OR MORE.

HARD EDIT: 24 HOURS OR MORE.

ERROR MESSAGE: THE TIME SHOULD BE LESS THAN 24 HOURS.

|  |
| --- |
| **BOX 2**  **CHECK ITEM PAQ.720:**  IF SP AGE 18+, GO TO NEXT SECTION. |

PAQ.706 Now I'd like to ask you some questions about {your/SP's} activities.

During the **past 7 days**, on how many days {were you/was SP} physically active for a total of **at least 60 minutes per day**? Add up all the time {you/he/she} spent in any kind of physical activity that increased {your/his/her} heart rate and made {you/him/her} breathe hard some of the time.

0 days 0

1 day 1

2 days 2

3 days 3

4 days 4

5 days 5

6 days 6

7 days 7

REFUSED 77

DON’T KNOW 99

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

PAQ.711 On a typical day during the school year, about how many hours {do you/does SP} usually spend playing with a smartphone or computer, watching TV or movies, or playing video games?

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

ENTER NUMBER OF HOURS

REFUSED 77

DON'T KNOW 99

SOFT EDIT: 18 HOURS OR MORE.

ERROR MESSAGE: PLEASE VERIFY TIMES OF 18 HOURS OR MORE.

HARD EDIT: 24 HOURS OR MORE.

ERROR MESSAGE: THE TIME SHOULD BE LESS THAN 24 HOURS.

FUNCTIONING – FNQ

Target Group: SPs 5+

|  |
| --- |
| **BOX 1**  **CHECK ITEM FNQ.005**  IF SP AGE ≥ 18 YEARS, GO TO FNQ.400.  ELSE, CONTINUE. |

FNQ.010 I would like to ask you some questions about difficulties {you/SP} may have.

{Do you/Does SP} wear glasses or contact lenses?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

FNQ.020 {When wearing {your/his/her} glasses or contact lenses}, {do you/does SP} have difficulty seeing? Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

HAND CARD FNQ1

no difficulty 1

some difficulty 2

a lot of difficulty 3

CANNOT DO AT ALL 4

REFUSED 7

DON’T KNOW 9

CAPI INSTRUCTION:

IF YES (CODE 1) IN FNQ.010, DISPLAY “When wearing {your/his/her} glasses or contact lenses”

FNQ.030 {Do you/Does SP} use a hearing aid?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

FNQ.040 {When using {your/his/her} hearing aid}, {do you/does SP} have difficulty hearing sounds like peoples’ voices or music? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ1

NO DIFFICULTY 1

SOME DIFFICULTY 2

A LOT OF DIFFICULTY 3

CANNOT DO AT ALL 4

REFUSED 7

DON’T KNOW 9

CAPI INSTRUCTION:

IF YES (CODE 1) IN FNQ.030, DISPLAY “When using {your/his/her} hearing aid”

FNQ.050 {Do you/Does SP} use any equipment or receive assistance for walking?

Yes 1

NO 2 (FNQ.080)

REFUSED 7 (FNQ.080)

DON’T KNOW 9 (FNQ.080)

FNQ.060 Without {your/his/her} equipment or assistance, {do you/does SP} have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. Would you say {you have/SP has}: some difficulty, a lot of difficulty, or cannot do at all?

HAND CARD FNQ2

some difficulty 2

a lot of difficulty 3 (FNQ.100)

cannot do at all 4 (FNQ.100)

REFUSED 7

DON’T KNOW 9

FNQ.070 Without {your/his/her} equipment or assistance, {do you/does SP} have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. [Would you say {you have/SP has}: some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ2

some difficulty 2 (FNQ.100)

a lot of difficulty 3 (FNQ.100)

cannot do at all 4 (FNQ.100)

REFUSED 7 (FNQ.100)

DON’T KNOW 9 (FNQ.100)

FNQ.080 Compared with children of the same age, {do you/does SP} have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3 (FNQ.100)

cannot do at all 4 (FNQ.100)

REFUSED 7

DON’T KNOW 9

FNQ.090 Compared with children of the same age, {do you/does SP} have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.100 When {you speak/SP speaks}, {do you/does he/does she} have difficulty being understood by people inside of this household? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.110 When {you speak/SP speaks}, {do you/does he/does she} have difficulty being understood by people outside of this household? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.120 Compared with children of the same age, {do you/does SP} have difficulty learning things? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.130 Compared with children of the same age, {do you/does SP} have difficulty controlling {your/his/her} behavior? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.140 How often {do you feel/does SP seem} very anxious, nervous or worried? Would you say daily, weekly, monthly, a few times a year or never?

Daily 1

Weekly 2

monthly 3

A FEW TIMES A YEAR 4

NEVER 5

REFUSED 7

DON’T KNOW 9

FNQ.150 How often {do you feel/does SP seem} very sad or depressed? Would you say daily, weekly, monthly, a few times a year or never?

Daily 1 (END OF SECTION)

Weekly 2 (END OF SECTION)

monthly 3 (END OF SECTION)

A FEW TIMES A YEAR 4 (END OF SECTION)

NEVER 5 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

FNQ.400 Now I am going to ask you some questions about {your/SP’s} ability to do different activities, and how {you have/he has/she has} been feeling.

{Do you/Does SP} wear glasses or contact lenses?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

FNQ.410 {Do you/Does SP} have difficulty seeing {even if wearing glasses or contact lenses}? Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

CAPI INSTRUCTION:

IF YES (CODE 1) IN FNQ.400, DISPLAY “even if wearing glasses or contact lenses”

FNQ.420 {Do you/Does SP} use a hearing aid?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

FNQ.430 {Do you/Does SP} have difficulty hearing {even if using a hearing aid}? Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?

HAND CARD FNQ3

NO DIFFICULTY 1

SOME DIFFICULTY 2

A LOT OF DIFFICULTY 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

CAPI INSTRUCTION:

IF YES (CODE 1) IN FNQ.420, DISPLAY “even if using a hearing aid”

FNQ.440 {Do you/Does SP} have difficulty walking or climbing steps? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.450 Using {your/his/her} usual language, {do you/does SP} have difficulty communicating, for example, understanding or being understood? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.460 {Do you/Does SP} have difficulty remembering or concentrating? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.470 {Do you/Does SP} have difficulty with self-care, such as washing all over and dressing? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.480 {Do you/Does SP} have difficulty raising a 2 liter bottle of water or soda from waist to eye level? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.490 {Do you/Does SP} have difficulty using {your/his/her} hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.500 Because of a physical, mental, or emotional condition, {do you/does SP} have difficulty doing errands alone such as visiting a doctor’s office or shopping? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?]

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.510 How often {do you/does SP} feel worried, nervous, or anxious? Would you say…

daily, 1

weekly, 2

monthly, 3

a few times a year, or 4

never? 5 (FNQ.530)

REFUSED 7 (FNQ.530)

DON’T KNOW 9 (FNQ.530)

FNQ.520 Thinking about the last time {you/SP} felt worried, nervous, or anxious, how would {you/he/she} describe the level of these feelings? Would you say…

a little, 1

a lot, or 2

somewhere in between a little and a lot? 3

REFUSED 7

DON’T KNOW 9

FNQ.530 How often {do you/does SP} feel depressed? Would you say…

daily, 1

weekly, 2

monthly, 3

a few times a year, or 4

never? 5 (FNQ.550)

REFUSED 7 (FNQ.550)

DON’T KNOW 9 (FNQ.550)

FNQ.540 Thinking about the last time {you/SP} felt depressed, how depressed did {you/he/she} feel? Would you say…

a little, 1

a lot, or 2

somewhere in between a little and a lot? 3

REFUSED 7

DON’T KNOW 9

FNQ.550 {Do you/Does SP} have difficulty participating in social activities such as visiting friends, attending clubs and meetings, going to parties? Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?

HAND CARD FNQ3

no difficulty 1

some difficulty 2

a lot of difficulty 3

cannot do at all 4

REFUSED 7

DON’T KNOW 9

FNQ.560 {Are you/Is SP} limited in the kind or amount of work {you/he/she} can do because of a physical, mental, or emotional problem?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

STANDING BALANCE – BAQ

TARGET GROUP: SPs 40+

BAQ.311 The next questions are about dizziness sensations and difficulty with balance.

{Have you/Has SP} **ever** had a problem with dizziness, light-headedness, feeling as if {you are/SP is} going to pass out or faint, or with unsteadiness or feeling off-balance?

Do **not** include times when drinking alcohol, using recreational drugs, or taking medications that cause dizziness.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Balance disorder or problem is a disturbance that causes an individual to feel unsteady when standing or walking. The individual experiences loss of equilibrium (balance) and may fall since he/she is unable to maintain a standing position, or walk, without support.

Dizziness: A general descriptive term that includes various symptoms, such as vertigo (the illusion of a spinning, rocking, falling or other motion), or blurred vision when moving your head.

Light-headedness: A feeling that your sense of space is mildly distorted or not quite sharp, but not that you or objects around you are moving. With light-headedness, you may feel as if you are going to pass out or faint.

|  |  |
| --- | --- |
| BAQ.320 a-g | The next questions are about symptoms of dizziness, light-headedness, or balance problems. Do **not** include times when drinking alcohol, using recreational drugs, or taking medications that cause dizziness. In the past 12 months, {have you/has SP} had problems with… |

CAPI INSTRUCTIONS: MAKE ABOVE TEXT OPTIONAL (IN BRACKETS) for b through g.

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

**a. vertigo – a sensation of spinning, tilting, swaying or rocking   
 of {yourself/himself/herself} or {your/his/her} surroundings?** \_\_\_\_

**b. blurring of {your/his/her} vision when {you move your/he   
 moves his/she moves her} head?** \_\_\_\_

**c. unsteady – a feeling of being off-balance or not stable when   
 standing or sitting upright?** \_\_\_\_

**d. light-headed – a feeling {your/his/her} sense of space is   
 mildly distorted, or not quite sharp, but not that {you/he/she}   
 or objects around {you/him/her} are moving?** \_\_\_\_

**e. fainting – a feeling {you are/he is/she is} going to pass out   
 or faint?** \_\_\_\_

**f. disconnected – a detached, floating, or spacey sensation?** \_\_\_\_

**g. other – problems with balance, dizziness or light-headedness   
 that are not well-described by the symptoms already mentioned?** \_\_\_\_

HELP SCREEN:

Vertigo is an **illusion** of rotation, rocking, or other motion, such as riding a carousel.

|  |
| --- |
| **BOX 1**  **CHECK ITEM BAQ.330:**  IF NONE OF THE RESPONSES TO THE 7 QUESTIONS (BAQ.320a–BAQ.320g) IS “YES”, GO TO BAQ.530.  IF ONLY ONE RESPONSE TO THE 7 QUESTIONS, BAQ.320a–BAQ.320g, IS “YES”, GO TO BAQ.350 AND FILL BAQ.340 WITH THE ONE YES RESPONSE.  IF MORE THAN ONE RESPONSE TO THE 7 QUESTIONS (BAQ.320a-BAQ.320g) IS “YES”, CONTINUE TO BAQ.340. |

BAQ.340 This next section focuses on {your/ SP’s} most bothersome symptom in the past 12 months.

During the past 12 months, which one of these problems with dizziness, balance, or light-headedness bothered {you/SP} the most?

CAPI INSTRUCTION: ONLY DISPLAY RESPONSE OPTIONS WITH A “YES” RESPONSE RECORDED IN QUESTIONS BAQ.320a TO BAQ.320g. BAQ.320a = RESPONSE OPTION 1, BAQ.320b = RESPONSE OPTION 2, BAQ.320c = RESPONSE OPTION 3, BAQ.320d = RESPONSE OPTION 4, BAQ.320e = RESPONSE OPTION 5, BAQ.320f = RESPONSE OPTION 6, BAQ.320g = RESPONSE OPTION 7.

Vertigo: a sensation of spinning, tilting,   
swaying or rocking of {yourself/himself/

herself} or {your/his/her} surroundings 1

Blurring of {your/his/her} vision when {you move/he moves/she moves} {your/his/her}   
head 2

Unsteady: a feeling of being off-balance or   
not stable when standing or sitting upright 3

Light-headed: a feeling {your/his/her} sense of space   
is mildly distorted, or not quite sharp, but   
not that {you/he/she} or objects around {you/him/her} are   
moving 4

Fainting: a feeling {you are/he is/she is} going to pass   
out or faint 5

Disconnected: a detached, floating, or   
spacey sensation 6

Other: problems with balance, dizziness   
or light-headedness that are not well-  
described by the above list of symptoms 7

REFUSED 77 (BAQ.400)

DON'T KNOW 99 (BAQ.400)

BAQ.350 About how old {were you/was SP} when {RESPONSE FOR BAQ.340} **first** happened?

INTERVIEWER INSTRUCTION: ENTER AGE IN YEARS.

HARD EDIT: 001-120. ALSO, AGE CAN NOT BE GREATER THAN AGE OF SP.

CAPI INSTRUCTION: FILL {RESPONSE FOR BAQ.340} WITH TEXT OF RESPONSE SELECTED FOR BAQ.340.

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

ENTER AGE IN YEARS

REFUSED 777 (BAQ.400)

DON'T KNOW 999

BAQ.360 During the past 12 months, how long from the beginning-to-end did each occurrence – episode, bout, or attack – of {your/SP’s} {RESPONSE FOR BAQ.340} usually last?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE HOW LONG IT TAKES TO RECOVER FROM ACCOMPANYING CONDITIONS, SUCH AS NAUSEA, VOMITING, MUSCLE WEAKNESS, ETC.

CAPI INSTRUCTION: FILL {RESPONSE FOR BAQ.340} WITH TEXT OF RESPONSE SELECTED FOR BAQ.340.

LESS THAN 2 MINUTES 1

2 MINUTES TO LESS THAN 20 MINUTES 2

20 MINUTES TO LESS THAN 8 HOURS 3

8 HOURS TO LESS THAN 24 HOURS   
(ONE DAY) 4

1 DAY TO LESS THAN 14 DAYS   
(TWO WEEKS) 5

2 WEEKS TO LESS THAN 3 MONTHS 6

3 MONTHS OR LONGER 7

REFUSED 77 (BAQ.400)

DON'T KNOW 99

BAQ.370 During the past 12 months, about how often {have you/has SP} had the {RESPONSE FOR BAQ.340}?

CAPI INSTRUCTION: FILL {RESPONSE FOR BAQ.340} WITH TEXT OF RESPONSE SELECTED FOR BAQ.340.

1 OR 2 TIMES IN THE PAST YEAR 1

3 TO 6 TIMES IN THE PAST YEAR 2

ABOUT ONCE A MONTH (7 TO 18 TIMES)   
LAST YEAR 3

2 TO 3 TIMES A MONTH 4

1 OR 2 TIMES A WEEK 5

3 TO 6 TIMES A WEEK 6

1 OR 2 TIMES A DAY 7

3 OR MORE TIMES A DAY 8

ALMOST ALWAYS OR CONSTANTLY 9

REFUSED 77 (BAQ.400)

DON'T KNOW 99

BAQ.380 During the past 12 months, were {your/SP’s} episodes for {your/his/her} {RESPONSE FOR BAQ.340} triggered by any of the following?

HAND CARD BAQ1

CODE ALL THAT APPLY**.**

INTERVIEWER INSTRUCTION:

CODE ‘NONE OF THESE’ IF THE RESPONDENT THINKS THAT HE/SHE KNOWS WHAT TRIGGERED HIS/HER EPISODE BUT IT IS NOT A POSSIBLE REPONSE OPTION.

CODE ‘DON’T KNOW’ IF THE RESPONDENT DOES NOT KNOW WHAT TRIGGERED HIS/HER EPISODE.

CAPI INSTRUCTION: FILL {RESPONSE FOR BAQ.340} WITH TEXT OF RESPONSE SELECTED FOR BAQ.340.

HARD EDIT: “NONE OF THESE” MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

GETTING UP AFTER SITTING OR LYING   
DOWN 1

BENDING DOWN OR LEANING OVER 2

LOOKING UP OR LEANING HEAD BACK 3

LOOKING AT MOVING OBJECTS –   
PASSING TRAFFIC OR A TRAIN 4

BEING IN A PLACE WITH A LOT OF   
PEOPLE MOVING AROUND 5

BEING IN WIDE-OPEN SPACES 6

MOTION SICKNESS FROM RIDING IN A   
CAR OR MOVING VEHICLE 7

QUICK HEAD MOVEMENT FROM   
SIDE-TO-SIDE 8

ROLLING OVER IN BED 9

STANDING ON YOUR FEET FOR A   
LONG TIME 10

NONE OF THESE 11

REFUSED 77 (BAQ.400)

DON’T KNOW 99

BAQ.390 During the past 12 months, were {your/SP’s} episodes for {your/his/her} {RESPONSE FOR BAQ.340} accompanied by any of the following?

HAND CARD BAQ2

CODE ALL THAT APPLY.

INTERVIEWER INSTRUCTION:

CODE ‘NONE OF THESE’ IF THE RESPONDENT THINKS THAT HE/SHE KNOWS WHAT ACCOMPANIED HIS/HER EPISODE BUT IT IS NOT A POSSIBLE REPONSE OPTION.

CODE ‘DON’T KNOW’ IF THE RESPONDENT DOES NOT KNOW WHAT ACCOMPANIED HIS/HER EPISODE.

CAPI INSTRUCTION: FILL {RESPONSE FOR BAQ.340} WITH TEXT OF RESPONSE SELECTED FOR BAQ.340.

HARD EDIT: “NONE OF THESE” MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

NAUSEA OR VOMITING 1

MIGRAINE OR SEVERE HEADACHE 2

TINNITUS (RINGING, BUZZING OR   
ROARING IN EARS AND HEAD) 3

SINUS CONGESTION 4

DEPRESSION 5

EAR FULLNESS, PRESSURE OR   
STUFFED-UP FEELING, WITHOUT PAIN 6

HEARING TROUBLE (WORSE HEARING) 7

NONE OF THESE 8

REFUSED 77

DON'T KNOW 99

HELP SCREEN:

“Accompanied by” means a few hours before, after, or at the same time as the episode.

BAQ.400 During the past 12 months, {did your/SP’s} dizziness or balance problem(s) prevent {you/SP} from doing things {you/he/she} otherwise would do?

YES 1

NO 2 (BAQ.420)

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Time period involved is “at the time of the dizziness or balance problem or afterwards” – dizziness or balance problems can prevent normal activities, even if the dizziness or balance problem happened just once. Episodes that happen once may have either short-term or long-term effects. Both occur.

|  |  |
| --- | --- |
| BAQ.410 a-i | During the past 12 months, did problems with balance, dizziness, or light-headedness prevent {you/SP} from doing any of the following? |

CAPI INSTRUCTIONS: MAKE ABOVE TEXT OPTIONAL (IN BRACKETS) for b through i.

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

**a. Working?** \_\_\_\_

**b. Attending school?** \_\_\_\_

**c. Attending social activities?** \_\_\_\_

**d. Driving or riding in a moving vehicle?** \_\_\_\_

**e. Exercising or taking walks?** \_\_\_\_

**f. Reading while sitting at rest?** \_\_\_\_

**g. Doing routine household chores (cleaning, laundry, etc.)?** \_\_\_\_

**h. Standing on your feet for 30 minutes or longer?** \_\_\_\_

**i. Walking up or down a flight of stairs?** \_\_\_\_

BAQ.420 During the past 12 months, how much of a problem was {your/his/her} problem with balance, dizziness, or light-headedness? Was it…

INTERVIEWER INSTRUCTION: IF RESPONDENT IS UNCLEAR HOW TO ANSWER BECAUSE EPISODES VARY, THEN JUST ASK THE RESPONDENT TO THINK ABOUT THEIR TYPICAL EPISODE TO RESPOND.

no problem, 1

a small problem, 2

a moderate problem, 3

a big problem, or 4

a very big problem? 5

REFUSED 7

DON'T KNOW 9

BAQ.430 Think of any time {you have/SP has} had symptoms of dizziness, imbalance, etc.

{Have you/Has SP} **ever** seen a doctor or other health professional, including emergency room physicians, about {your/his/her} problem(s) with balance, dizziness, or light-headedness?

YES 1

NO 2 (BAQ.490)

REFUSED 7 (BAQ.490)

DON'T KNOW 9 (BAQ.490)

BAQ.440 How long ago did {you/SP} **first** see a doctor or other health professional, including emergency room physicians, about {your/his/her} problem(s) with balance, dizziness or light-headedness?

LESS THAN 3 MONTHS 1

3 MONTHS TO LESS THAN 12 MONTHS   
(1 YEAR) 2

1 YEAR TO LESS THAN 5 YEARS 3

5 YEARS TO LESS THAN 10 YEARS 4

10 YEARS OR LONGER 5

REFUSED 7

DON'T KNOW 9

BAQ.450 Did any doctors or health care professionals **ever** tell {you/SP} the cause or give {you/him/her} a diagnosis for {your/SPs} problem(s) with balance, dizziness or light-headedness?

YES 1

NO 2 (BAQ.490)

REFUSED 7 (BAQ.490)

DON'T KNOW 9 (BAQ.490)

BAQ.460 Did {your/SP’s} doctor(s) or health care professional(s) tell {you/him/her} the cause or causes of {your/his/her} problem(s) with balance, dizziness, or light-headedness was any of the following health conditions?

HAND CARD BAQ3

CODE ALL THAT APPLY.

HARD EDIT: “NONE OF THESE” MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

ANEMIA 1

ANXIETY OR PANIC ATTACKS 2

DIABETES 3

HEART DISEASE 4

HORMONAL CHANGES (INCLUDING   
PREGNANCY) 5

LOW BLOOD PRESSURE OR   
HYPOTENSION 6

LOW BLOOD SUGAR OR HYPOGLYCEMIA 7

STROKE 8

NONE OF THESE 9

REFUSED 77

DON'T KNOW 99

BAQ.470 Did {your/SP’s} doctor(s) or health care professional(s) tell {you/him/her} the cause or causes of {your/his/her} problems with balance, dizziness, or light-headedness was due to any of the following specific reasons?

HAND CARD BAQ4

CODE ALL THAT APPLY.

HARD EDIT: “NONE OF THESE” MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

AUTO-IMMUNE DISEASE, SUCH AS   
RHEUMATOID ARTHRITIS, LUPUS,   
SJOGREN’S 1

BENIGN POSITIONAL VERTIGO (BPV   
OR BPPV) 2

CRYSTALS–LOOSE OR DISLODGED   
IN EAR 3

HEAD OR NECK TRAUMA OR   
CONCUSSION 4

INNER EAR INFECTION, VIRAL   
LABRYNTHITIS 5

MÉNIÈRE’S (Men-e-AIRZ) DISEASE 6

MIGRAINES OR HEADACHES 7

NEUROLOGICAL CONDITION, SUCH AS   
MULTIPLE SCLEROSIS, PARKINSON’S 8

SIDE EFFECTS FROM MEDICATIONS,   
SUCH AS CANCER TREATMENTS,   
ANTIBIOTICS 9

NONE OF THESE 10

REFUSED 77

DON'T KNOW 99

BAQ.480 {Have you/has SP} ever been treated by a doctor or other health professional for problem(s) with balance, dizziness, or light-headedness?

YES 1

NO TREATMENT WAS RECOMMENDED 2

NO, BECAUSE {I/he/she} DID NOT WANT   
TREATMENT 3

REFUSED 7

DON'T KNOW 9

s490 {Have you/Has SP} ever tried anything to treat {your/his/her} problem(s) with balance, dizziness, or light-headedness?

YES 1

NO 2 (BAQ.520)

REFUSED 7 (BAQ.520)

DON’T KNOW 9 (BAQ.520)

BAQ.500 During the past 5 years, {have you/has SP} had or tried any of the following to treat {your/his/her} problem(s) with balance, dizziness, or light-headedness? Please respond for **any** treatments {you/he/she} tried, whether recommended by a healthcare provider, friend or relative, or the internet.

HAND CARD BAQ5

CODE ALL THAT APPLY.

HARD EDIT: “NONE OF THESE” MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

EXERCISES AT HOME, WHICH WERE   
NOT BEGUN IN A CLINIC 1

EXERCISES OR PHYSICAL THERAPY   
BEGUN IN A CLINIC ………………………. 2

BED REST FOR SEVERAL HOURS OR   
DAYS 3

HEAD ROLLING OR EPLEY MANEUVER   
BY A DOCTOR OR THERAPIST 4

STEROID INJECTIONS INTO THE EAR 5

GENTAMICIN (*jen-tah-MI-sin*) INJECTIONS   
INTO THE EAR 6

PRESCRIPTION MEDICINES 7

PSYCHIATRIC OR PSYCHOLOGICAL   
TREATMENT 8

SURGERY TO THE EAR 9

SOME OTHER TYPE OF SURGERY 10

NONE OF THESE 11

REFUSED 77

DON'T KNOW 99

BAQ.510 During the past 5 years, {have you/has SP} had or tried any of the following alternative treatments for {your/his/her} problem(s) with balance, dizziness, or light-headedness? Please respond for **any** treatments {you/he/she} tried, whether recommended by a healthcare provider, friend or relative, or the internet.

HAND CARD BAQ6

CODE ALL THAT APPLY.

HARD EDIT: “NONE OF THESE” MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

OVER-THE COUNTER MEDICINES   
OR DRUGS 1

DIETARY RESTRICTIONS: LOW SALT   
DIET, AVOIDING CERTAIN FOODS OR   
DRINKS, SUCH AS CHOCOLATE,   
COFFEE, OR ALCOHOL 2

QUITTING OR REDUCING USE OF   
TOBACCO OR CIGARETTES 3

MASSAGE THERAPY OR CHIROPRACTIC   
TREATMENTS OR MANIPULATIONS 4

HERBAL REMEDY: FEVERFEW LEAF,   
GINGER, GINKGO BILOBA, ETC. 5

WEARING MAGNETS OR ACUPRESSURE   
WRISTBAND 6

COUNSELING OR STRESS MANAGEMENT 7

ACUPUNCTURE 8

NONE OF THESE 9

REFUSED 77

DON'T KNOW 99

BAQ.520 {Do you/Does SP} regularly take medicine that makes (your/his/her} problem(s) with balance, dizziness, or light-headedness worse?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

BAQ.530 The next questions are about frequency of falling and associated injuries. By “falling”, we mean unexpectedly or unintentionally dropping to a lower surface – the floor or ground– for example, from a standing, seated, walking, or bending position.

During the past 5 years, how many times {have you/has SP} fallen?

INTERVIEWER INSTRUCTION: A FALL CAN BE FROM ANY POSITION.

Never 1 (BAQ.570)

1 or 2 times 2

3 to 4 times 3

About Every Year 4

About Every Month 5

About Every Week 6

Daily Or Constantly 7

REFUSED 77 (BAQ.570)

DON'T KNOW 99 (BAQ.570)

BAQ.540 During the past 5 years, how often did any of {your/SP’s} falls occur just before or around the time {you were/he was/she was} having problem(s) with balance, dizziness, or light-headedness?

Never or rarely 1

Sometimes 2

About half the time 3

Almost always or always 4

REFUSED 7

DON'T KNOW 9

BAQ.550 During the past 12 months, how many times {have you/has SP} fallen?

NEVER 1 (BAQ.570)

1 OR 2 TIMES 2

3 TO 4 TIMES 3

5 TO 9 TIMES 4

10 OR MORE TIMES 5

REFUSED 7

DON'T KNOW 9

BAQ.560 During the past 12 months, did {you/SP} have an **injury** that resulted from falling?

INTERVIEWER INSTRUCTION:INJURIES INCLUDE CUTS OR WOUNDS, DISLOCATION OF JOINTS, FRACTURES OR BROKEN BONES, PAIN, ACHE OR STRAIN TO THE SPINE OR BACK, HEAD OR NECK INJURY, SPRAIN OR TORN LIGAMENT OR MUSCLE, AND SWELLING OR BRUISING.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

BAQ.570 During the past 12 months, how many times {have you/has SP} tripped or slipped, losing {your/his/her} balance, but {were/was} able to regain balance before/without falling?

NEVER 1

1 OR 2 TIMES 2

3 TO 4 TIMES 3

5 TO 9 TIMES 4

10 OR MORE TIMES 5

REFUSED 7

DON'T KNOW 9

BAQ.580 {Have you/Has SP} **ever** had any of the following health problems?

HAND CARD BAQ7

CODE ALL THAT APPLY.

HARD EDIT: “NO-NONE OF THESE” MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

ANXIETY OR PANIC ATTACKS 1

AUTO-IMMUNE DISEASE, SUCH AS   
RHEUMATOID ARTHRITIS, LUPUS,   
SJOGREN’S 2

COGNITIVE PROBLEMS, SUCH AS   
MEMORY, ATTENTION, LEARNING 3

DEPRESSION 4

HEAD INJURY OR CONCUSSION 5

HEART RHYTHM PROBLEMS OR   
HEART FAILURE 6

MIGRAINE(S) OR SEVERE HEADACHES 7

NUMBNESS IN THE HANDS OR FEET   
LASTING FOR DAYS OR LONGER 8

NEUROLOGICAL DISORDER, SUCH AS   
PARKINSON’S, MULTIPLE SCLEROSIS,   
SEIZURES 9

VISUAL DISTURBANCES SUCH AS   
DOUBLE VISION, OR EXTREME LIGHT   
SENSITIVITY 10

NO–NONE OF THESE 11

REFUSED 77

DON’T KNOW 99

SLEEP DISORDERS – SLQ

Target Group: 16+

|  |  |
| --- | --- |
| SLQ.300 | The next set of questions is about {your/SP’s} sleep and work behavior. |

What time {do you/does SP} usually fall asleep on weekdays or workdays?

|\_\_|\_\_| : |\_\_|\_\_| ENTER AM OR PM

HH MM

INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS INTO BED. ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE “MIDNIGHT” CODE AS 12:00 **AM**.

REFUSED 77777777

DON'T KNOW 99999999

|  |  |
| --- | --- |
| SLQ.310 | What time {do you/does SP} usually wake up on weekdays or workdays? |

|\_\_|\_\_| : |\_\_|\_\_| ENTER AM OR PM

HH MM

INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS OUT OF BED. ENTER TIME AS HH:MM AM OR PM.

REFUSED 77777777

DON'T KNOW 99999999

CAPI INSTRUCTION:

SOFT EDIT: LESS THAN 4 HOURS OR MORE THAN 12 HOURS OF TOTAL SLEEP. IF SLQ.300 OR 310 IS DK OR RF, DO NOT APPLY SOFT EDIT.

ERROR MESSAGE: PLEASE VERIFY SLEEP TIMES OF LESS THAN 4 HOURS OR MORE THAN 12 HOURS.

SLQ.320 What time {do you/does SP} usually fall asleep on weekends or non-workdays?

|\_\_|\_\_| : |\_\_|\_\_| ENTER AM OR PM

HH MM

INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS INTO BED.

INTERVIEWER INSTRUCTION: ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE “MIDNIGHT” CODE AS 12:00 **AM**.

INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS DOES NOT WORK, ASK IF THE TIME THAT THE RESPONDENT FALLS ASLEEP IS DIFFERENT ON WEEKENDS. IF NOT, ENTER SAME TIME AS SLQ.300.

REFUSED 77777777

DON'T KNOW 99999999

SLQ.330 What time {do you/does SP} usually wake up on weekends or non-workdays?

|\_\_|\_\_| : |\_\_|\_\_| ENTER AM OR PM

HH MM

INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS OUT OF BED.

INTERVIEWER INSTRUCTION: ENTER TIME AS HH:MM AM OR PM.

REFUSED 77777777

DON'T KNOW 99999999

INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS DOES NOT WORK, ASK IF THE TIME THAT THE RESPONDENT WAKES UP IS DIFFERENT ON WEEKENDS. IF NOT, ENTER SAME TIME AS SLQ.310.

CAPI INSTRUCTION:

SOFT EDIT: LESS THAN 4 HOURS OR MORE THAN 12 HOURS OF TOTAL SLEEP. IF SLQ.320 OR 330 IS DK OR RF, DO NOT APPLY SOFT EDIT.

ERROR MESSAGE: PLEASE VERIFY SLEEP TIMES OF LESS THAN 4 HOURS OR MORE THAN 12 HOURS.

SLQ.030 **In the past 12 months,** how often did {you/SP} snore while {you were/s/he was} sleeping?

INTERVIEWER INSTRUCTION: IF R SAYS “DON’T KNOW”, PROBE IF ANYONE HAS TOLD THEM THAT THEY SNORE.

Never, 0

Rarely – 1-2 nights a week, 1

Occasionally – 3-4 nights a week, or 2

Frequently – 5 or more nights a week? 3

REFUSED 7

DON’T KNOW 9

SLQ.040 **In the past 12 months,** how often did {you/SP} snort, gasp, or stop breathing while {you were/s/he was} asleep?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT ASKS “HOW WOULD I KNOW IF I SNORT, GASP OR STOP BREATHING WHEN I AM SLEEPING? PROBE IF ANYONE TOLD THEM THAT THEY DO THIS.

Never, 0

Rarely – 1-2 nights a week, 1

Occasionally – 3-4 nights a week, or 2

Frequently – 5 or more nights a week? 3

REFUSED 7

DON’T KNOW 9

SLQ.050 {Have **you**/Has SP} **ever told** a doctor or other health professional that {you have/s/he has} trouble sleeping?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

SLQ.120 **In the past month,** how often did {you/SP} feel excessively or overly sleepy during the day?

HAND CARD SLQ1

NEVER 0

RARELY – 1 TIME A MONTH 1

SOMETIMES – 2-4 TIMES A MONTH 2

OFTEN – 5-15 TIMES A MONTH 3

ALMOST ALWAYS – 16-30 TIMES A   
MONTH 4

REFUSED 7

DON’T KNOW 9

DIET BEHAVIOR AND NUTRITION - DBQ

Target Group: SPs Birth + (Questions grouped by age categories)

|  |
| --- |
| **BOX 1**  **CHECK ITEM DBQ.005:**  IF SP AGE <= 6, CONTINUE.  OTHERWISE, GO TO BOX 2. |

DBQ.010 Now I'm going to ask you some general questions about {SP's} eating habits.

Was {SP} ever breastfed or fed breastmilk?

YES 1

NO 2 (DBQ.041)

REFUSED 7 (DBQ.041)

DON'T KNOW 9 (DBQ.041)

|  |  |
| --- | --- |
| DBQ.030 G/Q/U | How old was {SP} when {he/she} **completely stopped** breastfeeding or being fed breastmilk? |

SOFT EDIT: DISPLAY “NUMBER CANNOT BE MORE THAN SP’S AGE.” IF ENTRY IS IN DAYS OR WEEKS, CALCULATE CURRENT AGE FOR EDIT CHECK AS FOLLOWS:

          IF ENTRY IS IN WEEKS, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN MONTHS +1)\*5)-1).

          IF ENTRY IS IN DAYS, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN MONTHS+1) \*31)-1).

SOFT EDIT: DISPLAY, “VERIFY AGE ENTERED”

IF ENTRY IS IN WEEKS AND IS >24 WEEKS, OR

IF ENTRY IS IN DAYS AND IS >40 DAYS

HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

|\_\_\_|

ENTER NUMBER 1

STILL BREASTFEEDING 2 (DBQ.035)

REFUSED 7 (DBQ.041)

DON'T KNOW 9 (DBQ.041)

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

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

REFUSED 777777 (DBQ.041)

DON'T KNOW 999999 (DBQ.041)

ENTER UNIT

|\_\_\_|

DAYS 1 (DBQ.041)

WEEKS 2 (DBQ.041)

MONTHS 3 (DBQ.041)

YEARS 4 (DBQ.041)

DBQ.035 Some children might drink breast milk from a bottle, cup (including sippy cup), or spoon as well as at the breast. How was {SP} drinking breast milk in the past 2 weeks?

Only at the breast, 1

At the breast and also from a bottle, cup,   
or spoon, or 2

Only from a bottle, cup, or spoon 3

REFUSED 7

DON'T KNOW 9

|  |  |
| --- | --- |
| DBQ.041 G/Q/U | How old was {SP} when {he/she} was **first** fed formula?  INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS. |

|\_\_\_|

ENTER NUMBER 1

NEVER 2 (BOX 1a)

REFUSED 7 (DBQ.050)

DON'T KNOW 9 (DBQ.050)

SOFT EDIT: DISPLAY “NUMBER CANNOT BE MORE THAN SP’S AGE.” IF ENTRY IS IN DAYS OR WEEKS, CALCULATE CURRENT AGE FOR EDIT CHECK AS FOLLOWS:

          IF ENTRY IS IN WEEKS, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN MONTHS +1)\*5)-1).

          IF ENTRY IS IN DAYS, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN MONTHS+1) \*31)-1).

SOFT EDIT: DISPLAY, “VERIFY AGE ENTERED”

IF ENTRY IS IN WEEKS AND IS >24 WEEKS, OR

IF ENTRY IS IN DAYS AND IS >40 DAYS

HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

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

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

REFUSED 777777 (DBQ.050)

DON'T KNOW 999999 (DBQ.050)

ENTER UNIT

|\_\_\_|

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

|  |  |
| --- | --- |
| DBQ.050 G/Q/U | How old was {SP} when {he/she} **completely stopped** drinking formula?  INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS |

SOFT EDIT: DISPLAY “NUMBER CANNOT BE MORE THAN SP’S AGE.” IF ENTRY IS IN DAYS OR WEEKS, CALCULATE CURRENT AGE FOR EDIT CHECK AS FOLLOWS:

IF ENTRY IS IN WEEKS, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN MONTHS +1)\*5)-1).

          IF ENTRY IS IN DAYS, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN MONTHS+1) \*31)-1).

SOFT EDIT: DISPLAY, “VERIFY AGE ENTERED”

IF ENTRY IS IN WEEKS AND IS >24 WEEKS, OR

IF ENTRY IS IN DAYS AND IS >40 DAYS

HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

|\_\_\_|

ENTER NUMBER 1

STILL DRINKING FORMULA 2 (BOX 1a)

REFUSED 7 (BOX 1a)

DON'T KNOW 9 (BOX 1a)

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

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

REFUSED 777777 (BOX 1a )

DON'T KNOW 999999 (BOX 1a )

ENTER UNIT

|\_\_\_|

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

|  |
| --- |
| **BOX 1a**  **CHECK ITEM DBQ.155:**  IF SP AGE ≥ 24 MONTH, GO TO DBQ.055,  ELSE IF DBQ.030 ≠ 2 **AND** DBQ.050 ≠ 2, GO TO DBQ.055,  ELSE IF DBQ.035 = 1 **AND** DBQ.050 ≠ 2, GO TO DBQ.055,  ELSE IF DBQ.010 = 2 **AND** DBQ.050 = 2, GO TO BOX 1c,  ELSE, IF DBQ.035 ≠ 1 **AND** DBQ.050 = 2, CONTINUE,  ELSE, GO TO BOX1b. |

DBQ.158 In the past 2 weeks, was {SP} fed formula mixed with breast milk in the same bottle?

YES 1

NO 2 (BOX 1b)

REFUSED 7 (BOX 1b)

DON'T KNOW 9 (BOX 1b)

DBQ.161 How were the formula and breast milk usually mixed?

Added formula powder to breast milk, 1

Added prepared (mixed up) formula or   
ready-to-feed formula to breast milk, or 2

Added liquid formula concentrate to   
breast milk 3

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 1b**  **CHECK ITEM DBQ.164:**  IF DBQ.030 ≠ 2 OR DBQ.035 = 1, GO TO DBQ.173,  ELSE CONTINUE. |

DBQ.167 In the past 2 weeks, how often was water added to breast milk before feeding it to {SP}?

HAND CARD DBQ1

NEVER, 1

RARELY, 2

EVERY FEW DAYS, 3

ABOUT ONCE A DAY, 4

AT MOST FEEDINGS, OR 5

EVERY FEEDING? 6

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 1c**  **CHECK ITEM DBQ.170:**  IF DBQ.035 ≠ 1 AND DBQ.050 ≠ 2, GO TO DBQ.176,  ELSE CONTINUE. |

DBQ.173 In the past 2 weeks, how often did you add more water to the formula than the instructions on the package say?

HAND CARD DBQ1

INTERVIEWER INSTRUCTION: IF THE RESPONDENT WAS NOT SURE WHETHER THE PACKAGE INSTRUCTIONS WERE FOLLOWED, ENTER DON’T KNOW.

NEVER, 1

RARELY, 2

EVERY FEW DAYS, 3

ABOUT ONCE A DAY, 4

AT MOST FEEDINGS, OR 5

EVERY FEEDING? 6

DOES NOT PREPARE FORMULA 7

REFUSED 77

DON'T KNOW 99

DBQ.176 In the past 2 weeks, was baby cereal added to {SP}’s bottle of formula or breast milk?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

DBQ.179 In the past 2 weeks, was a sweetener, such as juice, honey, sugar, or flavored beverage, added to {SP}’s bottle of formula or breast milk?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

DBQ.182 In the past 2 weeks, were vitamins or minerals added to {SP}’s bottle of formula or breast milk?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

DBQ.185 In the past 30 days, was medicine such as acetaminophen, ibuprofen, gas drops, colic drops, or antibiotics added to {SP}’s bottle of formula or breast milk?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |  |
| --- | --- |
| DBQ.055 G/Q/U | This next question is about the first thing that {SP} was given other than breast milk or formula. Please include juice, cow’s milk, sugar water, baby food, or anything else that {SP} might have been given, even water.  How old was {SP} when {he/she} was first fed anything other than breast milk or formula? |

SOFT EDIT: DISPLAY “NUMBER CANNOT BE MORE THAN SP’S AGE.” IF ENTRY IS IN DAYS OR WEEKS, CALCULATE CURRENT AGE FOR EDIT CHECK AS FOLLOWS:

IF ENTRY IS IN WEEKS, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN MONTHS +1)\*5)-1).

          IF ENTRY IS IN DAYS, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN MONTHS+1) \*31)-1).

SOFT EDIT: DISPLAY, “VERIFY AGE ENTERED”

IF ENTRY IS IN WEEKS AND IS >24 WEEKS, OR

IF ENTRY IS IN DAYS AND IS >40 DAYS

HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

INTERVIEWER INSTRUCTION:

DO NOT COUNT MEDICATIONS, VITAMIN DROPS, OR SMALL AMOUNT OF WATER THAT WAS USED FOR ORAL HYGIENE PURPOSES.

|\_\_\_|

ENTER NUMBER 1

NEVER 2 (BOX 2)

REFUSED 7 (BOX 1d)

DON'T KNOW 9 (BOX 1d)

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

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

REFUSED 777777 (DBQ.061)

DON'T KNOW 999999 (DBQ.061)

ENTER UNIT

|\_\_\_|

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

|  |  |
| --- | --- |
| DBQ.061 G/Q/U | How old was {SP} when {he/she} was first fed **milk**? |

INCLUDE LACTAID AS MILK.

DO NOT INCLUDE BREASTMILK OR FORMULA.

SOFT EDIT: DISPLAY “NUMBER CANNOT BE MORE THAN SP’S AGE.” IF ENTRY IS IN DAYS OR WEEKS, CALCULATE CURRENT AGE FOR EDIT CHECK AS FOLLOWS:

IF ENTRY IS IN WEEKS, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN MONTHS +1)\*5)-1).

          IF ENTRY IS IN DAYS, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN MONTHS+1) \*31)-1).

SOFT EDIT: DISPLAY, “VERIFY AGE ENTERED”

IF ENTRY IS IN WEEKS AND IS >24 WEEKS, OR

IF ENTRY IS IN DAYS AND IS >40 DAYS

HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

|\_\_\_|

ENTER NUMBER 1

NEVER 2 (BOX 1d)

REFUSED 7 (DBQ.073)

DON'T KNOW 9 (DBQ.073)

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

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

REFUSED 777777 (DBQ.073)

DON'T KNOW 999999 (DBQ.073)

ENTER UNIT

|\_\_\_|

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

HELP SCREEN:

Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

Formula: A milk mixture or milk substitute that is fed to babies.

DBQ.073 What type of milk was {SP} **first** fed? Was it . . .

CODE ALL THAT APPLY

whole or regular, 10

2% fat or reduced-fat milk, 11

1% fat or low-fat milk (includes 0.5% fat

milk or “low-fat milk” not further specified), 12

fat-free, skim or nonfat milk, 13

soy milk, or 14

another type? 30

REFUSED 77

DON'T KNOW 99

HELP SCREEN:

Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

|  |
| --- |
| **BOX 1d**  **CHECK ITEM DBQ.655:**  IF SP AGE ≥ 24 MONTH, GO TO BOX 2,  ELSE, CONTINUE. |

DBQ.660 How old was {SP} when {he/she} was first fed grains, such as cereal, puffs, teething biscuits, crackers, bread, pasta, or rice? Include baby cereal added to a bottle.

HAND CARD DBQ2

NEVER 1

0-3 MONTHS 2

4-5 MONTHS 3

6-7 MONTHS 4

8-9 MONTHS 5

10-11 MONTHS 6

12 MONTHS OR OLDER 7

REFUSED 77

DON'T KNOW 99

DBQ.665 How old was {SP} when {he/she} was first fed a vegetable, including jarred baby food or cooked, pureed, cut up or mashed vegetables, or vegetable juice?

HAND CARD DBQ2

NEVER 1

0-3 MONTHS 2

4-5 MONTHS 3

6-7 MONTHS 4

8-9 MONTHS 5

10-11 MONTHS 6

12 MONTHS OR OLDER 7

REFUSED 77

DON'T KNOW 99

DBQ.670 How old was {SP} when {he/she} was first fed a fruit including jarred baby food or cooked, pureed, cut up, or mashed fruits or fruit juice?

HAND CARD DBQ2

NEVER 1

0-3 MONTHS 2

4-5 MONTHS 3

6-7 MONTHS 4

8-9 MONTHS 5

10-11 MONTHS 6

12 MONTHS OR OLDER 7

REFUSED 77

DON'T KNOW 99

DBQ.675 How old was {SP} when {he/she} was first fed dairy products other than milk, such as yogurt, cottage cheese, or cheese?

HAND CARD DBQ2

NEVER 1

0-3 MONTHS 2

4-5 MONTHS 3

6-7 MONTHS 4

8-9 MONTHS 5

10-11 MONTHS 6

12 MONTHS OR OLDER 7

REFUSED 77

DON'T KNOW 99

DBQ.680 How old was {SP} when {he/she} was first fed an egg, meat, poultry, or seafood (for example, beef, pork, chicken, turkey, sausage, fish, eggs)?

HAND CARD DBQ2

NEVER 1

0-3 MONTHS 2

4-5 MONTHS 3

6-7 MONTHS 4

8-9 MONTHS 5

10-11 MONTHS 6

12 MONTHS OR OLDER 7

REFUSED 77

DON'T KNOW 99

DBQ.685 How old was {SP} when {he/she} was first fed legumes, such as black beans, kidney beans, pinto beans or lentils?

HAND CARD DBQ2

INTERVIEWER INSTRUCTION: INCLUDE SPLIT PEAS, CHICKPEAS, HUMMUS. DO NOT INCLUDE GREEN PEAS, GREEN BEANS, OR OTHER VEGETABLES THAT ARE NOT LEGUMES.

NEVER 1

0-3 MONTHS 2

4-5 MONTHS 3

6-7 MONTHS 4

8-9 MONTHS 5

10-11 MONTHS 6

12 MONTHS OR OLDER 7

REFUSED 77

DON'T KNOW 99

DBQ.690 How old was {SP} when {he/she} was first fed soy products such as tofu, soy beans, meat substitutes made with soy, or other foods prepared with soy ingredients?

HAND CARD DBQ2

NEVER 1

0-3 MONTHS 2

4-5 MONTHS 3

6-7 MONTHS 4

8-9 MONTHS 5

10-11 MONTHS 6

12 MONTHS OR OLDER 7

REFUSED 77

DON'T KNOW 99

DBQ.695 How old was {SP} when {he/she} was first fed nuts or seeds, such as peanuts or peanut butter, almonds, or other nut or seed products? On this card are other examples.

HAND CARDS DBQ2 AND DBQ3

INTERVIEWER INSTRUCTION: INCLUDE ALMOND MILK

NEVER 1

0-3 MONTHS 2

4-5 MONTHS 3

6-7 MONTHS 4

8-9 MONTHS 5

10-11 MONTHS 6

12 MONTHS OR OLDER 7

REFUSED 77

DON'T KNOW 99

|  |
| --- |
| **BOX 2**  **CHECK ITEM DBQ.085:**  IF SP AGE >= 16, CONTINUE.  IF SP AGE <16 BUT >= 1, GO TO DBQ.197.  OTHERWISE, GO TO FSQ.653. |

DBQ.700 Next I have some questions about {your/SP’s} eating habits.

In general, how healthy is {your/his/her} overall diet? Would you say . . .

excellent, 1

very good, 2

good, 3

fair, or 4

poor? 5

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 3**  OMITTED |

|  |
| --- |
| **BOX 4**  OMITTED |

DBQ.197 {Next I have some questions about {SP’s} eating habits.}

{First/Next}, I’m going to ask a few questions about **milk products**. Do not include their use in cooking.

In the **past 30 days**, how often did {you/SP} have milk to drink or on {your/his/her} cereal? Please include chocolate and other flavored milks as well as hot cocoa made with milk. Do not count small amounts of milk added to coffee or tea. Would you say . . .

HAND CARD DBQ4

INTERVIEWER INSTRUCTION: INCLUDE ALL TYPES OF MILK (FOR EXAMPLE, LACTAID AND OTHER LACTOSE-FREE MILKS; SOY MILK, ALMOND MILK, RICE MILK, COCONUT MILK, EVAPORATED MILK, ETC.)

CAPI INSTRUCTION:

THIS SHOULD **NOT** BE A GATE QUESTION ANYMORE.

CAPI DISPLAY INSTRUCTIONS: IF SP AGE 7-15 YEARS OLD, DISPLAY “{Next I have some questions about {SP’s} eating habits.} First, I’m going to ask about milk products. Do not include their use in cooking.” IF SP AGE <= 6 OR => 16 YEARS OLD, DISPLAY “Next I’m going to ask a few questions about milk products. Do not include their use in cooking.”

never, 0 (BOX 6)

rarely – less than once a week, 1

sometimes – once a week or more, but

less than once a day, or 2

often – once a day or more? 3

VARIED 4

REFUSED 7 (BOX 6)

DON'T KNOW 9 (BOX 6)

DBQ.223 What type of milk was it? Was it usually . . .

INTERVIEWER INSTRUCTION: IF LACTAID OR ANOTHER TYPE OF LACTOSE-FREE MILK IS REPORTED, ASK WHETHER IT WAS WHOLE/REGULAR, 2%, 1%, FAT FREE/SKIM. ENTER OTHER TYPES OF MILK (ALMOND, RICE, COCONUT MILK, ETC.) AS “ANOTHER TYPE”.

IF RESPONDENT CANNOT PROVIDE USUAL TYPE, CODE ALL THAT APPLY.

whole or regular, 10

2% fat or reduced-fat milk, 11

1% fat or low-fat milk (includes 0.5% fat

milk or “low-fat milk” not further specified), 12

fat-free, skim or nonfat milk, 13

soy milk, or 14

another type? 30

REFUSED 77

DON'T KNOW 99

HELP SCREEN:

Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

|  |
| --- |
| **BOX 6**  **CHECK ITEM DBQ.225:**  IF SP AGE >= 20, CONTINUE.  OTHERWISE, GO TO BOX 9. |

DBQ.229 The next question is about **regular** milk use.

A regular milk drinker is someone who uses any type of milk at **least 5 times a week**. Using this definition, which statement best describes {you/SP}?

HAND CARD DBQ5

{I've/He's/She's} been a **regular** milk

drinker for **most** or **all** of {my/his/her}

life, including {my/his/her} childhood. 1

{I've/He's/She's} **never** been a **regular**

milk drinker. 2 (BOX 8A)

{My/His/Her} milk drinking has **varied** over

{my/his/her} life – sometimes {I've/he's/

she's} been a **regular** milk drinker and

sometimes {I have/he has/she has} **not**

been a regular milk drinker. 3

REFUSED 7 (BOX 8A)

DON'T KNOW 9 (BOX 8A)

|  |  |
| --- | --- |
| DBQ.235 a/b/c | Now, I’m going to ask you how often {you/SP} drank **milk** at different times in {your/his/her} **life**. |

How often did {you/SP} drink any type of milk, including milk added to cereal, when {you were/s/he was} . . .

HAND CARD DBQ6

IF NECESSARY, PROBE FOR USUAL OR MOST COMMON AMOUNT FOR THIS TIME PERIOD.

CAPI INSTRUCTION:

THESE (A-C) SHOULD **NOT** BE GATE QUESTIONS ANYMORE.

a. **a child between the ages of 5 and 12 years old?** **Would you say. . .**

never, 0

rarely – less than once a week, 1

sometimes – once a week or more, but

less than once a day, or 2

often – once a day or more? 3

VARIED 4

REFUSED 7

DON'T KNOW 9

b. **a teenager between the ages of 13 and 17 years old**? [ **Would you say . . .]**

NEVER, 0

RARELY – LESS THAN ONCE A WEEK, 1

SOMETIMES – ONCE A WEEK OR MORE, BUT

LESS THAN ONCE A DAY, OR 2

OFTEN – ONCE A DAY OR MORE? 3

VARIED 4

REFUSED 7

DON'T KNOW 9

c. **a young adult between the ages of 18 and 35 years old**? [**Would you say . . .]**

NEVER, 0

RARELY – LESS THAN ONCE A WEEK, 1

SOMETIMES – ONCE A WEEK OR MORE, BUT

LESS THAN ONCE A DAY, OR 2

OFTEN – ONCE A DAY OR MORE ? 3

VARIED 4

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 8A**  **CHECK ITEM DBQ.265A:**  IF SP AGE >= 60, CONTINUE.  OTHERWISE, GO TO BOX 15. |

DBQ.301 The next questions are about meals provided by community or government programs.

In the **past 12 months**, did {you/SP} receive any meals **delivered** to {your/his/her} home from community programs, “Meals on Wheels”, or any other programs?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

DBQ.330 In the **past 12 months**, did {you/SP} go to a community program or senior center to eat prepared meals?

INCLUDE ADULT DAY CARE

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 8B**  **CHECK ITEM DBQ.335:**  GO TO BOX 15. |

|  |
| --- |
| **BOX 9**  **CHECK ITEM DBQ.355:**  IF SP AGE 4-19, CONTINUE.  OTHERWISE, GO TO BOX 14. |

DBQ.360 During the **school year**, {do you/does SP} attend a kindergarten, grade school, junior or high school?

INTERVIEWER INSTRUCTION: ENTER ‘NO’ IF THE SP IS HOME SCHOOLED.

YES 1

NO 2 (BOX 14)

REFUSED 7 (BOX 14)

DON'T KNOW 9 (BOX 14)

DBQ.370 Does {your/SP's} school serve school lunches? These are **complete** lunches that cost **the same** **every day**.

YES 1

NO 2 (DBQ.400)

REFUSED 7 (DBQ.400)

DON'T KNOW 9 (DBQ.400)

|  |  |
| --- | --- |
| DBQ.381 G/Q | During the **school year**, about how many times a week {do you/does SP} usually get a complete school lunch? |

|\_\_\_|

ENTER NUMBER 1

NONE 2 (DBQ.400)

REFUSED 7 (DBQ.400)

DON'T KNOW 9 (DBQ.400)

CAPI INSTRUCTION:

HARD EDIT 1-5

|\_\_\_|

ENTER NUMBER OF TIMES

REFUSED 7777

DON'T KNOW 9999

DBQ.390 {Do you/Does SP} get these lunches free, at a reduced price, or {do you/does he/she} pay full price?

FREE 1

REDUCED PRICE 2

FULL PRICE 3

REFUSED 7

DON'T KNOW 9

DBQ.400 Does {your/SP's} school serve a **complete** breakfast that costs **the same** **every day**?

YES 1

NO 2 (BOX 9A)

REFUSED 7 (BOX 9A)

DON'T KNOW 9 (BOX 9A)

|  |  |
| --- | --- |
| DBQ.411 G/Q | During the **school year**, about how many times a week {do you/does SP} usually get a complete breakfast at school? |

|\_\_\_|

ENTER NUMBER 1

NONE 2 (BOX 9A)

REFUSED 7 (BOX 9A)

DON'T KNOW 9 (BOX 9A)

CAPI INSTRUCTION:

HARD EDIT 1-5

|\_\_\_|

ENTER NUMBER OF TIMES

REFUSED 7777

DON'T KNOW 9999

DBQ.421 {Do you/Does SP} get these breakfasts free, at a reduced price, or {do you/does he/she} pay full price?

FREE 1

REDUCED PRICE 2

FULL PRICE 3

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 9A**  **CHECK ITEM DBQ.422:**  IF DBQ.390 = CODE 1 OR CODE 2 OR DBQ.421 = CODE 1 OR CODE 2, CONTINUE.  OTHERWISE, GO TO BOX 14. |

DBQ.424 {Do you/Does SP} get a free or reduced price meal at any summer program {you/he/she} attends?

YES 1

NO 2

DID NOT ATTEND SUMMER PROGRAM 3

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 10**  OMITTED |

|  |
| --- |
| **BOX 10A**  OMITTED |

|  |
| --- |
| **BOX 11**  OMITTED |

|  |
| --- |
| **BOX 14**  **CHECK ITEM DBQ.710:**  IF SP AGE > 5, GO TO BOX 15.  OTHERWISE, CONTINUE. |

FSQ.653 Next are a few questions about the WIC program.

Has {SP} **ever** received benefits from WIC, that is, the Women, Infants, and Children program?

YES 1 (FSQ.673)

NO 2

REFUSED 7 (FSQ.690)

DON'T KNOW 9 (FSQ.690)

HELP SCREEN:

WIC: WIC is short for the Special Supplemental Nutrition Program for Women, Infants, and Children. This program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5.

FSQ.657/ Why didn’t {SP} ever receive benefits from WIC?

OS

HAND CARD FSQ1

CODE ALL THAT APPLY

CHILD DOES NOT QUALIFY FOR WIC   
(FAMILY INCOME TOO HIGH) 1

CHILD DOESN’T NEED WIC BECAUSE   
FAMILY RECEIVES SUPPORT FROM   
RELATIVES OR FRIENDS 2

CHILD DOESN’T NEED WIC BECAUSE   
FAMILY RECEIVES SUPPORT FROM   
SNAP, A FOOD BANK, OR ANOTHER   
PROGRAM 3

NEVER THOUGHT ABOUT APPLYING   
FOR WIC 4

PARENT/CAREGIVER CANNOT FIND   
TIME TO GET TO THE WIC CLINIC 5

PARENT OR CAREGIVER DOES NOT   
HAVE TRANSPORTATION TO GET   
TO WIC 6

THE STORES THAT ACCEPT WIC ARE   
NOT CLOSE TO FAMILY’S HOME 7

WIC FOODS ARE DIFFICULT TO FIND   
IN THE GROCERY STORE 8

USING WIC AT THE GROCERY STORE   
IS UNCOMFORTABLE 9

OTHER, SPECIFY 10

REFUSED 77

DON'T KNOW 99

|  |
| --- |
| **BOX 14a**  CHECK ITEM FSQ.659: GO TO FSQ.690 |

FSQ.673 Is {SP} **now** receiving benefits from the WIC program?

YES 1 (BOX 14B)

NO 2

REFUSED 7 (BOX 14B)

DON'T KNOW 9 (BOX 14B)

FSQ.674/ Why did {SP} stop receiving WIC benefits?

OS

HAND CARD FSQ2

CODE ALL THAT APPLY

CHILD NO LONGER QUALIFIES FOR WIC   
(FAMILY INCOME TOO HIGH) 1

CHILD NO LONGER NEEDS WIC BECAUSE   
FAMILY RECEIVES SUPPORT FROM   
RELATIVES OR FRIENDS 2

CHILD NO LONGER NEEDS WIC BECAUSE   
FAMILY RECEIVES SUPPORT FROM   
SNAP, A FOOD BANK OR ANOTHER   
PROGRAM 3

PARENT OR CAREGIVER COULD NOT   
FIND TIME TO GO TO THE WIC CLINIC 4

PARENT OR CAREGIVER COULD NOT   
FIND TRANSPORTATION TO GET   
TO WIC 5

WIC CLINIC WAIT TIMES WERE TOO   
LONG 6

THE STORES THAT ACCEPT WIC WERE   
NOT CLOSE TO FAMILY’S HOME 7

WIC FOODS WERE DIFFICULT TO FIND   
IN THE GROCERY STORE 8

USING WIC AT THE GROCERY STORE   
WAS UNCOMFORTABLE 9

CHECKING OUT AT THE STORE WITH   
WIC FOODS TOOK A LONG TIME 10

CHILD DID NOT LIKE THE WIC FOODS 11

OTHER, SPECIFY 12

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 14B**  **CHECK ITEM DBQ.710b:**  IF SP AGE < 1, GO TO FSQ.685.  OTHERWISE, CONTINUE. |

FSQ.675 Did {SP} receive benefits from WIC when {he/she} was less than one year old?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 14C**  **CHECK ITEM DBQ.950:**  IF FSQ.673 = 1 (NOW RECEIVING WIC), GO TO FSQ.685.  OTHERWISE, CONTINUE. |

FSQ.682 Did {SP} receive benefits from WIC when {he/she} {was/is} between the ages of {1 to {SP AGE/4} years old/12 to {SP AGE} months old}?

CAPI INSTRUCTION:

If SP age = 1, DISPLAY “12 to {the current age of the SP in months} months old”;

If SP age = 2 or 3, DISPLAY “1 to {the current age of the SP in years} years old”;

If SP age >3, DISPLAY “1 to 4 years old”.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 14d**  OMITTED |

FSQ.685 How long {did SP receive/has SP been receiving} benefits from the WIC program?

Q/U

CAPI INSTRUCTION:

IF FSQ.673 = 1, DISPLAY "HAS SP BEEN RECEIVING"

OTHERWISE, DISPLAY "DID SP RECEIVE"

SOFT EDIT: NUMBER CANNOT BE MORE THAN SP’S AGE.

|\_\_|\_\_|

ENTER NUMBER (OF MONTHS OR YEARS)

REFUSED 777 (FSQ.690)

DON'T KNOW 999 (FSQ.690)

|\_\_|

ENTER UNIT

MONTHS 1

YEARS 2

FSQ.690 Did {SP’s} mother receive benefits from WIC, while she was pregnant with {SP}?

YES 1

NO 2 (BOX 15)

REFUSED 7 (BOX 15)

DON'T KNOW 9 (BOX 15)

FSQ.695 How many months pregnant was {SP’s} mother when she began to receive WIC benefits?

|\_\_|\_\_|

ENTER NUMBER

REFUSED 777

DON'T KNOW 999

|  |
| --- |
| **BOX 15**  **CHECK ITEM DBQ.715:**  IF SP AGE < 1 GO TO END OF SECTION.  IF SP AGE 12-15 GO TO END OF SECTION.  OTHERWISE, CONTINUE. |

|  |
| --- |
| **BOX 12**  OMITTED |

|  |
| --- |
| **BOX 13**  OMITTED |

|  |  |
| --- | --- |
| DBQ.895 G/Q | Next I’m going to ask you about meals. By meal, I mean **breakfast, lunch and dinner**. During the **past 7 days**, how many meals {did you/did SP} get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines? |

{Please do not include meals provided as part of the school lunch or school breakfast./Please do not include meals provided as part of the community programs you reported earlier.}

CAPI INSTRUCTION:

IF DBQ381G = 1 OR DBQ.411G = 1, DISPLAY {Please do not include meals provided as part of the school lunch or school breakfast.}

IF DBQ.301 = 1 OR DBQ.330 = 1, DISPLAY {Please do not include meals provided as part of the community programs you reported earlier.}

SOFT EDIT: DISPLAY A MESSAGE FOR ENTRY LARGER THAN “21.” – “Unusually large number entered – Please verify – this is more than 3 meals per day, each day during the past 7 days.”

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

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

ENTER NUMBER

NONE 2 (DBQ.905)

REFUSED 7 (DBQ.905)

DON'T KNOW 9 (DBQ.905)

DBQ.900 How many of those meals {did you/did SP} get from a fast-food or pizza place?

G/Q

ENTER NUMBER 1

NONE 2 (DBQ.905)

REFUSED 7 (DBQ.905)

DON'T KNOW 9 (DBQ.905)

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

ENTER NUMBER

CAPI INSTRUCTION: HARD EDIT

NUMBER OF MEALS ENTERED IN DBQ.900 MUST BE EQUAL TO OR LESS THAN NUMBER ENTERED IN DBQ.895. IF NOT, DISPLAY THE FOLLOWING:

“THE NUMBER OF MEALS FROM A FAST FOOD OR PIZZA PLACE CANNOT BE GREATER THAN NUMBER OF MEALS PREPARED AWAY FROM HOME.”

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

|  |  |
| --- | --- |
| DBQ.905 G/Q/U | Some grocery stores sell “ready to eat” foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters. |

During the **past 30 days**, how often did {you/SP} eat “ready to eat” foods from the grocery store? Please do not include sliced meat or cheese you buy for sandwiches and frozen or canned foods.

ENTER NUMBER OF TIMES 1

NEVER 2 (DBQ.910)

REFUSED 7 (DBQ.910)

DON’T KNOW 9 (DBQ.910)

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

ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH)

|\_\_\_|

ENTER UNIT

DAY 1

WEEK 2

MONTH 3

CAPI INSTRUCTION:

SOFT EDIT IF RESPONSE IS GREATER THAN 6 TIMES A DAY. “THIS IS AN UNUSUALLY LARGE NUMBER OF TIMES PER DAY, PLEASE VERIFY THE ANSWER.”

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

|  |  |
| --- | --- |
| DBQ.910 G/Q/U | During the **past 30 days**, how often did {you/SP} eat frozen meals or frozen pizzas? Here are some examples of frozen meals and frozen pizzas. |

HAND CARD DBQ7

ENTER NUMBER 1

NEVER 2 (BOX 15A)

REFUSED 7 (BOX 15A)

DON’T KNOW 9 (BOX 15A)

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

ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH)

|\_\_\_|

ENTER UNIT

DAY 1

WEEK 2

MONTH 3

CAPI INSTRUCTION: SOFT EDIT IF RESPONSE IS GREATER THAN 6 TIMES A DAY. “THIS IS AN UNUSUALLY LARGE NUMBER OF TIMES PER DAY, PLEASE VERIFY THE ANSWER.”

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

|  |
| --- |
| **BOX 15A**  **CHECK ITEM DBQ.715a:**  IF SP AGE < 16, GO TO END OF SECTION.  OTHERWISE, CONTINUE. |

CBQ.596 Next I’m going to ask a few questions about the nutritional guidelines recommended for Americans by the federal government.

{Have you/Has SP} heard of **My Plate**?

YES 1

NO 2 (DBQ.930)

REFUSED 7 (DBQ.930)

DON'T KNOW 9 (DBQ.930)

CBQ.606 {Have you/Has SP} looked up the My Plate plan on the internet?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

CBQ.611 {Have you/Has SP} tried to follow the recommendations in the My Plate plan?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

DBQ.930 {Are you/Is SP} the person who does **most** of the planning **or** preparing of meals {in your/his/her family}?

INTERVIEWER INSTRUCTION: IF SP ANSWERS “SOMETIMES” OR “50/50”, ENTER YES.

CAPI INSTRUCTION: FILL {IN YOUR/HIS/HER FAMILY} IF THERE IS MORE THAN ONE PERSON IN THE FAMILY.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

DBQ.935 {Do you/Does SP} share in the planning or preparing of meals with someone else?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

DBQ.940 {Are you/Is SP} the person who does **most** of the shopping for food {in your/his/her family}?

INTERVIEWER INSTRUCTION: IF SP ANSWERS “SOMETIMES” OR “50/50”, ENTER YES.

CAPI INSTRUCTION: FILL {IN YOUR/HIS/HER FAMILY} IF THERE IS MORE THAN ONE PERSON IN THE FAMILY.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

DBQ.945 {Do you/Does SP} share in the shopping for food with someone else?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| END OF SECTION |

WEIGHT HISTORY – WHQ

Target Group: SPs 16+

|  |  |
| --- | --- |
| WHQ.010 F/I/C | These next questions ask about {your/SP's} height and weight at different times in {your/his/her} life. |

How tall {are you/is SP} without shoes?

|\_\_\_|

ENTER HEIGHT IN FEET AND INCHES 1

ENTER HEIGHT IN CENTIMETERS 2

REFUSED 7 (WHQ.025)

DON’T KNOW 9 (WHQ.025)

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

ENTER NUMBER OF FEET

CAPI INSTRUCTION:

HARD EDIT: 2-8

REFUSED 7777 (WHQ.025)

DON’T KNOW 9999 (WHQ.025)

AND

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

ENTER NUMBER OF INCHES

CAPI INSTRUCTION:

HARD EDIT: 0-11

DON’T KNOW 9999 (WHQ.025)

OR

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

ENTER NUMBER OF CENTIMETERS

CAPI INSTRUCTION:

HARD EDITS: 61 – 272.

DON’T KNOW 9999 (WHQ.025)

|  |  |
| --- | --- |
| WHQ.025/ L/K | How much {do you/does SP} weigh without clothes or shoes? [If {you are/she is} currently pregnant, how much did {you/she} weigh **before** your pregnancy?] |

RECORD **CURRENT** WEIGHT. ENTER WEIGHT IN POUNDS OR KILOGRAMS.

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE [If {you are/she is} currently pregnant . . .] **ONLY** IF SP IS FEMALE **AND** AGE IS 16 THROUGH 59.

IF ITEM CHANGED, CHECK MEC COMPONENT.

|\_\_\_|

ENTER WEIGHT IN POUNDS 1

ENTER WEIGHT IN KILOGRAMS 2

REFUSED 7 (WHQ.030)

DON’T KNOW 9 (WHQ.030)

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

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:

SOFT EDIT 75-500, HARD EDIT 50-750

OR

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

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:

SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED 77777

DON’T KNOW 99999

WHQ.030 {Do you/Does SP} consider {your/him/her}self now to be . . . [If {you are/she is} currently pregnant, what did {you/she} consider {your/her}self to be before {you were/she was} pregnant?]

overweight, 1

underweight, or 2

about the right weight? 3

REFUSED 7

DON’T KNOW 9

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE [If {you are/she is} currently pregnant…] ONLY IF SP IS FEMALE **AND** AGE IS 16 THROUGH 59.

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

WHQ.040 Would {you/SP} like to weigh . . .

more, 1

less, or 2

stay about the same? 3

REFUSED 7

DON’T KNOW 9

|  |  |
| --- | --- |
| WHQ.053/ L/K | How much did {you/SP} weigh **a year ago**? [If {you were/she was} pregnant a year ago, how much did {you/she} weigh **before** your pregnancy?] |

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE [If {you were/she was} pregnant . . .] **ONLY** IF SP IS FEMALE **AND** SP AGE IS 17 THROUGH 60.

|\_\_\_|

ENTER WEIGHT IN POUNDS 1

ENTER WEIGHT IN KILOGRAMS 2

REFUSED 7 (BOX 1)

DON’T KNOW 9 (BOX 1)

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

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:

SOFT EDIT 75-500, HARD EDIT 50-750

OR

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

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:

SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED 77777

DON’T KNOW 99999

|  |
| --- |
| **BOX 1**  **CHECK ITEM WHQ.055:**  IF WEIGHT IN WHQ.053/L/K IS 10 POUNDS, 4.55 KILOGRAMS, OR MORE THAN WEIGHT IN WHQ.025/L/K (E.G., WHQ.053/L/K = 150 LBS AND WHQ.025/L/K = 135 LBS), CONTINUE.  OTHERWISE, GO TO WHQ.070. |

WHQ.061 Was the change between {your/SP's} **current** weight and {your/his/her} weight **a year ago** **because {you/s/he} tried to lose weight**?

YES 1 (WHQ.092/OS)

NO 2

REFUSED 7

DON'T KNOW 9

WHQ.070 During the **past 12 months**, {have you/has SP} tried to lose weight?

YES 1

NO 2 (WHQ.225)

REFUSED 7 (WHQ.225)

DON’T KNOW 9 (WHQ.225)

|  |  |
| --- | --- |
| WHQ.092/ OS | How did {you/SP} try to lose weight? |

HAND CARD WHQ1

CODE ALL THAT APPLY

ATE LESS FOOD (AMOUNT) 100

SWITCHED TO FOODS WITH LOWER

CALORIES 110

ATE LESS FAT 120

ATE FEWER CARBOHYDRATES 125

EXERCISED 130

SKIPPED MEALS, FASTED 140

ATE “DIET” FOODS OR PRODUCTS 150

USED A LIQUID DIET FORMULA SUCH

AS SLIMFAST, OPTIFAST, OR

SHAKEOLOGY 160

JOINED A WEIGHT LOSS PROGRAM

SUCH AS WEIGHT WATCHERS, JENNY

CRAIG, TOPS, OR OVEREATERS

ANONYMOUS 170

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, JUICE DIET 300

TOOK DIET PILLS PRESCRIBED BY A

DOCTOR 310

TOOK OTHER PILLS, MEDICINES, HERBS,

OR SUPPLEMENTS NOT NEEDING A

PRESCRIPTION 320

STARTED TO SMOKE OR BEGAN TO

SMOKE AGAIN 325

TOOK LAXATIVES OR VOMITED 330

HAD WEIGHT LOSS SURGERY SUCH AS

GASTRIC BYPASS 335

DRANK A LOT OF WATER 340

ATE MORE FRUITS, VEGETABLES,

SALADS 350

ATE LESS SUGAR, CANDY, SWEETS,

DRANK LESS SODA, DRANK LESS

SUGAR SWEETENED BEVERAGES 360

CHANGED EATING HABITS (DIDN’T EAT

LATE AT NIGHT, ATE SEVERAL SMALL

MEALS A DAY, ATE AT HOME MORE) 370

ATE LESS JUNK FOOD OR FAST FOOD 380

OTHER (SPECIFY) 400

REFUSED 777

DON’T KNOW 999

|  |
| --- |
| **BOX 2A**  OMITTED |

WHQ.225 How many times {have you/has SP} lost 10 pounds or more **because {you were/he was/she was} trying to lose weight**? Was it . . .

1 to 2, 1

3 to 5, 2

6 to 10, 3

11 times or more, or 4

never? 5

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 2**  **CHECK ITEM WHQ.105:**  IF SP AGE >= 36, CONTINUE.  OTHERWISE, GO TO BOX 3. |

|  |  |
| --- | --- |
| WHQ.111/ L/K | How much did {you/SP} weigh **10 years ago**? [If you don't know {your/his/her} exact weight, please make your best guess.] [If {you were/she was} pregnant, how much did {you/she} weigh before {your/her} pregnancy?] |

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE [If {you were/she was} . . .] ONLY IF SP IS FEMALE AND AGE IS LESS THAN OR EQUAL TO 69.

|\_\_\_|

ENTER WEIGHT IN POUNDS 1

ENTER WEIGHT IN KILOGRAMS 2

REFUSED 7 (BOX 3)

DON’T KNOW 9 (BOX 3)

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

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:

SOFT EDIT 75-500, HARD EDIT 50-750

OR

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

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:

SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED 77777

DON’T KNOW 99999

|  |
| --- |
| **BOX 3**  **CHECK ITEM WHQ.115A:**  IF SP AGE >= 27, CONTINUE.  OTHERWISE, GO TO WHQ.147/L/K. |

|  |  |
| --- | --- |
| WHQ.121/ L/K | How much did {you/SP} weigh at **age 25**? [If you don't know {your/his/her} exact weight, please make your best guess.] [If {you were/she was} pregnant, how much did {you/she} weigh before your pregnancy?] |

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE [If {you were/she was} . . .] ONLY IF SP IS FEMALE.

|\_\_\_|

ENTER WEIGHT IN POUNDS 1

ENTER WEIGHT IN KILOGRAMS 2

REFUSED 7 (WHQ.130)

DON’T KNOW 9 (WHQ.130)

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

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:

SOFT EDIT 75-500, HARD EDIT 50-750

OR

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

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:

SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED 77777

DON’T KNOW 99999

|  |
| --- |
| **BOX 3A**  **CHECK ITEM WHQ.125:**  IF SP AGE >= 50, CONTINUE.  OTHERWISE, GO TO WHQ.147/L/K. |

|  |  |
| --- | --- |
| WHQ.130/ F/I/C | How tall {were you/was SP} at **age 25**? [If you don't know {your/his/her} exact height, please make your best guess.] |

|\_\_\_|

ENTER HEIGHT IN FEET AND INCHES 1

ENTER HEIGHT IN CENTIMETERS 2

REFUSED 7 (WHQ.147)

DON’T KNOW 9 (WHQ.147)

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

ENTER NUMBER OF FEET

CAPI INSTRUCTION: HARD EDIT 2-8

AND

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

ENTER NUMBER OF INCHES

CAPI INSTRUCTION: HARD EDIT 0-11

OR

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

ENTER NUMBER OF CENTIMETERS

CAPI INSTRUCTION: HARD EDIT 61-272

OR

REFUSED 7777

DON’T KNOW 9999

|  |
| --- |
| **BOX 4**  OMITTED |

|  |  |
| --- | --- |
| WHQ.147/ L/K | What is the most {you have/SP has} **ever** weighed? [Do not include any times when {you were/she was} pregnant.] |

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE {Do not include . . .} **ONLY** IF SP IS FEMALE.

|\_\_\_|

ENTER WEIGHT IN POUNDS 1

ENTER WEIGHT IN KILOGRAMS 2

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

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

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:

SOFT EDIT 75-500, HARD EDIT 50-750

OR

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

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:

SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED 77777 (END OF SECTION)

DON’T KNOW 99999 (END OF SECTION)

WHQ.150 How old {were you/was SP} then? [If you don't know {your/his/her} exact age, please make your best guess.]

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

ENTER AGE IN YEARS

REFUSED 77777

DON'T KNOW 99999

|  |
| --- |
| **BOX 5**  OMITTED |

SMOKING AND TOBACCO USE – SMQ

Target Group: SPs 0-11 years and 18+

|  |
| --- |
| **BOX 0**  **CHECK ITEM SMQ.005:**  IF SP >= 18 YEARS, CONTINUE.  IF SP 12-17 YEARS, GO TO END OF SECTION.  ELSE GO TO BOX 5. |

These next questions are about cigarette smoking. Then I will ask about other tobacco products.

SMQ.022 {Have you/Has SP} smoked at least 100 **cigarettes** in {your/his/her} entire life? This hand card shows you the products we would like you to include and not include when answering this question.

HAND CARD SMQ1

YES 1

NO 2 (BOX 5)

REFUSED 7 (BOX 5)

DON'T KNOW 9 (BOX 5)

SMQ.030 How old {were you/was SP} when {you/s/he} first started to smoke cigarettes fairly regularly?

G/Q

ENTER AGE 1

NEVER SMOKED CIGARETTES   
REGULARLY 2 (SMQ.040)

REFUSED 7 (SMQ.040)

DON’T KNOW 9 (SMQ.040)

CAPI INSTRUCTION:

SOFT EDIT: SP AGE <13

DISPLAY “UNLIKELY RESPONSE. PLEASE VERIFY.”

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

ENTER AGE IN YEARS

REFUSED 77777

DON'T KNOW 99999

HELP SCREEN:

“fairly regularly” refers to age when started smoking cigarettes on a routine basis as opposed to age when tried first cigarette.

SMQ.040 {Do you/Does SP} **now** smoke cigarettes . . .

every day, 1 (SMQ.078)

some days, or 2 (SMQ.641)

not at all? 3

REFUSED 7 (BOX 5)

DON'T KNOW 9 (BOX 5)

SMQ.050 How long has it been since {you/SP} quit smoking cigarettes?

Q/U

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

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED 77777

DON'T KNOW 99999

|\_\_\_|

ENTER UNIT

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

|  |
| --- |
| **BOX 1A**  OMITTED |

SMQ.057 At that time, about how many cigarettes did {you/SP} **usually** smoke a day?

1 PACK EQUALS 20 CIGARETTES

IF LESS THAN 1 PER DAY, ENTER 1

IF 95 OR MORE PER DAY, ENTER 95

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

ENTER NUMBER OF CIGARETTES (PER DAY)

REFUSED 7777

DON'T KNOW 9999

|  |
| --- |
| **BOX 1B**  **CHECK ITEM SMQ.060:**  GO TO SMQ.BOX 5. |

SMQ.078 How soon after {you/SP} wake{s} up {do you/does s/he} smoke? Would you say . . .

within 5 minutes, 1

from 6 to 30 minutes, 2

from more than 30 minutes to 1 hour, 3

from more than 1 hour to 2 hours, 4

from more than 2 hours to 3 hours, 5

from more than 3 hours to 4 hours, or 6

more than 4 hours? 7

REFUSED 77

DON'T KNOW 99

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

SMQ.641 On how many of the past **30 days** did {you/SP} smoke cigarettes?

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

ENTER NUMBER OF DAYS

REFUSED 7777

DON'T KNOW 9999

CAPI INSTRUCTION:

ALLOW '0' AS AN ENTRY. IF '0' DK OR RF ENTERED, SKIP TO QUESTION SMQ.653.

SOFT EDIT: IF SMQ.040 IS 2 AND SMQ.641 IS GREATER THAN OR EQUAL TO 26 DAYS, THEN SHOW EDIT MESSAGE: “Earlier you reported that you smoked somedays; I would like to clarify that response.”

SMQ.650 On average, when {you/SP} smoked during the past **30 days**, how many cigarettes did {you/s/he} smoke a day?

1 PACK EQUALS 20 CIGARETTES

IF LESS THAN 1 PER DAY, ENTER 1

IF 95 OR MORE PER DAY, ENTER 95

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

ENTER NUMBER OF CIGARETTES (PER DAY)

REFUSED 7777

DON'T KNOW 9999

SMQ.653 Do you usually smoke filtered or non-filtered cigarettes?

ENTER '1' FOR **FILTERED**

ENTER '0' FOR **NON-FILTERED**

CAPI INSTRUCTION:

'1' AND '0' SHOULD BE THE ONLY CODES ACCEPTED BY CAPI.

FILTERED 1

NON-FILTERED 0

REFUSED 7

DON'T KNOW 9

SMQ.657 Do you usually smoke menthol or non-menthol cigarettes?

ENTER '1' FOR **MENTHOL**

ENTER '0' FOR **NON-MENTHOL**

CAPI INSTRUCTION:

'1' AND '0' SHOULD BE THE ONLY CODES ACCEPTED BY CAPI.

MENTHOL 1

NON-MENTHOL 0

REFUSED 7

DON'T KNOW 9

SMQ.671 During the past **12 months,** {have you/has SP} stopped smoking for longer than a day **because {you were/he was/she was} trying to quit smoking?**

YES 1

NO 2 (BOX 5)

REFUSED 7 (BOX 5)

DON'T KNOW 9 (BOX 5)

|  |
| --- |
| **BOX 5**  **CHECK ITEM SMQ.854:**  IF SP AGE 0-11, GO SMQ.860.  OTHERWISE, CONTINUE. |

SMQ.856 I will now ask you about tobacco smoke in other places.

During the last 7 days, {were you/was SP} working at **a job or business outside of the home?**

YES 1

NO 2 (SMQ.860)

REFUSED 7 (SMQ.860)

DON'T KNOW 9 (SMQ.860)

SMQ.858 While {you were/SP was} **working at a job or business outside of the home,** did someone else smoke cigarettes or other tobacco products indoors?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

SMQ.860 {I will now ask you about smoking in other places.} During the last 7 days, did {you/SP} spend time in a **restaurant?**

YES 1

NO 2 (BOX 6)

REFUSED 7 (BOX 6)

DON'T KNOW 9 (BOX 6)

CAPI INSTRUCTION:

DISPLAY ‘I will now ask you about smoking in other places’ IF SP AGE 0-11 YEARS.

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

SMQ.862 While {you were/SP was} in a **restaurant**, did someone else smoke cigarettes or other tobacco products indoors?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

|  |
| --- |
| **BOX 6**  **CHECK ITEM SMQ.864:**  IF SP >=18 YEARS, CONTINUE.  OTHERWISE, GO TO SMQ.870. |

SMQ.866 During the last 7 days, {did you/SP} spend time in **a bar?**

YES 1

NO 2 (SMQ.870)

REFUSED 7 (SMQ.870)

DON'T KNOW 9 (SMQ.870)

SMQ.868 While {you were/SP was} in **a bar,** did someone else smoke cigarettes or other tobacco products indoors?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

SMQ.870 During the last 7 days, did {you/SP} ride in a **car or motor vehicle?**

YES 1

NO 2 (SMQ.874)

REFUSED 7 (SMQ.874)

DON'T KNOW 9 (SMQ.874)

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

SMQ.872 While {you were/SP was} riding in **a car or motor vehicle,** did someone else smoke cigarettes or other tobacco products?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

SMQ.874 During the last 7 days, did {you/SP} spend time in **a home other than {your/his/her} own?**

YES 1

NO 2 (SMQ.878)

REFUSED 7 (SMQ.878)

DON'T KNOW 9 (SMQ.878)

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

SMQ.876 While {you were/SP was} in **a home other than {your/his/her} own,** did someone else smoke cigarettes or other tobacco products indoors?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

SMQ.878 During the last 7 days,{were you/was SP} in **any other indoor area?**

INTERVIEWER: IF RESPONDENT ASKS WHAT IS MEANT BY OR DOESN’T SEEM TO UNDERSTAND “ANY OTHER INDOOR AREA” SAY “OTHER THAN AT WORK, IN A BAR, RESTAURANT, CAR, OTHER MOTOR VEHICLE, OR A HOUSE.”

YES 1

NO 2 (SMQ.940)

REFUSED 7 (SMQ.940)

DON'T KNOW 9 (SMQ.940)

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

SMQ.880 While {you were/SP was} in the **other indoor** area, did someone else smoke cigarettes or other tobacco products?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

SMQ.940 The next question is about e-cigarettes.

During the last 7 days, {were you/was SP} in an **indoor** place where someone was using an e-cigarette, e‑hookah, vape-pen or other similar electronic product?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

OCCUPATION – OCQ

Target Group: SPs 16+

OCQ.152 In this part of the survey I will ask you questions about {your/SP's} work experience.

Which of the following {were you/was SP} doing **last week** . . .

working at a job or business, 1 (OCQ.180)

with a job or business but not at work, 2 (OCQ.210)

looking for work, or 3 (END OF SECTION)

not working at a job or business? 4 (OCQ.383)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

OCQ.180 How many hours did {you/SP} work **last week** in total at **all** jobs or businesses?

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

ENTER NUMBER OF HOURS

CAPI INSTRUCTION:

SOFT EDIT >59. HARD EDIT 1-168.

REFUSED 77777

DON'T KNOW 99999

|  |
| --- |
| **BOX 1**  **CHECK ITEM OCQ.200:**  IF HOURS IN OCQ.180 <= 34, OR REFUSED (CODE 777), OR DON'T KNOW (CODE 999), CONTINUE.  OTHERWISE, GO TO OCQ.215. |

OCQ.210 {Do you/Does SP} **usually** work 35 hours or more per week in total at all jobs or businesses?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

OCQ.215 How many days per week {do you/does SP} usually work?

|\_\_\_|

ENTER NUMBER OF DAYS

CAPI INSTRUCTION:

HARD EDIT VALUES LESS THAN 1AND GREATER THAN 7.

REFUSED 77

DON'T KNOW 99

OCQ.670 Which of the following best describes {your/his/her} overall work schedule (include all jobs) for the last three months?

Traditional 9 AM to 5 PM day 1 (END OF SECTION)

Evening or nights 2 (END OF SECTION)

Early mornings 3 (END OF SECTION)

Variable (early mornings, days, and nights) 5 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

OCQ.383 What is the **main** reason {you/SP} did not work **last** **week**?

TAKING CARE OF HOUSE OR FAMILY 1

GOING TO SCHOOL 2

RETIRED 3

UNABLE TO WORK FOR HEALTH

REASONS/DISABLED 4

CAN’T FIND WORK/ON LAYOFF 5

SEASONAL/CONTRACT WORK 6

OTHER 7

REFUSED 77

DON'T KNOW 99

|  |
| --- |
| **BOX 4**  OMITTED |

|  |
| --- |
| **BOX 4A**  OMITTED |

|  |
| --- |
| **BOX 5A**  OMITTED |

|  |
| --- |
| **BOX 5B**  OMITTED |

|  |
| --- |
| **BOX 6**  OMITTED |

**HELP SCREEN FOR OCQ.152:**

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Job: A job exists when there is:

1. A definite arrangement for regular work;

2. The arrangement is on a continuing basis (like every week or month); and

3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:

Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.

Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:

1. Machinery or equipment of substantial value is used in conducting the business;

2. An office, store, or other place of business is maintained; or

3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:

Sewing performed in the sewer's house using his/her own equipment.

Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

Yard sales; the sale of personal property is not a business or work.

Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.

Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

Looking for Work: To be looking for work, a person has to have conducted an active job search. An active job search means that the person took steps necessary to put him/herself in a position to be hired for a job. Active job search methods include:

1. Filled out applications or sent out resumes;

2. Placed or answered classified ads;

3. Checked union/professional registers;

4. Bid on a contract or auditioned for a part in a play;

5. Contacted friends or relatives about possible jobs;

6. Contacted school/college university employment office;

7. Contacted employment directly.

Job search methods that are not active include the following:

1. Looked at ads without responding to them;

2. Picked up a job application without filling it out.

**HELP SCREEN FOR OCQ.180:**

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Job: A job exists when there is:

1. A definite arrangement for regular work;

2. The arrangement is on a continuing basis (like every week or month); and

3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:

Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.

Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:

1. Machinery or equipment of substantial value is used in conducting the business;

2. An office, store, or other place of business is maintained; or

3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:

Sewing performed in the sewer's house using his/her own equipment.

Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

Yard sales; the sale of personal property is not a business or work.

Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.

Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

Hours Worked Last Week: The number of hours actually worked last week. Hours worked will include overtime if the person worked overtime last week. The actual hours worked is often not the same as the hours on which the person's salary is based. We want the actual hours spent working on the job, whether the hours were paid or not. However, unpaid hours spent traveling to and from work are not included in hours worked last week.

**HELP SCREEN FOR OCQ.210:**

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Job: A job exists when there is:

1. A definite arrangement for regular work;

2. The arrangement is on a continuing basis (like every week or month); and

3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:

Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.

Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:

1. Machinery or equipment of substantial value is used in conducting the business;

2. An office, store, or other place of business is maintained; or

3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:

Sewing performed in the sewer's house using his/her own equipment.

Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

Yard sales; the sale of personal property is not a business or work.

Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.

Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

**HELP SCREEN FOR OCQ.383:**

Taking Care of House or Family: Doing any type of work around the house, such as cleaning, cooking, maintaining the yard, caring for children or family, etc.

Going to School: Attending any type of public or private educational establishment both in and out of the regular school system.

Retired: Respondent defined.

Unable to Work for Health Reasons/Disabled: Respondent defined.

Can’t find work/On Layoff: Is when a person is waiting to be called back to a job from which they were temporarily laid-off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his or her place of employment as being in layoff.

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

ACCULTURATION – ACQ

Target Group: SPs 3+

|  |
| --- |
| **BOX 1**  OMITTED |

|  |
| --- |
| **BOX 1B**  **CHECK ITEM ACQ.006**:   * IF SP CODED HISPANIC IN SCREENER, GO TO ACQ.042. * Else if SP coded Asian in screener, go to ACQ.049. * IF CODED BOTH HISPANIC AND ASIAN IN SCREENER, GO TO acq.042   OTHERWISE, CONTINUE. |

ACQ.011 Now I'm going to ask you about language use.

What language(s) {do you/does SP} usually speak at home?

CODE ALL THAT APPLY

ENGLISH 1

SPANISH 8

OTHER 9

REFUSED 77

DON'T KNOW 99

|  |
| --- |
| **BOX 2**  **CHECK ITEM ACQ.015:**  GO TO END OF SECTION. |

ACQ.042 Now I’m going to ask you about language use.

What language(s) {do you/does SP} usually speak at home? {Do you/Does he/Does she} speak only **Spanish**, more **Spanish** than English, both equally, more English than **Spanish**, or only English?

HAND CARD ACQ1

ONLY SPANISH, 1

MORE SPANISH THAN ENGLISH, 2

BOTH EQUALLY, 3

MORE ENGLISH THAN SPANISH, OR 4

ONLY ENGLISH 5

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 3**  **CHECK ITEM ACQ.045:**  GO TO END OF SECTION. |

ACQ.049 Now I’m going to ask you about language use.

OS

What language(s) {do you/does SP} usually speak at home?

CODE ALL THAT APPLY

HAND CARD ACQ2

English 10

Chinese 11

Farsi/Persian 12

Hindi 13

Japanese 14

Khmer/Cambodian 15

Korean 16

Tagalog/Filipino 17

Urdu 18

Vietnamese 19

Other (SPECIFY) 20

REFUSED 77 (END OF SECTION)

DON'T KNOW 99 (END OF SECTION)

|  |
| --- |
| **BOX 4**  **CHECK ITEM ACQ.090:**  IF ACQ.049 = 10 ONLY, GO TO END OF SECTION.  IF ACQ.049 = 10 AND ONE OTHER RESPONSE 11-20, GO TO ACQ.110.  IF ACQ.049 DOES NOT EQUAL 10, GO TO END OF SECTION  IF ACQ.049 = 10 AND TWO OR MORE OTHER RESPONSES 11-20, GO TO ACQ.101. |

ACQ.101 Of these languages {ACQ.049 responses 11-20}, which {do you/does SP} speak more of at home?

CAPI INSTRUCTION:

* FILL NON-ENGLISH RESPONSE OPTIONS SELECTED IN ACQ.049 AND/OR ACQ.049OS SEPARATING WITH A COMMA. BEFORE LAST RESPONSE DISPLAY “and”. FOR RESPONSE OPTION 20, DISPLAY OTHER SPECIFY TEXT.
* DISPLAY ONLY NON-ENGLISH RESPONSE OPTIONS SELECTED IN ACQ.049 AND/OR ACQ.049OS THAT WERE SELECTED.

Chinese 11

Farsi/Persian 12

Hindi 13

Japanese 14

Khmer/Cambodian 15

Korean 16

Tagalog/Filipino 17

Urdu 18

Vietnamese 19

{ACQ.049OS} 20

REFUSED 77 (END OF SECTION)

DON'T KNOW 99 (END OF SECTION)

ACQ.110 {Do you/Does he/Does she} speak only (NON-ENGLISH LANGUAGE), more (NON-ENGLISH LANGUAGE) than English, both equally, more English than (NON-ENGLISH LANGUAGE), or only English?

CAPI INSTRUCTION:

* IF ENGLISH AND ONE OTHER RESPONSE OPTION 11-20 WAS SELECTED IN ACQ.049, FILL NON-ENGLISH LANGUAGE WITH RESPONSE OPTION 11-20.
* IF ENGLISH AND TWO OR MORE OTHER OPTIONS 11-20 WERE SELECTED IN ACQ.049, FILL NON-ENGLISH WITH RESPONSE TO QUESTION ACQ.101.

ONLY (NON-ENGLISH LANGUAGE), 1

MORE (NON-ENGLISH), THAN ENGLISH, 2

BOTH EQUALLY, 3

MORE ENGLISH THAN (NON-ENG), OR 4

ONLY ENGLISH 5

REFUSED 7

DON'T KNOW 9

DEMOGRAPHICS INFORMATION – DMQ – SP

Target Group: SPs Birth +

|  |
| --- |
| **BOX 1A**  **CHECK ITEM DMQ.030:**  IF SP AGE >= 6, CONTINUE.  OTHERWISE, GO TO DMQ.061. |

DMQ.141 What is the **highest** grade or level of school {you have/SP has} **completed** or the **highest degree** {you have/s/he has} **received**?

HAND CARD DMQ1

READ HAND CARD CATEGORIES IF NECESSARY.

Enter highest level of school.

NEVER ATTENDED/KINDERGARTEN

ONLY 0 (BOX 1B)

1ST GRADE 1

2ND GRADE 2

3RD GRADE 3

4TH GRADE 4

5TH GRADE 5

6TH GRADE 6

7TH GRADE 7

8TH GRADE 8

9TH GRADE 9

10TH GRADE 10

11TH GRADE 11

12TH GRADE, NO DIPLOMA 12

HIGH SCHOOL GRADUATE 13

GED OR EQUIVALENT 14

SOME COLLEGE, NO DEGREE 15

ASSOCIATE DEGREE: OCCUPATIONAL,

TECHNICAL, OR VOCATIONAL

PROGRAM 16

ASSOCIATE DEGREE: ACADEMIC

PROGRAM 17

BACHELOR’S DEGREE (EXAMPLE: BA,

AB, BS, BBA) 18

MASTER’S DEGREE (EXAMPLE: MA,

MS, MEng, MEd, MBA) 19

PROFESSIONAL SCHOOL DEGREE

(EXAMPLE: MD, DDS, DVM, JD) 20

DOCTORAL DEGREE (EXAMPLE:

PhD, EdD) 21

REFUSED 77

DON’T KNOW 99

CAPI INSTRUCTION:

EDITS:

(DMQ.141 = 19, 20 OR 21 AND SP AGE < 22) OR

(DMQ.141 = 15, 16, 17 OR 18 AND SP AGE < 18) OR

(DMQ.141 = 10, 11, 12, 13 OR 14 AND SP AGE < 14) OR

(DMQ.141 = 5, 6, 7, 8 OR 9 AND SP AGE < 8)

DISPLAY “IMPROBABLE ANSWER DUE TO SP’s AGE {SP AGE}. PLEASE VERIFY.”

|  |
| --- |
| **BOX 1AA**  **CHECK ITEM DMQ.035:**  IF SP AGE <= 19, CONTINUE  OTHERWISE, GO TO DMQ.052. |

DMQ.038 {Are you/Is SP} currently enrolled in or attending school.

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

HELP SCREEN:

Attending or enrolled in any type of public or private educational establishment both in and out of the regular school system. School includes elementary, middle, and high school, college, trade school, and professional school. Students may be enrolled part-time or full-time.

|  |
| --- |
| **BOX 1B**  **CHECK ITEM DMQ.040:**  IF SP AGE >= 17, CONTINUE.  OTHERWISE, GO TO DMQ.061. |

DMQ.052 {Have you/Has SP} ever served on active duty in **the U.S. Armed Forces**, military Reserves, or National Guard? (Active duty does **not** include training for the Reserves or National Guard, but **does** include activation, for service in the U.S. or in a foreign country, in support of military or humanitarian operations.)

YES 1

NO 2 (DMQ.061)

REFUSED 7 (DMQ.061)

DON'T KNOW 9 (DMQ.061)

HELP SCREEN:

Armed Forces: Non-civilian members of any of the armed services of the federal government (Army, Navy, Air Force, Coast Guard, Marines).

DMQ.054 Did {you/SP} ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission? (This would include National Guard or reserve or active duty monitoring or conducting peace keeping operations in Bosnia and Kosovo, in the Sinai between Egypt and Israel, or in response to the 2004 tsunami or Haiti in 2010.)

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

DMQ.061 Next I have a few questions about {your/SP’s} name. {Do you/Does SP} usually go by **another** first name besides {DISPLAY FIRST NAME FROM DMQ-SPIV.040}?

CAPI INSTRUCTION:

DISPLAY "FIRST NAME:" AND FIRST NAME FROM DMQ-SPIV.040 AS LEFT HEADER.

YES 1

NO 2 (BOX 1BBB)

REFUSED 7 (BOX 1BBB)

DON'T KNOW 9 (BOX 1BBB)

DMQ.071 What is this **other first** name?

VERIFY SPELLING

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

ENTER NAME

REFUSED 7----7

DON'T KNOW 9----9

|  |
| --- |
| **NEW BOX 1BB2**  OMITTED |

|  |
| --- |
| **BOX 1BBB**  **CHECK ITEM DMQ.073a:**  IF AGE >= 14, CONTINUE.  OTHERWISE, GO TO BOX 1D. |

DMQ.380 {Are you/Is SP} **now** married, widowed, divorced, separated, never married or living with a partner?

MARRIED 1

WIDOWED 2

DIVORCED 3

SEPARATED 4

NEVER MARRIED 5 (BOX 1D)

LIVING WITH PARTNER 6

REFUSED 77

DON'T KNOW 99

|  |
| --- |
| **BOX 1C**  **CHECK ITEM DMQ.075A:**  IF SP IS MALE, GO TO BOX 1D.  OTHERWISE, CONTINUE. |

DMQ.081 {Do you/Does SP} have a maiden name?

ASK IF NOT KNOWN

YES 1

NO 2 (BOX 1D)

REFUSED 7 (BOX 1D)

DON'T KNOW 9 (BOX 1D)

DMQ.090 What is {your/SP's} **maiden** name?

G/Q

VERIFY SPELLING

CAPI INSTRUCTION:

DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME FROM DMQ-SPIV.060 AS LEFT HEADER.

|\_\_\_|

ENTER MAIDEN NAME 1

SAME AS CURRENT LAST NAME 2 (BOX 1D)

REFUSED 7 (BOX 1D)

DON'T KNOW 9 (BOX 1D)

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

REFUSED 7----7

DON'T KNOW 9----9

|  |
| --- |
| **BOX 1D**  **CHECK ITEM DMQ.094:**  IF SP AGE >= 16, CONTINUE.  OTHERWISE, GO TO DMQ.241. |

DMQ.101 What is {your/SP's} **father's** last name?

G/Q

VERIFY SPELLING

CAPI INSTRUCTION:

DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME FROM DMQ-SPIV.060 AS LEFT HEADER.

IF MAIDEN NAME ENTERED IN DMQ.090G/Q, AND MAIDEN NAME IS DIFFERENT FROM CURRENT LAST NAME, ALSO DISPLAY "MAIDEN NAME:" AND MAIDEN NAME FROM DMQ.090G/Q AS LEFT HEADER.

CAPI INSTRUCTION:

HARD EDIT: IF SP MALE, DO NOT ALLOW RESPONSE 3.

|\_\_\_|

ENTER NAME 1

SAME AS CURRENT LAST NAME 2 (DMQ.241)

SAME AS MAIDEN NAME 3 (DMQ.241)

REFUSED 7 (DMQ.241)

DON'T KNOW 9 (DMQ.241)

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

REFUSED 7----7

DON'T KNOW 9----9

DMQ.241 {Do you/Does SP} consider {yourself/himself/herself} to be Hispanic, Latino, or of Spanish origin?

READ IF NECESSARY: Where {do your/do his/do her} ancestors come from?

Puerto Rican

Cuban/Cuban American

Dominican Republic

Mexican/Mexican American

Central/South American

Other Latin American

Other Hispanic or Latino

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

SPANISH, HISPANIC OR LATINO PEOPLE MAY BE OF ANY RACE. LISTED BELOW ARE HISPANIC OR LATINO CATEGORIES/COUNTRIES.

MEXICAN

PUERTO RICAN

CUBAN

DOMINICAN REPUBLIC

**CENTRAL AMERICAN:**

COSTA RICAN

GUATEMALAN

HONDURAN

NICARAGUAN

PANAMANIAN

SALVADORAN

OTHER CENTRAL AMERICAN

**SOUTH AMERICAN:**

ARGENTINEAN

BOLIVIAN

CHILEAN

COLOMBIAN

ECUADORIAN

PARAGUAYAN

PERUVIAN

URUGUAYAN

VENEZUELAN

OTHER SOUTH AMERICAN

**OTHER HISPANIC OR LATINO:**

SPANIARD

SPANISH

SPANISH AMERICAN

|  |
| --- |
| **BOX 3E**  OMITTED |

|  |
| --- |
| **BOX 3F**  OMITTED |

|  |
| --- |
| **BOX 3G**  OMITTED |

|  |
| --- |
| **BOX 3H**  OMITTED |

|  |
| --- |
| **BOX 3I**  **CHECK ITEM DMQ.242:**  IF YES (CODE 1) IN DMQ.241 AND YES IN SCQ.260 GO TO DMQ.253.  IF NO (CODE 2) IN DMQ.241 AND NO IN SCQ.260 GO TO DMQ.263.  OTHERWISE, GO TO **BOX 3J**. |

|  |
| --- |
| **BOX 3J**  **CHECK ITEM DMQ.249:**  IF YES (CODE 1) OR DK IN DMQ.241 AND NO (CODE 2) IN SCQ.260, DISPLAY SOFT EDIT MESSAGE “ ETHNICITY DOES NOT MATCH SCREENER SELECTION. HAND CARD DMQ2 TO RESPONDENT ANDCONFIRM RESPONSE.  OTHERWISE, GO TO **BOX 3K**. |

|  |
| --- |
| **BOX 3K**  **CHECK ITEM DMQ.254:**  IF NO (CODE 2) OR DK IN DMQ.241 AND YES (CODE 1) IN SCQ.260, DISPLAY SOFT EDIT MESSAGE “ETHNICITY DOES NOT MATCH SCREENER SELECTION. HAND CARD DMQ2 TO RESPONDENT AND CONFIRM RESPONSE.  OTHERWISE, GO TO **BOX 3K-1**. |

|  |
| --- |
| **BOX 3K-1**  **CHECK ITEM DMQ.256:**  IF YES IN DMQ.241, CONTINUE.  OTHERWISE, GO TO DMQ.263. |

DMQ.253 Please give me the number of the group that represents {your/SP's} **Hispanic/Latino** or Spanish origin or

OS ancestry. Please select 1 or more of these categories.

PROBE: Where do you/your ancestors come from?

HAND CARD DMQ2

SELECT 1 OR MORE

MEXICAN 10

PUERTO RICAN 11

CUBAN 12

DOMINICAN REPUBLIC 13

**CENTRAL AMERICAN:**

COSTA RICAN 14

GUATEMALAN 15

HONDURAN 16

NICARAGUAN 17

PANAMANIAN 18

SALVADORAN 19

OTHER CENTRAL AMERICAN 20

**SOUTH AMERICAN:**

ARGENTINEAN 21

BOLIVIAN 22

CHILEAN 23

COLOMBIAN 24

ECUADORIAN 25

PARAGUAYAN 26

PERUVIAN 27

URUGUAYAN 28

VENEZUELAN 29

OTHER SOUTH AMERICAN 30

**OTHER HISPANIC OR LATINO:**

FILIPINO 31

SPANIARD 32

SPANISH 33

SPANISH AMERICAN 34

HISPANO/HISPANA 35

HISPANIC/LATINO 36

OTHER HISPANIC/LATINO (SPECIFY) 40

CHICANA/CHICANO 41

REFUSED 77

DON'T KNOW 99

|  |
| --- |
| **BOX 3L**  **CHECK ITEM DMQ.255:**  IF ‘OTHER SPECIFY’ (CODE 40) IN DMQ.253, DISPLAY SOFT ERROR MESSAGE “PLEASE REVIEW THE LIST AND SELECT RESPONSE FROM LIST BEFORE TYPING. THE LIST IS MEANT TO INCLUDE **ALL** CATEGORIES” AND CAPI SHOULD RETURN TO DMQ.253. |

DMQ.263 Please look at the categories on this card. What race or races {do you/does SP} consider {yourself/himself/herself} to be? Please select one or more.

HAND CARD DMQ3

CHECK ALL THAT APPLY.

AMERICAN INDIAN OR ALASKA NATIVE 1

ASIAN 2

BLACK OR AFRICAN AMERICAN 3

NATIVE HAWAIIAN OR PACIFIC ISLANDER 4

WHITE 5

OTHER 6

DK 99

RF 77

|  |
| --- |
| **NEW BOX L-1**  **CHECK ITEM DMQ.310:**  IF CODE 2 (ASIAN) IN DMQ.263 AND CODE 2 (ASIAN) IN SCQ.270, GO TO DMQ.336.  IF NOT CODE 2 (ASIAN) IN DMQ.263 AND NOT CODE 2 (ASIAN) IN SCQ.270, GO TO **BOX L-4d**.  OTHERWISE, GO TO **NEW BOX L-2**. |

|  |
| --- |
| **NEW BOX L-2**  **CHECK ITEM DMQ.315:**  IF CODE 2 (ASIAN) OR DK IN DMQ.263 AND NOT (CODE 2) IN SCQ.270, DISPLAY SOFT EDIT MESSAGE “RACE DOES NOT MATCH SCREENER SELECTION. CONFIRM RESPONSE..”  OTHERWISE, GO TO **NEW BOX L-3**. |

|  |
| --- |
| **NEW BOX L-3**  **CHECK ITEM DMQ.320:**  IF **NOT** CODE 2 OR DK IN DMQ.263 AND CODE 2 (ASIAN) IN SCQ.270, DISPLAY SOFT EDIT MESSAGE “RACE DOES NOT MATCH SCREENER SELECTION. CONFIRM RESPONSE.”  OTHERWISE, GO TO **NEW BOX L-4**. |

|  |
| --- |
| **NEW BOX L-4**  **CHECK ITEM DMQ.325:**  IF CODE 2 (ASIAN) IN DMQ.263, GO TO DMQ.336.  OTHERWISE, GO TO **NEW BOX L-4a**. |

|  |
| --- |
| **NEW BOX L-4a**  **CHECK ITEM DMQ.327:**  IF CODE 3 (BLACK) IN DMQ.263 AND CODE 3 (BLACK) IN SCQ.270, GO TO NEW BOX L-4d.  IF NOT CODE 3 (BLACK) IN DMQ.263 AND NOT CODE 3 (BLACK) IN SCQ.270, GO TO NEW BOX L-4d.  OTHERWISE, GO TO **NEW BOX L-4b**. |

|  |
| --- |
| **NEW BOX L-4b**  **CHECK ITEM DMQ.332:**  IF CODE 3 (BLACK) OR DK IN DMQ.263 AND NOT CODE 3 IN SCQ.270, DISPLAY SOFT EDIT MESSAGE “RACE DOES NOT MATCH SCREENER SELECTION. CONFIRM RESPONSE..”  OTHERWISE, GO TO **NEW BOX L-4c**. |

|  |
| --- |
| **NEW BOX L-4c**  **CHECK ITEM DMQ.338:**  IF **NOT** 3 OR DK IN DMQ.263 AND CODE 3 (BLACK/AFRICAN AMERICAN) IN SCQ.270, DISPLAY SOFT EDIT MESSAGE “RACE DOES NOT MATCH SCREENER SELECTION. CONFIRM RESPONSE..”  OTHERWISE, GO TO **NEW BOX L-4d**. |

|  |
| --- |
| **NEW BOX L-4d**  **CHECK ITEM DMQ.339:**  IF CODE 4 (NHPI) IN DMQ.263, GO TO DMQ.350.  IF NOT CODE 4 (NHPI) IN DMQ.263, GO TO NEW BOX L-5. |

|  |
| --- |
| **NEW BOX L-5**  **CHECK ITEM DMQ.330:**IF CODE 6 (OTHER) IN DMQ.263 AND CODE 1 (YES-HISPANIC) IN DMQ.241, GO TO DMQ.266.  OTHERWISE, GO TO DMQ.135. |

DMQ.350 Please give me the number of the group that represents {your/SP’s} Native Hawaiian or Pacific Islander origin or ancestry. Please select one or more of these categories.

HAND CARD DMQ4

PROBE: Where do your ancestors come from?

NATIVE HAWAIIAN 1

GUAMANIAN OR CHAMORRO 2

SAMOAN 3

OTHER PACIFIC ISLANDER 4

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX L-5a**  **CHECK ITEM DMQ.355:**  GO TO NEW BOX L-5. |

DMQ.336 Please give me the number of the group that represents {your/SP’s} Asian origin or ancestry. Please select one or more of these categories.

HAND CARD DMQ5

PROBE: Where do your ancestors come from?

ASIAN INDIAN 10

BANGLADESHI 11

BENGALESE 12

BHARAT 13

BHUTANESE 14

BURMESE 15

CAMBODIAN 16

CANTONESE 17

CHINESE 18

DRAVIDIAN 19

EAST INDIAN 20

FILIPINO 21

GOANESE 22

HMONG 23

INDOCHINESE 24

INDONESIAN 25

IWO JIMAN 26

JAPANESE 27

KOREAN 28

LAOHMONG 29

LAOTIAN 30

MADAGASCAR/MALAGASY 31

MALAYSIAN 32

MALDIVIAN 33

MONG 34

NEPALESE 35

NIPPONESE 36

OKINAWAN 37

PAKISTANI 38

SIAMESE 39

SINGAPOREAN 40

SRI LANKAN 41

TAIWANESE 42

THAI 43

VIETNAMESE 44

REFUSED 77

DON'T KNOW 99

|  |
| --- |
| **NEW BOX L-6**  **CHECK ITEM DMQ.340:**  SKIP TO DMQ.135. |

DMQ.266 CODE SP ANSWER TO ‘OTHER RACE’.

OS

MEXICAN 10

PUERTO RICAN 11

CUBAN 12

DOMINICAN REPUBLIC 13

**CENTRAL AMERICAN:**

COSTA RICAN 14

GUATEMALAN 15

HONDURAN 16

NICARAGUAN 17

PANAMANIAN 18

SALVADORAN 19

OTHER CENTRAL AMERICAN 20

**SOUTH AMERICAN:**

ARGENTINEAN 21

BOLIVIAN 22

CHILEAN 23

COLOMBIAN 24

ECUADORIAN 25

PARAGUAYAN 26

PERUVIAN 27

URUGUAYAN 28

VENEZUELAN 29

OTHER SOUTH AMERICAN 30

**OTHER HISPANIC OR LATINO:**

SPANIARD 32

SPANISH 33

SPANISH AMERICAN 34

HISPANO/HISPANA 35

HISPANIC/LATINO 36

OTHER (SPECIFY) 40

REFUSED 77

DON'T KNOW 99

|  |
| --- |
| **BOX 3M**  **CHECK ITEM DMQ.268:**  IF ‘OTHER SPECIFY’ (CODE 40) IN DMQ.266, DISPLAY SOFT ERROR MESSAGE – “PLEASE REVIEW THE LIST AND SELECT RESPONSE FROM LIST BEFORE TYPING. THE LIST IS MEANT TO INCLUDE **ALL** CATEGORIES.” AND CAPI SHOULD RETURN TO QUESTION DMQ.266. |

DMQ.135 {Were you/Was {SP}} born in the United States or a United States territory?

YES 1 (DMQ.130)

NO 2

REFUSED 7 (BOX 5)

DON'T KNOW 9 (BOX 5)

DMQ.160 In what month and year did {you/SP} come to the United States to stay?

M/Y

CAPI INSTRUCTION:

HARD EDIT: NOT BEFORE SP’S DATE OF BIRTH AND NOT AFTER CURRENT DATE. IF OUT OF RANGE DISPLAY “DATE OF IMMIGRATION MUST BE AFTER DATE OF BIRTH {DOB YYYY} AND BEFORE TODAY.”

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

ENTER MONTH NUMBER

REFUSED 7777

DON'T KNOW 9999

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

ENTER 4-DIGIT YEAR

REFUSED 777777

DON'T KNOW 999999

|  |
| --- |
| **BOX 5**  **CHECK ITEM DMQ.175:**  SKIP TO DMQ.281a. |

DMQ.130 In what state or U.S. territory {were you/was SP} born?

ENTER 2 LETTER STATE ABBREVIATION TO START THE LOOKUP.

SELECT STATE FROM CAPI STATE LIST.

PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY FIPS STATE LIST. INTERVIEWER ONLY SHOULD BE ABLE TO SELECT 1 STATE FROM LIST. WHEN A STATE ABBREVIATION IS SELECTED, PREFILL THE FOLLOWING:

DMQ130A – STATES FIPS CODE

DMQ130B = STATE NAME

DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS.

THE STATE LOOKUP IN THE SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

|  |  |
| --- | --- |
| DMQ.281a | The National Center for Health Statistics will conduct statistical research by combining {your/his/her} survey data with vital, health, nutrition and other related records. {Your/SP’s} social security number is used only for these purposes. Providing this information is voluntary and is collected under the authority of Section 306 of the Public Health Service Act. There will be no effect on {your/his/her} benefits if you do not provide it. |

INTERVIEWER INSTRUCTION—ONLY READ IF ASKED. [Public Health Service Act is title 42, United States Code, section 242k.]

What is {your/SP's} Social Security Number?

INTERVIEWER INSTRUCTION:

IF RESPONDENT CANNOT RECALL FROM MEMORY ASK {HIM/HER} TO GET CARD AT THIS TIME.

IF RESPONDENT IS RELUCTANT OR NEEDS MORE INFORMATION OR REFUSES, READ: I understand your concern. By matching NHANES data with other health-related records, researchers can study health conditions like heart attacks and diabetes in depth. They can also better understand health care use and health care costs for all Americans. These findings will help doctors assist patients in making smart choices. Here are other examples (HAND CARD DMQ6) of things we have learned when we matched records from different sources. May I please have {your/SP’s} Social Security Number?

ENTER SOCIAL SECURITY NUMBER 1 (DMQ281b)

DOES NOT HAVE SOCIAL SECURITY NUMBER 2 END OF SECTION

REFUSED 7 END OF SECTION

DON'T KNOW 9 END OF SECTION

CAPI INSTRUCTION:

IF SP REFUSES (CODE 7), DISPLAY THE FOLLOWING SOFT ERROR MESSAGE:

Make sure you have read the required text on the screen.

DMQ281b/c

CAPI INSTRUCTION:

REQUIRE DOUBLE ENTRY OF SOCIAL SECURITY NUMBER.

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

ENTER SOCIAL SECURITY NUMBER

or

REFUSED 777777777

DON'T KNOW 999999999

HARD EDIT:

Validate that there are 9 digits entered for an SSN. Do not accept entry less than 9 digits for DMQ281b/c. If a less than 9 digits number was entered, display the message “The SSN should be a 9-digit number, please verify.”

The SSN is a 3-part number (3-digit Area Number + 2-DIGit Group Number + 4-digit Serial Number). None of these compartments can be all zeros. Please verify and display error message “It is unlikely that the SSN starts with “000”, has “00” as its middle 2-digits, or has “0000” as its last 4 digits, please verify that you have the complete number.”

IF DK OR RF SELECTED, DISPLAY, “GO BACK TO PREVIOUS QUESTION AND CODE {DK/RF}.

DMQ.300 INTERVIEWER: SELECT CATEGORY FOR REPORTING OF SOCIAL SECURITY NUMBER

SELF REPORTED FROM MEMORY 1

SELF REPORTED FROM RECORDS 2

PROXY REPORTED FROM MEMORY 3

PROXY REPORTED FROM RECORDS 4

|  |
| --- |
| **BOX 6**  OMITTED |

**HELP SCREEN FOR DMQ.141:**

School: An institution that advances a person toward an elementary or high school diploma, or a college or professional school degree. Do not count schooling in non-regular schools unless the credits are accepted by regular schools.

Regular school includes graded public, private, and parochial schools, colleges, universities, graduate and professional schools, seminaries where a Bachelor's degree is offered, junior colleges specializing in skill training, colleges of education, and nursing schools where a Bachelor's degree is offered.

If the person attended school outside of the "regular" school system, probe to determine if the schooling is applicable here. Use the following guidelines to determine if the schooling should be included:

- Training Programs - Count training received "on the job," in the Armed Forces, or through correspondence school only if it was credited toward a school diploma, high school equivalency (GED), or college degree.

- Vocational, Trade, or Business School - Do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system.

- General Educational Development (GED) or High School Equivalency - An exam certified equivalent of a high school diploma. If the person has not actually completed all 4 years of high school, but has acquired his/her GED (high school equivalency based on passing the GED exam), count this and enter code "14."

- Adult Education - Adult education classes should not be included as regular school unless such schooling has been counted for credit in a regular school system. If a person has taken adult education classes not for credit, these classes should not be counted as regular school. Adult education courses given in a public school building are part of regular schooling only if their completion can advance a person toward an elementary school certificate, a high school diploma (or GED), or a college degree.

- Other School Systems - If the person attended school in another country, in an ungraded school, in a "normal school", under a tutor, or under other special circumstances, ask the respondent to give the nearest equivalent of years in regular U.S. schooling.

GED (General Educational Development): An exam certified equivalent of a high school diploma.

Occupational/Technical/Vocational Programs: Includes secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered and other trade and business schools outside the regular school system.

Vocational (Trade or Business) School: When determining the highest grade or year of regular school the person ever completed, do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system.

College: Any junior college, community college, four-year college or university, nursing school or seminary where a college degree is offered, and graduate school or professional school that is attended after obtaining a degree from a 4-year institution.

Bachelor's Degree: An educational degree given by a college or university to a person who has completed a four-year course or its equivalent in the humanities or related studies (B.A.) or in the sciences (B.S.).

Doctorate Degree: The highest educational degree given by a college or university to a person who has completed a prescribed course of advanced graduate study. For example—a Doctor of Philosophy (Ph.D.).

HEALTH INSURANCE – HIQ

Target Group: All Ages

HIQ.011 The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare, Medicaid, and the Children’s Health Insurance Program that provide medical care or help pay medical bills. {Are you/Is SP} covered by any kind of health insurance or some other kind of health care plan?

YES 1

NO 2 (BOX 12)

REFUSED 7 (BOX 12)

DON'T KNOW 9 (BOX 12)

HIQ.032 What kinds of health insurance or health care coverage {do you/does SP} have? Is it… private health insurance, Medicare, Medigap, Medicaid, Children’s Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA, Indian Health Service, a state-sponsored health plan or another government program?

CODE ALL THAT APPLY

HAND CARD HIQ1

CAPI INSTRUCTION:

DO NOT ALLOW MORE THAN ONE ANSWER WHEN 140 (NO COVERAGE OF ANY TYPE) IS CODED.

PRIVATE HEALTH INSURANCE 1

MEDICARE 2

MEDI-GAP 3

MEDICAID 4

CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) 5

MILITARY RELATED HEALTH CARE: TRICARE   
 (CHAMPUS)/VA HEALTH CARE/CHAMP-VA 6

INDIAN HEALTH SERVICE 7

STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE

PLAN NAME}) 8

OTHER GOVERNMENT PROGRAM 9

NO COVERAGE OF ANY TYPE 10

REFUSED 77

DON'T KNOW 99

CAPI INSTRUCTION:

SOFT EDIT: IF SP AGE LESS THAN 18 AND HIQ.032 = 2 (MEDICARE) DISPLAY ERROR MESSAGE, “PLEASE VERIFY THAT CHILD SP HAS MEDICARE. Only disabled children or children with kidney failure can get Medicare. Children who have Medicare are almost always also receiving Social Security or SSI and have Medicaid.”

SOFT EDIT: IF SP AGE EQUAL TO OR GREATER THAN 18 AND LESS THAN 65 AND HIQ.032 – 2 (MEDICARE) DISPLAY ERROR MESSAGE, “PLEASE VERIFY THAT SP AGE 18-64 HAS MEDICARE. Only disabled adults or adults with kidney failure under 65 years old can have Medicare. They are almost always receiving disability checks from Social Security or SSI.”

HARD EDIT: IF HIQ.032 = 3 (MEDI-GAP) AND 2 (MEDICARE)IS NOT SELECTED, DISPLAY ERROR MESSAGE, “Medi-Gap refers to Medicare Supplemental Insurance. You must have Medicare to be eligible to purchase Medi-Gap. PLEASE VERIFY IF SP HAS MEDI-GAP AND, IF YES, IF HE/SHE HAS Medicare.”

{CAPI DISPLAYS ONE QUESTION FOR CORRECTION}

HIQ.032

|  |
| --- |
| **BOX 2**  OMITTED |

|  |
| --- |
| **BOX 3**  OMITTED |

|  |
| --- |
| **BOX 4**  OMITTED |

|  |
| --- |
| **BOX 5**  OMITTED |

|  |
| --- |
| **BOX 10**  OMITTED |

|  |
| --- |
| **BOX 11**  OMITTED |

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| --- |
| **BOX 12**  **CHECK ITEM HIQ.065:**   * IF AGE => 65 AND HIQ.032 = CODE 1 OR CODE 3-99 OR HIQ.032 IS EMPTY, GO TO HIQ.260. * IF AGE = BIRTH+ AND HIQ.032 = CODE 2, GO TO HIQ.502. * OTHERWISE, CONTINUE. |

|  |
| --- |
| **BOX 13**  **CHECK ITEM HIQ.259:**  IF AGE < 65 AND (HIQ.011 = 1 (YES) AND HIQ.032 NOT = 10 (NO COVERAGE), GO TO HIQ.270.  IF AGE < 65 AND (HIQ.011 = 2, 7, OR 9 OR HIQ.032 = 10), GO TO END OF SECTION. |

HIQ.260 {Do you/Does SP} have Medicare? This is a health insurance program that virtually all persons 65 and older are eligible for. A card is automatically mailed to you shortly before your 65th birthday, it looks like this.

HAND CARD HIQ2

YES 1

NO 2 (BOX 14)

REFUSED 7 (BOX 14)

DON’T KNOW 9 (BOX 14)

HIQ.502 May I please see {your/SP's} Medicare card to record the Health Insurance Claim Number?

This number is needed to allow Medicare records of the Center for Medicare and Medicaid Services to be easily and accurately located and identified for statistical or research purposes. Providing the Health Insurance Claim Number is voluntary and collected under the authority of Section 306 of the Public Health Service Act. Whether the number is given or not, there will be no effect on {your/his/her} benefits. This number will be held confidential. [The Public Health Service Act is Title 42, United States Code, Section 242K.]

CAPI INSTRUCTION:

REQUIRE DOUBLE ENTRY OF NUMBER. DOUBLE ENTRY ITEM NUMBER IS HIQ.510.

ALLOW UP TO 13 CHARACTERS (LETTERS OR NUMBERS)

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

ENTER CLAIM NUMBER

REFUSED 77777777777 (BOX 14)

DON'T KNOW 99999999999 (BOX 14)

HIQ.105 INTERVIEWER: ENTER 1 RESPONSE

CARD AVAILABLE 1

CARD NOT AVAILABLE 2 (BOX 14)

|  |
| --- |
| **BOX 14**  **CHECK ITEM HIQ.269:**  IF (HIQ.011 = 1 AND HIQ.032 NOT = 10) OR HIQ.260 = 1, CONTINUE.  OTHERWISE, GO TO END OF SECTION. |

|  |
| --- |
| **BOX 6**  OMITTED |

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| --- |
| **BOX 7**  OMITTED |

|  |
| --- |
| **BOX 8**  OMITTED |

|  |
| --- |
| **BOX 9**  OMITTED |

HIQ.270 Does the plan pay for any of the costs for medications prescribed by a doctor?

CAPI INSTRUCTION:

IF HIQ.032 = 2 or HIQ.260 = 1, DISPLAY: [If {you are/SP is} enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan, {you have/he has/she has} some prescription drug coverage.]

Yes 1

No 2

Refused 7

Don't know 9

HIQ.210 In the **past 12 months**, was there any time when {you/SP} did **not** have **any** health insurance or coverage?

Yes 1

No 2

Refused 7

Don't know 9

**HELP SCREEN FOR HIQ.011:**

Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Center for Medicare and Medicaid Services of the U.S., Department of Health and Human Services.

Medicare consists of two parts, A and B:

Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older.

Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.

Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.

If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security.

Medicaid: Refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states.

**HELP SCREEN FOR HIQ.032:**

Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.

Private Health Insurance Plan: Any type of health insurance, including HMOs, that is not a public program. Private health insurance plans may be provided in part or full by a person's employer or union, or may be purchased directly by an individual.

Private Health Insurance Plan through a State or Local Government Program or Community Program: A type of health insurance for which state or local government or community effort pays for part or all of the cost of a private insurance plan, such as Blue Cross/Blue Shield. The individual may also contribute to the cost of the health insurance and may receive a card such as a Blue Cross/Blue Shield card. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private company giving a grant to an HMO to pay for health insurance coverage.

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Center for Medicare and Medicaid Services of the U.S., Department of Health and Human Services.

Medicare consists of two parts, A and B:

Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older.

Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.

Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.

If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security.

Medi-Gap: Refers to private health insurance purchased to supplement Medicare. Medi-Gap will be treated as a private health insurance plan in the detailed questions about health insurance.

Medicaid: Refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states.

CHIP (Children's Health Insurance Program, also called SCHIP): A joint federal and state program, administered by each state, that offers health care coverage to low-income, uninsured children. This law was passed in 1997. In some states, CHIP programs have distinct names.

Military Health Care/VA: Refers to health care available to active duty personnel and their dependents, in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

TRICARE/CHAMP-VA: TRICARE, formerly known as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), provides civilian health benefits for U.S. Armed Forces military personnel, military retirees, and their dependents. Several varitions of the plan exist including (but are not limited to): TRICARE Reserve Select, TRICARE Prime, TRICARE Select, U.S. Family health plan, TRICARE Select Overseas, and TRICARE for Life. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

Indian Health Service: The federal health care program for Native Americans.

State-Sponsored Health Plan: Any other health care coverage run by a specific state, including public assistance programs other than "Medicaid" that pay for health care.

Other Government Program: A catch-all category for any public program providing health care coverage other than those programs in specific categories.

**HELP SCREEN FOR HIQ.502:**

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Center for Medicare and Medicaid Services of the U.S., Department of Health and Human Services.

Medicare consists of two parts, A and B:

Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older.

Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.

Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.

If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security.

INFANT FORMULA QUESTIONNAIRE – IFQ

Target Group: SPs Birth to 24 Months

|  |
| --- |
| **BOX 1**  IF SP ≥24 MONTHS, GO TO THE END OF THE SECTION.  IF DBQ050 = MISSING, GO TO END OF SECTION.  IF DBQ050G=2, DK, OR RF, CONTINUE  IF DBQ.050G = 1 AND THE DIFFERENCE BETWEEN AGE REPORTED IN DBQ.050 AND THEAGE AT THE DATE OF INTERVIEW <=1 MONTH, CONTINUE. IF THE DIFFERENCE BETWEEN AGE REPORTED IN DBQ.050 AND THE AGE AT THE DATE OF INTERVIEW >1 MONTH, GO TO END OF SECTION. |

IFQ.001 Now I’d like to know about any infant and toddler formulas {SP} had in the **past two weeks**. May I please see the containers for **all** the infant and toddler formulas that were fed to {SP} (in the **past two weeks**)?

INTERVIEWER INSTRUCTION: TODDLER FORMULAS MAY ALSO BE CALLED TODDLER MILK, GROWING UP MILK, OR FOLLOW-ON FORMULA.

ENTER INFANT AND TODDLER   
FORMULA NAME 1

DID NOT TAKE INFANT OR TODDLER   
FORMULA 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

CAPI INSTRUCTION: IFQ.005 THROUGH IFQ.040 SHOULD APPEAR ON 1 LINE ON A GRID ALLOWING UP TO 5 ENTRIES.

IFQ.005

IFQ.005OS PRESS BS TO START THE LOOKUP.

ENTER FORMULA NAME.

SELECT FORMULA FROM LIST.

IF FORMULA **NOT** ON LIST – PRESS BS TO DELETE ENTRY

TYPE '\*\*'.

PRESS ENTER TO SELECT.

INTERVIEWER INSTRUCTION FOR IFQ.005OS: ENTER THE FULL NAME OF THE FORMULA. INCLUDE:

BRAND NAME

BASE: MILK, SOY, OTHER

FORM: POWDER, READY TO USE, LIQUID CONCENTRATE, OTHER

ADDED INGREDIENTS OR DESCRIPTIONS: IRON, DHA, VITAMIN E, ETC.

AGE: THROUGH 12 MONTHS, 0-24 MONTHS, ETC..

CAPI INSTRUCTION:

DISPLAY FORMULA LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONLY 1 FORMULA OR THE '\*\*' OPTION.

DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS.

DISPLAY PRODUCT NAME AS LEFT HEADER.

DISPLAY “IFQ.005” OR “IFQ.005OS” AS COLUMN HEADER

IF ‘\*\*’ OPTION IS SELECTED, DISPLAY ‘OS’ ENTRY FIELD OF 215 CHARACTERS.

IF ‘\*\*’ OPTION IS SELECTED, DISPLAY ‘OS’ ENTRY IN HEADER IN SUBSEQUENT QUESTIONS INSTEAD OF FORMULA SELECTED FROM LIST.

FORMULA NAME SELECTED

REFUSED 77

DON'T KNOW 99

IFQ.010 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

DISPLAY “IFQ.010” AS COLUMN HEADER

CONTAINER SEEN 1

CONTAINER NOT SEEN 2

|  |
| --- |
| **BOX 2**  **CHECK ITEM IFQ.013:**  IF FORMULA ON LIST AND CODE 1 FOR IFQ.010, SKIP TO IFQ.055.  OTHERWISE, CONTINUE. |

IFQ.015 INTERVIEWER: WHAT IS THE BASE OF THIS FORMULA? SELECT ONE RESPONSE.

IF CONTAINER IS NOT SEEN, PROBE IF NECESSARY BY READING POSSIBLE RESPONSE OPTIONS.

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

DISPLAY “IFQ.015” AS COLUMN HEADER

MILK 1

SOY 2

OTHER 3

REFUSED 7

DON'T KNOW 9

IFQ.020 INTERVIEWER: WHAT IS THE FORM OF THIS FORMULA? SELECT ONE RESPONSE.

IF CONTAINER IS NOT SEEN, PROBE IF NECESSARY BY READING POSSIBLE RESPONSE OPTIONS.

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

DISPLAY “IFQ.020” AS COLUMN HEADER

POWDER 1

READY TO USE 2

LIQUID CONCENTRATE 3

OTHER 4

REFUSED 7

DON'T KNOW 9

IFQ.025 INTERVIEWER: WHAT ARE THE ADDED INGREDIENTS OR DESCRIPTIONS FOR THIS FORMULA? SELECT ALL THAT APPLY.

IFQ.025OS

IF CONTAINER IS NOT SEEN, PROBE IF NECESSARY BY READING POSSIBLE RESPONSE OPTIONS.

INTERVIEWER INSTRUCTION FOR IFQ.025OS: SPECIFY ADDED INGREDIENTS OR DESCRIPTIONS.

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

DISPLAY “IFQ.025” OR “IFQ.025OS” AS COLUMN HEADER

CODE ALL THAT APPLY.

EDIT: “NO ADDED INGREDIENTS OR DESCRIPTIONS” MAY NOT BE CHOSEN WITH ANY OTHER ENTRY

NO ADDED INGREDIENTS OR   
DESCRIPTIONS 1

IRON 2

LOW IRON 3

ARA 4

DHA 5

LUTEIN 6

NON-GMO 7

ORGANIC 8

PREBIOTIC 9

PROBIOTIC 10

VITAMIN E 11

OTHER (SPECIFY) 91

REFUSED 77

DON'T KNOW 99

IFQ.030 INTERVIEWER: WHAT IS THE AGE FOR THIS FORMULA? SELECT ONE RESPONSE.

IFQ.030OS IF CONTAINER IS NOT SEEN, PROBE IF NECESSARY BY READING POSSIBLE RESPONSE OPTIONS

INTERVIEWER: INSTRUCTION FOR IFQ.030OS: SPECIFY AGE.

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

DISPLAY “IFQ.030” OR “IFQ.030OS” AS COLUMN HEADER

NO AGE RANGE 1

BIRTH TO 12 MONTHS 2

FIRST 12 MONTHS 3

THROUGH 12 MONTHS 4

0-3 MONTHS 5

0-24 MONTHS 6

6-12 MONTHS 7

9 MONTHS & UP 8

9-18 MONTHS 9

9-36 MONTHS 10

12 MONTHS & UP 11

1-3 YEARS 12

OTHER (SPECIFY) 91

REFUSED 77

DON'T KNOW 99

IFQ.035

IFQ.035OS PRESS BS TO START THE LOOKUP.

ENTER MANUFACTURER.

SELECT MANUFACTURER FROM LIST.

IF MANUFACTURER **NOT**

ON LIST – PRESS BS

TO DELETE ENTRY

TYPE '\*\*'.

PRESS ENTER TO SELECT.

INTERVIEWER INSTRUCTION FOR IFQ.035OS: SPECIFY MANUFACTURER NAME.

CAPI INSTRUCTION:

DISPLAY MANUFACTURER LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONLY 1 MANUFACTURER OR THE '\*\*' OPTION.

DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS.

IF ‘\*\*’ OPTION IS SELECTED, DISPLAY ‘OS’ ENTRY FIELD OF 50 CHARACTERS.

DISPLAY PRODUCT NAME AS LEFT HEADER.

DISPLAY “IFQ.035” OR “IFQ.035OS” AS COLUMN HEADER

IF DK OR RF FOR IFQ.035 BEFORE LOOKUP, CONTINUE TO IFQ.055.

|  |
| --- |
| **BOX 3**  **CHECK ITEM IFQ.040:**  IF NOT ON MANUFACTURER LIST, CONTINUE.  IF ON MANUFACTURER LIST, SKIP TO IFQ.055. |

IFQ.045 INTERVIEWER: ENTER MANUFACTURER CITY

INTERVIEWER: IF FORMULA IS FROM A FOREIGN COUNTRY, ENTER COUNTRY OF MANUFACTURER.

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

DISPLAY “IFQ.045” AS COLUMN HEADER

DISPLAY TEXT ENTRY FIELD

IF DK OR RF, CONTINUE.

IFQ.050 PRESS BS TO START THE LOOKUP.

ENTER 2-LETTER STATE ABBREVIATION.

SELECT STATE FROM LIST.

IF FORMULA IS FROM A FOREIGN COUNTRY, ENTER DON’T KNOW.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS.

DISPLAY PRODUCT NAME AS LEFT HEADER.

DISPLAY “IFQ.050” AS COLUMN HEADER

IF DK OR RF, CONTINUE

IFQ.055 For how long has {SP} been fed this formula?

Q/U

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

DISPLAY IFQ.055 AS COLUMN HEADER

RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

SOFT EDIT: DISPLAY, “CONFIRM LENGTH OF TIME”

IF ENTRY IS IN WEEKS AND IS >24 WEEKS, OR

IF ENTRY IS IN DAYS AND IS >40 DAYS

HARD EDIT: DISPLAY “LENGTH OF TIME CANNOT BE GREATER THAN SP’S AGE”

IF ENTRY IS IN YEARS AND IS > 2 YEARS

IF ENTRY IS IN MONTHS AND IS > 24 MONTHS

IF ENTRY IS IN WEEKS AND IS > 104 WEEKS

IF ENTRY IS IN DAYS AND IS > 731 DAYS

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

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED 7777777 (IFQ.005 ON NEXT LINE)

DON'T KNOW 9999999 (IFQ.005 ON NEXT LINE)

|\_\_\_|

ENTER UNIT

DAYS 1 (IFQ.005 ON NEXT LINE)

WEEKS 2 (IFQ.005 ON NEXT LINE)

MONTHS 3 (IFQ.005 ON NEXT LINE)

YEARS 4 (IFQ.005 ON NEXT LINE)

IFQ.060 CHECK CONTAINERS. ARE THERE ANY OTHER FORMULAS?

OR ASK RESPONDENT:

[Did {SP} drink any other infant or toddler formulas in the **past two weeks**?]

CAPI INSTRUCTIONS:

DISPLAY PRODUCT NAME AS LEFT HEADER.

DISPLAY IFQ.060 AS COLUMN HEADER

EDIT: NO MORE THAN 5 FORMULAS MAY BE LISTED.

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 4**  **CHECK ITEM IFQ.065:**  ASK IFQ.005-IFQ.060 FOR NEXT FORMULA (CODE 1 IN IFQ.060).  IF NO NEXT FORMULA (CODE 2,7,9 IN IFQ.060), CONTINUE. |

IFQ.070 REVIEW TOTAL NUMBER OF FORMULAS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} formula(s) that {SP} has taken in the **past two weeks**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL FORMULAS SELECTED AT IFQ.005 AND ENTERED IN IFQ.005OS. CALCULATE TOTAL NUMBER OF ALL FORMULAS SELECTED AT IFQ.005 AND ENTERED IN IFQ.005OS. DISPLAY NUMBER ON SCREEN.

DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION – DSQ

Target Group: SPs Birth +

DSQ.012 The next questions are about {your/SP's} use of dietary supplements, nonprescription antacids, and prescription medications during the **past 30 days**.

{Have you/Has SP} used or taken any **vitamins, minerals, herbals or other dietary supplements** in the **past 30 days**? Include prescription and non-prescription supplements.

This card lists some examples of different types of dietary supplements.

HAND CARD DSQ1a

CAPI INSTRUCTION:

IF ITEM CHANGES, CHECK MEC COMPONENT.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

RXQ.021 {Have you/Has SP} used or taken any nonprescription **antacids** in the **past 30 days**?

HAND CARD DSQ1b

CAPI INSTRUCTION:

IF ITEM CHANGED, CHECK MEC COMPONENT.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Past Month: The past 30 days. From yesterday, 30 days back.

|  |
| --- |
| **BOX 0**  OMITTED |

RXQ.033 In the **past 30 days**, {have you/has SP} used or taken medication for which a **prescription** is needed? Include only those products prescribed by a health professional such as a doctor or dentist. {Please remember to include any prescription birth control products that you are taking or using such as pills or patches.} [Do not include prescription vitamins or minerals you may have already told me about.]

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CAPI INSTRUCTION:

IF SP FEMALE AND AGE 16-49 YEARS, DISPLAY ‘Please remember to include prescription birth control products that you are taking or using such as pills or patches.’

IF CODE 2, DK, OR RF FOR DSQ.012 AND RXQ.021 AND RXQ.033, GO TO RXQ.500.

CAPI HARD EDIT CHECK #1

IF ‘NO’ (CODE 2) IN RXQ.033 AND ‘YES’ (CODE 1) IN DIQ.050 OR DIQ.070, DISPLAY THE FOLLOWING MESSAGE:

Earlier in the interview you reported currently taking insulin or a diabetic pill. If this is correct, we should count that as prescription medication you have taken in the last 30 days.

{CAPI DISPLAYS THREE QUESTIONS FOR CORRECTION}

DIQ.050 = Taking Insulin

DIQ.070 = Taking Diabetic Pills

RXQ.033 = Prescription Medication in Last 30 Days

CAPI HARD EDIT CHECK #2

IF ‘NO’ (CODE 2) IN RXQ.033 AND ‘YES’ (CODE 1) IN BPQ.050a, DISPLAY THE FOLLOWING MESSAGE:

Earlier in the interview you reported currently taking prescription medication for high blood pressure. If this is correct, we should count that as prescription medication you have taken in the last 30 days.

{CAPI DISPLAYS TWO QUESTIONS FOR CORRECTION}

BPQ.050a = Taking Blood Pressure Medication

RXQ.033 = Prescription Medication in Last 30 Days

CAPI HARD EDIT CHECK #3

IF ‘NO’ (CODE 2) IN RXQ.033 AND ‘YES’ (CODE 1) IN BPQ.100d, DISPLAY THE FOLLOWING MESSAGE:

Earlier in the interview you reported currently taking prescription medication for high cholesterol. If this is correct, we should count that as prescription medication you have taken in the last 30 days.

{CAPI DISPLAYS TWO QUESTIONS FOR CORRECTION}

BPQ.100d = Taking High Cholesterol Medicine

RXQ.033 = Prescription Medication in Last 30 Days

|  |
| --- |
| **BOX 0A**  **OMITTED** |

DSQ.042 May I please see the containers for **all** the {vitamins, minerals, herbals, and other dietary supplements}, {and} {nonprescription antacids} {and} {prescription medicines} that {you/SP} used or took in the **past 30 days**?

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

DISPLAY {vitamins, minerals, herbals and other dietary supplements,} only if DSQ.012 = yes (1), {nonprescription antacids.} only if RXQ.021 = yes (1), {prescription medicines,} only if RXQ.033 = yes (1), and the word {“and”} only before the last product type if there is more than one product type.

|  |
| --- |
| **BOX 1A**  **CHECK ITEM DSQ.045:**  IF 'YES' (CODE 1) IN DSQ.012, CONTINUE WITH DSQ.055.  OTHERWISE, GO TO BOX 6. |

DSQ.055 I will start with the vitamins, minerals, herbals and other dietary supplements. Please show me any {you have/SP has} taken in the **past 30 days**.

CHECK THE BACK OF THE PRODUCT LABEL AND VERIFY THAT THIS IS THE ONLY NUTRIENT (ELEMENT) LISTED IN THE SUPPLEMENTS FACTS BOX. IF THERE IS ANYTHING ELSE LISTED, ENTER AS A REGULAR PRODUCT.

IS THIS PRODUCT ON THE LIST BELOW?

YES 1

NO 2 (DSQ.052)

DON’T KNOW 9 (DSQ.052)

VITAMIN A 10

VITAMIN B6 12

VITAMIN B12 13

VITAMIN C (WITH OR WITHOUT ROSE   
HIPS) 14

VITAMIN D (D3) 15

VITAMIN E 16

CALCIUM 18

CHROMIUM (CHROMIUM PICOLINATE) 19

FOLATE (FOLIC ACID) 20

IRON (FERROUS XXXATE) 21

MAGNESIUM 27

POTASSIUM 28

SELENIUM 29

ZINC (ZINC GLUCONATE) 40

DSQ.056 WHICH PRODUCT IS IT?

CHECK THE BACK OF THE PRODUCT LABEL AND VERIFY THAT THIS IS THE ONLY NUTRIENT (ELEMENT) LISTED IN THE SUPPLEMENTS FACTS BOX. IF THERE IS ANYTHING ELSE LISTED, ENTER AS A REGULAR PRODUCT.

ENTER 1 PRODUCT CODE

CAPI INSTRUCTION:

IF ITEM CHANGED, CHECK MEC COMPONENT.

VITAMIN A 10

VITAMIN B6 12

VITAMIN B12 13

VITAMIN C (WITH OR WITHOUT ROSE   
HIPS) 14

VITAMIN D (D3) 15

VITAMIN E 16

CALCIUM 18

CHROMIUM (CHROMIUM PICOLINATE) 19

FOLATE (FOLIC ACID) 20

IRON (FERROUS XXXATE) 21

MAGNESIUM 27

POTASSIUM 28

SELENIUM 29

ZINC (ZINC GLUCONATE) 40

REFUSED 77 (DSQ.052)

DON’T KNOW 99 (DSQ.052)

|  |
| --- |
| **BOX 1B**  **CHECK ITEM DSQ.059:**  GO TO DSQ.071. |

DSQ.052 REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF DIETARY SUPPLEMENTS USED. ENTER FULL NAME OF SUPPLEMENT, INCLUDING BRAND.

ENTER SUPPLEMENT NAME

REFUSED 7---7

DON'T KNOW 9---9

CAPI INSTRUCTION:

IF DON'T KNOW OR REFUSAL, THEN GO TO BOX 6.

SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED.

TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.

IF ITEM CHANGED, CHECK MEC COMPONENT.

DSQ.060s OMITTED

|  |
| --- |
| **BOX 2**  OMITTED |

DSQ.057 OMITTED

DSQ.071 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

IF ITEM CHANGED, CHECK MEC COMPONENT.

CONTAINER SEEN 1

CONTAINER NOT SEEN 2

|  |
| --- |
| **BOX 2A**  **CHECK ITEM DSQ.074:**   * IF PRODUCT WAS SELECTED FROM SPECIAL PRODUCT LIST (YES, CODE 1 IN DSQ.055) **AND CONTAINER SEEN**, CONTINUE. * IF PRODUCT WAS **NOT** SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN DSQ.055) AND **CONTAINER SEEN**, GO TO DSQ.077. * OTHERWISE (IF CONTAINER NOT SEEN), GO TO DSQ.096. |

DSQ.066 **SELECT STRENGTH FOR {ELEMENT}**

a/aO

IF STRENGTH NOT ON FRONT OR UNCLEAR, TURN CONTAINER AROUND AND GET STRENGTH FROM FACTS BOX.

PRESS BS TO START LOOKUP.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

* {ELEMENT} = DISPLAY PRODUCT ELEMENT SELECTED IN DSQ.056.
* DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS.
* IF “OTHER” STRENGTH IS SELECTED, GET OTHER SPECIFY AND INTERVIEWER INSTRUCTION SHOULD READ “ENTER SUPPLEMENT STRENGTH”.
* **ALL** OF THE STRENGTH QUESTION AND INSTRUCTION SHOULD APPEAR WHEN STRENGTH LOOKUP LIST IS DISPLAYED (NO SCROLLING). THIS MAY MEAN PRINTING ALL WORDS ON THE SCREEN FLUSH LEFT IN MULTIPLE LINES.
* IF ITEM CHANGED, CHECK MEC COMPONENT.

|  |
| --- |
| **BOX 3**  OMITTED |

DSQ.077 WHAT IS THE FORM OF THIS PRODUCT?

OS

CAPSULES 1

TABLETS 2

CHEWABLE TABLETS 3

PILLS 4

CAPLETS 5

SOFT GELS 6

GEL CAPS 7

VEGICAPS 8

PACKAGE/PACKETS 9

LIQUID 10

POWDER 11

WAFERS 12

CHEWS/GUMMIES 13

DOTS 14

GRANULES 15

LOZENGES/COUGH DROPS 16

GEL 17

OTHER FORM (SPECIFY) 91

REFUSED 77

DON’T KNOW 99

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

IF ITEM CHANGED, CHECK MEC COMPONENT.

|  |
| --- |
| **BOX 3A**  **CHECK ITEM DSQ.079:**  IF PRODUCT **NOT** SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN DSQ.055), CONTINUE.  OTHERWISE, GO TO DSQ.096. |

DSQ.081K ENTER **MANUFACTURER/DISTRIBUTOR/STORE** BRAND NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME

REFUSED 7----7 (DSQ.088b)

DON'T KNOW 9----9 (DSQ.088b)

CAPI INSTRUCTION:

FOLLOW THE BASIC FORMAT FOR THE DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW ENTRY OF 1 MANUFACTURER. DISPLAY PRODUCT NAME AS A LEFT HEADER.

DSQ.084 PRESS BS TO START THE LOOKUP.

SELECT MANUFACTURER

FROM LIST.

IF MANUFACTURER **NOT**

ON LIST – PRESS BS

TO DELETE ENTRY

TYPE '\*\*'.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

DISPLAY MANUFACTURER LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONLY 1 MANUFACTURER OR THE '\*\*' OPTION.

DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS.

IF MANUFACTURER IS SELECTED FROM THE LOOKUP LIST, AUTOMATICALLY FILL IN THE CITY (DSQ088B) AND STATE INFORMATION (DSQ.088C).

IF ‘\*\*’ OPTION IS SELECTED, DSQ088A (MANUFACTURER NAME) IS OBTAINED FROM DSQ081K.

DISPLAY PRODUCT NAME AS LEFT HEADER.

|  |
| --- |
| **BOX 4**  **CHECK ITEM DSQ.085:**  IF MANUFACTURER SELECTED FROM LOOKUP, GO TO DSQ.096.  OTHERWISE, CONTINUE. |

DSQ.088b ENTER **CITY** NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

ENTER CITY

REFUSED 7---7

DON’T KNOW 9---9

DSQ.088c ENTER **STATE** NAME.

ENTER 2-LETTER

STATE ABBREVIATION.

PRESS ENTER TO

SELECT STATE FROM LIST.

ENTER STATE

REFUSED 7777

DON'T KNOW 9999

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS A LEFT HEADER.

AN ENTRY MUST BE MADE IN ALL DSQ.081 AND DSQ.087 FIELDS (MANUFACTURER INFO). IF THE MANUFACTURER INFO IS DON'T KNOW OR REFUSED, THEN SET THE NO MANUFACTURER INFORMATION VARIABLE.

DSQ.096 For how long {have/has} {you/SP} been taking {PRODUCT NAME} or a similar type of product?

Q/U

CAPI INSTRUCTION:

RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

HARD EDIT: DISPLAY “INVALID RESPONSE. ENTRY NOT IN RANGE. PLEASE RE-ENTER.” IF WEEKS >=52, MONTHS >=48 OR YEARS >=100.

SOFT EDIT: DISPLAY “LENGTH OF TIME CANNOT BE GREATER THAN SP’S AGE.” IF ENTRY IS IN DAYS OR WEEKS AND SP AGE IN YEARS = 0, CALCULATE CURRENT AGE FOR EDIT CHECK AS FOLLOWS:

IF ENTRY IS IN WEEKS AND AGE IN YEARS = 0, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN MONTHS +1)\*5)-1). IF ENTRY IS IN DAYS AND AGE IN YEARS = 0, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN MONTHS+1) \*31)-1).

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

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED 7777777 (DSQ.103)

DON'T KNOW 9999999 (DSQ.103)

|\_\_\_|

ENTER UNIT

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

DSQ.103 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did {you/SP} take {PRODUCT NAME}?

CAPI INSTRUCTION:

* {30 DAYS/NUMBER AND UNIT} = IF NUMBER AND UNIT ENTERED IN DSQ.096 >= 30 DAYS, OR REFUSED (CODE 7), OR DON’T KNOW (CODE 9), DISPLAY “30 DAYS” IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN DSQ.096 IS < 30 DAYS, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.096 IN TEXT OF QUESTION.
* {PRODUCT NAME} = PRODUCT SELECTED AT DSQ.056 OR PRODUCT ENTERED IN DSQ.052.

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

ENTER NUMBER OF DAYS FROM 1-30

REFUSED 7777

DON'T KNOW 9999

DSQ.123 On the days that {you/SP} took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

Q/U/OS

CAPI INSTRUCTION:

SOFT EDIT: QUANTITY SHOULD BE LESS THAN 10.

HARD EDIT: NUMBER MUST BE IN >0 – 150.0 RANGE.

ERROR MESSAGE: “You said {you/he/she} took {QUANTITY TAKEN}. Is that correct?”

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

ENTER NUMBER

REFUSED 777777 (DSQ.124)

DON'T KNOW 999999 (DSQ.124)

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

ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/  
SOFTGELS/GEL CAPS/VEGICAPS/  
CHEWABLE TABLETS 1 (07BOX NEW 4A)

DROPPERS 2 (07BOX NEW 4A)

DROPS 3 (07BOX NEW 4A)

INJECTIONS/SHOTS 5 (07BOX NEW 4A)

LOZENGES/COUGH DROPS 6 (07BOX NEW 4A)

MILLILITERS 7 (07BOX NEW 4A)

TABLESPOONS 11 (07BOX NEW 4A)

TEASPOONS 12 (07BOX NEW 4A)

WAFERS 13 (07BOX NEW 4A)

CANS 15 (07BOX NEW 4A)

GRAMS 16 (07BOX NEW 4A)

DOTS 17 (07BOX NEW 4A)

CUPS 18 (07BOX NEW 4A)

SPRAYS/SQUIRTS 19 (07BOX NEW 4A)

CHEWS/GUMMIES 20 (07BOX NEW 4A)

SCOOPS 21 (07BOX NEW 4A)

CAPFULS 23 (07BOX NEW 4A)

OUNCES 27 (07BOX NEW 4A)

PACKAGES/PACKETS 28 (CONTINUE)

VIALS 29 (07BOX NEW 4A)

GUMBALLS 30 (07BOX NEW 4A)

OTHER FORM (SPECIFY) 91 (07BOX NEW 4A)

REFUSED 77 (07BOX NEW 4A)

DON’T KNOW 99 (07BOX NEW 4A)

CAPI INSTRUCTION:

* IF FORM CODE 1 THROUGH 8 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 1 AND SKIP TO 07BOX NEW 4A.
* IF FORM CODE 12 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 13 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.
* IF FORM CODE 13 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 20 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.
* IF FORM CODE 14 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 17 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.
* IF FORM CODE 16 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 6 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.
* IF FORM CODE 9 IN DSQ.077, DISPLAY THE UNIT CODES 1, 6, 7, 11, 12, 13, 15, 16, 17, 18, 20, 21, 23, 27, 28, 30, 91, 77, 99 FOR DSQ.123U.
* IF FORM CODE 10, 17 IN DSQ.077, DISPLAY THE UNIT CODES 2, 3, 5, 7, 11, 12, 15, 18, 19, 23, 27, 29, 91, 77, 99 FOR DSQ.123U.
* IF FORM CODE 11, 15 IN DSQ.077, DISPLAY THE UNIT CODES 11, 12, 15, 16, 18, 21, 23, 27, 28, 91, 77, 99 FOR DSQ.123U.
* IF FORM CODE 91, 77, 99 IN DSQ.077, DISPLAY ENTIRE PICK LIST FOR DSQ.123U.
* IF CONTAINER NOT SEEN (CODE 2 IN DSQ.071), DISPLAY ENTIRE PICK LIST FOR DSQ.123U.

DSQ.125 {Did you/Does SP} take an entire packet of {PRODUCT NAME} each time?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **07BOX NEW 4A**  **CHECK ITEM DSQ.105:**  IF PRODUCT NOT SEEN IN DSQ.071 (CODE 2) AND DSQ.123 = 7, 11, 12, 15, 16, 18, 21, 23 OR 27, CONTINUE.  OTHERWISE, SKIP TO DSQ.124. |

DSQ.110 Was that a liquid or powder?

LIQUID 1

POWDER 2

REFUSED 77

DON'T KNOW 99

DSQ.124 What is the reason {you take/SP takes} {PRODUCT NAME}?

Did {you/SP NAME} decide to take it for reasons of your own or did a doctor or other health provider tell {you/him/her} to take it?

DECIDED TO TAKE IT FOR REASONS   
OF MY OWN 1

A DOCTOR OR OTHER HEALTH   
PROVIDER TOLD ME TO 2

REFUSED 7 (DSQ.127)

DON’T KNOW 9 (DSQ.127)

DSQ.136 {For what reason or reasons {do you/does SP} take {PRODUCT NAME}?}

DSQ137OS {For what reason or reasons did the doctor or other health professional tell {you/SP} to take {PRODUCT}?}

HAND CARD DSQ2

CODE ALL THAT APPLY.

|  |  |
| --- | --- |
| **TO:**  BUILD MUSCLE 35  GAIN WEIGHT 36  GET MORE ENERGY 25  IMPROVE DIGESTION 31  IMPROVE MY OVERALL HEALTH 14  MAINTAIN HEALTH (TO STAY HEALTHY) 17  MAINTAIN HEALTHY BLOOD SUGAR  LEVEL, DIABETES 29  PREVENT COLDS, BOOST IMMUNE  SYSTEM 18  PREVENT HEALTH PROBLEMS 13  SUPPLEMENT MY DIET (BECAUSE I  DON’T GET ENOUGH FROM FOOD) 16 | **FOR:**  ANEMIA, SUCH AS LOW IRON 27  BONE HEALTH, BUILD STRONG BONES,  OSTEOPOROSIS 24  EYE HEALTH 20  GOOD BOWEL/COLON HEALTH 10  HEALTHY JOINTS, ARTHRITIS 21  HEALTHY SKIN, HAIR, AND NAILS 22  HEART HEALTH, CHOLESTEROL 19  KIDNEY AND BLADDER HEALTH, URINARY  TRACT HEALTH 30  LIVER HEALTH, DETOXIFICATION,  CLEANSE SYSTEM 34  MENOPAUSE, HOT FLASHES 28  MENTAL HEALTH 12  MUSCLE RELATED ISSUES, MUSCLE  CRAMPS 32  PREGNANCY/BREASTFEEDING 26  PROSTATE HEALTH 11  RELAXATION, DECREASE STRESS,  IMPROVE SLEEP 33  TEETH, PREVENT CAVITIES 15  WEIGHT LOSS 23 |

OTHER SPECIFY 91

REFUSED 77

DON’T KNOW 99

CAPI INSTRUCTION:

IF CODE 1 IN DSQ.124, DISPLAY For what reason or reasons {do you/does SP} take {PRODUCT NAME}?

IF CODE 2 IN DSQ.124, DISPLAY For what reason or reasons did the doctor or other health professional tell {you/SP} to take {PRODUCT}?

DSQ.127 ARE THERE ANY OTHER VITAMINS, MINERALS, HERBALS OR DIETARY SUPPLEMENTS?

YES 1

NO 2

HELP SCREEN:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

|  |
| --- |
| **BOX 5**  **CHECK ITEM DSQ.129:**  ASK DSQ.127 FOR NEXT VITAMIN (CODE 1 IN DSQ.127). IF NO NEXT VITAMIN (CODE 2 IN DSQ.127), CONTINUE WITH DSQ.131. |

DSQ.131 REVIEW TOTAL NUMBER OF DIETARY SUPPLEMENTS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} vitamin(s), mineral(s), herbals or dietary supplement(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME (STRENGTH)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

DISPLAY LIST OF ALL VITAMIN AND MINERAL NAMES AND STRENGTHS SELECTED AT DSQ.056 AND ENTERED AT DSQ.052. CALCULATE TOTAL NUMBER OF ALL VITAMINS AND MINERALS SELECTED AT DSQ.056 AND ENTERED AT DSQ.052. DISPLAY NUMBER ON SCREEN.

HELP SCREEN:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

|  |
| --- |
| **BOX 6**  **CHECK ITEM DSQ.133:**  IF 'YES' (CODE 1) IN RXQ.021, CONTINUE.  OTHERWISE, GO TO NEW BOX 10AA. |

RXQ.141 Now I would like to ask you some questions about {your/SP's} use of **nonprescription antacids** in the **past 30 days**.

[First I will record some information about an antacid, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF NONPRESCRIPTION ANTACIDS USED. ENTER **FULL** BRAND NAME OF ANTACID.

ENTER ANTACID NAME

REFUSED 7---7

DON'T KNOW 9---9

CAPI INSTRUCTION:

IF DON'T KNOW OR REFUSED, THEN GO TO BOX 10AA.

SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.

[TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.

IF ITEM CHANGED, CHECK MEC COMPONENT.

HELP SCREEN:

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Past Month: The past 30 days. From yesterday, 30 days back.

RXQ.150s PRESS BS TO START THE LOOKUP.

SELECT ANTACID

FROM LIST.

IF ANTACID **NOT**

ON LIST – PRESS BS

TO DELETE ENTRY.

TYPE '\*\*'.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

DISPLAY CAPI ANTACID PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.141 BY TYPING IN "\*\*". THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.

INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 2.

ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

DRUG TYPE {3}

GENERIC NAME {60}

THERAPEUTIC CLASS CODE {6}

GENERIC FLAG {1}

THERE IS NO NEED TO DISPLAY THIS INFORMATION.

IF ITEM CHANGED, CHECK MEC COMPONENT.

|  |
| --- |
| **BOX 7**  **OMITTED** |

RXQ.160 INTERVIEWER: ENTER 1 RESPONSE.

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

IF ITEM CHANGED, CHECK MEC COMPONENT.

CONTAINER SEEN 1

CONTAINER NOT SEEN 2

RXQ.180 For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?

Q/U

CAPI INSTRUCTION:

RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

SOFT EDIT: DISPLAY “LENGTH OF TIME CANNOT BE GREATER THAN SP’S AGE.” IF ENTRY IS IN DAYS OR WEEKS AND SP AGE IN YEARS = 0, CALCULATE CURRENT AGE FOR EDIT CHECK AS FOLLOWS:

IF ENTRY IS IN WEEKS AND AGE IN YEARS = 0, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN MONTHS +1)\*5)-1).

IF ENTRY IS IN DAYS AND AGE IN YEARS = 0, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN MONTHS+1) \*31)-1).

HARD EDIT: DISPLAY “INVALID RESPONSE. ENTRY NOT IN RANGE. PLEASE RE-ENTER.” IF WEEKS >52, MONTHS >48 OR YEARS >100.

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

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED 7777777 (RXQ.191)

DON'T KNOW 9999999 (RXQ.191)

ENTER UNIT

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

RXQ.191 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did {you/SP} take {PRODUCT NAME}?

CAPI INSTRUCTION:

* {30 DAYS/NUMBER AND UNIT} = IF NUMBER AND UNIT ENTERED IN RXQ.180 >= 30 DAYS, OR REFUSED (CODE 7), OR DON’T KNOW (CODE 9), DISPLAY “30 DAYS” IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN RXQ.180 IS < 30 DAYS, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.096 IN TEXT OF QUESTION.
* {PRODUCT NAME} = PRODUCT SELECTED AT DSQ.056 OR PRODUCT ENTERED IN DSQ.052.

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

ENTER NUMBER OF DAYS FROM 1-30

REFUSED 7777

DON'T KNOW 9999

|  |  |
| --- | --- |
| RXQ.195 Q/U/OS | On those days that you used or took {PRODUCT NAME}, how much did {you/SP} usually take on a single day? |

CAPI INSTRUCTION:

SOFT EDIT: QUANTITY SHOULD BE LESS THAN 10.

ERROR MESSAGE: “You said {you/he/she} took {QUANTITY TAKEN}. Is that correct?”

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

ENTER NUMBER

REFUSED 777777 (RXQ.216)

DON'T KNOW 999999 (RXQ.216)

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

ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/  
SOFTGELS/GEL CAPS/VEGICAPS/  
CHEWABLE TABLETS 1 (07BOX NEW 8)

DROPPERS 2 (07BOX NEW 8)

DROPS 3 (07BOX NEW 8)

INJECTIONS/SHOTS 5 (07BOX NEW 8)

LOZENGES/COUGH DROPS 6 (07BOX NEW 8)

MILLILITERS 7 (07BOX NEW 8)

TABLESPOONS 11 (07BOX NEW 8)

TEASPOONS 12 (07BOX NEW 8)

WAFERS 13 (07BOX NEW 8)

CANS 15 (07BOX NEW 8)

GRAMS 16 (07BOX NEW 8)

DOTS 17 (07BOX NEW 8)

CUPS 18 (07BOX NEW 8)

SPRAYS/SQUIRTS 19 (07BOX NEW 8)

CHEWS/GUMMIES 20 (07BOX NEW 8)

SCOOPS 21 (07BOX NEW 8)

CAPFULS 23 (07BOX NEW 8)

OUNCES 27 (07BOX NEW 8)

PACKAGES/PACKETS 28 (CONTINUE)

VIALS 29 (07BOX NEW 8)

GUMBALLS 30 (07BOX NEW 8)

OTHER FORM (SPECIFY) 91 (07BOX NEW 8)

REFUSED 77 (07BOX NEW 8)

DON’T KNOW 99 (07BOX NEW 8)

RXQ.200 {Do you/Does SP} take an entire packet each time?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **07BOX NEW 8**  **CHECK ITEM RXQ.205:**  IF RXQ.195U IS 7, 11, 12, 15, 16, 18, 21, 23, OR 27, CONTINUE.  OTHERWISE, SKIP TO RXQ.216. |

DSQ.111 Was that a liquid or powder?

LIQUID 1

POWDER 2

REFUSED 7

DON'T KNOW 9

RXQ.216 CHECK CONTAINERS. ARE THERE ANY OTHER NONPRESCRIPTION ANTACIDS?

OR ASK RESPONDENT:

[Are there any other nonprescription antacids that {you/SP} used in the past 30 days?]

YES 1

NO 2

HELP SCREEN:

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

|  |
| --- |
| **BOX 9**  **CHECK ITEM RXQ.219:**  ASK RXQ.141 FOR NEXT ANTACID (CODE 1 IN RXQ.216). IF NO NEXT ANTACID, (CODE 2 IN RXQ.216), CONTINUE WITH RXQ.221. |

RXQ.221 REVIEW TOTAL NUMBER OF ANTACIDS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} nonprescription antacid(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.141. CALCULATE TOTAL NUMBER OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.141. DISPLAY NUMBER ON SCREEN.

HELP SCREEN:

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

|  |
| --- |
| **BOX 15**  OMITTED |

|  |
| --- |
| **BOX 16**  OMITTED |

|  |
| --- |
| **BOX 16A**  OMITTED |

|  |
| --- |
| **BOX 10A**  OMITTED |

|  |
| --- |
| **NEW BOX 10AA**  **CHECK ITEM RXQ.227:**  IF ‘YES’ (CODE 1) TO RXQ.033, CONTINUE.  OTHERWISE, GO TO NEW BOX 17A. |

RXQ.231 Now I would like to talk about **prescription medication** {you have/SP has} used in the **past 30 days**. Again, these are products prescribed by a health professional such as a doctor or dentist.

[First I will record some information about the medication, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF PRESCRIPTION MEDICATIONS USED.

ENTER MEDICATION NAME

REFUSED 7---7

DON'T KNOW 9---9

CAPI INSTRUCTION:

IF THE ONLY PRESCRIPTION MEDICATION IS DON'T KNOW OR REFUSED, GO TO NEW BOX 17A.

IF THERE ARE PREVIOUSLY ENTERED PRESCRIPTION MEDICATIONS AND THE PRESCRIPTION MEDICATION IS DON’T KNOW OR REFUSED, GO TO NEW BOX 15.

SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.

TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.

IF ITEM CHANGED, CHECK MEC COMPONENT.

RXQ.240s PRESS BS TO START THE LOOKUP.

SELECT MEDICATION

FROM LIST.

IF MEDICATION **NOT**

ON LIST – PRESS BS

TO DELETE ENTRY.

TYPE '\*\*'.

PRESS ENTER TO SELECT

CAPI INSTRUCTION:

DISPLAY CAPI MEDICATION PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.231 BY TYPING IN "\*\*". THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.

INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 3.

ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

DRUG TYPE {3}

GENERIC NAME {60}

THERAPEUTIC CLASS CODE {6}

GENERIC FLAG {1}

THERE IS NO NEED TO DISPLAY THIS INFORMATION.

IF ITEM CHANGED, CHECK MEC COMPONENT.

|  |
| --- |
| **BOX 10B**  OMITTED |

|  |
| --- |
| **BOX 11**  OMITTED |

RXQ.251 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS A LEFT HEADER.

CONTAINER SEEN 1

CONTAINER NOT SEEN 2

ONLY PHARMACY PRINT OUT SEEN 3

RXQ.260 For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?

Q/U

CAPI INSTRUCTION:

RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

SOFT EDIT: DISPLAY “LENGTH OF TIME CANNOT BE GREATER THAN SP’S AGE.” IF ENTRY IS IN DAYS OR WEEKS AND SP AGE IN YEARS = 0, CALCULATE CURRENT AGE FOR EDIT CHECK AS FOLLOWS:

IF ENTRY IS IN WEEKS AND AGE IN YEARS = 0, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN MONTHS +1)\*5)-1).

IF ENTRY IS IN DAYS AND AGE IN YEARS = 0, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN MONTHS+1) \*31)-1).

SOFT EDIT: DISPLAY “INVALID RESPONSE. ENTRY NOT IN RANGE. PLEASE RE-ENTER.” IF WEEKS >52, MONTHS >48 OR YEARS >100.

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

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED 7777777

DON'T KNOW 9999999

|\_\_\_|

ENTER UNIT

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

|  |
| --- |
| **BOX 13**  OMITTED |

|  |
| --- |
| **BOX 13A**  **CHECK ITEM RXQ.262:**  IF RXQ240s = ‘\*\*’ (drug not on list) or drug’s generic id does not exist in the Drug Reason table, GO TO RXQ.290. |

RXQ.289 What is the **main** reason for which (you use/SP uses) {PRODUCT NAME}?

INTERVIEWER: IF NECESSARY, READ REASONS FROM LIST. SELECT UP TO 3 REASONS.

{Reason text} 10 (RXQ.294)

{Reason text} 11 (RXQ.294)

{Reason text} 12 (RXQ.294)

{Reason text} 13 (RXQ.294)

{Reason text} 14 (RXQ.294)

{Reason text} 15 (RXQ.294)

{Reason text} 16 (RXQ.294)

{Reason text} 17 (RXQ.294)

{Reason text} 18 (RXQ.294)

{Reason text} 19 (RXQ.294)

{Reason text} 20 (RXQ.294)

{Reason text} 21 (RXQ.294)

{Reason text} 22 (RXQ.294)

{Reason text} 23 (RXQ.294)

{Reason text} 24 (RXQ.294)

{Reason text} 25 (RXQ.294)

{Reason text} 26 (RXQ.294)

{Reason text} 27 (RXQ.294)

{Reason text} 28 (RXQ.294)

{Reason text} 29 (RXQ.294)

{Reason text} 30 (RXQ.294)

{Reason text} 31 (RXQ.294)

{Reason text} 32 (RXQ.294)

{Reason text} 33 (RXQ.294)

{Reason text} 34 (RXQ.294)

OTHER SPECIFY 97

RF 777 (RXQ.294)

DK 999 (RXQ.294)

CAPI INSTRUCTION: Populate the {Reason text} fields from the Drug Reason table. Allow up to 3 reasons to be selected and populated into RXQ298a, RXQ298b, and RXQ298c.

RXQ.290 What is the **main** reason for which (you use/SP uses) {PRODUCT NAME}?

REFUSED 7----7

DON'T KNOW 9----9

RXQ.294 CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?

OR ASK RESPONDENT:

[Are there any other prescription medications that {you/SP} used in the past 30 days?]

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 14**  **CHECK ITEM RXQ.299:**  ASK RXQ.231 - RXQ.294 FOR NEXT MEDICATION (CODE 1, DK, RF IN RXQ.294). IF NO NEXT MEDICATION (CODE 2 IN RXQ.294), CONTINUE WITH NEW BOX 15. |

|  |
| --- |
| **NEW BOX 15**  **CHECK ITEM RXQ.370:**  IF DIQ.050 = 1 AND (**ANY** PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 215), CONTINUE WITH RXQ.372.  OTHERWISE, GO TO NEW BOX 15B. |

RXQ.372I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one is insulin?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY   
OR SELECT OTHER-NEW MEDICATION

REFUSED 77 (NEW BOX 15B)

DON’T KNOW 99 (NEW BOX 15B)

|  |
| --- |
| **NEW BOX 15A**  **CHECK ITEM RXQ.374:**  IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.  OTHERWISE, CONTINUE. |

|  |
| --- |
| **NEW BOX 15B**  **CHECK ITEM RXQ.376:**  IF DIQ.070 = 1 AND (**ANY** PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 213, 214, 216, 271, 282, , 314, 371, 372, 373, OR 458), THEN CONTINUE WITH RXQ.378.  OTHERWISE, GO TO NEW BOX 15D. |

RXQ.378I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking for diabetes or blood sugar?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY   
OR SELECT OTHER-NEW MEDICATION

REFUSED 77 (NEW BOX 15D)

DON’T KNOW 99 (NEW BOX 15D)

|  |
| --- |
| **NEW BOX 15C**  **CHECK ITEM RXQ.380:**  IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.  OTHERWISE, CONTINUE. |

|  |
| --- |
| **NEW BOX 15D**  **CHECK ITEM RXQ.382:**  IF BPQ.050a = 1 AND **NO** PRODUCT SELECTED FROM LOOKUP IS CODED AS A MEDICATION THAT LOWERS BLOOD PRESSURE\*, THEN CONTINUE WITH RXQ.384. (MEDICATIONS CODED AS LOWERING BLOOD PRESSURE HAVE CLASS CODES EQUAL TO 41, 42, 44, 47, 48, 55, 56, 154, 155, 156, 340, OR 342 OR DRUG CODES EQUAL TO d00132,d00135, d00138, d00386, OR d00726.)  OTHERWISE, GO TO NEW BOX 15F. |

RXQ.384I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking to lower {your/his/her} blood pressure?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY   
OR SELECT OTHER-NEW MEDICATION

REFUSED 77(NEW BOX 15F)

DON’T KNOW 99(NEW BOX 15F)

|  |
| --- |
| **NEW BOX 15E**  **CHECK ITEM RXQ.386:**  IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.  OTHERWISE, CONTINUE. |

|  |
| --- |
| **NEW BOX 15F**  **CHECK ITEM RXQ.388:**  IF BPQ.100d = 1 AND **NO** PRODUCT SELECTED FROM LOOKUP IS CODED AS A MEDICATION THAT LOWERS CHOLESTEROL\*, THEN CONTINUE WITH RXQ.390. (MEDICATIONS CODED AS LOWERING CHOLESTEROL HAVE A CLASS CODE EQUAL TO 19 OR A DRUG CODE EQUAL TO d00497.)  OTHERWISE, GO TO RXQ.295. |

RXQ.390I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking to lower {your/his/her} cholesterol?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY   
OR SELECT OTHER-NEW MEDICATION

REFUSED 77 (RXQ.295)

DON’T KNOW 99 (RXQ.295)

|  |
| --- |
| **NEW BOX 15G**  **CHECK ITEM RXQ.392:**  IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.  OTHERWISE, CONTINUE. |

RXQ.295 REVIEW TOTAL NUMBER OF PRESCRIBED MEDICATIONS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231. CALCULATE TOTAL NUMBER OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231. DISPLAY NUMBER ON SCREEN.

|  |
| --- |
| **BOX 17A**  **CHECK ITEM RXQ.500:**  IF SP >= 40 YEARS OLD OR MCQ.160C, MCQ.160D, MCQ.160E OR MCQ.160F = 1/YES, CONTINUE WITH RXQ.510.  OTHERWISE, GO TO BOX 18. |

RXQ.510 Doctors and other health care providers sometimes recommend that {you take/SP takes) a low-dose aspirin each day to prevent heart attacks, strokes, or cancer. {Have you/Has SP} ever been told to do this?

YES 1

NO 2 (RXQ.520)

REFUSED 7 (RXQ.520)

DON'T KNOW 9 (RXQ.520)

INTERVIEWER INSTRUCTION:

IF THE RESPONDENT VOLUNTEERS THEY HAVE BEEN TOLD TO TAKE AN ASPIRIN EVERY OTHER DAY OR ‘REGULARLY’ FOR THESE REASONS, CODE “YES”.

RXQ.515 {Are you/Is SP} now following this advice?

YES 1 (BOX 18)

NO 2 (BOX 18)

SOMETIMES 3 (BOX 18)

STOPPED ASPIRIN USE DUE TO SIDE   
EFFECTS 4 (BOX 18)

REFUSED 7 (BOX 18)

DON'T KNOW 9 (BOX 18)

HELP SCREEN:

Side Effect: is an unexpected health problem that is caused by a medicine. Some side effects of aspirin are stomach problems, easy bruising or bleeding, runny nose, wheezing and skin rashes.

RXQ.520 **On {your/SP’s} own,** {are you/is SP} now taking a low-dose aspirin each day to prevent heart attacks, strokes, or cancer?

YES 1

NO 2 (BOX 18)

REFUSED 7 (BOX 18)

DON'T KNOW 9 (BOX 18)

INTERVIEWER INSTRUCTION:

IF THE RESPONDENT VOLUNTEERS THEY ARE TAKING AN ASPIRIN EVERY OTHER DAY OR ‘REGULARLY’ FOR THESE REASONS, CODE “YES”.

|  |
| --- |
| **BOX 18**  **CHECK ITEM DSQ.332:**  IF PROXY INTERVIEW IN RIQ, CONTINUE.  IF NOT PROXY INTERVIEW IN RIQ, GO TO DSQ.335. |

DSQ.334 INTERVIEWER OBSERVATION: WAS SP PRESENT FOR ALL OR PART OF INTERVIEW?

YES 1

NO 2

DSQ.335 PRESS F10 TO EXIT BLAISE.

**HELP SCREEN FOR DSQ.012:**

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Dentist: Medical professional whose primary occupation is caring for teeth, gums and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Past Month: The past 30 days. From yesterday, 30 days back.

**HELP SCREEN FOR RXQ.033:**

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;

- Diaphragms and IUD's (Intra-Uterine Devices); or

- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Past Month: The past 30 days. From yesterday, 30 days back.

**HELP SCREEN FOR DSQ.042:**

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;

- Diaphragms and IUD's (Intra-Uterine Devices); or

- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Past Month: The past 30 days. From yesterday, 30 days back.

**HELP SCREEN FOR DSQ.052:**

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Dentist: Medical professional whose primary occupation is caring for teeth, gums and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Past Month: The past 30 days. From yesterday, 30 days back.

**HELP SCREEN FOR RXQ.231:**

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;

- Diaphragms and IUD's (Intra-Uterine Devices); or

- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Past Month: The past 30 days. From yesterday, 30 days back.

**HELP SCREEN FOR RXQ.294/RXQ.295:**

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;

- Diaphragms and IUD's (Intra-Uterine Devices); or

- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

MAILING ADDRESS – MAQ

Target Group: SPs Birth +

Placing: Just After Blaise Closes

MAQ.005 Processing Extended SP Questionnaire. Please Wait.

MAQ.020 The National Center for Health Statistics may wish to contact {you/SP} again. Please give me {your/SP's} complete mailing address.

CRITICAL INFORMATION – CHECK CAREFULLY.

USE PEN OR PRESS 'TAB' KEY TO MOVE TO THE NEXT ENTRY FIELD.

TAP 'NEXT' BUTTON OR PRESS 'ENTER' KEY WHEN FINISHED VERIFYING ADDRESS.

CAPI INSTRUCTION:

DISPLAY THE SCREENER MAILING ADDRESS INFORMATION. ENTRY SHOULD APPEAR IN ALL CAPS – AS IT DOES IN IVQ.

DISPLAY “YOU/YOUR” IF SP AGE >= TO 16. DISPLAY “SP/SP’s” IF SP AGE < 16.

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

ADDITIONAL ADDRESS LINE

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

STREET # DIR PRE STREET NAME ST/RD/AVE DIR POST

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

UNIT/APT/BLDG UNIT #

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

CITY STATE ZIP ZIP 2

HARD EDIT: IF “PO BOX” OR “P.O. BOX” IS ENTERED IN THE ADDITIONAL ADDRESS LINE, STREET #, OR STREET NAME FIELDS, DISPLAY “DO NOT ENTER P.O. BOX INFORMATION IN THIS FIELD. DELETE P.O. BOX FROM FIELD AND SELECT “PO BOX” FROM THE UNIT/APT/BLDG DROP DOWN MENU. ENTER THE P.O. BOX NUMBER IN THE UNIT # FIELD.”

HARD EDIT: IF “PO BOX” IS SELECTED FROM THE UNIT/APT/BLDG DROP DOWN MENU AND TEXT IS ENTERED IN THE ADDITIONAL ADDRESS LINE, STREET #, OR STREET NAME FIELDS, OR AN ITEM IS SELECTED FROM DIR PRE, ST/RD/AVE OR DIR POST DROP DOWN MENUS, DISPLAY, “DO NOT INCLUDE STREET ADDRESS INFORMATION WHEN SELECTING PO BOX AS THE MAILING ADDRESS. DELETE ALL STREET ADDRESS INFORMATION OR REMOVE P.O. BOX INFORMATION TO CONTINUE. IF THE ADDRESS IS A BOX OTHER THAN A P.O. BOX, SELECT “BOX” FROM THE DROP DOWN MENU.”

MAQ.040 I have recorded . . .

{DISPLAY ADDRESS ENTERED IN MAQ.020 IN UPPER CASE}

Is that correct?

YES 1 (MAQ.080ck)

NO 2

MAQ.060 ENTER CORRECTED MAILING ADDRESS INFORMATION.

PROBE FOR **MAILING** ADDRESS CORRECTIONS, IF NECESSARY.

USE PEN OR PRESS 'TAB' KEY TO MOVE TO THE NEXT ENTRY FIELD.

TAP 'NEXT' BUTTON OR PRESS 'ENTER' KEY WHEN CORRECTIONS COMPLETED.

{DISPLAY ALL ADDRESS FIELDS AND INFORMATION ENTERED IN MAQ.020 IN UPPER CASE. ALLOW CORRECTIONS.}

MAQ.080 I now have {your/SP's} **mailing** address as . . .

{DISPLAY CORRECTED ADDRESS FROM MAQ.060 IN UPPER CASE}

Is that correct?

YES 1

NO 2

**BOX 2**

**CHECK ITEM MAQ.080ck:**

IF 'NO' IN MAQ.080, RETURN TO MAQ.060. DISPLAY CORRECTED ADDRESS INFORMATION IN MAQ.060. OTHERWISE, CONTINUE.

**BOX 2AA**

**CHECK ITEM MAQ.195:**

IF SP AGE 0-15, GO TO MAQ.090;

OTHERWISE, CONTINUE.

MAQ.200 Do you have an e-mail account?

YES 1

NO 2 (MAQ.090)

REFUSED 7 (MAQ.090)

DON’T KNOW 9 (MAQ.090)

MAQ.210 What is your e-mail address?

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

REFUSED 7 (MAQ.090)

DON’T KNOW 9 (MAQ.090)

CAPI INSTRUCTION:

HARD EDITS:

1. IF THERE ARE SPACES IN THE EMAIL ADDRESS, DISPLAY “EMAIL ADDRESS DOES NOT ALLOW SPACES.”

2. IF EMAIL ADDRESS IS MISSING THE @ SYMBOL, DISPLAY “EMAIL ADDRESS IS MISSING THE @ SYMBOL – PLEASE GO BACK AND CORRECT.”

3. IF TEXT IS MISSING TO THE LEFT OR RIGHT OF THE @ SYMBOL, DISPLAY “PART OF THE EMAIL ADDRESS IS MISSING – PLEASE GO BACK AND CORRECT.”

MAQ.220 I have recorded . . .

{DISPLAY E-MAIL ADDRESS ENTERED IN MAQ.210}

Is that correct?

YES 1

NO 2 (MAQ.210)

**BOX 2A**

MAQ.090 INTERVIEWER INSTRUCTION:

SPECIFY LANGUAGE IN WHICH HARD COPY MATERIALS SHOULD BE MAILED.

ENGLISH 1

SPANISH 2

**BOX 3**

CHECK TELEPHONE NUMBER LISTED IN SCREENER (SCQ.430). IF NO HOME TELEPHONE (CODE 2), REF (CODE 9), OR DK (CODE 7), CONTINUE.

OTHERWISE, GO TO BOX 4.

MAQ.100a/b Please give me your home telephone number in case my office wants to check my work.

CAPI INSTRUCTION:

ONLY ALLOW 10 DIGIT PHONE NUMBER. DISPLAY HARD RANGE CHECK MESSAGE IF NOT 10 DIGITS.

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

NO HOME TELEPHONE 2

REFUSED 7

DON’T KNOW 9

MAQ.110a/b Is there another number where you can be reached?

CAPI INSTRUCTION:

ONLY ALLOW 10 DIGIT PHONE NUMBER. DISPLAY HARD RANGE ERROR IF NOT 10 DIGITS.

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

NO 2 (BOX 4)

REFUSED 7 (BOX 4)

DON’T KNOW 9 (BOX 4)

MAQ.115 I have recorded . . .

{DISPLAY PHONE ENTERED IN MAQ.110 AS (XXX) XXX-XXXX}

Is that correct?

YES 1

NO 2 (MAQ.110)

MAQ.120 Where is that phone located?

WORK 1

RELATIVE’S HOME 2

NEIGHBOR’S HOME 3

CELL PHONE 4

OTHER 5

REFUSED 7

DON’T KNOW 9

**BOX 4**

**CHECK ITEM MAQ.140:**

IF SP AGE >= TO 16 AND MAQ.120 = 4, GO TO MAQ.160.

IF SP AGE >= 16 AND MAQ.120 NOT EQUAL TO 4, GO TO MAQ.150.

IF SP AGE 12-15, GO TO MAQ.150

IF SP AGE <12, GO TO MAQ.130.

MAQ.150 {Do you/Does SP/Does your child} have a cell phone?

CAPI INSTRUCTION:

DISPLAY “DO YOU/YOUR” IF SP AGE >= TO 16. DISPLAY “DOES YOUR CHILD” IF SP AGE 12-15.

YES 1

NO 2 (MAQ.130)

REFUSED 7 (MAQ.130)

DON’T KNOW 9 (MAQ.130)

MAQ.160 We may want to send {you/SP/your child} short text messages about the exam. These messages will not contain confidential information, but will contain reminders about {your/SP’s/your child’s} participation. There may be fees to get a text message, depending on your plan. May we send {you/him/her/your child} text messages?”

CAPI INSTRUCTION:

DISPLAY “YOU/YOUR” IF SP AGE >= TO 16. DISPLAY “YOUR CHILD/YOUR CHILD’S” IF SP AGE 12-15.

YES 1

NO 2 (MAQ.130)

NO TEXT MESSAGING, NOT POSSIBLE 3 (MAQ.130)

REFUSED 7 (MAQ.130)

DON’T KNOW 9 (MAQ.130)

**BOX 5**

**CHECK ITEM MAQ.170:**

IF SP AGE >= TO 16 AND MAQ.120 = 4, GO TO MAQ.130.

OTHERWISE, CONTINUE WITH MAQ.180.

MAQ.180 What is {your/your child’s} cell phone number?

CAPI INSTRUCTION:

DISPLAY “YOUR” IF SP AGE >= TO 16. DISPLAY “YOUR CHILD’s” IF SP AGE 12-15.

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

REFUSED 7 (MAQ.130)

DON’T KNOW 9 (MAQ.130)

MAQ.185 I have recorded . . .

{DISPLAY PHONE ENTERED IN MAQ.180 AS (XXX) XXX-XXXX}

Is that correct?

YES 1

NO 2 (MAQ.180)

MAQ.130 This is the end of the health interview. Thank you very much for your cooperation.

|  |
| --- |
| **BOX 6**  CHECK ITEM MAQ.305:  IF CASE IS FLAGGED FOR THE PROMISED INCENTIVE, CONTINUE.  OTHERWISE GO TO POST INTERVIEW. |

CCQ.010 As a thank you for answering these questions, will you accept a ${INCENTIVE} debit card today?

DID THE RESPONDENT ACCEPT THE INCENTIVE?

YES 1

NO 2 (POST INTERVIEW)

CAPI INSTRUCTIONS:

IF THE CASE IS FLAGGED FOR THE PROMISED SCREENER OR PROMISED SP INCENTIVE, DISPLAY INCENTIVE AMOUNT.

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

CCQ.020 IF RESPONDENT ALREADY HAS A CARD WITH THE CARD CARRIER SHEET, ASK IF HE OR SHE WANTS THE INCENTIVE ADDED TO SAME CARD OR ON A NEW CARD. IF NECESSARY, TAKE OUT A NEW DEBIT CARD FROM YOUR SUPPLY .

OPEN THE ENVELOPE.

SHOW THE RESPONDENT THE DEBIT CARD ATTACHED TO THE CARRIER SHEET.

Here is your Health Study debit card. This debit card is a VISA© Card and is accepted anywhere VISA© is accepted. The card cannot be used to withdraw money from an ATM. Your payment will be available for use on the card within 3 business days. You can find answers to most commonly asked questions on the card carrier sheet along with phone numbers to call for additional information.

SCAN BARCODE OR MANUALLY ENTER THE 13 DIGIT NUMBER SHOWN ON THE CARD CARRIER SHEET.

CAPI INSTRUCTION:

EDIT CHECK: ENTRY MUST BE 13 DIGITS. IF NOT, DISPLAY “THE BARCODE NUMBER SHOULD BE 13 DIGITS. PLEASE RE-ENTER OR CONFIRM YOU ARE SCANNING THE CORRECT BARCODE.”

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

|  |
| --- |
| **BOX 1**  CHECK ITEM CCQ.025:  IF NUMBER ENTERED USING SCANNER, SKIP TO CCQ.040.  IF NUMBER MANUALLY ENTERED, CONTINUE. |

CCQ.030 RE-ENTER THE 13 DIGIT NUMBER SHOWN ON THE CARD CARRIER SHEET.

CAPI INSTRUCTION:

EDIT CHECK: THE NUMBER ENTERED IN CCQ.030 MUST MATCH THE NUMBER ENTERED IN CCQ.020. IF NUMBERS DO NOT MATCH, DISPLAY “THE TWO BARCODE NUMBERS DO NOT MATCH, PLEASE CHECK ENTRIES.”

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

CCQ.040 RECORD THE NAME OF THE CARD RECIPIENT AND THE AMOUNT ADDED TO THE CARD ON THE CARD CARRIER SHEET.

NAME AND AMOUNT RECORDED 1

CAPI INSTRUCTION:

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

CCQ.050 TO WHOM DID YOU GIVE THE CARD?

CARD RECIPIENT

{FIRST NAME} {LAST NAME}

CAPI INSTRUCTIONS:

WHEN THE FOCUS OF THE CURSOR IS ON THE “CARD RECIPIENT” FIELD, THE ANSWER CHOICES SHOULD BE A LIST THAT DISPLAYS FIRST AND LAST NAMES OF ALL HH MEMBERS ON THE HH COMPOSITION MATRIX. THE LIST SHOULD BE SORTED BY ORDER ON ROSTER BUT THE RESPONDENT SELECTED IN RIQ SHOULD DEFAULT TO THE TOP OF THE LIST. IF THE RESPONDENT DOES NOT LIVE IN THE HOUSEHOLD (RIQ.006= 'SOMEONE NOT LIVING IN HH'), DISPLAY NAME ENTERED IN RIQ.050 AT THE TOP OF THE LIST.

DISPLAY QUESTION ONLY IF INCENTIVE PILOT ACTIVE IN STAND.

POST INTERVIEW

**BOX 1**

OMITTED

MAQ.300 WHERE WAS THIS INTERVIEW COMPLETED?

SP OR RESPONDENT’S HOME 1

THE OFFICE 2

SP OR RESPONDENT’S WORK 3

LIBRARY 4

SOME OTHER PLACE 5

APPTCONT PERFORM THE APPOINTMENT MODULE AT THIS TIME?

YES 1

NO 2

# FAMILY QUESTIONNAIRE

RESPONDENT SELECTION SECTION – RIQ – FAMILY QUESTIONNAIRE

\*11RIQ.010 SELECT RESPONDENT FOR THE FAMILY QUESTIONNAIRE.

CAPI INSTRUCTION:

DISPLAY ALL FAMILY MEMBERS WHO ARE >= 18 YEARS OLD.

IF NO FAMILY MEMBERS ARE >= 18 YEARS OLD, DISPLAY ALL FAMILY MEMBERS >= 12 YEARS OLD.

ALSO DISPLAY ‘SOMEONE OUTSIDE FAMILY’.

|  |
| --- |
| **BOX 1A**  **CHECK ITEM \*11RIQ.018:**  IF ‘SOMEONE OUTSIDE FAMILY’ SELECTED AS RESPONDENT, GO TO \*11RIQ.040.  OTHERWISE, GO TO BOX 3B. |

\*11RIQ.040 INTERVIEW SHOULD BE CONDUCTED WITH FAMILY MEMBER 18 YEARS OR OLDER WHO KNOWS OS ABOUT FAMILY MATTERS.

WHY IS INTERVIEW BEING CONDUCTED WITH SOMEONE OUTSIDE THE FAMILY? OTHER (SPECIFY)

CAPI INSTRUCTION:

IF 'SOMEONE OUTSIDE THE FAMILY' SELECTED IN ERROR’ (CODE 3), DISPLAY THE FOLLOWING MESSAGE (RIQ.040CK): "INCORRECT RESPONDENT SELECTED. BACK UP AND PICK THE CORRECT RESPONDENT." ALLOW RETURN TO 11RIQ.040 WITH BACK BUTTON.

ONLY FAMILY MEMBER HAS COGNITIVE

PROBLEMS 1

ONLY FAMILY MEMBER IS A CHILD

UNDER 16 (WARD OF STATE) 2 (\*11RIQ.045)

‘SOMEONE OUTSIDE THE FAMILY’

SELECTED IN ERROR 3 (RIQ.040CK)

OTHER (SPECIFY) 4

\*11RIQ.042 DO YOU HAVE SUPERVISOR PERMISSION TO CONDUCT INTERVIEW WITH SOMEONE OUTSIDE THE FAMILY?

NOTE:  IF INTERPRETER USED, RESPONDENT MUST SIGN FORM.

CAPI INSTRUCTION:

IF 'NO' (CODE 2), DISPLAY THE FOLLOWING MESSAGE (RIQ.042CK): "SUPERVISORY PERMISSION IS REQUIRED TO USE A PROXY FOR THIS INTERVIEW. MOVING FORWARD WILL EXIT THIS INTERVIEW" ALLOW RETURN TO 11RIQ.042 WITH BACK BUTTON.  MOVING FORWARD EXITS INTERVIEW.

YES 1

NO 2 (RIQ.042CK)

\*11RIQ.045 ENTER RESPONDENT NAME.

FIRST NAME LAST NAME

\*11RIQ.047 ENTER RESPONDENT'S PHONE NUMBER.

ENTER '00' IF NO PHONE.

|\_\_\_|\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

AREA CODE ENTER PHONE NUMBER

\*11RIQ.049 DESCRIBE RESPONDENT'S RELATIONSHIP TO FAMILY.

**BOX 3B**

OMITTED

RIQ.250 HAND RESPONDENT COPY OF HOME INTERVIEW CONSENT FORM IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS WITH RESPONDENT OR READ CONSENT FORM OUT LOUD IF NECESSARY.

ANSWER ANY RESPONDENT QUESTIONS.

**BOX 3C**

OMITTED

RIQ.278 CAPI INSTRUCTION:

1. DISPLAY IMAGE HOME INTERVIEW CONSENT FORM. SHOW TOP OF FORM, INCLUDING FIRST THREE PARAGRAPHS.
2. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.
3. DISPLAY INTERVIEWER INSTRUCTION: “TURN SCREEN TO {RESPONDENT} AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.”
4. DISPLAY RESPONDENT NAME FROM \*11RIQ.010 OR \*11RIQ.045
5. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.

RIQ.280a EXPLAIN THE HOME INTERVIEW CONSENT. ASK {RESPONDENT} TO RECORD HIS/HER HOME INTERVIEW CONSENT CHOICE BELOW.

1. I have read the information above. I agree to proceed with the interview.

YES 1

NO 2

CAPI INSTRUCTION:

DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.

DISPLAY YES/NO OPTIONS AS RADIO BUTTON, ALLOWING ONLY ONE CHOICE.

DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.

IF RIQ.280a = 2, DISPLAY THE FOLLOWING MESSAGE: “EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOME INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED” (FUNCTIONS LIKE CURRENT RIQ.080-081).

DISPLAY RESPONDENT NAME FROM \*11RIQ.010 OR \*11RIQ.045.

RIQ.320 ADULT RESPONDENT SIGNATURE SCREEN (USED FOR ALL INTERVIEWS)

CAPI INSTRUCTION:

1. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE ENGLISH OR SPANISH.

2. CHECK BOX LABELED ‘OFFICE USE ONLY:  H’ FOR FI TO CHOOSE IF RESPONDENT REFUSES TO SIGN ELECTRONICALLY BUT WILL SIGN HARDCOPY. IF SELECTED SKIP TO RIQ.080.

3. REFUSED BUTTON LABELED ‘RF’ FOR IF RESPONDENT REFUSES TO CONSENT. IF REFUSED, DISPLAY THE FOLLOWING MESSAGE: “EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOME INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED” (FUNCTIONS LIKE CURRENT RIQ.080-081).

4. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE, RF BUTTON OR HARDCOPY SIGNATURE ENTERED. CODE REFUSAL AS -1.

5. Display “YES I agree to proceedwith the interview” if RIQ.280a = 1.

6. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.

7. ABOVE SIGNATURE BOX, DISPLAY “Sign below.”

8. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.

9. UNDER SIGNATURE LINE, DISPLAY NAME OF PERSON SIGNING

**BOX 3E**

**CHECK ITEM RIQ.330:**

IF RESPONDENT REQUESTED HARDCOPY SIGNATURE, SKIP TO RIQ.390.

RIQ.350 IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS 1

INTERPRETER 2 (RIQ.370)

NO 3 (RIQ.380)

RIQ.360 WITNESS SIGNATURE SCREEN

CAPI INSTRUCTION:

1. DISPLAY IN ENGLISH.

2. WITNESS MUST SIGN ELECTRONICALLY IF RESPONDENT DID.

3. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE.

4. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.

5. ABOVE SIGNATURE BOX, DISPLAY, “I observed the interviewer read this form to the RESPONDENT NAME and {he/she} agreed to participate by electronically signing or marking.” BELOW ALLOW ADEQUATE SPACE FOR WITNESS TO SIGN.

6. SKIP TO RIQ.380.

RIQ.370 INTERPRETER SIGNATURE SCREEN

CAPI INSTRUCTION:

1. DISPLAY IN ENGLISH.

2. INTERPRETER MUST SIGN ELECTRONICALLY IF RESPONDENT DID.

3. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE.

4. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.

5. ABOVE SIGNATURE BOX, DISPLAY, “I interpreted this form to the RESPONDENT NAME and {he/she} agreed to participate by electronically signing or marking.” BELOW ALLOW ADEQUATE SPACE FOR INTERPRETER TO SIGN.

RIQ.380 DID RESPONDENT REQUEST THAT A COPY OF THE CONSENT FORM(S) WITH HIS/HER SIGNATURE PRINTED BE MAILED?

YES 1 (BOX 1B)

NO 2 (BOX 1B)

CAPI INSTRUCTION:

SET AN ELECTRONIC INDICATOR (VARIABLE/ALERT/FLAG) TO KNOW WHICH RESPONDENTS REQUESTED THE PRINTED FORMS BE MAILED.

RIQ.390 ASK RESPONDENT TO SIGN TWO COPIES OF THE HOME INTERVIEW CONSENT FORM. FOLLOW THE STEPS DISPLAYED IN THE HAND CARDS BEHIND THE HH CONSENT TAB IN THE HANDCARD BOOKLET.

HAVE RESPONDENT KEEP ONE COPY OF THE CONSENT FORM AND FI SHOULD RETURN THE OTHER COPY TO THE OFFICE. PRESS NEXT TO CONTINUE.

RIQ.080 HAS RESPONDENT SIGNED A HOME INTERVIEW CONSENT FORM?

CAPI INSTRUCTION:

IF 'NO' (CODE 2), DISPLAY THE FOLLOWING MESSAGE (RIQ.321): "EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOME INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED.". ALLOW RETURN TO RIQ.080 WITH BACK BUTTON.  MOVING FORWARD EXITS INTERVIEW.

NOTE: IF INTERPRETER USED, RESPONDENT MUST SIGN FORM.

SET FORM TYPE VARIABLE TO HARDCOPY SO ISIS E/S KNOWS A HARDCOPY FORM MUST BE IMAGE SCANNED.

YES 1

NO 2 (RIQ.321)

**BOX 3F**

OMITTED.

|  |
| --- |
| **BOX 1B**  **CHECK ITEM RIQ.165:**  IF AUDIO\_CONSENT FLAG = 1 (SAME SP AS SP INTERVIEW AND GAVE PERMISSION TO RECORD SP INTERVIEW), GO TO RIQ.200.  ELSE, GO TO RIQ.230. |

RIQ.230 CAPI INSTRUCTION: BEGIN RECORDING SO THAT WHEN INTERVIEWER READS THIS QUESTION IT IS CAPTURED ON RECORDING.

A standard part of our quality control procedures is to record interviews.

The information being recorded is protected and kept confidential, the same as all of your answers to the survey.

This recording will be used to improve the quality of our survey and to review the quality of my work.

The computer is now recording our conversation.

Do I have your permission to record this interview?

YES 1 (INT.001)

NO 2 (INT.001)

CAPI INSTRUCTION: IF RIQ.230 = 2/NO, STOP.

RIQ.200 CAPI INSTRUCTION: BEGIN RECORDING SO THAT WHEN INTERVIEWER READS THIS QUESTION IT IS CAPTURED ON RECORDING.

A reminder that the system is now recording our conversation. Do I have your permission to record this interview?

YES 1

NO 2

CAPI INSTRUCTION: IF RIQ.200 = 2/NO, STOP.

INT.001 IS AN INTERPRETER BEING USED FOR INTERVIEW?

YES 1

NO 2 (GO TO THE END

OF THE SECTION)

INT.003LANGUAGE USED FOR INTERVIEW

AMERICAN SIGN LANGUAGE 1 (INT.013)

CHINESE (CANTONESE) 2 (INT.013)

CHINESE (MANDARIN) 3 (INT.013)

FRENCH 4 (INT.013)

GERMAN 5 (INT.013)

ITALIAN 6 (INT.013)

JAPANESE 7 (INT.013)

KOREAN 8 (INT.013)

RUSSIAN 9 (INT.013)

SPANISH (READER) 10 (INT.013)

VIETNAMESE 11 (INT.013)

OTHER SPECIFY 99

INT.004 ENTER LANGUAGE USED FOR INTERVIEW

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

INT.013 {DISPLAY INTERPRETER NAMES FROM ALL PREVIOUS INTERVIEWS: SCREENER, RELATIONSHIP, SP, FAMILY QUESTIONNAIRE}

ENTER INTERPRETER NAME INFO

SAME INTERPRETER USED IN OTHER   
INTERVIEW FOR HOUSEHOLD 1 (INT.014)

NEW INTERPRETER 2 (INT.005)

INT.014 {DISPLAY LIST OF INTERPRETER NAMES FROM SCREENER, RELATIONSHIP, SP AND/OR FAMILY QUESTIONNAIRES}

{INCLUDE “OTHER” AS A SELECTION}

SELECT INTERPRETER FROM DROP DOWN LIST OR SELECT “OTHER” AND ENTER INTERPRETER NAME

**BOX 4**

**CHECK ITEM INT.014a:**

IF ‘OTHER’ SELECTED IN INT.014, GO TO INT.005.

OTHERWISE, CODE INTERPRETER INFO FROM PREVIOUS INTERVIEW AND GO TO END OF SECTION.

INT.005HOW WAS INTERPRETER OBTAINED

ARRANGED BY THEOFFICE 1

RECRUITED DURING VISIT

OR APPOINTMENT 2 (INT.007)

INT.006SELECT INTERPRETER FROM DROP DOWN LIST OR SELECT “OTHER” AND ENTER INTERPRETER NAME

{DROP DOWN LIST SHOULD HAVE ALL NAMES FROM EVM AND AN “OTHER” TO ALLOW FOR THOSE NAMES THAT HAVE NOT BEEN TRANSFERRED TO INTERVIEWER TABLET}

**BOX 6**

**CHECK ITEM INT.006A:**

IF OTHER (SELECTED IN INT.006), GO TO INT.009.

OTHERWISE, GO TO END OF SECTION.

INT.007SELECT INTERPRETER SOURCE

RELATIVE LIVING IN HOUSEHOLD 1

NON-RELATIVE LIVING IN HOUSEHOLD 2

NEIGHBOR, RELATIVE OR FRIEND –  
 NOT IN HOUSEHOLD 3 (SKIP TO INT.009)

INT.008 SELECT NAME OF INTERPRETER FROM HOUSEHOLD ROSTER.

{DISPLAY CAPI PULL DOWN LIST FROM HH ROSTER}

**BOX 7**

**CHECK ITEM INT.008A:**

GO TO END OF SECTION.

INT.009ENTER NAME OF INTERPRETER

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

INT.010ENTER PHONE # OF INTERPRETER

\_\_\_ -\_\_\_ \_\_\_\_

INT.011ENTER AGE RANGE OF INTERPRETER

{AGE RANGE CAN BE A PULL DOWN LIST}

RANGES = 18-29

30-59

60+

INT.012ENTER GENDER OF INTERPRETER

MALE 1

FEMALE 2

DEMOGRAPHIC BACKGROUND – DMQ - FAM

Target Group: ◼ Head of CPS Family (Non-SP)

◼ Head of CPS Family Spouse (Non-SP)

|  |
| --- |
| **BOX 1A**  **RULES FOR ADMINISTERING THE DEMOGRAPHIC AND OCCUPATION SECTION OF THE FAMILY QUESTIONNAIRE:**   * A CPS FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE 16+ AND RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: A CPS FAMILY CAN BE ONE INDIVIDUAL. NOTE: IF A MINOR WARD IS NOT RELATED TO A HOUSEHOLD MEMBER AGE 18+, THE WARD WILL BE IN THE SAME NHANES FAMILY AS HIS/HER GUARDIAN, BUT A SEPARATE CPS FAMILY. |

|  |
| --- |
| **BOX 1**  **LOOP 1:**  ASK DMQ.128 – DMQ.141 AS APPROPRIATE FOR NON-SP HEAD OF CPS FAMILY AND NON-SP SPOUSE (RELATIONSHIP OF "MARRIED" IN THE SCREENER) OF HEAD OF CPS FAMILY.   * FIRST ASK DMQ.128, 130, AND 141 FOR NON-SP HEAD OF CPS FAMILY. * NEXT, ASK DMQ.141 FOR NON-SP SPOUSE OF HEAD OF CPS FAMILY. * EACH TARGET PERSON SHOULD BE ASKED THIS SECTION ONCE. * IF NO NON-SP HEAD OF CPS FAMILY AND NON-SP SPOUSE, GO TO  END OF SECTION. |

DMQ.128 {Were you/Was NON-SP Head} born in the United States or a United States territory?

YES 1

NO 2 (DMQ.141)

REFUSED 7 (DMQ.141)

DON’T KNOW 9 (DMQ.141)

DMQ.130 In what state or U.S. territory {were you/was NON-SP HEAD} born?

ENTER 2 LETTER STATE ABBREVIATION TO START THE LOOKUP.

SELECT STATE FROM CAPI STATE LIST.

PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY FIPS STATE LIST. INTERVIEWER SHOULD ONLY BE ABLE TO SELECT 1 STATE FROM THE LIST. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. THE STATE LOOKUP IN THE SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

DMQ.141 What is the **highest** grade or level of school {you have/NON-SP HEAD/NON-SP SPOUSE has} **completed** or the **highest degree** {you have/he/she has} **received**?

HAND CARD DMQ1

READ HAND CARD CATEGORIES IF NECESSARY

Enter highest level of school.

NEVER ATTENDED/KINDERGARTEN

ONLY 0

1ST GRADE 1

2ND GRADE 2

3RD GRADE 3

4TH GRADE 4

5TH GRADE 5

6TH GRADE 6

7TH GRADE 7

8TH GRADE 8

9TH GRADE 9

10TH GRADE 10

11TH GRADE 11

12TH GRADE, NO DIPLOMA 12

HIGH SCHOOL GRADUATE 13

GED OR EQUIVALENT 14

SOME COLLEGE, NO DEGREE 15

ASSOCIATE DEGREE: OCCUPATIONAL,

TECHNICAL, OR VOCATIONAL

PROGRAM 16

ASSOCIATE DEGREE: ACADEMIC

PROGRAM 17

BACHELOR’S DEGREE (EXAMPLE: BA,

AB, BS, BBA) 18

MASTER’S DEGREE (EXAMPLE: MA,

MS, MEng, MEd, MBA) 19

PROFESSIONAL SCHOOL DEGREE

(EXAMPLE: MD, DDS, DVM, JD) 20

DOCTORAL DEGREE (EXAMPLE:

PhD, EdD) 21

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 3**  **END LOOP 1:**   * ASK DMQ.128-141 FOR NEXT TARGET PERSON (NON-SP HEAD) * ASK DMQ.141 FOR NEXT TARGET PERSON (NON-SP SPOUSE –  RELATIONSHIP OF "MARRIED" IN THE SCREENER).   IF NO NEXT PERSON, GO TO END OF SECTION. |

**HELP SCREEN FOR DMQ.141:**

School: An institution that advances a person toward an elementary or high school diploma, or a college or professional school degree. Do not count schooling in non-regular schools unless the credits are accepted by regular schools.

Regular school includes graded public, private, and parochial schools, colleges, universities, graduate and professional schools, seminaries where a Bachelor's degree is offered, junior colleges specializing in skill training, colleges of education, and nursing schools where a Bachelor's degree is offered.

If the person attended school outside of the "regular" school system, probe to determine if the schooling is applicable here. Use the following guidelines to determine if the schooling should be included:

Training Programs - Count training received "on the job," in the Armed Forces, or through correspondence school only if it was credited toward a school diploma, high school equivalency (GED), or college degree.

Vocational, Trade, or Business School - Do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system.

General Educational Development (GED) or High School Equivalency - An exam certified equivalent of a high school diploma. If the person has not actually completed all 4 years of high school, but has acquired his/her GED (high school equivalency based on passing the GED exam), count this and enter code "14."

Adult Education - Adult education classes should not be included as regular school unless such schooling has been counted for credit in a regular school system. If a person has taken adult education classes not for credit, these classes should not be counted as regular school. Adult education courses given in a public school building are part of regular schooling only if their completion can advance a person toward an elementary school certificate, a high school diploma (or GED), or a college degree.

Other School Systems - If the person attended school in another country, in an ungraded school, in a "normal school", under a tutor, or under other special circumstances, ask the respondent to give the nearest equivalent of years in regular U.S. schooling.

GED (General Educational Development): An exam certified equivalent of a high school diploma.

Occupational, Technical, or Vocational Program: Includes secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered and other trade and business schools outside the regular school system.

College: Any junior college, community college, four-year college or university, nursing school or seminary where a college degree is offered, and graduate school or professional school that is attended after obtaining a degree from a 4-year institution.

Bachelor's Degree: An educational degree given by a college or university to a person who has completed a 4-year course or its equivalent in the humanities or related studies (B.A.) or in the sciences (B.S.).

Doctoral Degree: The highest educational degree given by a college or university to a person who has completed a prescribed course of advanced graduate study. For example—a Doctor of Philosophy (Ph.D.).

HOUSING CHARACTERISTICS – HOQ

Target Group: SPs Family

HOQ.012 I would like to ask you a few questions about your home.

Please look at this card. Which best describes your house or building?

HAND CARD HOQ1

A ONE-FAMILY HOUSE DETACHED FROM ANY OTHER HOUSE 1

A ONE-FAMILY HOUSE ATTACHED TO ONE OR MORE HOUSES 2

A BUILDING WITH 2 APARTMENTS 3

A BUILDING WITH 3 OR 4 APARTMENTS 4

A BUILDING WITH 5 TO 9 APARTMENTS 5

A BUILDING WITH 10 TO 19 APARTMENTS 6

A BUILDING WITH 20 TO 49 APARTMENTS 7

A BUILDING WITH 50 OR MORE APARTMENTS 8

A MOBILE HOME, TRAILER, OR MANUFACTURED HOME 9

A DORMITORY OR SIMILAR BOARDING HOUSE 10

REFUSED 77

DON'T KNOW 99

HOQ.060 How long {have you/has your family} lived at this address?

G/Q/U

INTERVIEWER INSTRUCTIONS: IF RESPONDENT PROVIDES A DECIMAL IN THEIR RESPONSE, PROBE FOR THE CLOSEST WHOLE NUMBER OF YEARS OR MONTHS.

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

ENTER NUMBER (OF MONTHS OR YEARS)

LESS THAN ONE MONTH 666 (HOQ.065)

REFUSED 777777 (HOQ.065)

DON'T KNOW 999999 (HOQ.065)

ENTER UNIT

MONTHS 1

YEARS 2

HOQ.065 Is this home owned, being bought, rented, or occupied by some other arrangement by {you/you or someone else in your family}?

OWNED OR BEING BOUGHT 1

RENTED 2

OTHER ARRANGEMENT 3

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Rents or Owns Home: A person rents the home if s/he pays on a continuing basis without gaining any rights to ownership. A person owns the home even if s/he is still paying on a mortgage.

END OF SECTION

SMOKING – SMQ

Target Group: Household

SMQ.460 Now I would like to ask you a few questions about smoking in this home.

How many people who live here **smoke** cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product?

INTERVIEWER INSTRUCTION: IF RESPONSE IS NO ONE, ENTER ZERO

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

ENTER NUMBER OF PERSONS

REFUSED 777

DON'T KNOW 999

HELP SCREEN:

Tobacco products do not include marijuana.

CAPI INSTRUCTION:

ALLOW ‘0’ AS AN ENTRY.

RANGE EDIT: CANNOT BE GREATER THAN # OF PEOPLE IN THE HOUSEHOLD.

IF ‘0’, DK OR RF, GO TO END OF SECTION.

SMQ.470 Not counting decks, porches, or detached garages, how many people who live here **smoke** cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product **inside** this home?

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

ENTER NUMBER OF PERSONS

REFUSED 777

DON'T KNOW 999

HELP SCREEN:

Tobacco products do not include marijuana.

CAPI INSTRUCTION:

ALLOW ‘0’ AS AN ENTRY.

HARD EDIT: NUMBER ENTERED IN SMQ.470 MUST BE EQUAL OR LESS THAN SMQ.460.

IF ‘0’, DK OR RF, GO TO END OF SECTION.

SMQ.480 (Not counting decks, porches, or detached garages) During the past 7 days, that is since last [TODAY’S DAY OF WEEK], on how many days did {anyone who lives here/you}, smoke tobacco **inside** this home?

|\_\_\_|

ENTER NUMBER OF DAYS FROM 0 TO 7.

REFUSED 77

DON'T KNOW 99

CAPI INSTRUCTION:

IF ONLY ONE PERSON LIVING IN HOUSEHOLD DISPLAY “you..” IF MORE THAN ONE PERSON LIVING IN HOUSEHOLD, DISPLAY “anyone who lives here..”

CONSUMER BEHAVIOR – CBQ

Target Group: Family Questionnaire

|  |
| --- |
| **BOX NEW 1A**  OMITTED |

|  |  |
| --- | --- |
| CBQ.071 Q/U | The next questions are about how much money {your family spends/you spend} on food. First I’ll ask you about money spent at supermarkets or grocery stores. Then we will talk about money spent at other types of stores. When you answer these questions, please **do not** include money spent on **alcoholic beverages**. |

During the **past 30 days**, how much money {did your family/did you} spend at **supermarkets** or **grocery stores**? Please include purchases made with food stamps. (You can tell me per week or per month.)

INTERVIEWER: ENTER “0” IF SP SAYS NO MONEY WAS SPENT.

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

ENTER AMOUNT

NO MONEY SPENT 0 (CBQ.101)

REFUSED 7----7 (CBQ.101)

DON'T KNOW 9----9 (CBQ.101)

ENTER UNIT

WEEK 1

MONTH 2

CBQ.081 Was any of this money spent on **nonfood items** such as cleaning or paper products, pet food, cigarettes or alcoholic beverages?

YES 1

NO 2 (CBQ.101)

REFUSED 7 (CBQ.101)

DON'T KNOW 9 (CBQ.101)

|  |  |
| --- | --- |
| CBQ.091 Q/U | About how much money was spent on nonfood items? (You can tell me per week or per month.) |

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

ENTER AMOUNT

HARD EDIT: AMOUNT CANNOT BE MORE THAN   
THE AMOUNT ENTERED ON CBQ.071.

REFUSED 7----7 (CBQ.101)

DON'T KNOW 9----9 (CBQ.101)

ENTER UNIT

WEEK 1

MONTH 2

CBQ.101 During the **past 30 days**, {did your family/did you} spend money on **food** at stores **other** than grocery stores? Please do not include money that you have already told me about. Here are some examples of stores other than grocery stores where you might buy food.

HAND CARD CBQ1

YES 1

NO 2 (CBQ.121)

REFUSED 7 (CBQ.121)

DON'T KNOW 9 (CBQ.121)

|  |  |
| --- | --- |
| CBQ.111 Q/U | About how much money {did your family/did you} spend on **food** at these types of stores? Please do not include money you have already told me about. (You can tell me per week or per month.) |

INTERVIEWER: ENTER “0” IF SP SAYS NO MONEY WAS SPENT.

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

ENTER AMOUNT

REFUSED 7----7 (CBQ.121)

DON'T KNOW 9----9 (CBQ.121)

ENTER UNIT

WEEK 1

MONTH 2

|  |  |
| --- | --- |
| CBQ.121 Q/U | During the **past 30 days**, how much money {did your family/did you} spend on **eating out**? Please include money spent in cafeterias at work or at school or on vending machines, **for all family members**. (You can tell me per week or per month.) |

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

INTERVIEWER: ENTER “0” IF SP SAYS NO MONEY WAS SPENT.

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

ENTER AMOUNT

REFUSED 7----7 (CBQ.131)

DON'T KNOW 9----9 (CBQ.131)

ENTER UNIT

WEEK 1

MONTH 2

|  |  |
| --- | --- |
| CBQ.131 Q/U | During the **past 30 days**, how much money {did your family/did you} spend on food **carried out** or **delivered**? Please do not include money you have already told me about. (You can tell me per week or per month.) |

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

INTERVIEWER: ENTER “0” IF SP SAYS NO MONEY WAS SPENT.

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

ENTER AMOUNT

REFUSED 7----7

DON'T KNOW 9----9

ENTER UNIT

WEEK 1

MONTH 2

|  |
| --- |
| BOX 2  **CHECK ITEM CBQ.205:**  IF THE FAMILY INCLUDES AT LEAST ONE SP AGED 1-15 YEARS OLD, CONTINUE;  OTHERWISE, GO TO THE END OF SECTION. |

CBQ.210 Who is the person who does **most** of the planning or preparing of meals in your family?

CAPI INSTRUCTION:

* DISPLAY NAMES, GENDERS, AND AGES OF ALL HOUSEHOLD MEMBERS.
* SORT THE LIST BY FAMILY, AND DISPLAY THE FAMILY OF THE CURRENT RESPONDENT FIRST.
* WITHIN EACH FAMILY, SORT THE FAMILY MEMBERS BY AGE FROM OLDEST TO YOUNGEST.
* BLOCK ALL MEMBERS 10 YEAR OR YOUNGER FROM BEING SELECTED.
* ONLY ALLOW ONE PERSON TO BE SELECTED.

INTERVIEWER INSTRUCTION: SELECT NAME FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

MMP CALCULATION INSTRUCTION

PERSON SELECTED AS FCBS RESPONDENT MUST BE 16 YEARS OR OLDER.

SELECT 1

NOT SELECT 2 (CBQ.240)

REFUSED 7 (CBQ.240)

DON'T KNOW 9 (CBQ.240)

SOFT EDIT:

IF THE SELECTED PERSON IS LESS THAN 18 YEARS OLD, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY THAT THE PERSON SELECTED IS YOUNGER THAN 18 YEARS OLD.”

SOFT EDIT:

IF CBQ.210 EQUALS 2-NOT SELECT OR DK FOR EVERY HH MEMBER, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY THAT NO ONE LISTED DOES MOST OF THE PLANNING AND PREPARING OF MEALS IN THE SP’S FAMILY.”

CBQ.220 {Do you/Does he/she} share in the planning or preparing of meals with someone else?

YES 1

NO 2 (CBQ.240)

REFUSED 7 (CBQ.240)

DON'T KNOW 9 (CBQ.240)

CBQ.230 Who is the person who shares in the planning or preparing of meals with {you/him/her}?

CAPI INSTRUCTION:

* DISPLAY NAMES, GENDERS, AND AGES OF ALL HOUSEHOLD MEMBERS, EXCEPT THE ONE NAMED IN CBQ.210.
* SORT THE LIST BY FAMILY, AND DISPLAY THE FAMILY OF THE CURRENT RESPONDENT FIRST.
* WITHIN EACH FAMILY, SORT THE FAMILY MEMBERS BY AGE FROM OLDEST TO YOUNGEST.
* BLOCK ALL MEMBERS 10 YEAR OR YOUNGER FROM BEING SELECTED.
* ONLY ALLOW ONE PERSON TO BE SELECTED.

INTERVIEWER INSTRUCTION: SELECT NAME FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

MMP CALCULATION INSTRUCTION

PERSON SELECTED AS FCBS RESPONDENT MUST BE 16 YEARS OR OLDER.

SELECT 1

NOT SELECT 2

REFUSED 7

DON'T KNOW 9

SOFT EDIT:

IF THE SELECTED PERSON IS LESS THAN 18 YEARS OLD, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY THAT THE PERSON SELECTED IS YOUNGER THAN 18 YEARS OLD.”

CBQ.240 Who is the person who does **most** of the shopping for food in your family?

CAPI INSTRUCTION:

* DISPLAY NAMES, GENDERS, AND AGES OF ALL HOUSEHOLD MEMBERS.
* SORT THE LIST BY FAMILY, AND DISPLAY THE FAMILY OF THE CURRENT RESPONDENT FIRST.
* WITHIN EACH FAMILY, SORT THE FAMILY MEMBERS BY AGE FROM OLDEST TO YOUNGEST.
* BLOCK ALL MEMBERS 10 YEAR OR YOUNGER FROM BEING SELECTED.
* ONLY ALLOW ONE PERSON TO BE SELECTED.

INTERVIEWER INSTRUCTION: SELECT NAME FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

MMP CALCULATION INSTRUCTION

PERSON SELECTED AS FCBS RESPONDENT MUST BE 16 YEARS OR OLDER.

SELECT 1

NOT SELECT 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

SOFT EDIT:

IF THE SELECTED PERSON IS LESS THAN 18 YEARS OLD, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY THAT THE PERSON SELECTED IS YOUNGER THAN 18 YEARS OLD.”

SOFT EDIT:

IF CBQ.240 EQUALS 2-NOT SELECT OR DK FOR EVERY HH MEMBER, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY THAT NO ONE LISTED DOES MOST OF THE SHOPPING FOR FOOD IN THE SP’S FAMILY.”

CBQ.250 {Do you/Does he/she} share in the shopping for food with someone else?

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

CBQ.260 Who is the person who shares the food shopping with {you/him/her}?

CAPI INSTRUCTION:

* DISPLAY NAMES, GENDERS, AND AGES OF ALL HOUSEHOLD MEMBERS, EXCEPT THE ONE NAMED IN CBQ.240.
* SORT THE LIST BY FAMILY, AND DISPLAY THE FAMILY OF THE CURRENT RESPONDENT FIRST.
* WITHIN EACH FAMILY, SORT THE FAMILY MEMBERS BY AGE FROM OLDEST TO YOUNGEST.
* BLOCK ALL MEMBERS 10 YEAR OR YOUNGER FROM BEING SELECTED.
* ONLY ALLOW ONE PERSON BEING SELECTED.

INTERVIEWER INSTRUCTION: SELECT NAME FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

MMP CALCULATION INSTRUCTION

PERSON SELECTED AS FCBS RESPONDENT MUST BE 16 YEARS OR OLDER.

SELECT 1

NOT SELECT 2

REFUSED 7

DON'T KNOW 9

SOFT EDIT:

IF THE SELECTED PERSON IS LESS THAN 18 YEARS OLD, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY THAT THE PERSON SELECTED IS YOUNGER THAN 18 YEARS OLD.”

INCOME – INQ

Target Group: SP, Family, Household

Definitions for Testers:

* + - NHANES FAMILY: Everyone related to each other by blood, marriage or a marriage-like relationship including partners and foster children.
    - FAMILY: Individuals and groups of individuals who are related by birth, marriage or adoption. step children, parents or siblings are included. It also includes unmarried partners if they have a biological or adoptive child in common. It does not include unmarried partners who do not have a child in common, foster parents or foster children. Note: Individuals living alone or with other unrelated individuals are referred to as “unrelated individuals”.

INQ.170 The next questions are about {your/your combined family} income. When answering these questions, please remember that by {"income/combined family income"}, I mean {your income/your income **plus** the income of {NAMES OF OTHER **NHANES** FAMILY MEMBERS} for {LAST CALENDAR YEAR}. In {LAST CALENDAR YEAR}, did {you/you and OTHER NHANES FAMILY MEMBERS} receive income from **wages, salaries, commissions, bonuses, tips, or self-employment**?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Wages and Salaries: Include tips, bonuses, overtime, commissions, Armed Forces pay, special cash bonuses and subsistence allowances.

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Self-Employed: Persons working for profit or fees in their own business, shop, office, farm, etc. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators or independent truckers.

Business: A business exists when one or more of the following conditions are met:

1. Machinery or equipment of substantial value is used in conducting the business;

2. An office, store, or other place of business is maintained; or

3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:

Sewing performed in the sewer's house using his/her own equipment.

Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

Yard sales; the sale of personal property is not a business or work.

Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.

Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

|  |
| --- |
| **BOX 1B**  OMITTED |

|  |
| --- |
| **BOX 1C**  OMITTED |

INQ.172 In {LAST CALENDAR YEAR}, did {you/you or **any** family members living here} receive income from **interest**-bearing accounts or investments, **dividends** from stocks or mutual funds, net rental income, royalty income, or income from estates and trusts?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

INQ.174 [In {LAST CALENDAR YEAR}, did {you/you or **any** family members living here} receive…]

**Supplemental Security Income**, SSI, or Social Security Disability Income, SSDI? These are different from Social Security, which will be asked about next.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

SSI: Also known as Supplemental Security Income (SSI), this federal program provides monthly cash payments in accordance with uniform, nationwide eligibility requirements to persons who are both needy and aged (65 years or older), blind, or disabled. A person may be eligible for SSI payments even if they have never worked. SSI is NOT the same as Social Security. A person can get SSI in addition to Social Security. The SSI program is issued by the Social Security Administration. Each state may add to the federal payment from its own funds. This additional money may be included in the federal payment or it may be received as a separate check. If it is combined with the federal payment, the words "STATE PAYMENT INCLUDED" will appear on the federal check. A few states make SSI payments to individuals who do not receive a federal payment.

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

INQ.176 [In {LAST CALENDAR YEAR}, did {you/you or **any** family members living here} receive…]

income from **Social Security** or **Railroad Retirement**?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Social Security: Social Security (SS) payments are received by persons who have worked long enough in employment that had SS deductions taken from their salary in order to be entitled to payments. SS payments may be made to the spouse or dependent children of a covered worker. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.

Railroad Retirement: U.S. Government Railroad Retirement Benefits are based on a person’s long-term employment in the railroad industry.

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

|  |
| --- |
| **BOX 1D**  OMITTED |

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| --- |
| **BOX 1E**  OMITTED |

INQ.178 [In {LAST CALENDAR YEAR}, did {you/you or **any** family members living here} receive…]

any **public assistance or welfare payments** from the **state** or **local welfare** office?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Public assistance or welfare payments from the state or local welfare office include programs such as: Temporary Assistance to Needy Families (TANF, pronounced "tan'iff"), Aid to Families with Dependent Children (AFDC), or Aid for Dependent Children (ADC). AFDC or ADC are the old welfare program names, and they have been replaced by the TANF program. TANF is administered by state and local governments. Each TANF program has a unique name depending on the state or local area. Eligibility for TANF programs varies from state to state, but usually depends on having low-income. Services provided through TANF programs also vary from state to state. Where AFDC primarily provided cash benefits, TANF provides a wide range of services such as job training, child care, and subsidies to employers.

INQ.180 [In {LAST CALENDAR YEAR}, did {you/you or **any** family members living here} receive…]

income from **retirement, survivor, or disability pensions**?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Retirement or Survivors Pension: Employment benefit that provides income payments to employees upon their retirement. Pension plans provide benefits to employees who have met specified criteria, normally age and/or length of service requirements. The two main types of pension plans are:

Defined benefit plans - an employer's cost is not predetermined, but the benefit is; and

Defined contribution - the employer's cost is predetermined, but the benefit depends on how much the employee contributes, investment gains and losses, etc.

Include in this item income from 401 K, IRA's, annuities, paid-up life insurance policies and KEOGH accounts.

Disability Pension: The following are the most common types of disability pensions: company or union disability, Federal Government (Civil Service) disability, U.S. military retirement disability, state or local government employee disability, accident or disability insurance annuities, and Black Lung miner's disability.

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| **BOX 2A**  OMITTED |

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| **BOX 2B**  OMITTED |

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| --- |
| **BOX 2C**  OMITTED |

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| --- |
| **BOX 3A**  OMITTED |

|  |
| --- |
| **BOX 3AA**  OMITTED |

|  |
| --- |
| **BOX 3B**  OMITTED |

|  |
| --- |
| **BOX 3C**  OMITTED |

INQ.182 [In {LAST CALENDAR YEAR}, did {you/you or **any** family members living here} receive…]

income from any other sources of income such as Veterans' (VA) payments, unemployment compensation, child support or alimony?

**INTERVIEWER INSTRUCTION:** INCLUDE GIFTS.

**INTERVIEWER INSTRUCTION:** IF RESPONDENT IS A COLLEGE STUDENT LIVING AWAY FROM THEIR FAMILY PLEASE ADD “INCLUDING MONEY RECEIVED FROM FAMILY FOR COLLEGE TUITION, BOOKS AND LIVING EXPENSES”

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

HELP SCREEN:

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Child Support: Money received from parents for the support of their children. In some cases, child support payments may be delivered to recipients by a government office, court office, or welfare agency.

Unemployment Compensation: Payment by the state government of a fixed amount of money to an unemployed person, usually at regular intervals over a fixed period of time.

|  |
| --- |
| **BOX 3D**  OMITTED |

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| --- |
| **BOX 4A**  OMITTED |

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| --- |
| **BOX 4C**  OMITTED |

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| --- |
| **BOX 4B**  OMITTED |

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| --- |
| **BOX 5**  OMITTED |

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| **BOX 7**  ASK INQ.200 – 310 FOR EACH CPS FAMILY IN THE NHANES FAMILY IN THE HOUSEHOLD. |

|  |
| --- |
| FOR THE PURPOSE OF ADMINISTERING THE QUESTIONS ABOUT TOTAL INCOME:  ◼ A FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: INDIVIDUALS LIVING ALONE OR WITH OTHER UNRELATED INDIVIDUALS ARE REFERRED TO AS “UNRELATED INDIVIDUALS”.  ◼ TOTAL INCOME IS ADMINISTERED FOR EACH CPS FAMILY IN THE NHANES FAMILY AND THEN FOR THE ENTIRE HOUSEHOLD. |

INQ.200 Now I am going to ask about the **total income** for {you/NAME(S) OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} in {LAST CALENDAR YEAR}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

CAPI INSTRUCTIONS:

◼ DISPLAY "YOU" IF ONLY 1 PERSON IN THE FAMILY.

◼ DISPLAY "NAMES OF FIRST/NEXT FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.

|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| (GO TO INQ.235)

ENTER AMOUNT

REFUSED 77777777777 (INQ.220)

DON'T KNOW 99999999999 (INQ.220)

CAPI INSTRUCTION:

◼ REQUIRE DOUBLE ENTRY OF INCOME. (DOUBLE ENTRY QUESTION NUMBER: INQ.216)

◼ SCREEN SHOULD READ:

DOUBLE ENTRY OF INCOME REQUIRED.

◼ IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.

◼ IF INQ.200 NOT DK OR RF, SET FAMILY ANNUAL INCOME THRESHOLD = INQ.200.

HELP SCREEN:

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

Wages and Salaries: Include tips, bonuses, overtime, commissions, Armed Forces pay, special cash bonuses and subsistence allowances.

Social Security: Social Security (SS) payments are received by persons who have worked long enough in employment that had SS deductions taken from their salary in order to be entitled to payments. SS payments may be made to the spouse or dependent children of a covered worker. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.

Retirement Benefits: Employment benefit that provides income payments to employees upon their retirement. Pension plans provide benefits to employees who have met specified criteria, normally age and/or length of service requirements. The two main types of pension plans are:

Defined benefit plans - an employer's cost is not predetermined, but the benefit is; and

Defined contribution - the employer's cost is predetermined, but the benefit depends on how much the employee contributes, investment gains and losses, etc.

Include in this item income from 401 K, IRA's, annuities, paid-up life insurance policies and KEOGH accounts.

|  |
| --- |
| **BOX 5A**  OMITTED |

INQ.220 You may not be able to give us an exact figure for {your/NAME(S) OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} income, but can you tell me if this income in {LAST CALENDAR YEAR} was . . .

**PROBE:** Income is important in using the health information we collect. For example, it helps us to learn whether persons in one income group use certain types of medical services or have certain health conditions more or less often than those in another income group.

CAPI INSTRUCTIONS:

◼ DISPLAY "YOUR" IF ONLY 1 PERSON IN THE FAMILY.

◼ DISPLAY "NAMES OF FIRST/NEXT FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.

$20,000 or more, or 1

less than $20,000? 2

REFUSED 7 (BOX 9)

DON'T KNOW 9 (INQ.235)

HELP SCREEN:

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

|  |  |
| --- | --- |
| INQ.230 a/b | Of these income groups, can you tell me which letter **best** represents {your/NAME(S) OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} income in {LAST CALENDAR YEAR}? |

HAND CARD {INQ1 AND INQ2}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED FAMILY INCOME.

CAPI INSTRUCTIONS:

◼ DISPLAY "YOUR" IF ONLY 1 PERSON IN THE FAMILY.

◼ DISPLAY "NAMES OF FIRST/NEXT FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.

◼ IF $20,000 OR MORE, DISPLAY HAND CARD INQ1 AND LETTERS U-WW.

◼ IF LESS THAN $20,000, DISPLAY HAND CARD INQ2 AND LETTERS A-T.

◼ IF INQ.230 NOT EQUAL TO DK OR RF, SET FAMILY ANNUAL INCOME THRESHOLD = LOWER VALUE IN RANGE.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A  B  C  D  E  F  G  H | I  J  K  L  M  N  O  P | Q  R  S  T  U  V  W  X | Y  Z  AA  BB  CC  DD  EE  FF | GG  HH  II  JJ  KK  LL  MM  NN | OO  PP  QQ  RR  SS  TT  UU  VV  WW |

REFUSED 7777

DON'T KNOW 9999

HELP SCREEN:

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

|  |
| --- |
| **BOX 6**  OMITTED |

INQ.235 What is the total income received last month, {LAST CALENDAR MONTH & CURRENT CALENDAR

YEAR} by {you/NAMES OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS}} before taxes?

[Please include income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth.]

[INTERVIEWER INSTRUCTION: IF SP DOES NOT KNOW INCOME OF OTHER FAMILY MEMBERS, ENTER DON’T KNOW.]

SOFT EDIT: AMOUNT REPORTED IN INQ.235 (MONTHLY INCOME) GREATER THAN OR EQUAL TO THE AMOUNT REPORTED IN INQ.200 (ANNUAL INCOME), DISPLAY SOFT EDIT MESSAGE: “INTERVIEWER, YOU HAVE RECORDED AN ANNUAL TOTAL INCOME OF {ANNUAL INCOME REPORTED IN INQ.200} AND LAST MONTH’S TOTAL INCOME WAS RECORDED AS {TOTAL MONTHLY INCOME REPORTED IN INQ.235}. PLEASE CONFIRM WITH SP THAT LAST MONTH’S INCOME OF {TOTAL MONTHLY INCOME REPORTED IN INQ.235} IS CORRECT.

CAPI INSTRUCTION:

◼ REQUIRE DOUBLE ENTRY OF INCOME (INQ.236)

◼ SCREEN SHOULD READ:

DOUBLE ENTRY OF INCOME REQUIRED.

* IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.
* FOR THE CALENDAR FILL: IF CURRENT MONTH IS JANUARY THE PAST CALENDAR YEAR WILL BE SHOWN

|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| (INQ.300)

ENTER AMOUNT

REFUSED 77777777777

DON'T KNOW 99999999999

INQ.238 You may not be able to give us an exact figure, but can you tell me if the income for {you/NAMES OF OTHER FAMILY/your family} in {LAST CALENDAR MONTH & CURRENT CALENDAR YEAR} was . . .

{185% of monthly poverty

level} or less, or 1

more than {185% monthly poverty level}? 2 (INQ.300)

REFUSED 7

DON'T KNOW 9

PROBE: (That would be {12 times 185% monthly poverty level}} per year.)

CAPI INSTRUCTION:

◼ Fill 185% of the **monthly** poverty level based on family size:

For family sizes **1-8**, use the numbers in the 3rd column in the appropriate table below.

For family size **> 8**, with each additional family member:

* For the 48 contiguous states and the District of Columbia, fill {[$6,695+($681\* # of additional person past 8)] round to nearest 100s}.
* For Hawaii, fill {[$7.699+($783 \* # of additional person past 8)] round to nearest 100s}.

◼ Fill 185% of the **annual** poverty level based on family size in the PROBE:

For family sizes **1-8**, use the numbers in the 5th column in the appropriate table below.

For family size **> 8**, with each additional member:,

* For the 48 contiguous states and the District of Columbia, fill {[$80,345.5.5+($8,177 \* # of additional person past 8)] round to nearest 100s}.
* For Hawaii, fill {[$92,389+($9,398 \* # of additional person past 8)] round to nearest 100s}.

TABLE 1A. 185% POVERTY LEVELS FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Persons in Family | 185% monthly poverty level | | 185% annual poverty level | |
| Raw Number1 | Rounded to nearest 100s2 | Raw Number3 | Rounded to nearest 100s4 |
| 1 | 1,926 | 1,900 | 23,107 | 23,100 |
| 2 | 2,607 | 2,600 | 31,284 | 31,300 |
| 3 | 3,288 | 3,300 | 39,461 | 39,500 |
| 4 | 3,970 | 4,000 | 47,638 | 47,600 |
| 5 | 4,651 | 4,700 | 55,815 | 55,800 |
| 6 | 5,333 | 5,300 | 63,992 | 64,000 |
| 7 | 6,014 | 6,000 | 72,169 | 72,200 |
| 8 | 6,695 | 6,700 | 80,346 | 80,300 |

1: For each additional person past 8, the value is $6,695 + ($681 \* # of additional persons past 8)

2: These are the numbers to be used in the response category fills.

For each additional person past 8, the value is $80,346 + ($8,177 \* # of additional persons past 8)

3: These are the numbers to be used in the probe fills.

TABLE 1B. 185% POVERTY LEVELS FOR HAWAII

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Persons in Family | 185% monthly poverty level | | 185% annual poverty level | |
| Raw Number1 | Rounded to nearest 100s2 | Raw Number3 | Rounded to nearest 100s4 |
| 1 | 2,217 | 2,200 | 26,603 | 26,600 |
| 2 | 3,000 | 3,000 | 36,001 | 36,000 |
| 3 | 3,783 | 3,800 | 45,399 | 45,400 |
| 4 | 4,566 | 4,600 | 54,797 | 54,800 |
| 5 | 5,350 | 5,300 | 64,195 | 64,200 |
| 6 | 6,133 | 6,100 | 73,593 | 73,600 |
| 7 | 6,916 | 6,900 | 82,991 | 83,000 |
| 8 | 7,699 | 7,700 | 92,389 | 92,400 |

1: For each additional person past 8, the value is $7,699 + ($783 \* # of additional persons past 8)

2: These are the numbers to be used in the response category fills.

3: These For each additional person past 8, the value is $92,389 + ($9,398 \* # of additional persons past 8)

4: These are the numbers to be used in the probe fills.

INQ.241 Was it more or less than {130% monthly poverty level}?

{130% monthly poverty level} OR LESS,

OR 1

MORE THAN {130% of monthly poverty

level} 2

REFUSED 7

DON'T KNOW 9

PROBE: {That would be 12 times 130% annual poverty level per year.}

CAPI INSTRUCTION:

◼ Fill 130% of the **monthly** poverty level based on family size:

For family sizes **1-8**, use the numbers in the 3rd column in the appropriate table below.

For family size **> 8**, with each additional family member:

* For the 48 contiguous states and the District of Columbia, fill {[$4,705+($479\* # of additional person past 8)] round to nearest 100s}.
* For Hawaii, fill {[$5,410+($550 \* # of additional person past 8)] round to nearest 100s}.

◼ Fill 130% of the **annual** poverty level based on family size in the PROBE:

For family sizes **1-8**, use the numbers in the 5th column in the appropriate table below.

For family size **> 8**, with each additional member:

For the 48 contiguous states and the District of Columbia,fill {[$56,459+($5,746\* # of additional person past 8)] round to nearest 100s} For Hawaii, fill {[$64,922+($6,604 \* # of additional person past 8)] round to nearest 100s}

TABLE 2A. 130% POVERTY LEVELS FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Persons in Family | 130% monthly poverty level | | 130% annual poverty level | |
| Raw Number1 | Rounded to nearest 100s2 | Raw Number3 | Rounded to nearest 100s4 |
| 1 | 1,353 | 1,400 | 16,237 | 16,200 |
| 2 | 1,832 | 1,800 | 21,983 | 22,000 |
| 3 | 2,311 | 2,300 | 27,729 | 27,700 |
| 4 | 2,790 | 2,800 | 33475 | 33,500 |
| 5 | 3,268 | 3,300 | 39,221 | 39,200 |
| 6 | 3,747 | 3,700 | 44,967 | 45,000 |
| 7 | 4,226 | 4,200 | 50,713 | 50,700 |
| 8 | 4,705 | 4,700 | 56,459 | 56,500 |

1: For each additional person past 8, the value is $4,705 + ($479 \* # of additional persons past 8)

2: These are the numbers to be used in the text of question and response category fills.

3: For each additional person past 8, the value is $56,459 + ($5,746 \* # of additional persons past 8)

3: These are the numbers to be used in the probe fills.

TABLE 2B. 130% POVERTY LEVELS HAWAII

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Persons in Family | 130% monthly poverty level | | 130% annual poverty level | |
| Raw Number1 | Rounded to nearest 100s2 | Raw Number3 | Rounded to nearest 100s4 |
| 1 | 1,558 | 1,600 | 18,694 | 18,700 |
| 2 | 2,108 | 2,100 | 25,298 | 25,300 |
| 3 | 2,659 | 2,700 | 31,902 | 31,900 |
| 4 | 3,209 | 3,200 | 38,506 | 38,500 |
| 5 | 3,759 | 3,800 | 45,110 | 45,100 |
| 6 | 4,310 | 4,300 | 51,714 | 51,700 |
| 7 | 4,860 | 4,900 | 58,318 | 58,300 |
| 8 | 5,410 | 5,400 | 64,922 | 64,900 |

1: For each additional person past 8, the value is $5,410 + ($550 \* # of additional persons past 8)

2: These are the numbers to be used in the text of question and response category fills.

3: For each additional person past 8, the value is $64,922 + ($6,604 \* # of additional persons past 8)

4: These are the numbers to be used in the probe fills.

|  |
| --- |
| **NEW BOX 7A**  OMITTED |

|  |
| --- |
| **NEW BOX 7B**  OMITTED |

INQ.300 Do {you/NAMES OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} have more than $20,000 in savings at this time? Please include money in all types of accounts {you/your family} may have. Here are some examples of the types of accounts.

HAND CARD INQ3

CAPI INSTRUCTION:

DISPLAY “you” for single-person family; DISPLAY “NAMES OF OTHER FAMILY”/”you and NAMES OF FAMILY MEMBERS”” for multi-persons family.

YES 1 (BOX 9)

NO 2

REFUSED 7 (BOX 9)

DON'T KNOW 9 (BOX 9)

INQ.310 Which letter on this card best represents the total savings or cash assets at this time for {you/NAMES OF OTHER FAMILY/your family}?

HAND CARD INQ4

|\_\_\_| ENTER LETTER

REFUSED 7

DON'T KNOW 9

A: $0 - $3,000

B: $3,001 - $5,000

C: $5,001 - $10,000

D: $10,001 - $15,000

E: $15,001 - $20,000

|  |
| --- |
| **BOX 8**  OMITTED |

|  |
| --- |
| **BOX 9**  **CHECK ITEM INQ.240:**  IF THERE IS MORE THAN ONE NHANES FAMILY IN THE HOUSEHOLD, CONTINUE.  OTHERWISE, GO TO INQ.320. |

|  |
| --- |
| **BOX 9A**  **CHECK ITEM INQ.249:**  HOUSEHOLD INCOME (INQ.250, 260, 270) SHOULD ONLY BE ASKED **ONCE** OF THE FIRST FAMILY TO COMPLETE THE FAMILY QUESTIONNAIRE REGARDLESS OF FAMILY NUMBER. IT SHOULD NOT BE ASKED TWICE FOR A HOUSEHOLD AND SHOULD NOT BE MISSED IF ONE FAMILY DOES NOT COMPLETE THE FAMILY QUESTIONNAIRE. |

INQ.250 Now I am going to ask you about the total **household** income for the persons we have talked about plus {NAMES OF ALL OTHER PERSONS IN ADDITIONAL NHANES FAMILIES} in {LAST CALENDAR YEAR}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

$ |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| (GO TO INQ.320)

ENTER AMOUNT

REFUSED 77777777777 (INQ.260)

DON'T KNOW 99999999999 (INQ.260)

CAPI INSTRUCTION:

◼ REQUIRE DOUBLE ENTRY OF INCOME (INQ.255)

◼ SCREEN SHOULD READ:

DOUBLE ENTRY OF INCOME REQUIRED.

◼ IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.

HELP SCREEN:

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

Wages and Salaries: Include tips, bonuses, overtime, commissions, Armed Forces pay, special cash bonuses and subsistence allowances.

Social Security: Social Security (SS) payments are received by persons who have worked long enough in employment that had SS deductions taken from their salary in order to be entitled to payments. SS payments may be made to the spouse or dependent children of a covered worker. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.

Retirement Benefits: Employment benefit that provides income payments to employees upon their retirement. Pension plans provide benefits to employees who have met specified criteria, normally age and/or length of service requirements. The two main types of pension plans are:

Defined benefit plans - an employer's cost is not predetermined, but the benefit is; and

Defined contribution - the employer's cost is predetermined, but the benefit depends on how much the employee contributes, investment gains and losses, etc.

Include in this item income from 401 K, IRA's, annuities, paid-up life insurance policies and KEOGH accounts.

INQ.260 You may not be able to give us an exact figure for your total household income, but can you tell me if this income in {LAST CALENDAR YEAR} was . . .

**PROBE:** Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.

$20,000 or more, or 1

less than $20,000? 2

REFUSED 7 (INQ.320)

DON'T KNOW 9 (INQ.320)

HELP SCREEN:

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

|  |  |
| --- | --- |
| INQ.270a/b | Of these income groups, can you tell me which letter **best** represents your total household income in {LAST CALENDAR YEAR}? |

HAND CARD {INQ1 AND INQ2}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED HOUSEHOLD INCOME.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A  B  C  D  E  F  G  H | I  J  K  L  M  N  O  P | Q  R  S  T  U  V  W  X | Y  Z  AA  BB  CC  DD  EE  FF | GG  HH  II  JJ  KK  LL  MM  NN | OO  PP  QQ  RR  SS  TT  UU  VV  WW |

REFUSED 77

DON'T KNOW 99

CAPI INSTRUCTION:

IF $20,000 OR MORE, DISPLAY HAND CARD INQ1 AND LETTERS U-WW.

IF LESS THAN $20,000, DISPLAY HAND CARD INQ2 AND LETTERS A-T..

HELP SCREEN:

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

INQ.320 Now I will ask you a question about how your household usually travels to the store for your grocery shopping.

Please look at this card. How do {you/you or anyone who lives in the household} **usually** get to the store (or stores) where you do **most** of your grocery shopping?

HAND CARD INQ5

INTERVIEWER INSTRUCTION:

1. If the respondent cannot decide on one single answer, probe for the “**usual/most common**” way.

2. select “NO USUAL MODE OF TRAVELING TO STORE” only when the respondent cannot report a single usual mode for the question.

3. If the respondent uses different modes for getting to and returning from store, enter the mode of “getting to” the store.

IN MY CAR 1

IN A CAR THAT BELONGS TO SOMEONE  
I LIVE WITH 2

IN A CAR THAT BELONGS TO SOMEONE   
WHO LIVES ELSEWHERE 3

WALK 4

RIDE BICYCLE 5

BUS, SUBWAY OR OTHER PUBLIC   
TRANSIT 6

TAXI OR OTHER PAID DRIVER 7

SOMEONE ELSE DELIVERS GROCERIES 8

OTHER 9

NO USUAL MODE OF TRAVELING TO   
STORE 66

REFUSED 77

DON’T KNOW 99

FOOD SECURITY – FSQ

Target Group: Household

CAPI DISPLAY INSTRUCTIONS FOR ALL QUESTIONS IN SECTION:

1. IF ONLY ONE PERSON IN HOUSEHOLD

- FOR {YOU/YOUR HOUSEHOLD}, DISPLAY “YOU”

- FOR {I/WE}, {MY/OUR}, DISPLAY “I” AND “MY”

- FOR {YOU/YOU OR OTHER ADULTS IN YOUR HOUSEHOLD}, DISPLAY “YOU”.

2. IF MORE THAN ONE PERSON IN HOUSEHOLD

- FOR {YOU/YOUR HOUSEHOLD}, DISPLAY “YOUR HOUSEHOLD”

- FOR {I/WE}, {MY/OUR}, DISPLAY “WE” AND “OUR”

- FOR {YOU/YOU OR OTHER ADULTS IN YOUR HOUSEHOLD}, DISPLAY “YOU OR OTHER ADULTS IN YOUR HOUSEHOLD”.

FSQ.032 I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was **often** true, **sometimes** true, or **never** true for {you/your household} in the **last 12 months**, that is since {DISPLAY CURRENT MONTH AND LAST YEAR}.

HAND CARD FSQ1

CAPI INSTRUCTION:

IF ITEM CHANGED, CHECK MEC COMPONENT.

RESPONSES TO FSQ032A, B, AND C: OFTEN TRUE = 1, SOMETIMES TRUE = 2, NEVER TRUE = 3, REFUSED = 7, DON’T KNOW = 9

a. {I/We} worried whether {my/our} food would run out before {I/we} got money

to buy more. \_\_\_\_

b. The food that {I/we} bought just didn’t last, and {I/we} didn’t have enough

money to get more food. \_\_\_\_

c. {I/We} couldn’t afford to eat balanced meals. \_\_\_\_

HELP SCREEN:

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

Balanced Meal: A balanced meal includes all the types of food that you think should be in a healthy meal. For example, a starch like potatoes or rice, vegetables or fruit and some protein like meat, fish, cheese or eggs.

|  |
| --- |
| **BOX 1**  IF RESPONSE TO FSQ032 a, b, OR c, IS CODE 1 OR 2 (OFTEN TRUE OR SOMETIMES TRUE), CONTINUE.  OTHERWISE, GO TO BOX 3. |

FSQ.041 In the **last 12 months**, since last { DISPLAY CURRENT MONTH AND LAST YEAR }, did {you/you or other adults in your household} ever cut the size of your meals or skip meals because there wasn’t enough money for food?

YES 1

NO 2 (FSQ.061)

REFUSED 7 (FSQ.061)

DON’T KNOW 9 (FSQ.061)

HELP SCREEN:

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

FSQ.052 How often did this happen?

Almost every month, 1

some months but not every month, or 2

in only 1 or 2 months? 3

REFUSED 7

DON’T KNOW 9

FSQ.061 In the **last 12 months**, did you evereat less than you felt you should because there wasn’t enough money for food?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

FSQ.071 [In the **last 12 months**], were you ever hungry but didn’t eat because there wasn’t enough money for food?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

FSQ.081 [In the **last 12 months**], did you lose weight because there wasn’t enough money for food?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 2**  **CHECK ITEM FSQ.083:**  IF RESPONSE TO FSQ.041, 061, 071, **OR** 081 IS CODE 1 (YES), CONTINUE.  OTHERWISE GO TO BOX 3. |

FSQ.092 [In the **last 12 months**], did {you/you or other adults in your household} ever not eat for a whole day because there wasn’t enough money for food?

YES 1

NO 2 (BOX 3)

REFUSED 7 (BOX 3)

DON’T KNOW 9 (BOX 3)

HELP SCREEN:

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

FSQ.102 How often did this happen?

Almost every month, 1

some months but not every month, or 2

in only 1 or 2 months? 3

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 3**  **CHECK ITEM FSQ.085A:**  IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17), CONTINUE.  OTHERWISE, GO TO FSQ.151. |

CAPI DISPLAY INSTRUCTIONS FOR ALL QUESTIONS:

IF ONLY ONE CHILD IN THE HOUSEHOLD AGED <=17, DISPLAY CHILD’S NAME.

IF MORE THAN ONE CHILD IN HOUSEHOLD AGED <=17, DISPLAY “THE CHILDREN IN YOUR HOUSEHOLD WHO ARE UNDER 18 YEARS OLD”, “THE CHILDREN”, OR “ANY OF THE CHILDREN”.

FSQ.032 The next questions are about children living in the household who are under 18 years old.

I am going to read you several statements that people have made about their **children’s** food situation. For these statements, please tell me whether the statement was **often** true, **sometimes** true, or **never** true for {CHILD’s NAME/your child/the children in your household who are under 18 years old} in the **last 12 months**, that is since {DISPLAY CURRENT MONTH AND LAST YEAR}.

RESPONSES TO FSQ032D, E, AND F: OFTEN TRUE = 1, SOMETIMES TRUE = 2, NEVER TRUE = 3, REFUSED = 7, DON’T KNOW = 9

HAND CARD FSQ1

CAPI INSTRUCTION:

IF ITEM CHANGED, CHECK MEC COMPONENT.

d. (I/We) relied on only a few kinds of low-cost foods to feed {CHILD’s

NAME/the children} because there wasn’t enough money for food. \_\_\_\_

e. (I/We) couldn’t feed {(CHILD’s NAME/the children} a balanced meal,

because there wasn’t enough money for food. \_\_\_\_

f. {CHILD’s NAME was/The children were} not eating enough because

there wasn’t enough money for food. \_\_\_\_

HELP SCREEN:

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

Balanced Meal: A balanced meal includes all the types of food that you think should be in a healthy meal. For example, a starch like potatoes or rice, vegetables or fruit and some protein like meat, fish, cheese or eggs.

|  |
| --- |
| **NEW BOX 4**  **CHECK ITEM FSQ.108:**  IF RESPONSE TO FSQ.032d, e, or f, IS CODE 1 OR 2 (OFTEN TRUE OR SOMETIMES TRUE), CONTINUE.  OTHERWISE, GO TO FSQ.151. |

FSQ.111 In the **last 12 months**, since {DISPLAY CURRENT MONTH AND LAST YEAR} did you ever cut the size of {CHILD’S NAME/any of the children’s} meals because there wasn’t enough money for food?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

FSQ.121 [In the **last 12 months**], did {CHILD’S NAME/any of the children} ever skip meals because there wasn’t enough money for food?

YES 1

NO 2 (FSQ.141)

REFUSED 7 (FSQ.141)

DON’T KNOW 9 (FSQ.141)

FSQ.132 How often did this happen?

Almost every month, 1

some months but not every month, or 2

in only 1 or 2 months? 3

REFUSED 7

DON’T KNOW 9

FSQ.141 In the **last 12 months**, {was CHILD’S NAME/were any of the children} ever hungry, but there wasn’t enough money for food?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

FSQ.146 [In the **last 12 months**], did {CHILD’S NAME/any of the children} ever not eat for a whole day because there wasn’t enough money for food?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

FSQ.151 [In the **last 12 months**], did {you/you or any member of your household} ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

HELP SCREEN:

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

Community Kitchen: A place you went to eat because you didn’t have money for food. Do not include a place you went to for social reasons, such as, a senior center or a place you went to for shelter because of something like a hurricane or flood.

|  |
| --- |
| **BOX 5**  **CHECK ITEM FSQ.155B:**  IF THE HOUSEHOLD INCLUDES:  \*\*A CHILD AGED 5 YEARS OR UNDER, OR IN AN AGE RANGE THAT INCLUDES AGE 5 AND UNDER  OR  \*\* A FEMALE BETWEEN AGES 12 AND 59, OR IN AN AGE RANGE THAT INCLUDES ANY AGES BETWEEN 12 AND 59) CONTINUE  **OTHERWISE**, GO TO FSQ.755. |

FSQ.760 Next are a few questions about the WIC program, that is, the Women, Infants and Children program

Did {you/you or anyone who lives here} receive WIC benefits in the **past 30 days**? {Here is the list of children 5 years and younger and women ages 12 to 59 years who live here, let me read it to you.}

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL CHILDREN AGES 5 AND UNDER, AND WOMEN AGES 12 TO 59 IN THE HOUSEHOLD, AND HOUSEHOLD MEMBERS WITH UNKNOWN AGE OR GENDER.

CAPI INSTRUCTION:

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY “Here is the list of children 5 years and younger and women ages 12 to 59 years who live here, let me read it to you.”

HELP SCREEN:

WIC: WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. This program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5.

YES 1

NO 2 (FSQ.162)

REFUSED 7 (FSQ.162)

DON’T KNOW 9 (FSQ.162)

|  |
| --- |
| **BOX 5AA**  **CHECK ITEM FSQ.765:**  IF FSQ.760 = 1 AND ONLY ONE PERSON IN HOUSEHOLD, FLAG PERSON AS RECEIVING WIC IN FSQ.770, GO TO BOX 5BB.  OTHERWISE CONTINUE. |

FSQ.770 Who in the household has received WIC benefits in the past 30 days?

**PROBE:** Anyone else?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL CHILDREN AGES 5 AND UNDER, AND WOMEN AGES 12 TO 59 IN THE HOUSEHOLD. ALL FIELDS SHOULD BE BLANK WHEN SCREEN FIRST LOADS. AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

INTERVIEWER INSTRUCTION: SELECT NAME(S) FROM ROSTER

SELECT 1

NOT SELECT 2

REFUSED 7

DON'T KNOW 9

HARD EDIT:

IF CODE=2 FOR ALL MEMBERS IN ROSTER, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWER TO FSQ.770:

“You said that someone who lives here has received WIC in the last 30 days, is that correct?”

IF YES, GO BACK TO FSQ.770 AND ASK: “Who was that?” WITH ROSTER DISPLAYED.

IF NO, GO BACK TO CODE FSQ.760 AS ‘NO’.

|  |
| --- |
| **BOX 5BB**  **CHECK ITEM FSQ.775:**  GO TO FSQ.755. |

FSQ.162 In the **last 12 months**, did {you/you or any member of your household} receive benefits from the WIC program?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 5A**  OMITTED |

|  |
| --- |
| **BOX 5B**  OMITTED |

|  |
| --- |
| **NEW BOX 6**  OMITTED |

|  |
| --- |
| **BOX 3**  OMITTED |

FSQ.755 The next questions are about SNAP, the Supplemental Nutrition Assistance Program, also known as the Food Stamp Program. SNAP benefits are provided on a food stamp benefit card {called the {DISPLAY STATE NAME FOR EBT CARD} card in STATE}/or EBT card}.

Do {you/you or anyone in your household} **currently** get SNAP or Food Stamps? This includes any SNAP benefits or Food Stamps, even if the amount is small and even if the benefits are received on behalf of children in the household.

CAPI INSTRUCTIONS:

INSERT “OR EBT CARD” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD AND STATE NAME IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

YES 1

NO 2 (FSQ.855)

REFUSED 7 (FSQ.855)

DON’T KNOW 9 (FSQ.855)

|  |
| --- |
| **BOX 6**  **CHECK ITEM FSQ.785:**  IF FSQ.755 = 1 AND ONLY ONE PERSON IN HOUSEHOLD, FLAG PERSON AS RECEIVING SNAP IN FSQ.790, GO TO FSQ.795.  OTHERWISE CONTINUE. |

FSQ.790 Who in the household is currently on the {DISPLAY STATE NAME FOR EBT CARD} card}/or EBT card} to get Food Stamps? Here is the list of people who live here, let me read it to you.

**PROBE:** Is anyone else on the card?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL HOUSEHOLD MEMBERS.

ALL FIELDS SHOULD BE BLANK WHEN SCREEN FIRST LOADS. AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

INTERVIEWER INSTRUCTION:

READ NAMES OF ALL HOUSEHOLD MEMBERS TO THE RESPONDENT

SELECT NAME(S) FROM ROSTER

CAPI INSTRUCTIONS:

INSERT “EBT CARD” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

SELECT 1

NOT SELECT 2

REFUSED 7

DON'T KNOW 9

HARD EDIT:

IF NO ONE IN THE ROSTER WAS SELECTED, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWER TO FSQ.790:

“You said someone who lives here is currently getting Food Stamps. Is that correct?”

IF YES, GO BACK TO FSQ.790 AND ASK: “Who was that?” WITH ROSTER DISPLAYED.

IF NO, GO BACK TO CODE FSQ.755 AS ‘NO’.

FSQ.795 During the past 12 months, for how many months did {you/you, NAME(S)/NAME(S)} get Food Stamps?

CAPI INSTRUCTION:

FOR EVERY HH MEMBER WITH “SELECT (CODE “1”)” IN FSQ.790, ENABLE A FIELD FOR INTERVIEWER TO ENTER THE NUMBER OF MONTHS

FILL FOR EVERY HH MEMBER WITH “SELECT (CODE “1”) IN FSQ.790.

INTERVIEWER INSTRUCTION:

ENTER ‘1’ FOR LESS THAN ONE MONTH PARTICIPATION

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

ENTER NUMBER OF MONTHS

REFUSED 77

DON'T KNOW 99

HARD EDIT:

INPUT INVALID. VALUE NOT IN RANGE 1-12.

IF MONTHS ENTERED IS GREATER THAN AGE OF HH MEMBER DISPLAY: RESPONSE CAN NOT BE GREATER THAN PERSON’S AGE.

|  |
| --- |
| **BOX 7**  **CHECK ITEM FSQ.800:**  IF ONLY ONE PERSON WITH “SELECTED” IN FSQ.790, GO TO FSQ.810.  OTHERWISE CONTINUE. |

FSQ.805 Are {you/you, NAME(S) OF ALL HH MEMBER WITH “SELECTED” IN FSQ.790/ NAME(S) OF ALL HH MEMBER WITH “SELECTED” IN FSQ.790} getting Food Stamps on the same {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

YES 1

NO 2 (FSQ.825)

REFUSED 7

DON’T KNOW 9

|  |  |
| --- | --- |
| FSQ.810  FSQ.811  FSQ.812 | On what date were food stamps last put on {your/their/her/his} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card? |

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

HARD EDIT: DATE MUST BE WITHIN PAST 31 DAYS OF CURRENT DATE. IF THE “DAY” FIELD IS DK/RF, THEN THE MONTH/YEAR ENTERED MUST BE WITHIN PAST 1 MONTH OF CURRENT MONTH. INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

MONTH DAY YEAR

REFUSED 7

DON'T KNOW 9

FSQ.815 In {MONTH FROM FSQ.810 /that last time}, what amount in food stamps was put on {your/their/her/his} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

CAPI INSTRUCTIONS:

INSERT “MONTH FROM FSQ.810” IF MONTH FILED FSQ.810 IS NOT MISSING, RF OR DK.

INSERT “THAT LAST TIME” IF MONTH FILED FSQ.810 IS MISSING, RF OR DK.

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

HARD EDIT: AMOUNT SHOULD BE GREATER THAN ZERO.

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

ENTER DOLLAR AMOUNT

REFUSED 77777

DON’T KNOW 99999

|  |
| --- |
| **BOX 8**  **CHECK ITEM FSQ.820:**  IF ALL HH MEMBERS ARE MARKED “SELECT” ON FSQ.790, GO TO THE END OF SECTION.  OTHERWISE, CONTINUE WITH FSQ.855 |

FSQ.825 Among {you and NAME(S) OF ALL HH MEMBER WITH “SELECTED” IN FSQ.790/ NAME(S) OF ALL HH MEMBER WITH “SELECT” IN FSQ.790}, how many {DISPLAY STATE NAME FOR EBT CARD} /EBT} cards are there?

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

HARD EDIT: RESPONSE CANNOT BE ZERO, AND CANNOT BE MORE THAN THE NUMBER OF PEOPLE “SELECTED (CODE 1)” IN FSQ.790.

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

NUMBER OF CARDS

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 9**  **CHECK ITEM FSQ.830:**  IF FSQ.825 = DK OR RF, THEN ALLOCATE EACH PERSON WITH ONE CARD, THEN SKIP TO FSQ.840.  IF THE NUMBER OF CARDS EQUALS TO THE NUMBER OF PERSONS LISTED “SELECT” ON FSQ.790, ALLOCATE EACH PERSON WITH ONE CARD, THEN SKIP TO FSQ.840.  OTHERWISE CONTINUE. |

FSQ.835 Can you tell me who is on card {#}?

CAPI INSTRUCTIONS:

DISPLAY A GRID SO INTERVIEWER CAN ALLOCATE EACH HH MEMBERS WITH “SELECT” IN FSQ.790 TO EACH OF THE CARDS. EACH CARD SHOULD ALLOW MULTIPLE PERSONS BE SELECTED INTO.

FOR EXAMPLE:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Card 1 | Card 2 | Card 3 |
| John Doe |  |  |  |
| Jane Doe |  |  |  |
| Bobby Jones |  |  |  |

HARD EDIT: EACH HH MEMBERS WITH “SELECT” IN FSQ.790 SHOULD BELONG TO ONE CARD, AND ONE CARD ONLY. IF NO MEMBER BELONGS TO A CARD, GO BACK TO FSQ.825 AND CORRECT THE NUMBER OF CARDS.

|  |
| --- |
| **BOX 10**  **LOOP 1:**  ASK FSQ.840 - FSQ.845 FOR EACH CARD. |

|  |  |
| --- | --- |
| FSQ.840  FSQ.841  FSQ.842 | On what date were food stamps last put on {your/NAME’S(S’) ON EACH CARD} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card? |

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

HARD EDIT: DATE MUST BE WITHIN PAST 31 DAYS OF CURRENT DATE. IF THE “DAY” FIELD IS DK/RF, THEN THE MONTH/YEAR ENTERED MUST BE WITHIN PAST 1 MONTH OF CURRENT MONTH.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

MONTH DAY YEAR

REFUSED 7

DON'T KNOW 9

FSQ.845 In {MONTH FROM FSQ.840/that last time}, what amount in food stamps was put on {your/their/his/her} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

CAPI INSTRUCTIONS:

INSERT “MONTH FROM FSQ.840” IF MONTH FILED FSQ.840 IS NOT MISSING, RF OR DK.

INSERT “THAT LAST TIME” IF MONTH FILED FSQ.840 IS MISSING, RF OR DK.

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

HARD EDIT: AMOUNT SHOULD BE GREATER THAN ZERO.

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

ENTER DOLLAR AMOUNT

REFUSED 77777

DON’T KNOW 99999

|  |
| --- |
| **BOX 11**  **END LOOP 1:**  ASK FSQ.840 - FSQ.845 FOR SECOND CARD.  IF INFORMATION COLLECTED FOR ALL CARDS, GO TO BOX12. |

|  |
| --- |
| **BOX 12**  **CHECK ITEM FSQ.850:**  IF ALL HH MEMBERS ARE MARKED “SELECT” ON FSQ.790, GO TO THE END OF SECTION.  OTHERWISE, CONTINUE WITH FSQ.855. |

FSQ.855 Have/Has {you/you or NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN FSQ.790/ NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN FSQ.790} recently been notified that {you/you or she, you or he, you or they/he, she, they} will start to get Food Stamps later this month or next month?

CAPI INSTRUCTIONS:

IF FSQ.755 = NO, REFUSED, OR DON’T KNOW (NO ONE IN THE HH IDENTIFIED AS “CURRENT SNAP RECIPIENT”), THEN DISPLAY THE QUESTION AS:

“Have {you/you or anyone in your household} recently been notified that {you/you or they} will start to get Food Stamps later this month or next month? {Here is the list of people who live here, let me read it to you.}”

AND DISPLAY HOUSEHOLD ROSTER WITH NAMES OF ALL HH MEMBERS.

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY “Here is the list of people who live here, let me read it to you.”

YES 1

NO 2 (FSQ.870)

REFUSED 7 (FSQ.870)

DON’T KNOW 9 (FSQ.870)

|  |  |
| --- | --- |
| FSQ.860  FSQ.861  FSQ.862 | On what date {do you/ do you, NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN FSQ.790/ does {/NAME(S) OF HH MEMBERS WHO ARE NOT THE RESPONDENT AND WITH “NOT SELECTED (CODE “2”)” IN FSQ.790}} think {you/you or she, you or he, you or they/he, she, they} will start getting Food Stamps? |

CAPI INSTRUCTIONS:

SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

IF FSQ.755 = NO, REFUSED, OR DON’T KNOW (NO ONE IN THE HH IDENTIFIED AS “CURRENT SNAP RECIPIENT”), THEN DISPLAY THE QUESTION AS:

“On what date {do you/does your household} think you will start getting food stamps?”

HARD EDIT: DATE MUST BE AT OR AFTER CURRENT DATE. DATE MUST NOT BE MORE THAN TWO MONTHS FROM CURRENT MONTH.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE. IF THERE ARE MULTIPLE ANTICIPATED STARTING DATES, ENTER THE ONE CLOSEST TO THE CURRENT DATE.

|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

MONTH DAY YEAR

REFUSED 7

DON'T KNOW 9

FSQ.865 What amount in Food Stamps {do you/do you or she, do you or he, do you or they/does he, does she/do they} expect to get at that time?

IF FSQ.755 = NO, REFUSED, OR DON’T KNOW (NO ONE IN THE HH IDENTIFIED AS “CURRENT SNAP RECIPIENT”), THEN DISPLAY THE QUESTION AS:

What amount in Food Stamps {do you/does your household} expect to get at that time?

HARD EDIT: AMOUNT SHOULD BE GREATER THAN ZERO.

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

ENTER DOLLAR AMOUNT

REFUSED 77777

DON’T KNOW 99999

FSQ.870 In the **last 12 months**, did {you/you or NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN FSQ.790/ NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN FSQ.790} get Food Stamps, even if only for one month? This includes any SNAP benefits or Food Stamps received in the past year, even if the amount was small or if they were received on behalf of children in the household.

CAPI INSTRUCTIONS:

IF FSQ.755 = NO, REFUSED, OR DON’T KNOW (NO ONE IN THE HH IDENTIFIED AS “CURRENT SNAP RECIPIENT”), THEN DISPLAY THE QUESTION AS:

“In the last 12 months, did {you/ you or anyone in your household} get Food Stamps, even if only for one month?” {(Here is the list of people who live here, let me read it to you.)}

AND DISPLAY HOUSEHOLD ROSTER WITH NAMES OF ALL HH MEMBERS ENCLOSED IN PARENTHESES.

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY “(Here is the list of people who live here, let me read it to you.)”

YES 1

NO 2 (FSQ.945)

REFUSED 7 (FSQ.945)

DON’T KNOW 9 (FSQ.945)

|  |
| --- |
| **BOX 13**  **CHECK ITEM FSQ.875:**  IF FSQ.870 = 1 AND ONLY ONE PERSON IN HOUSEHOLD OR ONE PERSON THAT’S “NOT SELECTED (CODE 2)” IN FSQ.790, FLAG PERSON AS RECEIVING SNAP IN FSQ.880, GO TO FSQ.885.  OTHERWISE CONTINUE. |

FSQ.880 Among {you and NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN FSQ.790/NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN FSQ.790}, who was on the {DISPLAY STATE NAME FOR EBT CARD}/or EBT} card to get Food Stamps in the past 12 months?

**PROBE:** Was anyone else on the card?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL HOUSEHOLD MEMBERS WITH “NOT SELECTED (CODE “2”)” IN FSQ.790.

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

INTERVIEWER INSTRUCTION:

SELECT NAME(S) FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

SELECT 1

NOT SELECT 2

REFUSED 7

DON'T KNOW 9

CAPI INSTRUCTION:

IF FSQ.755 = NO, REFUSED, OR DON’T KNOW (NO ONE IN THE HH IDENTIFIED AS “CURRENT SNAP RECIPIENT”), THEN DISPLAY THE QUESTION AS:

“Who in the household was on the {DISPLAY STATE NAME FOR EBT CARD} card}/or EBT card} to get Food Stamps in the past 12 months? (Here is the list of people who live here, let me read it to you.”)

AND DISPLAY HOUSEHOLD ROSTER WITH NAMES OF ALL HH MEMBERS ENCLOSED IN PARENTHESES.

HARD EDIT:

IF CODE=2 FOR ALL MEMBERS IN ROSTER, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWER TO FSQ.880:

“You said someone who lives here got Food Stamps in the past 12 months. Is that correct?”

IF YES, GO BACK TO FSQ.880 AND ASK: “Who was that?” WITH ROSTER DISPLAYED.

IF NO, GO BACK TO CODE FSQ.870 AS ‘NO’.

FSQ.885 During the past 12 months, for how many months did {you/{NAME(S)} get Food Stamps?

CAPI INSTRUCTION:

FOR EVERY HH MEMBER WITH “SELECT (CODE “1”)” IN FSQ.880, ENABLE A FIELD FOR INTERVIEWER TO ENTER THE NUMBER OF MONTHS

INTERVIEWER INSTRUCTION:

ENTER ‘1’ FOR LESS THAN ONE MONTH PARTICIPATION

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

ENTER NUMBER OF MONTHS

REFUSED 77

DON'T KNOW 99

HARD EDIT:

INPUT INVALID. VALUE NOT IN RANGE 1-12. IF MONTHS ENTERED IS GREATER THAN AGE OF HH MEMBER DISPLAY: RESPONSE CAN NOT BE GREATER THAN PERSON’S AGE.

|  |
| --- |
| **BOX 14**  **CHECK ITEM FSQ.890:**  IF ONLY ONE PERSON WITH “SELECTED” IN FSQ.880, GO TO FSQ.900.  OTHERWISE CONTINUE. |

FSQ.895 Did {you and NAME(S) OF ALL HH MEMBER WITH “SELECTED” IN FSQ.880/ NAME(S) OF ALL HH MEMBER WITH “SELECTED” IN FSQ.880} get Food Stamps on the same {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

YES 1

NO 2 (FSQ.915)

REFUSED 7

DON’T KNOW 9

|  |  |
| --- | --- |
| FSQ.900  FSQ.901  FSQ.902 | On what date were food stamps last put on {your/their/her/his} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card? |

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

HARD EDIT: DATE MUST BE WITHIN PAST 12 MONTHS OF CURRENT MONTH.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

MONTH DAY YEAR

REFUSED 7

DON'T KNOW 9

FSQ.905 In {MONTH FROM FSQ.900 /that last time}, what amount in food stamps was put on {your/their/his/her} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

CAPI INSTRUCTIONS:

INSERT “MONTH FROM FSQ.900” IF MONTH FIELD FSQ.900 IS NOT MISSING, RF OR DK.

INSERT “THAT LAST TIME” IF MONTH FILED FSQ.900 IS MISSING, RF OR DK.

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

HARD EDIT: AMOUNT SHOULD BE GREATER THAN ZERO.

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

ENTER DOLLAR AMOUNT

REFUSED 77777

DON’T KNOW 99999

|  |
| --- |
| **BOX 15**  **CHECK ITEM FSQ.910:**  IF ALL HH MEMBERS ARE MARKED “SELECTED” ON FSQ.790 OR FSQ.880, GO TO THE END OF SECTION.  OTHERWISE, CONTINUE WITH FSQ.945. |

FSQ.915 Among {you and NAME(S) OF ALL HH MEMBER WITH “SELECTED” IN FSQ.880/ NAME(S) OF ALL HH MEMBER WITH “SELECTED” IN FSQ.880}, how many {DISPLAY STATE NAME FOR EBT CARD} /EBT} cards are there?

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

HARD EDIT: RESPONSE CANNOT BE ZERO, AND CANNOT BE MORE THAN THE NUMBER OF PEOPLE “SELECTED (CODE 1)” IN FSQ.880.

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

NUMBER OF CARDS

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 16**  **CHECK ITEM FSQ.920:**  IF FSQ.915 = DK OR RF, THEN ALLOCATE EACH PERSON WITH ONE CARD, THEN SKIP TO FSQ.930.  IF THE NUMBER OF CARDS EQUALS TO THE NUMBER OF PERSONS LISTED “SELECT” ON FSQ.880, ALLOCATE EACH PERSON WITH ONE CARD, THEN SKIP TO FSQ.930.  OTHERWISE CONTINUE. |

FSQ.925 Can you tell me who is on card {#}?

CAPI INSTRUCTIONS:

DISPLAY A GRID SO INTERVIEWER CAN ALLOCATE EACH HH MEMBERS WITH “SELECTED” IN FSQ.880 TO EACH OF THE CARDS. EACH CARD SHOULD ALLOW MULTIPLE PERSONS BE SELECTED INTO.

FOR EXAMPLE:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Card 1 | Card 2 | Card 3 |
| John Doe |  |  |  |
| Jane Doe |  |  |  |
| Bobby Jones |  |  |  |

HARD EDIT: EACH HH MEMBERS WITH “SELECT” IN FSQ.880 SHOULD BELONG TO ONE CARD, AND ONE CARD ONLY. IF NO MEMBER BELONGS TO A CARD, GO BACK TO FSQ.915 AND CORRECT THE NUMBER OF CARDS.

|  |
| --- |
| **BOX 17**  **LOOP 2:**  ASK FSQ.930 - FSQ.935 FOR EACH CARD. |

|  |  |
| --- | --- |
| FSQ.930  FSQ.931  FSQ.932 | On what date were food stamps last put on {your/NAME’S(S’) ON EACH CARD} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card? |

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

HARD EDIT: DATE MUST BE WITHIN PAST 12 MONTHS OF CURRENT MONTH.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

MONTH DAY YEAR

REFUSED 7

DON'T KNOW 9

FSQ.935 In {MONTH FROM FSQ.930/that last time}, what amount in food stamps was put on {your/their/his/her} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

CAPI INSTRUCTIONS:

INSERT “MONTH FROM FSQ.930” IF MONTH FILED FSQ.930 IS NOT MISSING, RF OR DK.

INSERT “THAT LAST TIME” IF MONTH FILED FSQ.930 IS MISSING, RF OR DK.

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

HARD EDIT: AMOUNT SHOULD BE GREATER THAN ZERO.

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

ENTER DOLLAR AMOUNT

REFUSED 77777

DON’T KNOW 99999

|  |
| --- |
| **BOX 18**  **END LOOP 2:**  ASK FSQ.930 - FSQ.935 FOR SECOND CARD.  IF INFORMATION COLLECTED FOR ALL CARDS, GO TO BOX19. |

|  |
| --- |
| **BOX 19**  **CHECK ITEM FSQ.940:**  IF ALL HH MEMBERS ARE MARKED “SELECTED” ON FSQ.790 OR FSQ.880, GO TO THE END OF SECTION.  OTHERWISE, CONTINUE WITH FSQ.945. |

FSQ.945 Have/Has {you/you or NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN BOTH FSQ.790 AND FSQ.880/NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN BOTH FSQ.790 AND FSQ.880} **ever** gotten Food Stamps?

CAPI INSTRUCTIONS:

IF BOTH FSQ.755 AND FSQ.870 = NO, REFUSED, OR DON’T KNOW (CODE “2, 7, OR 9”), THEN DISPLAY THE QUESTION AS:

“Have {you/ you or anyone in your household} **ever** gotten Food Stamps? {(Here is the list of people who live here, let me read it to you.)}”

AND DISPLAY HOUSEHOLD ROSTER WITH NAMES OF ALL HH MEMBERS ENCLOSED IN PARENTHESES.

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY “(Here is the list of people who live here, let me read it to you.)”

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

|  |
| --- |
| **BOX 20**  **CHECK ITEM FSQ.950:**  IF FSQ.945=1 AND ONLY ONE PERSON IN HOUSEHOLD OR ONE PERSON THAT’S “NOT SELECTED (CODE 2)” IN FSQ.790 AND FSQ.880, FLAG PERSON AS RECEIVING SNAP IN FSQ.955, GO TO END OF SECTION.  OTHERWISE CONTINUE. |

FSQ.955 Among {you and NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN BOTH FSQ.790 AND FSQ.880/NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN BOTH FSQ.790 AND FSQ.880}, who has **ever** gotten Food Stamps?

**PROBE:** Anyone else?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL HOUSEHOLD MEMBERS WITH “NOT SELECTED (CODE “2”)” IN BOTH FSQ.790 AND FSQ.880.

INTERVIEWER INSTRUCTION:

SELECT NAME(S) FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

SELECT 1

NOT SELECT 2

REFUSED 7

DON'T KNOW 9

CAPI INSTRUCTION:

IF BOTH FSQ.755 AND FSQ.870 = NO, REFUSED, OR DON’T KNOW (CODE “2, 7, OR 9”), THEN DISPLAY THE QUESTION AS:

“Who in the household has **ever** gotten Food Stamps? (Here is the list of people who live here, let me read it to you.)”

AND DISPLAY HOUSEHOLD ROSTER WITH NAMES OF ALL HH MEMBERS ENCLOSED IN PARENTHESES.

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY (Here is the list of people who live here, let me read it to you.)

HARD EDIT:

IF CODE=2 FOR ALL MEMBERS IN ROSTER, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWER TO FSQ.955:

“You said someone who lives here has been on Food Stamps. Is that correct?”

IF YES, GO BACK TO FSQ.955 AND ASK: “Who was that?” WITH ROSTER DISPLAYED.

IF NO, GO BACK TO CODE FSQ.945 AS ‘NO’.

TRACKING AND TRACING – TTQ

Target Group: Family

|  |
| --- |
| **BOX 1**  **LOOP 1:**  ASK TTQ.010 - TTQ.040 FOR 2 CONTACT PERSONS. |

TTQ.005 The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the names, addresses, and telephone numbers of 2 relatives or friends who would know where you could be reached in case we have trouble reaching you. (Please give me the names of persons not currently living in the household.)

PRESS F6 IF RESPONDENT REFUSES {ALL/SECOND} CONTACT INFORMATION

PRESS F5 IF RESPONDENT DOESN'T KNOW {ANY/SECOND} CONTACT INFORMATION

PRESS ENTER TO ADD {FIRST/SECOND} CONTACT INFORMATION

REFUSED 777777 (TTQ.050)

DON'T KNOW 999999 (TTQ.050)

HELP SCREEN:

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

Relative: All common relationships that occur through blood (grandfather, daughter), marriage (wife, stepson), or adoption (adopted son or daughter). Include foster relationships and guardian/ward relationships. Also refers to extended relationships by legal marriage. For example, a man and woman are married. The woman's cousin's husband would also be counted as a "relative" of the man.

CAPI INSTRUCTIONS;

HARD EDIT: RESPONSE ENTRY TEXT IS “DON’T KNOW,” “DONT KNOW,” “REFUSED,” “REFUSE,” “DK,” OR “RF.”

HARD EDIT MESSAGE: “CLEAR TEXT AND PRESS F5 TO ENTER A RESPONSE OF DON’T KNOW AND F6 TO ENTER A RESPONSE OF REFUSAL.”

TTQ.010 **REFERRING TO PERSON {1/2}**

VERIFY SPELLING.

a. ENTER FIRST NAME

REFUSED 7----7

DON'T KNOW 9----9

PROBE FOR MIDDLE NAME IF NOT REPORTED

ENTER "NMN" FOR NO MIDDLE NAME

b.ENTER MIDDLE NAME

REFUSED 7----7

DON'T KNOW 9----9

c.ENTER LAST NAME

REFUSED 7----7

DON'T KNOW 9----9

CAPI INSTRUCTIONS;

HARD EDIT: RESPONSE ENTRY TEXT IS “DON’T KNOW,” “DONT KNOW,” “REFUSED,” “REFUSE,” “DK,” OR “RF.”

HARD EDIT MESSAGE: “CLEAR TEXT AND PRESS F5 TO ENTER A RESPONSE OF DON’T KNOW AND F6 TO ENTER A RESPONSE OF REFUSAL.”

TTQ.020 **REFERRING TO PERSON {1/2}**

What is this person's address? [If there is more than one address, please give us the address used most often.]

ENCOURAGE RESPONDENT TO USE PHONE BOOK OR OTHER DOCUMENTATION IF AVAILABLE.

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

a. ENTER STREET NUMBER b. ENTER STREET NAME c. ENTER APARTMENT NUMBER

REFUSED 7777777777 REFUSED 7----7 REFUSED 77777777

DON'T KNOW 9999999999 DON'T KNOW 9----9 DON'T KNOW 99999999

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

d. ENTER TOWN OR e. ENTER 2 LETTER f. ENTER POSTAL CODE

CITY NAME STATE ABBREVIATION TO OR ZIPCODE

TO START THE LOOKUP.

SELECT STATE FROM CAPI STATE LIST.

PRESS ENTER TO ACCEPT SELECTION.

REFUSED 7----7 REFUSED 777777 REFUSED 77777777777

DON'T KNOW 9----9 DON'T KNOW 999999 DON'T KNOW 99999999999

CAPI INSTRUCTION:

DISPLAY FIPS STATE LIST. INTERVIEWER SHOULD ONLY BE ABLE TO SELECT 1 STATE FROM THE LIST. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. THE STATE LOOKUP IN THE SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

SAVE STATE LOOKUP NAME AS TTQ.020g AND STATE FIPS LOOKUP CODE AS TTQ.020h.

HARD EDIT: RESPONSE ENTRY TEXT IS “DON’T KNOW,” “DONT KNOW,” “REFUSED,” “REFUSE,” “DK,” OR “RF.”

HARD EDIT MESSAGE: “CLEAR TEXT AND PRESS F5 TO ENTER A RESPONSE OF DON’T KNOW AND F6 TO ENTER A RESPONSE OF REFUSAL.”

TTQ.030 **REFERRING TO PERSON {1/2}**

What is this person's telephone number, beginning with the area code?

REPEAT AREA CODE

REPEAT PHONE NUMBER

REPEAT EXTENSION

|\_\_\_|\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_\_|\_\_\_\_|

a.ENTER AREA CODE, CODE b.ENTER TELEPHONE NUMBER c.ENTER EXTENSION

‘666’ IF THERE IS NO PHONE WITHOUT HYPEN

NO PHONE 666 (TTQ.040) REFUSED 7777777777 REFUSED 7777

REFUSED 777777Q.040) DON'T KNOW 9999999999 DON'T KNOW 9999999

DON'T KNOW 999999 (TTQ.040)

CAPI: ALLOW TTQ030c (PHONE EXTENSION) TO BE BLANK.

HARD EDIT: RESPONSE ENTRY TEXT IS “DON’T KNOW,” “DONT KNOW,” “REFUSED,” “REFUSE,” “DK,” OR “RF.”

HARD EDIT MESSAGE: “CLEAR TEXT AND PRESS F5 TO ENTER A RESPONSE OF DON’T KNOW AND F6 TO ENTER A RESPONSE OF REFUSAL.”

TTQ.040 **REFERRING TO PERSON {1/2}**

What is the relationship of this contact person to you?

SPOUSE/EX-SPOUSE NOT LIVING IN HH 1

UNMARRIED PARTNER NOT LIVING IN HH 2

CHILD 3

GRANDCHILD 4

PARENT (MOTHER OR FATHER) 5

BROTHER OR SISTER 6

GRANDPARENT 7

OTHER RELATIVE 8

LEGAL GUARDIAN 9

FRIEND 10

CO-WORKER 11

NEIGHBOR 12

OTHER 13

REFUSED 77

DON'T KNOW 99

HELP SCREEN:

Spouse (Husband/Wife): Persons who are legally married or have a common-law marriage.

Unmarried Partner: Persons who share living quarters because they have a close, personal relationship, but are not legally married (i.e., unmarried couples living together as if they were married).

Child: Male or female child through birth or adoption, regardless of age. Also include stepchildren, foster children and sons/daughters-in-law. Do not include an unmarried partner's children. A stepchild is one's spouse's male or female child by a previous relationship. A foster child is not one's biological child, but lives with one's family as one's son or daughter. A son/daughter-in-law is the spouse of one's child.

Grandchild: A child of one’s daughter or son.

Parent: Include a person’s biological, adoptive, step or foster mother or father, as well as his/her mother or father-in-law.

Mother: One's female parent, including biological, adoptive, step and foster mothers and mothers-in-law. A stepmother is the spouse of one's biological or adoptive father. A foster mother is the mother in one's foster family.

Father: One's male parent, including biological, adoptive, step, and foster fathers and fathers-in-law. A stepfather is the spouse of one's biological or adoptive mother. A foster father is the father in one's foster family.

Brother: Includes biological, adoptive, step, foster and half brothers, and brothers-in-law. A brother is one's male sibling who shares both of the same biological or adoptive parents. A stepbrother is one's stepparent's son by a previous relationship. A half brother is one's male sibling who shares one of the same biological or adoptive parents. A brother-in-law is one's sister's husband. A foster brother is the foster son of one or both of one's parents or the son of one's foster parent(s).

Sister: A sister includes biological, adoptive, step, foster, half sisters and sisters-in-law. A sister is one's female sibling who shares both of the same biological or adoptive parents. A stepsister is one's stepparent's daughter by a previous relationship. A half sister is one's female sibling who shares one of the same biological or adoptive parents. A sister-in-law is one's brother's wife. A foster sister is the foster daughter of one or both of one's parents or the daughter of one's foster parent(s).

Grandfather: The male parent of one's mother or father.

Grandmother: The female parent of one's mother or father.

Relative: All common relationships that occur through blood (grandfather, daughter), marriage (wife, stepson), or adoption (adopted son or daughter). Include foster relationships and guardian/ward relationships. Also refers to extended relationships by legal marriage. For example, a man and woman are married. The woman's cousin's husband would also be counted as a "relative" of the man.

Legal Guardian: A person appointed to take charge of the affairs of a minor, or of a person not capable of managing his/her own affairs.

|  |
| --- |
| **BOX 2**  **END LOOP 1:**  ASK TTQ.010 - TTQ.040 FOR SECOND CONTACT PERSON.  IF SECOND CONTACT PERSON INFORMATION COLLECTED, GO TO TTQ.200. |

TTQ.200 WHERE WAS THIS INTERVIEW COMPLETED?

SP OR RESPONDENT’S HOME 1

THE OFFICE 2

SP OR RESPONDENT’S WORK 3

LIBRARY 4

SOME OTHER PLACE 5

TTQ.050 This is the end of the Family Interview. Thank you very much for your cooperation.

PRESS F10 TO SAVE AND EXIT FORM

salt collection – SUQ

Target Group: Household

RIQ.006 SELECT RESPONDENT FOR THE SALT {AND WATER} QUESTIONNAIRE{S} FOR {STREET ADDRESS, CITY, STATE, ZIP CODE}.

CAPI INSTRUCTION:

DISPLAY HOUSEHOLD ROSTER MEMBERS WHO ARE 18 YEARS OR OLDER, EMANCIPATED MINORS, AND ‘SOMEONE NOT LIVING IN HH’ AS OPTION.

DISPLAY “AND WATER” AND “S” IF ANY SP AGE = 0-19.

|  |
| --- |
| **BOX 0A**  **CHECK ITEM RIQ.016:**  IF “SOMEONE NOT LIVING IN HH” IS NOT SELECTED IN RIQ.006, GO TO BOX 01. |

RIQ.040 WHY IS INTERVIEW BEING CONDUCTED WITH SOMEONE OUTSIDE THE HOUSEHOLD?

\*11RIQ.042 DO YOU HAVE SUPERVISOR PERMISSION TO CONDUCT INTERVIEW WITH SOMEONE OUTSIDE THE FAMILY?

CAPI INSTRUCTION:

IF 'NO' (CODE 2), DISPLAY THE FOLLOWING MESSAGE (RIQ.042CK): "SUPERVISORY PERMISSION IS REQUIRED TO USE A PROXY FOR THIS INTERVIEW. MOVING FORWARD WILL EXIT THIS INTERVIEW" ALLOW RETURN TO 11RIQ.042 WITH BACK BUTTON.  MOVING FORWARD EXITS INTERVIEW.

YES 1

NO 2 (RIQ.042CK)

RIQ.050 ENTER RESPONDENT NAME.

FIRST NAME LAST NAME

RIQ.060 ENTER RESPONDENT'S PHONE NUMBER.

ENTER '00' IN AREA CODE IF NO PHONE.

|\_\_\_|\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

**BOX 01**

**CHECK ITEM RIQ.167:**

IF SAME RESPONDENT AS A PREVIOUS SP OR FAMILY INTERVIEW AND GAVE PERMISSION TO RECORD THE LAST COMPLETED INTERVIEW, GO TO RIQ.200.

ELSE, GO TO RIQ.230.

RIQ.230 CAPI INSTRUCTION: BEGIN RECORDING SO THAT WHEN INTERVIEWER READS THIS QUESTION IT IS CAPTURED ON RECORDING.

A standard part of our quality control procedures is to record interviews.

The information being recorded is protected and kept confidential, the same as all of your answers to the survey.

This recording will be used to improve the quality of our survey and to review the quality of my work.

The computer is now recording our conversation.

Do I have your permission to record this interview?

YES 1 (SUQ.010G)

NO 2 (SUQ.010G)

CAPI INSTRUCTION: IF RIQ.230 = 2/NO, STOP RECORDING.

RIQ.200 CAPI INSTRUCTION: BEGIN RECORDING SO THAT WHEN INTERVIEWER READS THIS QUESTION IT IS CAPTURED ON RECORDING.

A reminder that the system is now recording our conversation. Do I have your permission to record this interview?

YES 1

NO 2

CAPI INSTRUCTION: IF RIQ.200 = 2/NO, STOP RECORDING.

SUQ.010 Now I'll be asking some questions about the types of salt used most often in {your/this} household.

G/Q May I please see the container for the salt that is usually added to food at the table and the salt that is usually used in cooking or preparing foods. This includes ordinary salt, sea salt, seasoning salts, lite salt and salt substitutes.

READ IF PARTICIPANT WANTS TO REPORT MORE THAN 2 SALTS: This is the salt most frequently used and not salts you may use occasionally. You may report up to 2 salts.

INTERVIEWER INSTRUCTION: DO NOT INCLUDE “SALT FREE” SEASONINGS SUCH AS MRS. DASH OR BENSON'S GOURMET SEASONINGS’ TABLE TASTY.

ENTER NUMBER OF SALTS SEEN 1

SALT IS USED BUT NONE AVAILABLE 0 (END OF SECTION)

SALT IS NOT USED IN THE HOUSEHOLD 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

|\_\_\_|

ENTER NUMBER OF SALTS SEEN

HELP SCREEN:

Iodized table salt is one of the main sources of iodine in the U.S. The iodine level in iodized table salt lowers or degrades over time and eventually may no longer contain enough iodine to be helpful. Iodine deficiency has been associated with thyroid problems and cognitive developmental problems in children.

Information from this interview and the testing of household salt samples will help determine how much of the population is using iodized salt, identify at-risk groups that need information on sources of iodine; and to provide information on iodine content of iodized salt that people are using in their homes.

CAPI INSTRUCTION:

HARD EDIT:  1-2.  IF MORE THAN TWO SALTS ARE ENTERED, DISPLAY “I can only enter information about 2 salts.  Which two do you most frequently use?”

HARD EDIT: 0. IF SUQ.010Q=0, DISPLAY “INVALID RESPONSE. IF ZERO SALTS SEEN, GO BACK TO SUQ.010G AND SELECT ANOTHER RESPONSE.

IF RIQ.006=SOMEONE NOT LIVING IN HH, FILL “this.”

|  |
| --- |
| **BOX 1**  **LOOP 1:**  ASK SUQ.020 – SUQ.090 FOR EACH SALT SHOWN. |

SUQ.020 INTERVIEWER INSTRUCTION: HOLDING THE [FIRST, SECOND] SALT IDENTIFIED.

Is this salt used most frequently at the table, in cooking, or do you use it for both?

a/b

AT THE TABLE ……..1

IN COOKING ..2

AT THE TABLE AND IN COOKING 3

REFUSED ……7

DON'T KNOW 9

SUQ.030 DOES THE PACKAGING MENTION THAT THE SALT IS “LITE”, “LOWER SODIUM”, “LESS

a/b SODIUM”, “SODIUM FREE”, OR A “SALT SUBSTITUTE”?

INTERVIEWER INSTRUCTIONS:

IF AN UNLABELED SALT CONTAINER WAS PROVIDED, SUCH AS A SALT SHAKER OR GRINDER, ASK TO SEE THE ORIGINAL PACKAGING FOR THE SALT INSIDE THE CONTAINER.

YES 1

NO 2

PACKAGE NOT LEGIBLE 3 (BOX 1A)

NO PACKAGE AVAILABLE 4 (BOX 1A)

SUQ.040 IS “POTASSIUM CHLORIDE” INCLUDED IN THE INGREDIENT LIST?

a/b

YES 1

NO 2

SUQ.050 DOES THE PACKAGING MENTION THAT THE SALT “SUPPLIES IODINE”, “SUPPLIES IODIDE”, OR IS “IODIZED”?

a/b

YES 1

NO 2

SUQ.060 IS THE WORD “IODINE”, “IODIDE”, OR “IODATE” INCLUDED IN THE NUTRITION FACTS PANEL OR THE INGREDIENT

a/b LIST?

YES 1

NO 2

|  |
| --- |
| **BOX 1A**  **CHECK ITEM SUQ.062:**  IF ANY SP AGE=3-5, GO TO BOX 2.  IF ANY SP IS IN SUBSAMPLE A (NHANES SUBSAMPLE 84) (I.E., WITH REMAINDER = 1, 2, 5, OR 11; SAME SUBSAMPLE USED FOR URINE IODINE AND THYROID PANEL TEST), GO TO BOX 2.  ELSE, GO TO BOX 3. |

|  |
| --- |
| **BOX 2**  **CHECK ITEM SUQ.065:**  IF SUQ.030 = 3 OR 4 OR SUQ.050 = 1 OR SUQ.060 = 1,  GO TO SUQ.070  ELSE, GO TO BOX 3. |

SUQ.070 NHANES is studying the salt used in people’s homes. I would like to collect about 2 teaspoons of this salt for our study. May I please take a small sample of this salt?

a/b

YES 1

NO 2 (BOX 3)

SUQ.082 COLLECT SALT SAMPLE FOLLOWING PROTOCOL INSTRUCTIONS ON SALT HANDCARD.

WAS A SAMPLE OF SALT OBTAINED FOR TESTING?

a/b

OS

YES 1 (SUQ.090)

YES, ISSUES………………………………………… 5 (SUQ.085)

NO, NOT ENOUGH SALT PROVIDED 2 (BOX 3)

NO, COLLECTOR ERROR 3 (BOX 3)

NO, OTHER (SPECIFY) 4 (BOX 3)

SUQ.085 SELECT COLLECTION ISSUE(S).

CODE ALL THAT APPLY.

COLLECTED LESS THAN ¼ SCOOP 1

POTENTIAL CONTAMINATION AND COULD

NOT RECOLLECT (SPECIFY)……..……………………………….2

OTHER (SPECIFY) 3

|  |
| --- |
| **BOX 2A**  **CHECK ITEM SUQ.086:**  IF SUQ.085 CONTAINS 2, GO TO SUQ.087OS  ELSE IF SUQ.085 CONTAINS 3, GO TO SUQ.085OS  ELSE GO TO SUQ.090. |

SUQ.087OS SPECIFY CONTAMINANT.

TEXT FIELD.

CAPI INSTRUCTION:

TEXT REQUIRED. IF BLANK, DISPLAY, “Required value missing for salt contaminant, OS. Please enter a value.”

|  |
| --- |
| **BOX 2B**  **CHECK ITEM SUQ.088:**  IF SUQ.085 CONTAINS 3, GO TO SUQ.085OS  ELSE GO TO SUQ.090. |

SUQ.085 O/S OTHER (SPECIFY) TEXT FIELD.

CAPI INSTRUCTION:

TEXT REQUIRED. IF BLANK, DISPLAY, “Required value missing for salt issue, OS. Please enter a value.”

SUQ.090 SCAN SALT SAMPLE LABEL OR ENTER 8 DIGIT BARCODE NUMBER.

a/b

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

CAPI INSTRUCTION:

ALLOW INTERVIEWER TO SCAN THE BARCODE OR MANUALLY ENTER THE SALT SAMPLE ID.

HARD EDIT: ENTRY MUST BEGIN WITH 1 AND MUST HAVE 8 DIGITS. DISPLAY THE FOLLOWING ERROR MESSAGE, “THE SALT SAMPLE ID MUST BEGIN WITH 1 AND MUST CONTAIN 8 DIGITS. PLEASE RE-ENTER ALL NUMBERS.”

HARD EDIT FOR SUQ.090B: WHEN A SECOND SALT SAMPLE IS COLLECTED, THE 8 DIGIT BARCODE MUST BE DIFFERENT FROM THE BARCODE ENTERED FOR THE FIRST SALT SAMPLE. IF SUQ.090A AND SUQ.090B MATCH, DISPLAY THE FOLLOWING ERROR MESSAGE: “SALT SAMPLE ID IS ALREADY IN USE. PLEASE RE-ENTER ALL NUMBERS.”

|  |
| --- |
| **BOX 3**  **END LOOP 1:**  ASK SUQ.020 – SUQ.090 FOR THE NEXT SALT SHOWN.  IF INFORMATION COLLECTED FOR BOTH SALTS, GO TO SUQ.095. |

SUQ.095 This is the end of the salt sample collection. Thank you for your cooperation. [Next, I will ask your permission to collect a water sample and ask you a few questions about water in your home.]

CAPI INSTRUCTION:

IF THERE IS AN SP 0-19 YEARS IN THE HOUSEHOLD, FILL TEXT.

WATER MODULE – HWC

Target Group: Households with SPs Birth to 19 Years

|  |
| --- |
| BOX 1  **CHECK ITEM HWC.005:**  IF SP IN HOUSEHOLD IS 0-19 YEARS OLD, CONTINUE.  OTHERWISE, END MODULE. |

HWC.007 NHANES is studying the water used in people’s homes for fluoride. I would like to collect about 2 teaspoons of tap water for our study. May I please collect a water sample from the water source you use for cooking and drinking?

INTERVIEWER INSTRUCTION:

COLLECT WATER FOLLOWING INSTRUCTIONS ON WATER HANDCARD.

YES 1

NO 2 (BOX 1)

HWC.010 HAS WATER BEEN COLLECTED FROM THE HOUSEHOLD?

YES 1

NO 2 (HWC.021)

HWC.011 SCAN WATER SAMPLE LABEL OR ENTER 8 DIGIT BARCODE NUMBER.

CAPI INSTRUCTION:

ENABLE CAMERA ON LAPTOP TO SCAN BARCODE LABEL FROM WATER KIT.

HARD EDIT: ENTRY MUST BEGIN WITH 2 AND MUST HAVE 8 DIGITS. DISPLAY THE FOLLOWING ERROR MESSAGE, “THE WATER SAMPLE ID MUST BEGIN WITH 2 AND MUST CONTAIN 8 DIGITS. PLEASE RE-ENTER ALL NUMBERS.”

HARD EDIT: THE 8 DIGIT BARCODE MUST BE DIFFERENT FROM THE WATER SAMPLE BARCODE ENTERED FOR ANY OTHER CASE ON THE TABLET. DISPLAY THE FOLLOWING ERROR MESSAGE: “WATER SAMPLE ID IS ALREADY IN USE. PLEASE RE-ENTER ALL NUMBERS.”

**BOX 0**

**CHECK ITEM HWC.:**

Go to HWC.040.

**BOX 1**

**CHECK ITEM HWC.012:**

Default HWC.010 to Collected (Code 2) and continue to HWC.021

HWC.021 ENTER THE REASON WATER WAS NOT COLLECTED.

SP REFUSED 1 (END OF SECTION)

LOST 2 (END OF SECTION)

INTERVIEW NOT CONDUCTED IN HOME 3 (END OF SECTION)

OTHER SPECIFY 4 (HWC.030)

HWC.030 SPECIFY WHY THE WATER WAS NOT COLLECTED

(END OF SECTION)

HWC.040 ENTER THE DATE AND TIME WATER WAS COLLECTED.

\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ : \_\_\_\_ AM/PM

MM DD YYYY HH MM

CAPI INSTRUCTION: DISPLAY CALENDAR AUTOPOPULATED WITH CURRENT DATE AND TIME WHEN SCREEN FIRST LAUNCHED. ALLOW DATE AND TIME TO BE CHANGED BY CLICKING ON THE DATE FIELD TO OPEN THE CALENDAR

HWC.050 IS THERE A FILTER ATTACHED TO THE FAUCET WHERE THE TAP WATER WAS DRAWN?

YES 1

NO 2

HWC.060 IS THIS HOME TAP WATER USED AS A PRIMARY DRINKING OR FOOD PREPARATION SOURCE?

YES 1

NO 2

HWC.070 What is the source of tap water in this home? Is it a private or public water company, a private or public well, or something else?

PRIVATE/PUBLIC WATER COMPANY ........ 1

PRIVATE/PUBLIC WELL .............................. 2

SOMETHING ELSE....................................... 3

REFUSED ..................................................... 7

DON'T KNOW ............................................... 9

HWC.080 Are any of the water treatment devices listed on this card used in {your/this} home?

HAND CARD HWC1

YES ............................................................... 1

NO.......................................................... .. .. 2 (HWC.090)

REFUSED ..................................................... 7 (HWC.090)

DON'T KNOW ............................................... 9 (HWC.090)

HELP SCREEN:

Water Treatment Devices: Any device intended to improve the safety and quality of water in the home.

There are seven main types of treatments: carbon filters, fiber filters, reverse osmosis units, neutralizers,

chemical feed pumps, disinfection and softeners. Devices such as Brita and other pitcher water filters should

be counted as water treatment devices.

CAPI INSTRUCTION:

IF RIQ.006=SOMEONE NOT LIVING IN HH, FILL “this.”

HWC.083 Which of these water treatment devices are now used in {your/this} home?

HAND CARD HWC1

CODE ALL THAT APPLY

BRITA OR OTHER PITCHER

WATER FILTER ........................................ .. 1

CERAMIC OR CHARCOAL FILTER ............. 2

WATER SOFTENER ..................................... 3

AERATOR ..................................................... 4

REVERSE OSMOSIS................................... 5

REFUSED .................................................... 7

DON'T KNOW .............................................. 9

HELP SCREEN:

Water Treatment Devices: Any device intended to improve the safety and quality of water in the home.

There are seven main types of treatments: carbon filters, fiber filters, reverse osmosis units, neutralizers,

chemical feed pumps, disinfection and softeners. Devices such as Brita and other pitcher water filters should

be counted as water treatment devices.

CAPI INSTRUCTION:

IF RIQ.006=SOMEONE NOT LIVING IN HH, FILL “this.”

HWC.090 Do you use tap water when cooking/preparing meals?

YES ............................................................... 1

NO.......................................................... .. .. 2

REFUSED ..................................................... 7

DON'T KNOW ............................................... 9

***Household Interview Hand Cards***

# Sample Person QUESTIONNAIRE Hand Cards

Introductory Hand Card

Suggested script: (example)

During the interview, I will ask if I can see the containers for all the dietary supplements and prescription medication (you take/SP NAME takes) to enter them in my computer. To save time, would you please collect the containers for all of the items in this list that you take, while I set up my computer for the interview? Thank you. *(Present the laminated card to the SP or proxy)*

*(Laminated card for participants 2 years and older)*

Containers from past 30 days

Vitamins, minerals, herbals, or other dietary supplements

Antacids

Prescription medications

*(Laminated card for participants 0-24 months)*

Containers from past 2 weeks

Infant formulas

Toddler formulas

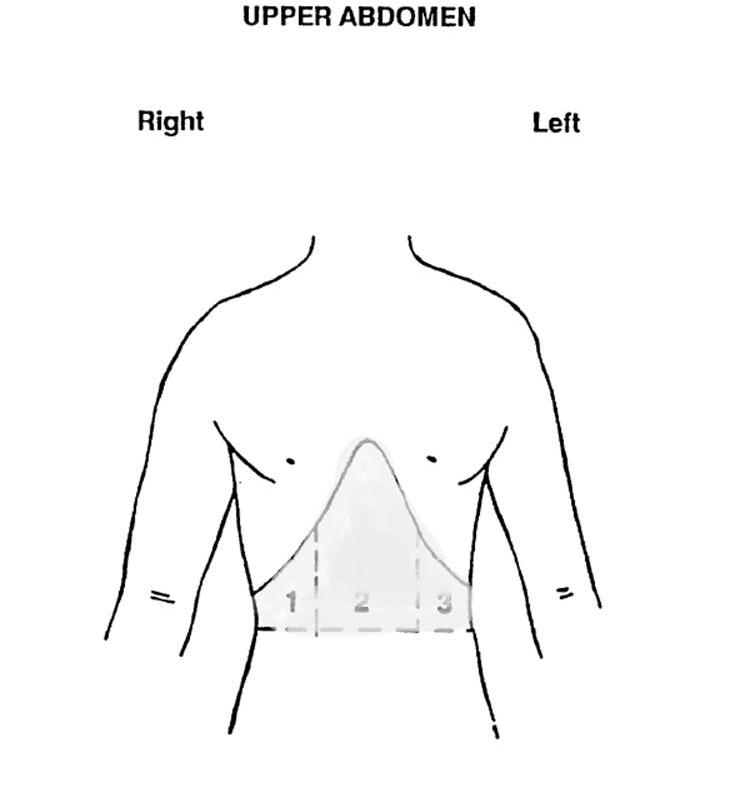
Containers from past 30 days

Vitamins, minerals, herbals, or other dietary supplements

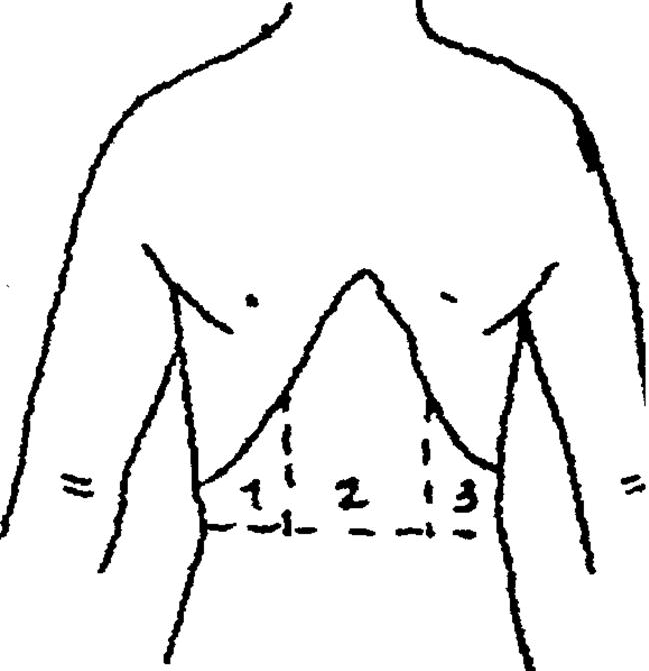
Antacids

Prescription medications

MCQ1



MCQ2



FNQ1

No difficulty

Some difficulty

A lot of difficulty

Cannot do at all

FNQ2

Some difficulty

A lot of difficulty

Cannot do at all

FNQ3

No difficulty

Some difficulty

A lot of difficulty

Cannot do at all

OSQ3

Hip replacement

Knee replacement

Plates or pins to fix a broken bone

Dental implants (posts)

Metal sutures or clips Stents

Pacemakers

HEQ1

Prescribed Medicines for Hepatitis B

Adefovir

Alinia

Baraclude Entecavir

Epivir

Epivir HBV

Hepsera

Interferon / Peginterferon

Intron A

Lamivudine

Nitazoxanide

Olysio (simeprevir)

Pegasys

Pegintron

Roferon-A

Sovaldi (sofosbuvir)

Telbivudine

Tenofovir

Tyzeka

Vemlidy

Viread

Prescribed Medicines for Hepatitis C

HEQ2

Alinia

Boceprevir

Copegus

Daklinza (Daclatasvir)

Epclusa

Harvoni

Incivek

Infergen

Interferon / Peginterferon

Intron A

Ledipasvir

Mayvret

Nitazoxanide

Olysio (simeprevir)

Pegasys

Pegintron

Rebetol

Rebetron

Ribapak

Ribasphere

Ribatab

Ribavirin

Roferon-A

Sovaldi (sofosbuvir)

Sylatron

Technivie

Telaprevir

Victrelis

Viekira Pak

Virazole

Vosevi

Zepatier

DLQ1

No difficulty

Some difficult

A lot of difficulty

Unable to do

DIQ1

Prediabetes

Impaired fasting glucose

Impaired glucose tolerance

Borderline diabetes

Less than 6

Less than 7

Less than 8

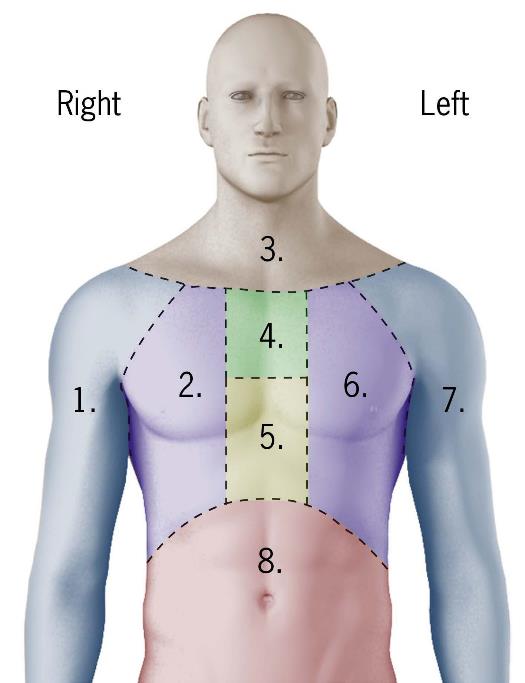
Less than 9

Less than 10

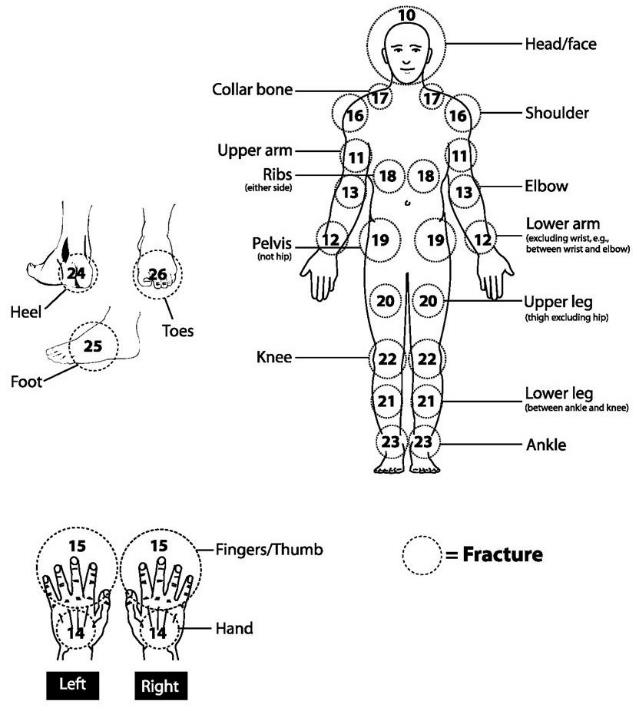
Provider did not specify a goal

DIQ3

CDQ1



OSQ1



OSQ2

Prescribed Medicines for Osteoporosis

Fosamax, Alendronate

Boniva, Ibandronate

Actonel, Atelvia, Risedronate Reclast, Zoledronic acid

Fortical, Miacalcin, Calcitonin Evista, Raloxifene

Forteo, Teriparatide

Duavee, Bazedoxifene

Prolia, Denosumab

AUQ1

Genetic/hereditary causes

Ear infections (including fluid in ears)

Ear diseases (otosclerosis, menieres, tumor) Illness/infections (measles, meningitis, mumps)

Drugs/medications

Head or neck injury/trauma

Loud brief explosive noise sounds

Noise exposure, long-term (machinery, etc.)

Aging, getting older

Speech-language Reading

Hearing or listening skills Intellectual disability

Movement or mobility difficulties

Other developmental or disability problems

AUQ2

Always

Usually

About half the time Seldom

Never

AUQ3

Always

Usually

About half the time

Seldom

Never

No noise exposure past 12 months

AUQ4

DEQ2

Always

Most of the time

Sometimes

Rarely

Never

OHQ1

Went in on own for check-up, examination or cleaning

Was called in by the dentist for check-up, examination or cleaning

Something was wrong, bothering or hurting

Went for treatment of a condition that dentist discovered at earlier check-up or examination

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 often

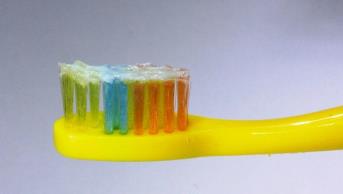
Fairly often Occasionally

Hardly ever

Never

OHQ3

OHQ4

1. Full load
2. Half load
3. Pea size
4. Smear

BAQ 1

Getting up after sitting or lying down

Bending down or leaning over

Looking up or leaning head back

Looking at moving objects – passing traffic or a train

Being in a place with a lot of people moving around

Being in wide-open spaces

Motion sickness from riding in a car or moving vehicle

Quick head movement from side-to-side

Rolling over in bed

Standing on your feet for a long time

BAQ 2

Nausea or vomiting

Migraine or severe headache

Tinnitus (ringing, buzzing or roaring in ears or head)

Sinus congestion

Depression

Ear fullness, pressure or stuffed-up feeling, without pain

Hearing trouble (worse hearing)

BAQ 3

Anemia

Anxiety or panic attacks

Diabetes

Heart disease

Hormonal changes (including pregnancy)

Low blood pressure or hypotension

Low blood sugar or hypoglycemia

Stroke

None of these

BAQ 4

Auto-immune disease, such as rheumatoroid arthritis, lupus, sjogren’s

Benign positional vertigo (bpv or bppv)

Crystals—loose or dislodged in ear

Head or neck trauma or concussion

Inner ear infection, viral labrynthitis

Ménière’s (men-e-airz) disease

Migraines or headaches

Neurological condition, such as multiple sclerosis, parkinson’s

Side effects from medications, such as cancer treatments, antibiotics

None of these

BAQ 5

Exercises at home, which were not begun in a clinic

Exercises or physical therapy begun in a clinic

Bed rest for several hours or days

Head rolling or epley maneuver by a doctor or therapist

Steroid injections into the ear

Gentamicin (jen-tah-mi-sin) injections into the ear

Prescription medicines

Psychiatric or psychological treatment

Surgery to the ear

Some other type of surgery

None of these

BAQ 6

Over-the-counter medicines or drugs

Dietary restrictions: slow salt diet, avoiding certain foods or drinks, such as chocolate, coffee, or alcohol

Quitting or reducing use of tobacco or cigarettes

Massage therapy or chiropractic treatments or manipulations

Herbal remedy: feverfew leaf, ginger, ginkgo biloba, etc

Wearing magnets or acupressure wristband

Counseling or stress management

Acupuncture

None of these

BAQ 7

Anxiety or panic attacks

Auto-immune disease, such as rheumatoroid arthritis, lupus, sjogren’s

Cognitive problems, such as memory, attention, learning

Depression

Head injury or concussion

Heart rythem problems or heart failure

Migraine(s) or severe headaches

Numbness in the hands or feet lasting days or longer

Neurological disorder, such as parkinson’s, multiple scherosis, seizures

Severe head injury or concussion (with or without loss of consciousness)

No—none of these

Never

Rarely – 1 time a month

Sometimes – 2 to 4 times a month

Often – 5 to 15 times a month

Almost always – 16 to 30 times a month

SLQ1

DEQ1

Always

Most of the time

Sometimes

Rarely

Never

DBQ2

Never

0-3 months

4-5 months

6-7 months

8-9 months

10-11 months

12 months or older

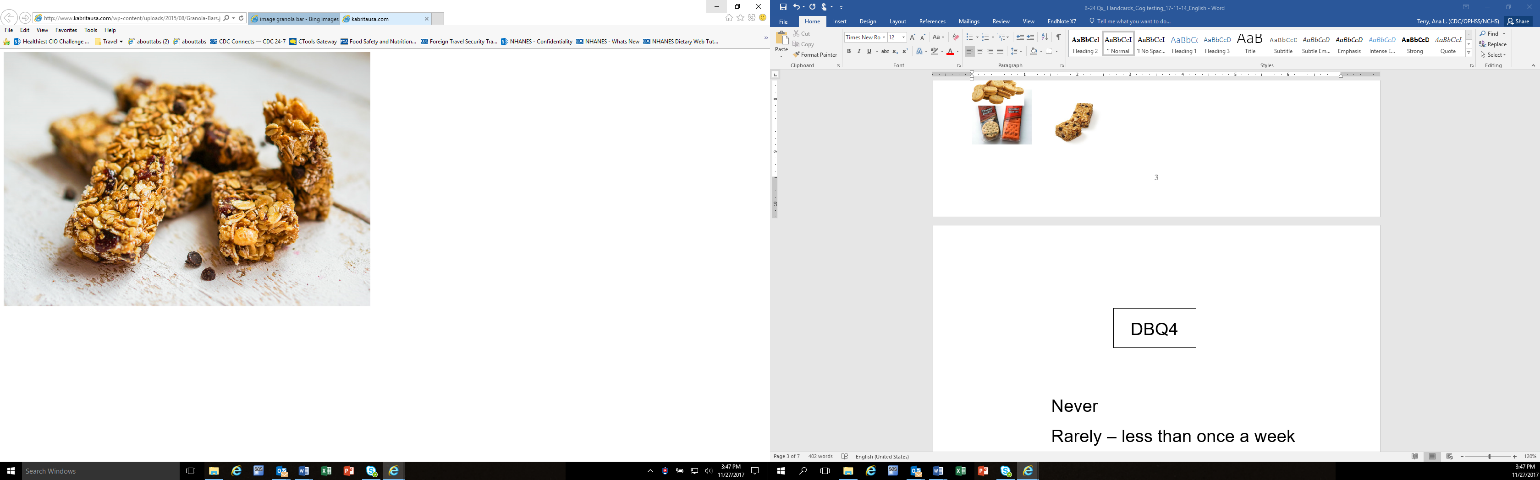
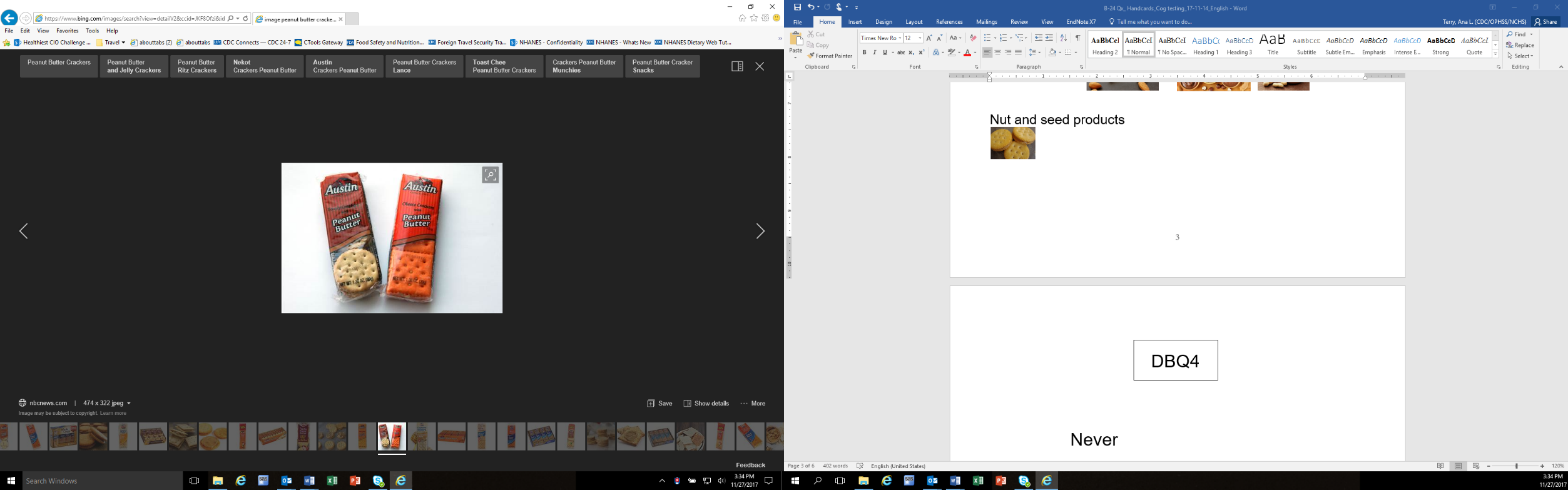
DBQ3

*Nut butters*

C:\Temp\hazelnut.jpg  

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

*Nut and seed products*



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

*Nuts*

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

*Seeds*



DBQ4

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

DBQ5

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

DBQ6

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

FSQ1

Child does not qualify for WIC (family income too high)

Child does not need WIC because family receives support from relatives or friends

Child does not need WIC because family receives support SNAP, a food bank, or another program

Never thought about applying for WIC

Parent/caregiver cannot find time to get to the WIC clinic

Parent/caregiver does not have transportation to get to WIC

The stores that accept WIC are not close to family’s home

WIC foods are difficult to find in the grocery store

Using WIC at the grocery store is uncomfortable

Another reason (describe)

FSQ2

Child no longer qualifies for WIC (family income too high)

Child no longer needs WIC because family receives support from relatives or friends

Child no longer needs WIC because family receives support from SNAP, a food bank, or another program

Parent/caregiver could not find time to go to the WIC clinic

Parent/caregiver could not find transportation to get to WIC

WIC clinic wait times were too long

The stores that accept WIC were not close to family’s home

WIC foods were difficult to find in the grocery store

Using WIC at the grocery store was uncomfortable

Checking out at the store with WIC foods took a long time

Child did not like the WIC foods

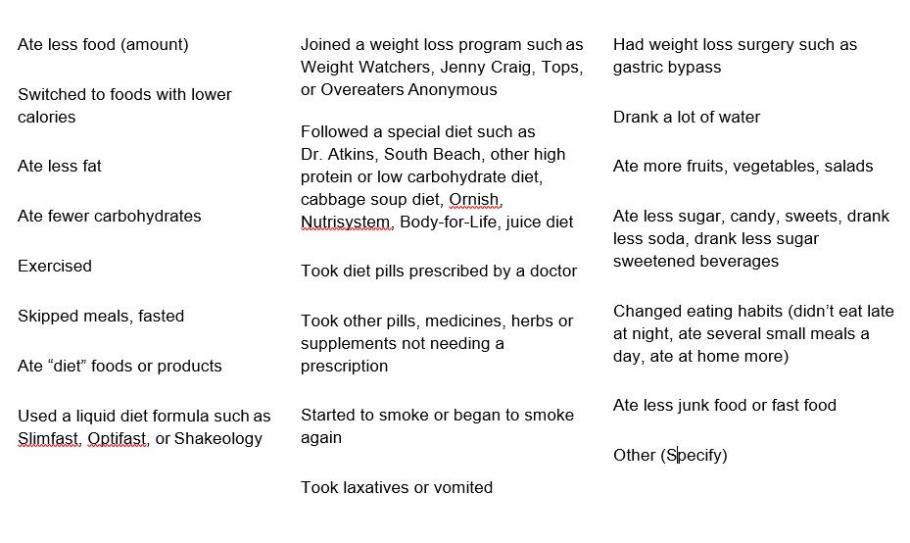
Another reason (describe)

DBQ7~~4~~DBQ7

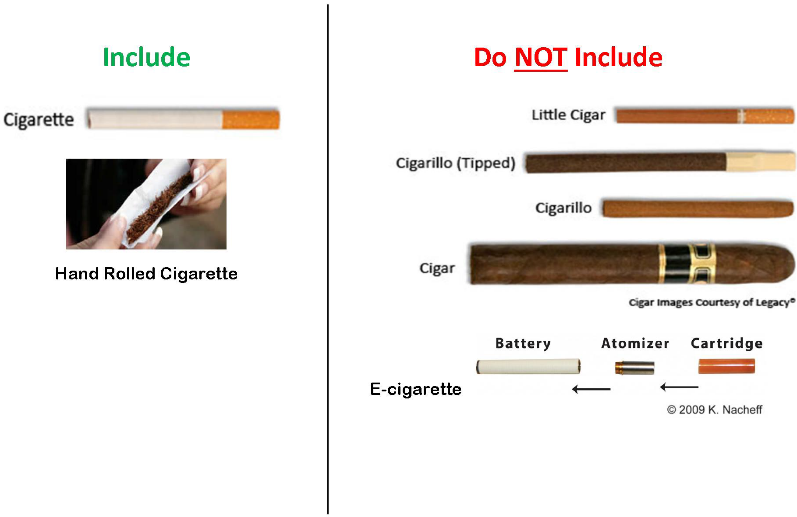
EXAMPLES OF FROZEN MEALS & FROZEN PIZZAS



WHQ1



SMQ1



ACQ1

Only Spanish

More Spanish than English

Both equally

More English than Spanish

Only English

English

Chinese Farsi/Persian

Hindi

Japanese

Khmer/Cambodian Korean

Tagalog/Filipino

Urdu

Vietnamese

Other

ACQ2

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)



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



DMQ8

**Examples of what we learned when matching NHANES data to other data sources such as Medicare and Medicaid:**

* + How housing environment may affect the levels of lead in children’s blood
  + Higher vitamin D in the blood lowers the risk of broken bones
  + Consuming high amount of sugar can increase the risk of heart diseases
  + People who live or work with smokers have a higher risk of heart attack
  + Adults who exercise, eat healthy diets, and do not smoke have a lower chance of dying

HIQ1

Private health insurance

Medicare

Medi-gap

Medicaid

Children’s Health Insurance Program (CHIP)

Military Related Health Care: Tricare (CHAMPUS)/VA HEALTH CARE/ Champ-VA

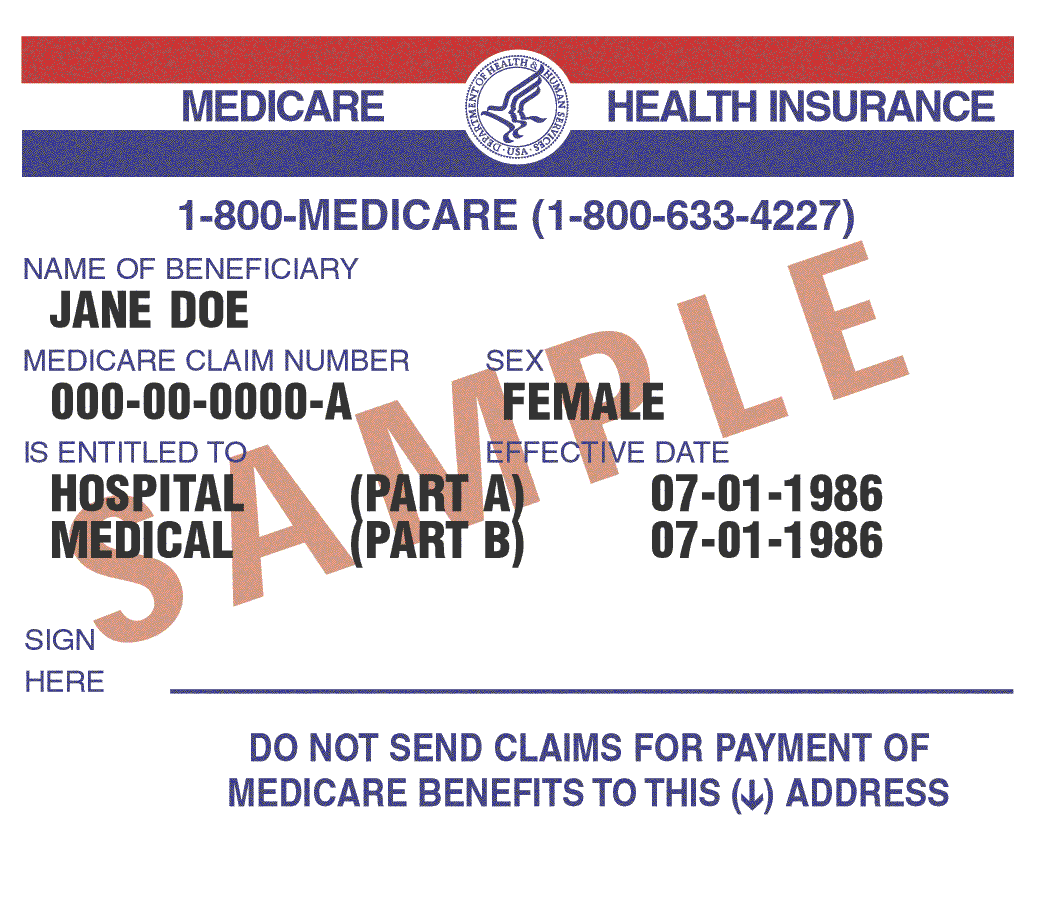
Indian Health Service

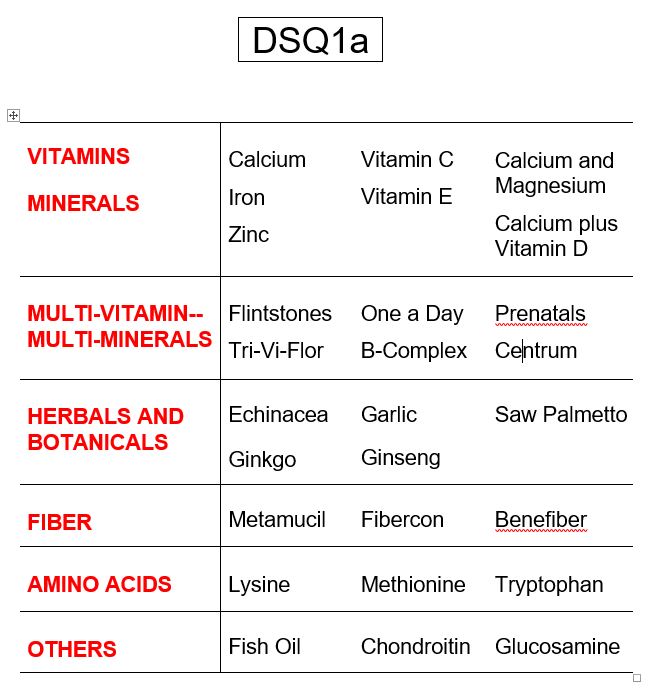
State-sponsored health plan

Other government program

No coverage of any type

HIQ2





DSQ1b

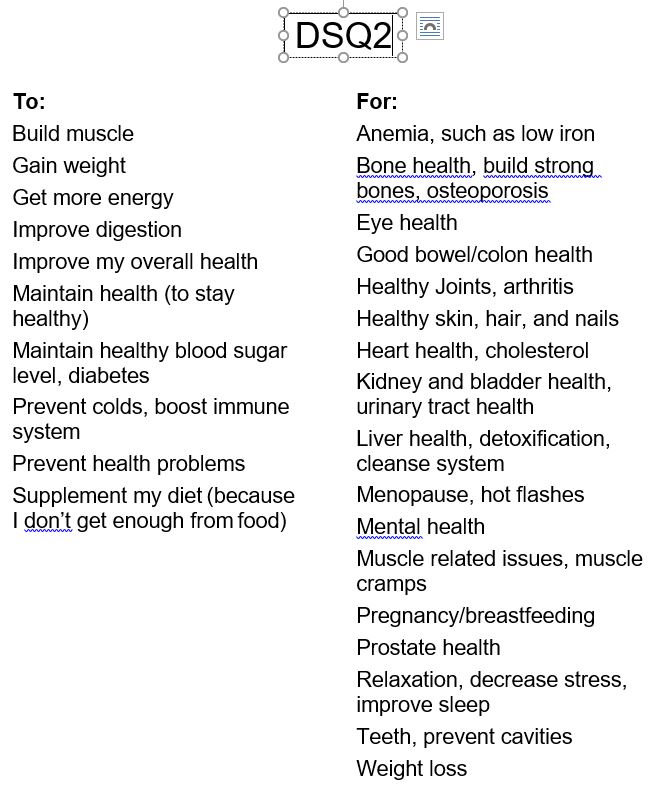
EXAMPLES OF ANTACIDS

Tums

Rolaids

Maalox

Mylanta



# FAMILY QUESTIONNAIRE Hand Cards

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)

HOQ1

A one-family house detached from any other house

A one-family house attached to one or more houses

A building with 2 apartments

A building with 3 or 4 apartments

A building with 5 to 9 apartments

A building with 10 to 19 apartments

A building with 20 to 49 apartments

A building with 50 or more apartments

A mobile home, trailer, or manufactured home

A dormitory or similar boarding house

HOQ2

Brita or other pitcher water filter

Ceramic or charcoal filter

Water softener

Aerator

Reverse osmosis

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. | $20,000 - $20,999 | JJ. | $35,000 - $39,999 |
| V. | $21,000 - $21,999 | KK. | $40,000 - $44,999 |
| W. | $22,000 - $22,999 | LL. | $45,000 - $49,999 |
| X. | $23,000 - $23,999 | MM. | $50,000 - $54,999 |
| Y. | $24,000 - $24,999 | NN. | $55,000 - $59,999 |
| Z. | $25,000 - $25,999 | OO. | $60,000 - $64,999 |
| AA. | $26,000 - $26,999 | PP. | $65,000 - $69,999 |
| BB. | $27,000 - $27,999 | QQ. | $70,000 - $74,999 |
| CC. | $28,000 - $28,999 | RR. | $75,000 - $79,999 |
| DD. | $29,000 - $29,999 | SS. | $80,000 - $84,999 |
| EE. | $30,000 - $30,999 | TT. | $85,000 - $89,999 |
| FF. | $31,000 - $31,999 | UU. | $90,000 - $94,999 |
| GG. | $32,000 - $32,999 | VV. | $95,000 - $99,999 |
| HH. | $33,000 - $33,999 | WW. | $100,000 and over |
| II. | $34,000 - $34,999 |  |  |

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

Often true

FSQ1

Sometimes true

Never true

***MEC Interview and Examination Data Collection Forms***

Form Approved

OMB No. 0920-0950

Exp. Date 11/30/2021

CDC estimates the average public reporting burden for this collection of information as 4 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, SD-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0950).

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# MEC Interview – CAPI

COGNITIVE FUNCTIONING – CFQ

Target Group: SPs 60+

CFQ.500 The next questions are about problem solving and memory. The questions may seem unusual, but they are routine questions we ask everyone. Some of the questions are very easy and some are difficult, so don’t be surprised if you have trouble with some of them. Try your best to answer all of the questions without using clues from around the room. If you wear glasses for reading, please use them.

ASK THE SP IF HE/SHE USUALLY WEARS READING GLASSES AND STATE THAT THEY MAY BE USEFUL FOR SOME OF THE EXERCISES THAT HE/SHE WILL BE DOING.

IF THE SP DOES NOT HAVE HIS/HER GLASSES AVAILABLE, GIVE THE SP A PAIR OF OUR SAMPLE GLASSES.

CONTINUE 1

REFUSED 7

DON’T KNOW 9

CFQ.501 Tell me the date today. First, tell me the month.

THE CURRENT MONTH IS {DISPLAY CURRENT MONTH}.

CORRECT 1

INCORRECT 2

REFUSED 7

DON’T KNOW 9

CFQ.505 Now, tell me the exact date.

CONTINUE 1

REFUSED 7

DON’T KNOW 9

CFQ.510 Now, I want you to name this animal.

SHOW PICTURE #1

CONTINUE 1

REFUSED 7

DON’T KNOW 9

CFQ.515 The next few things I will ask you to do are pencil and paper tasks.

PLACE BLANK CLOCK PAPER AND PENCIL IN FRONT OF SP.

Now, I’d like you to draw a clock. Put in all the numbers and set the time to **10 after 11**.

(PROMPT IF NECESSARY: Try your best to complete this task without using clues from around the room, such as a watch or a phone.)

DID NOT LOOK AT WATCH OR PHONE 1

LOOKED AT WATCH OR PHONE 2

REFUSED 7

DON’T KNOW 9

ISIS INSTRUCTION: TRANSFER RESPONSE TO SCREEN 3 OF THE SCORING APPLICATION.

CFQ.520 SCORE CLOCK CONTOUR

ONLY MINOR DISTORTION ACCEPTABLE (E.G., SLIGHT IMPERFECTION ON CLOSING THE CIRCLE).

CORRECT 1

INCORRECT 2

REFUSED 7

DON’T KNOW 9

CFQ.525 PLACE TRAIL PAPER AND PENCIL IN FRONT OF SP.

Take a minute to look over the paper. Notice, there are both numbers and letters. (PAUSE)

Please draw a line, going from a **number** to a **letter** in increasing order.

Begin here (POINT TO 1), and draw a line from **1 to A**, then from **A to 2**, and so on. End here (POINT TO E). The first two lines have been drawn for you.

NO CORRECTIONS MADE 1

SELF-CORRECTED MISTAKES 2

REFUSED 7

DON’T KNOW 9

CFQ.530 This next section tests your memory. I am going to read a list of words that you will have to remember now and later on.

Listen carefully. When I am through, tell me as many words as you can remember. It doesn’t matter in what order you say them.

Ready?

READ SLOWLY (AT A RATE OF 1 WORD PER SECOND) AND PRONOUNCE CLEARLY: Face, Velvet, Church, Daisy, Red

(PROMPT: Tell me as many words as you remember.)

CONTINUE 1

REFUSED 7

DON’T KNOW 9

CFQ.535 I’m going to read the same list for a second time. Try to remember and tell me as many words as you can, including words you said the first time.

READ SLOWLY (AT A RATE OF 1 WORD PER SECOND) AND PRONOUNCE CLEARLY: Face, Velvet, Church, Daisy, Red

(PROMPT: Tell me as many words as you remember.)

CONTINUE 1

REFUSED 7

DON’T KNOW 9

CFQ.540 I will ask you to recall these words again later on.

Now, I am going to say some numbers and when I am through, repeat them to me **exactly** as I said them.

READ THE FIVE NUMBER SEQUENCE TO THE SP AT A RATE OF ONE DIGIT PER SECOND.

**2, 1, 8, 5, 4**

(PROMPT: Repeat the numbers exactly as I said them.)

CONTINUE 1

REFUSED 7

DON’T KNOW 9

CFQ.545 Now I am going to say some more numbers, but when I am through, I want you to repeat them to me in the **backward order**.

READ THE THREE NUMBER SEQUENCE TO THE SP AT A RATE OF ONE DIGIT PER SECOND.

**7, 4, 2**

(PROMPT: Repeat the numbers in backward order.)

CONTINUE 1

REFUSED 7

DON’T KNOW 9

CFQ.550 Now, starting with 100, I would like you to subtract 7 and then keep counting down by 7.

(YOU CAN REPEAT THESE INSTRUCTIONS IF NECESSARY.)

PRESS ‘START/STOP’ ON COMPUTER TIMER. STOP AFTER 5 NUMBERS.

WHEN SP IS FINISHED, PRESS ‘STOP/START’ ON COMPUTER TIMER.

ISIS INSTRUCTION: TIMER ON SCREEN SHOULD COUNT UP IN SECONDS.

RECORD NUMBER OF SECONDS: |\_\_\_|\_\_\_|\_\_\_|

SOFT EDIT: CFQ.550 = 1

ERROR MESSAGE: “It is unlikely that the number of seconds is 1. Please verify.”

REFUSED 7777

DON’T KNOW 9999

CFQ.555 I am going to read you a sentence. Repeat it after me, **exactly** as I say it. (PAUSE)

READ SENTENCE: The cat always hid under the couch when dogs were in the room.

(PROMPT: Repeat the sentence.)

CONTINUE 1

REFUSED 7

DON’T KNOW 9

CFQ.560 Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, **except** for proper nouns and names like Bob or Boston, (PAUSE) and numbers or words that begin with the same sound, but have a different ending, for example, love, lover, loving.

[PROBE IF NECESSARY: You can say any kind of word you want BUT NOT names or places that begin with a capital letter like Bob or Boston. And NOT words that begin with the same sound, but have a different ending, like: love, lover, loving. Only one of those words would count.)

I will tell you to stop after 1 minute. (PAUSE) Are you ready?

WHEN SP IS READY: Now, tell me as many words as you can think of that begin with the letter F.

ISIS INSTRUCTION: ONE MINUTE TIMER ON SCREEN SHOULD COUNT DOWN.

CONTINUE 1

REFUSED 7

DON’T KNOW 9

CFQ.565 For this exercise, tell me how an orange and a banana are alike.

IF SP ANSWERS IN THE ABSTRACT, THEN SAY: “Yes, they are both fruit.”

IF SP ANSWERS IN A CONCRETE MANNER, THEN SAY ONLY ONE ADDITIONAL TIME: “Tell me another way in which those items are alike.”

IF SP **DOES NOT** GIVE THE APPROPRIATE RESPONSE (FRUIT), SAY: “Yes, and they are also both fruit.” DO NOT GIVE ANY ADDITIONAL INSTRUCTIONS OR CLARIFICATION.

Now, tell me how a ruler and a watch are alike?

DO NOT GIVE ANY ADDITIONAL INSTRUCTIONS OR PROMPTS.

CONTINUE 1

REFUSED 7

DON’T KNOW 9

CFQ.570 I read **a list of words** to you earlier, which I asked you to repeat and remember. Tell me as many of those words as you can remember. It doesn’t matter in what order you say them.

CONTINUE 1

REFUSED 7

DON’T KNOW 9

CFQ.575 POST TEST COMMENTS (REPORTED BY SP OR OBSERVED BY INTERVIEWER)

(CHECK ALL THAT APPLY)

NO NOTES 1

HEARING PROBLEM 2

VISION PROBLEMS 3

PHYSICAL LIMITATION AFFECTING ABILITY TO WRITE/  
DRAW (SPECIFY) 4

UNABLE TO READ AND/OR WRITE 5

DIFFICULTLY WITH ENGLISH/LANGUAGE BARRIER 6

SP REPORTED COGNITIVE PROBLEM (SPECIFY) 7

SP REPORTED TAKING MEDICATIONS 8

SP WAS RESTLESS OR FIDGETY 9

SP REPORTED WANTING TO QUIT 10

INTERRUPTIONS/DISTRACTIONS (SPECIFY) 11

OTHER (SPECIFY) 12

RESPONDENT SELECTION SECTION - RIQ - MEC

**Target Group:** SPs 8+

RIQ.005 INTERVIEWER: MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.

SP 1 (BOX 1)

MOTHER 2

FATHER 3

SPOUSE 4

SISTER OR BROTHER 5

CHILD 6

GRANDPARENT 7

LEGAL GUARDIAN 8

OTHER (SPECIFY) 9

RIQ.030 WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

SP HAS COGNITIVE PROBLEMS 1

SP HAS PHYSICAL PROBLEMS

(SPECIFY) 2

OTHER (SPECIFY) 3

RIQ.038 INTERVIEWER: WAS SP PRESENT IN THE ROOM DURING ANY PART OF THE INTERVIEW?

YES 1

NO 2

**BOX 1**

**CHECK ITEM RIQ.149:**

* IF SP 8-11 YEARS AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED ‘1’ IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: “During this interview, I will be asking you questions about your health and weight. Your answers will be kept private. Do you have any questions before we begin?”
* IF SP 12-17 YEARS OR 60+ YEARS AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED ‘1’ IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: “During this interview, I will be asking you questions about your home, current health status, and on other health behaviors. Remember, all of your responses to these questions will be kept confidential. Do you have any questions before we begin?”
* IF SP 18-59 YEARS AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED ‘1’ IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: “During this interview, I will be asking you questions about your home, sexual orientation, current health status, and on other health behaviors. Remember, all of your responses to these questions will be kept confidential. Do you have any questions before we begin?”
* OTHERWISE, DISPLAY THE FOLLOWING INTRODUCTORY TEXT: “During this interview, I will be asking you questions about {SP}'s current health status and on other health behaviors.”

PESTICIDE USE – PUQ

Target Group: SPs 8+

PUQ.100 In the **past 7 days**, were any chemical products used in {your/his/her} home to control fleas, roaches, ants, termites, or other insects?

CAPI INSTRUCTION:

IF SP 8-17 YEARS, DISPLAY THE FOLLOWING INTERVIEWER INSTRUCTION: "THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17."

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

PUQ.110 In the **past 7 days**, were any chemical products used in {your/his/her} lawn or garden to kill weeds?

CODE ‘NO’ IF THE RESPONDENT SAYS S/HE DOES NOT HAVE A LAWN OR GARDEN.

CAPI INSTRUCTION:

IF SP 8-17 YEARS, DISPLAY THE FOLLOWING INTERVIEWER INSTRUCTION: "THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17."

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

SEXUAL BEHAVIOR – SXQ

Target Group: SPs 18-59 (CAPI)

|  |
| --- |
| **BOX 1**  **CHECK ITEM SXQ.300:**   * IF INTERVIEW NOT DONE ONLY WITH SURVEY PARTICIPANT (RIQ.005 NOT EQUAL TO 1), GO TO END OF SECTION. * IF SP = FEMALE AND SP = 18 – 59 YEARS, CONTINUE WITH SXQ.295. * ELSE IF SP = MALE AND SP = 18 – 59 YEARS, CONTINUE WITH SXQ.296. * OTHERWISE, GO TO END OF SECTION. |

SXQ.295 Do you think of yourself as lesbian or gay; straight, that is, not lesbian or gay; bisexual; something else; or you don’t know the answer?

(Target 18-59)

HAND CARD SXQ1

Lesbian or Gay 1 (END OF SECTION)

Straight, that is, not lesbian   
or gay 2 (END OF SECTION)

Bisexual 3 (END OF SECTION)

Something else 4 (END OF SECTION)

I don’t know the answer 9 (END OF SECTION)

REFUSED 77 (END OF SECTION)

DON’T KNOW 99 (END OF SECTION)

SXQ.296 Do you think of yourself as gay; straight, that is, not gay; bisexual; something else; or you don’t know the answer?

(Target 18-59)

HAND CARD SXQ2

Gay 1

Straight, that is, not gay 2

Bisexual 3

Something else 4

I don’t know the answer 9

REFUSED 77

DON’T KNOW 99

CURRENT HEALTH STATUS – HSQ

Target Group: SPs 16+

HSQ.590 The next question is about the test for HIV, the virus that causes AIDS. Except for tests {you/SP} may have had as part of blood donations, {have you/has he/has she} ever been tested for HIV?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

DEPRESSION SCREEN – DPQ

Target Group: SPs 12+

**BOX 1**

**CHECK ITEM DPQ.001:**

* IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED ‘1’ IN RIQ.005), CONTINUE.
* OTHERWISE, GO TO NEXT SECTION.

DPQ.010 Over the **last 2 weeks**, how often have you been bothered by any of the following problems:

little interest or pleasure in doing things? Would you say . . .

HANDCARD DPQ1

Not at all, 0

several days, 1

more than half the days, or 2

nearly every day? 3

REFUSED 7

DON’T KNOW 9

DPQ.020 [Over the **last 2 weeks**, how often have you been bothered by any of the following problems:]

feeling down, depressed, or hopeless?

HANDCARD DPQ1

NOT AT ALL 0

SEVERAL DAYS 1

MORE THAN HALF THE DAYS 2

NEARLY EVERY DAY 3

REFUSED 7

DON’T KNOW 9

DPQ.030 [Over the **last 2 weeks**, how often have you been bothered by any of the following problems:]

trouble falling or staying asleep, or sleeping too much?

HANDCARD DPQ1

NOT AT ALL 0

SEVERAL DAYS 1

MORE THAN HALF THE DAYS 2

NEARLY EVERY DAY 3

REFUSED 7

DON’T KNOW 9

DPQ.040 [Over the **last 2 weeks**, how often have you been bothered by any of the following problems:]

feeling tired or having little energy?

HANDCARD DPQ1

NOT AT ALL 0

SEVERAL DAYS 1

MORE THAN HALF THE DAYS 2

NEARLY EVERY DAY 3

REFUSED 7

DON’T KNOW 9

DPQ.050 [Over the **last 2 weeks**, how often have you been bothered by any of the following problems:]

poor appetite or overeating?

HANDCARD DPQ1

NOT AT ALL 0

SEVERAL DAYS 1

MORE THAN HALF THE DAYS 2

NEARLY EVERY DAY 3

REFUSED 7

DON’T KNOW 9

DPQ.060 [Over the **last 2 weeks**, how often have you been bothered by any of the following problems:]

feeling bad about yourself – or that you are a failure or have let yourself or your family down?

HANDCARD DPQ1

NOT AT ALL 0

SEVERAL DAYS 1

MORE THAN HALF THE DAYS 2

NEARLY EVERY DAY 3

REFUSED 7

DON’T KNOW 9

DPQ.070 [Over the **last 2 weeks**, how often have you been bothered by any of the following problems:]

trouble concentrating on things, such as reading the newspaper or watching TV?

HANDCARD DPQ1

NOT AT ALL 0

SEVERAL DAYS 1

MORE THAN HALF THE DAYS 2

NEARLY EVERY DAY 3

REFUSED 7

DON’T KNOW 9

DPQ.080 [Over the **last 2 weeks**, how often have you been bothered by any of the following problems:]

moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?

HANDCARD DPQ1

NOT AT ALL 0

SEVERAL DAYS 1

MORE THAN HALF THE DAYS 2

NEARLY EVERY DAY 3

REFUSED 7

DON’T KNOW 9

DPQ.090 Over the **last 2 weeks**, how often have you been bothered by the following problem:

Thoughts that you would be better off dead or of hurting yourself in some way?

HAND CARD DPQ1

NOT AT ALL 0

SEVERAL DAYS 1

MORE THAN HALF THE DAYS 2

NEARLY EVERY DAY 3

REFUSED 7

DON’T KNOW 9

**BOX 2**

**CHECK ITEM DPQ.095:**

* IF RESPONSE TO ANY OF QUESTIONS DPQ.010 – DPQ.090 = 1, 2, OR 3, GO TO DPQ.100.
* OTHERWISE, GO TO NEXT SECTION.

DPQ.100 How **difficult** have these problems made it for you to do your work, take care of things at home, or get along with people?

Not at all difficult, 0

Somewhat difficult, 1

Very difficult, 2

Extremely difficult? 3

REFUSED 7

DON’T KNOW 9

TOBACCO – SMQ

Target Group: SPs 12+ (CAPI)

**BOX 1**

**CHECK ITEM SMQ.859:**

* IF SP AGED 12-17, GO TO SMQ.860.
* OTHERWISE, CONTINUE.

SMQ.682 The following questions ask about use of tobacco products in the past **5 days**.

During the past **5 days**, including today, did {you/he/she} smoke cigarettes, pipes, regular cigars, cigarillos, or little filtered cigars, water pipes or hookahs with tobacco?

HAND CARD SMQ1

YES 1

NO 2 (SMQ.846)

REFUSED 7 (SMQ.846)

DON’T KNOW 9 (SMQ.846)

SMQ.692 Which of these products did {you/he/she} smoke?

HAND CARD SMQ1

(CHECK ALL THAT APPLY)

Cigarettes 1

Pipes 2

Regular cigars, cigarillos or little filtered   
cigars 3

Water pipes or Hookahs with tobacco 4

REFUSED 77 (SMQ.846)

DON’T KNOW 99 (SMQ.846)

**BOX 2**

**CHECK ITEM SMQ.701:**

* IF ‘CIGARETTES’ (CODE 1) IN SMQ.692, GO TO SMQ.710.
* IF ‘PIPES’ (CODE 2) IN SMQ.692, GO TO SMQ.740.
* IF ‘CIGARS’ (CODE 3) IN SMQ.692, GO TO SMQ.771.
* IF ‘WATER PIPES OR HOOKAHS’ (CODE 4) IN SMQ.692, GO TO SMQ.845.

SMQ.710 During the past **5 days,** including today, on how many days did {you/he/she} smoke cigarettes?

HARD EDIT: RANGE 1 – 5.

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON'T KNOW 9

SMQ.720 During the past **5 days**, including today, on the days {you/he/she} smoked, how many cigarettes did {you/he/she} smoke each day?

IF R SAYS 95 OR MORE CIGARETTES PER DAY, ENTER 95.

HARD EDIT: RANGE 1 – 95.

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

ENTER NUMBER OF CIGARETTES

REFUSED 777

DON'T KNOW 999

SMQ.725 When did {you/he/she} smoke {your/his/her} last cigarette? Was it . . .

today, 1

yesterday, or 2

3 to 5 days ago? 3

REFUSED 7

DON'T KNOW 9

**BOX 3**

**CHECK ITEM SMQ.731:**

IF ‘PIPES’ (CODE 2) IN SMQ.692, GO TO SMQ.740.

IF ‘CIGARS’ (CODE 3) IN SMQ.692, GO TO SMQ.771.

IF ‘WATER PIPES OR HOOKAHS’ (CODE 4) IN SMQ.692, GO TO SMQ.845.

OTHERWISE, GO TO SMQ.846.

SMQ.740 During the past **5 days,** including today, on how many days did {you/he/she} smoke a pipe?

HARD EDIT: RANGE 1 – 5.

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON'T KNOW 9

**BOX 4**

**CHECK ITEM SMQ.761:**

* IF ‘CIGARS’ (CODE 3) IN SMQ.692, GO TO SMQ.771.
* IF ‘WATER PIPES OR HOOKAH IN SMQ.692, GO TO SMQ.845.
* OTHERWISE, GO TO SMQ.846.

SMQ.771 During the past **5 days,** including today, on how many days did {you/he/she} smoke regular cigars, cigarillos, or little filtered cigars?

HARD EDIT: RANGE 1 – 5.

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON'T KNOW 9

**BOX 5**

**CHECK ITEM SMQ.791:**

* IF ‘WATER PIPE’ (CODE 4) IN SMQ.692, GO TO 845.
* OTHERWISE, GO TO SMQ.846.

SMQ.845 During the past **5 days,** including today, on how many days did {you/he/she} smoke tobacco in a water pipe or Hookah with tobacco?

HARD EDIT: RANGE 1 - 5.

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON'T KNOW 9

SMQ.846 During the past **5 days**, including today, did (you/he/she) use e-cigarettes? You may also know them as JUULTM, vape-pens, vapes, hookah-pens, e-hookahs, or vaporizers. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke?

INTERVIEWER INSTRUCTION: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

YES 1

NO 2 (SMQ.851)

REFUSED 7 (SMQ.851)

DON’T KNOW 9 (SMQ.851)

SMQ.849 During the past **5 days,** including today, on how many days did {you/he/she} use e-cigarettes?

HARD EDIT: RANGE 1 – 5.

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON'T KNOW 9

SMQ.851 Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (PRONOUNCED SNOOSE), or dissolvable tobacco.

During the past **5 days**, including today,did {you/he/she} use any smokeless tobacco?

(Please do not include nicotine replacement products like patches, gum, lozenge, or spray which are considered products to help {you/him/her} stop smoking.)

YES 1

NO 2 (SMQ.863)

REFUSED 7 (SMQ.863)

DON’T KNOW 9 (SMQ.863)

SMQ.853 Which of these products did {you/he/she} use?

(CHECK ALL THAT APPLY)

Chewing tobacco 1

Snuff 2

Snus 3

Dissolvables 4

Dip 5

REFUSED 7 (SMQ.863)

DON’T KNOW 9 (SMQ.863)

**BOX 7**

**CHECK ITEM SMQ.855:**

* IF ‘CHEWING’ (CODE 1) IN SMQ.853, GO TO SMQ.800.
* IF ‘SNUFF’ (CODE 2) IN SMQ.853, GO TO SMQ.817.
* OTHERWISE, GO TO SMQ.863.

SMQ.800 During the past **5 days,** including today, on how many days did {you/he/she} use chewing tobacco, such as Redman, Levi Garrett or Beechnut?

HARD EDIT: RANGE 1 – 5.

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON'T KNOW 9

**BOX 8**

**CHECK ITEM SMQ.818:**

* IF ‘SNUFF’ (CODE 2) IN SMQ.853, GO TO SMQ.817.
* OTHERWISE, GO TO SMQ.863.

SMQ.817 During the past **5 days,** including today, on how many days did {you/he/she} use snuff, such as Skoal, Skoal Bandits, or Copenhagen?

HARD EDIT: RANGE 1 – 5.

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON'T KNOW 9

SMQ.863 During the past **5 days**, including today, did {you/he/she} use any nicotine replacement therapy products such as nicotine patches, gum, lozenges, inhalers, or nasal sprays?

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

SMQ.831 During the past **5 days,** including today, on how many days did {you/he/she} use any nicotine replacement therapy products such as nicotine patches, gum, lozenges, inhalers, or nasal sprays?

HARD EDIT: RANGE 1 – 5.

|\_\_\_| (END OF SECTION)

ENTER NUMBER OF DAYS

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

SMQ.860 The next questions are about {your/his/her} exposure to other people’s tobacco smoke.

During the last 7 days, did {you/SP} spend time in a **restaurant?**

YES 1

NO 2 (SMQ.870)

REFUSED 7 (SMQ.870)

DON'T KNOW 9 (SMQ.870)

SMQ.862 While {you were/SP was} in a **restaurant**, did someone else smoke cigarettes or other tobacco products indoors?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

SMQ.870 During the last 7 days, did {you/SP} ride in a **car or motor vehicle?**

YES 1

NO 2 (SMQ.874)

REFUSED 7 (SMQ.874)

DON'T KNOW 9 (SMQ.874)

SMQ.872 While {you were/SP was} riding in **a car or motor vehicle,** did someone else smoke cigarettes or other tobacco products?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

SMQ.874 During the last 7 days, did {you/SP} spend time in **a home other than {your/his/her} own?**

YES 1

NO 2 (SMQ.878)

REFUSED 7 (SMQ.878)

DON'T KNOW 9 (SMQ.878)

SMQ.876 While {you were/SP was} in **a home other than {your/his/her} own,** did someone else smoke cigarettes or other tobacco products indoors?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

SMQ.878 During the last 7 days, {were you/was SP} in **any other indoor area?**

YES 1

NO 2 (SMQ.940)

REFUSED 7 (SMQ.940)

DON'T KNOW 9 (SMQ.940)

SMQ.880 While {you were/SP was} in the **other indoor** area, did someone else smoke cigarettes or other tobacco products?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

SMQ.940 The next question is about e-cigarettes.

During the last 7 days, {were you/was SP} in an **indoor** place where someone was using an e‑cigarette, e‑hookah, vape‑pen or other similar electronic product?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

ALCOHOL USE – ALQ

Target Group: SPs 18+ (CAPI)

ALQ.111 The next questions are about drinking alcoholic beverages. Included are liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of alcoholic beverage.

In {your/SP’s} **entire life**, {have you/has he/has she} had at least 1 drink of any kind of alcohol, not counting small tastes or sips? By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.

HAND CARD ALQ1

YES 1

NO 2 (END OF SECTION)

REFUSED 7

DON'T KNOW 9

|  |  |
| --- | --- |
| ALQ.121 | During the **past 12 months**, about how often did {you/SP} drink any type of alcoholic beverage? |

PROBE: How many days per week, per month, or per year did {you/SP} drink?

HAND CARD ALQ2

EVERY DAY 1

NEARLY EVERY DAY 2

3 TO 4 TIMES A WEEK 3

2 TIMES A WEEK 4

ONCE A WEEK 5

2 TO 3 TIMES A MONTH 6

ONCE A MONTH 7

7 TO 11 TIMES IN THE LAST YEAR 8

3 TO 6 TIMES IN THE LAST YEAR 9

1 TO 2 TIMES IN THE LAST YEAR 10

NEVER IN THE LAST YEAR 0

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 1**  **CHECK ITEM ALQ.125:**  IF SP DIDN'T DRINK (CODED '0') IN ALQ.121, GO TO ALQ.151.  OTHERWISE, CONTINUE WITH ALQ.130. |

ALQ.130 During the **past 12 months**, on those days that {you/SP} drank alcoholic beverages, on **average**, how many drinks did {you/he/she} have? (By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.)

HAND CARD ALQ1

IF LESS THAN 1 DRINK, ENTER '1'.

IF 95 DRINKS OR MORE, ENTER '95'.

CAPI INSTRUCTION:

SOFT EDIT: IF RESPONSE >=20, THEN DISPLAY “YOU SAID ON THE DAYS THAT YOU DRINK YOU HAVE ON **AVERAGE** {DISPLAY QUANTITY} DRINKS, IS THAT CORRECT?”

HARD EDIT: Range – 1-95

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

ENTER # OF DRINKS

REFUSED 777

DON'T KNOW 999

|  |  |
| --- | --- |
| ALQ.142 | During the **past 12 months**, about how often did {you/SP} have **{DISPLAY NUMBER} or more drinks** of any alcoholic beverage? |

PROBE: How many days per week, per month, or per year did {you/SP} have {DISPLAY NUMBER} or more drinks in a single day?

HAND CARD ALQ2

INTERVIEWER INSTRUCTION: IF SP ANSWERS NONE, PLEASE CODE ‘0’, NEVER IN THE LAST YEAR.

CAPI INSTRUCTION:

IF SP = MALE, DISPLAY = **5**

IF SP = FEMALE, DISPLAY = **4**

HARD EDIT: ALQ.142 CANNOT HAVE A LOWER CODED VALUE THAN ALQ.121, UNLESS ALQ.142 IS CODED ‘0’.

ERROR MESSAGE: “SP HAS REPORTED DRINKING MORE TIMES IN THIS QUESTION THAN WAS PREVIOUSLY REPORTED IN ALQ.121.”

EVERY DAY 1

NEARLY EVERY DAY 2

3 TO 4 TIMES A WEEK 3

2 TIMES A WEEK 4

ONCE A WEEK 5

2 TO 3 TIMES A MONTH 6

ONCE A MONTH 7

7 TO 11 TIMES IN THE LAST YEAR 8

3 TO 6 TIMES IN THE LAST YEAR 9

1 TO 2 TIMES IN THE LAST YEAR 10

NEVER IN THE LAST YEAR 0 (ALQ.151)

REFUSED 77

DON’T KNOW 99

ALQ.270 During the **past 12 months**, about how often did {you/SP} have **{DISPLAY NUMBER} or more drinks** in a period of **two hours or less**?

HAND CARD ALQ2

CAPI INSTRUCTION:

IF SP = MALE, DISPLAY = **5**

IF SP = FEMALE, DISPLAY = **4**

HARD EDIT: ALQ.270 CANNOT HAVE A LOWER CODED VALUE THAN ALQ.121, UNLESS ALQ.270 IS CODED ‘0’.

ERROR MESSAGE: “SP HAS REPORTED DRINKING MORE TIMES IN THIS QUESTION THAN WAS PREVIOUSLY REPORTED IN ALQ.121.”

EVERY DAY 1

NEARLY EVERY DAY 2

3 TO 4 TIMES A WEEK 3

2 TIMES A WEEK 4

ONCE A WEEK 5

2 TO 3 TIMES A MONTH 6

ONCE A MONTH 7

7 TO 11 TIMES IN THE LAST YEAR 8

3 TO 6 TIMES IN THE LAST YEAR 9

1 TO 2 TIMES IN THE LAST YEAR 10

NEVER IN THE LAST YEAR 0

REFUSED 77

DON’T KNOW 99

|  |  |
| --- | --- |
| ALQ.280 | During the **past 12 months**, about how often did {you/SP} have **8** **or more** drinks in **a single day**? |

HAND CARD ALQ2

HARD EDIT: ALQ.280 CANNOT HAVE A LOWER CODED VALUE THAN ALQ.121, UNLESS ALQ.280 IS CODED ‘0’.

ERROR MESSAGE: “SP HAS REPORTED DRINKING MORE TIMES IN THIS QUESTION THAN WAS PREVIOUSLY REPORTED IN ALQ.121.”

EVERY DAY 1

NEARLY EVERY DAY 2

3 TO 4 TIMES A WEEK 3

2 TIMES A WEEK 4

ONCE A WEEK 5

2 TO 3 TIMES A MONTH 6

ONCE A MONTH 7

7 TO 11 TIMES IN THE LAST YEAR 8

3 TO 6 TIMES IN THE LAST YEAR 9

1 TO 2 TIMES IN THE LAST YEAR 10

NEVER IN THE LAST YEAR 0 (ALQ.151)

REFUSED 77

DON’T KNOW 99

|  |  |
| --- | --- |
| ALQ.290 | During the **past 12 months**, about how often did {you/SP} have **12** **or more** drinks in **a single day**? |

HAND CARD ALQ2

HARD EDIT: ALQ.290 CANNOT HAVE A LOWER CODED VALUE THAN ALQ.121, UNLESS ALQ.290 IS CODED ‘0’.

ERROR MESSAGE: “SP HAS REPORTED DRINKING MORE TIMES IN THIS QUESTION THAN WAS PREVIOUSLY REPORTED IN ALQ.121.”

EVERY DAY 1

NEARLY EVERY DAY 2

3 TO 4 TIMES A WEEK 3

2 TIMES A WEEK 4

ONCE A WEEK 5

2 TO 3 TIMES A MONTH 6

ONCE A MONTH 7

7 TO 11 TIMES IN THE LAST YEAR 8

3 TO 6 TIMES IN THE LAST YEAR 9

1 TO 2 TIMES IN THE LAST YEAR 10

NEVER IN THE LAST YEAR 0

REFUSED 77

DON’T KNOW 99

ALQ.151 Was there ever a time or times in {your/SP's} life when {you/he/she} **drank {DISPLAY NUMBER} or more drinks** of any kind of alcoholic beverage **almost every day**?

CAPI INSTRUCTION:

IF SP = MALE, DISPLAY = 5

IF SP = FEMALE, DISPLAY = 4

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

REPRODUCTIVE HEALTH – RHQ

Target Group: Female SPs Ages 12+

RHQ.010 The next series of questions are about {your/SP’s} reproductive history. I will begin by asking some questions about {your/SP’s} period or menstrual cycle.

How old {were you/was SP} when {you/she} had {your/her} **first** menstrual period?

CODE “0” IF HAVEN’T STARTED YET.

CAPI INSTRUCTION:

SOFT EDIT VALUES: AGE ≤8 AND ≥ 25 YEARS.

ERROR MESSAGE: “UNLIKELY RESPONSE. PLEASE VERIFY.”

HARD EDIT VALUES: AGE OF 1ST PERIOD CANNOT BE GREATER THAN CURRENT AGE.

ERROR MESSAGE: “AGE MENSTRUAL CYCLE STARTED CANNOT BE GREATER THAN AGE OF SP.”

SOFT EDIT: DISPLAY EDIT WHEN AGE OF SP IS GREATER THAN OR EQUAL TO 20 AND RHQ.010 IS CODED ‘0’.

ERROR MESSAGE: “IT IS UNLIKELY THAT SP’S 20 OR OLDER WILL NOT HAVE BEGUN TO MENSTRUATE. PLEASE VERIFY.”

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

ENTER AGE IN YEARS

REFUSED 77

DON’T KNOW 99 (RHQ.020)

|  |
| --- |
| **BOX 1**  **CHECK ITEM RHQ.015:**   * IF PERIODS HAVEN’T STARTED (CODED ‘0’), GO TO END OF SECTION. * IF PERIODS HAVE STARTED AND SP REPORTS AGE (CODED ‘1’ - ‘76’) IN RHQ.010 AND SP AGE > 20, OR IF SP REFUSES AGE (CODED ‘77’) IN RHQ.010, GO TO RHQ.031. * IF PERIODS HAVE STARTED AND SP REPORTS AGE (CODED ‘1’ - ‘76’) IN RHQ.010 AND SP AGE IS 12-19, GO TO RHQ.018. * OTHERWISE, GO TO RHQ.031. |

RHQ.018 In what month did {you/SP} have {your/her} first menstrual period?

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

ENTER MONTH (RHQ.031)

HARD EDIT VALUES FOR MONTH: 01 – 12.

HARD EDIT: DISPLAY ERROR WHEN ONLY ONE DIGIT IS ENTERED FOR MONTH.

ERROR MESSAGE: “ENTER TWO DIGITS FOR MONTH.”

REFUSED 77 (RHQ.031)

DON’T KNOW 99 (RHQ.031)

RHQ.020 {Were you/Was SP} . . .

younger than 10, 1

10 to 12, 2

13 to 15, or 3

16 or older? 4

REFUSED 7

DON’T KNOW 9

RHQ.031 {Have you/Has SP} had **at least one menstrual period** in the **past 12 months**? Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.

SOFT EDIT: DISPLAY EDIT WHEN AGE OF SP IS GREATER THAN OR EQUAL TO 60 AND RHQ.031 IS CODED YES.

ERROR MESSAGE: “IT IS UNLIKELY THAT SPS AGED 60 YEARS OR OLDER WILL STILL BE MENSTRUATING. PLEASE VERIFY.”

YES 1

NO 2 (RHQ.043)

REFUSED 7 (RHQ.060)

DON’T KNOW 9 (RHQ.060)

|  |
| --- |
| **BOX 1A**  **CHECK ITEM RHQ.033:**   * IF SP < 20 YEARS OLD AND RHQ.031 = 1, GO TO BOX 3. * IF SP 20+ YEARS OLD AND RHQ.031 = 1, GO TO RHQ 282. * OTHERWISE, CONTINUE. |

RHQ.043 What is the reason that {you have/SP has} not had **a period** in the past 12 months?

HAND CARD RHQ 1

SOFT EDIT: DISPLAY EDIT WHEN AGE OF SP IS YOUNGER THAN OR EQUAL TO 50 AND RHQ.043 IS CODED 7 (MENOPAUSE/CHANGE OF LIFE).

ERROR MESSAGE: “UNLIKELY RESPONSE. PLEASE VERIFY.”

PREGNANCY 1 (BOX 3)

BREAST FEEDING 2

HYSTERECTOMY 3

MENOPAUSE/CHANGE OF LIFE 7

OTHER 9

REFUSED 77

DON’T KNOW 99

RHQ.282 {Have you/Has SP} had a hysterectomy, including a partial hysterectomy, that is, surgery to **remove** {your/her} uterus or womb?

MARK IF KNOWN. OTHERWISE ASK.

HARD EDIT: IF RHQ043 CODED AS “3”, BUT REPORTED “NO” TO RHQ282, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWERS TO RHQ043 AND RHQ282:

“You mentioned that hysterectomy is the reason that you have not had a period in the past 12 months, is it correct?”

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

RHQ.305 {Have you/Has SP} had **both** of {your/her} ovaries removed {either when {you/she} had {your/her} uterus removed or at any other time}?

CAPI INSTRUCTION: IF RHQ.282 = 1 DISPLAY {either when {you/she} had {your/her} uterus removed or at any other time}”

YES 1

NO 2 (BOX 1B)

REFUSED 7 (RHQ.060)

DON’T KNOW 9 (RHQ.060)

RHQ.332 How old {were you/was SP} when {you/she} had {your/her} ovaries removed or last ovary removed if removed at different times?

CAPI INSTRUCTION:

HARD EDIT: RHQ.332 MUST BE EQUAL TO OR LESS THAN AGE OF SP.

ERROR MESSAGE: “AGE CANNOT BE GREATER THAN AGE OF SP.”

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

ENTER AGE IN YEARS

REFUSED 777

DON’T KNOW 999

|  |
| --- |
| **BOX 1B**  **CHECK ITEM RHQ.334:**   * IF RHQ.031 = 1 AND RHQ.282 = 2 AND RHQ.305 = 2, GO TO BOX 3. * OTHERWISE, CONTINUE. |

RHQ.060 About how old {were you/was SP} when {you/she} had {your/her} **last** menstrual period?

SOFT EDIT: DISPLAY EDIT WHEN RHQ.060 IS GREATER THAN 59.

ERROR MESSAGE: “IT IS UNLIKELY THAT AN SP WILL HAVE HER LAST MENSTRUAL PERIOD AFTER AGE 59. PLEASE VERIFY.”

SOFT EDIT: RHQ.060 MUST BE LESS THAN OR EQUAL TO RHQ.332.

ERROR MESSAGE: “AGE OF SP AT LAST MENSTRUAL PERIOD CANNOT BE GREATER THAN AGE OF SP AT HYSTERECTOMY OR AGE OF SP AT OOPHORECTOMY.”

HARD EDIT: RHQ.060 MUST BE EQUAL TO OR LESS THAN AGE OF SP.

ERROR MESSAGE: “AGE OF SP AT LAST MENSTRUAL PERIOD CANNOT BE GREATER THAN AGE OF SP.”

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

ENTER AGE IN YEARS

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 2**  **CHECK ITEM RHQ.065:**   * IF SP DOESN’T KNOW AGE AT LAST MENSTRUAL PERIOD (CODED ‘99’) IN RHQ.060, CONTINUE. * OTHERWISE, GO TO BOX 3. |

RHQ.070 {Were you/Was SP} . . .

younger than 30, 1

30 to 34, 2

35 to 39, 3

40 to 44, 4

45 to 49, 5

50 to 54, or 6

55 or older? 7

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 3**  **CHECK ITEM RHQ.072:**   * IF SP IS 12-59 YEARS OLD, AND RHQ.043 = 3 OR 7, GO TO BOX 5. * IF SP AGE IS GREATER THAN OR EQUAL TO 60 YEARS OLD, GO TO RHQ.131. * OTHERWISE, CONTINUE. |

RHQ.071 In the **past 12 months**, have you used any method of birth control for any reason?

HAND CARD RHQ3

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

HELP SCREEN SHOULD READ: Birth control can be used to prevent pregnancy, prevent sexually transmitted disease or used for other medical conditions such as to control acne, headaches, or menstrual cramps, or help with irregular menstrual periods.

|  |
| --- |
| **BOX 4**  **CHECK ITEM RHQ.082:**   * IF RHQ.071=2,7,9 AND SP IS 12- 17 YEARS OLD, GO TO RHQ.131. * IF RHQ.071=2,7,9 AND SP IS 18-59 YEARS OLD, GO TO RHQ.074. * OTHERWISE, CONTINUE. |

RHQ.073 Which methods of birth control did you use in the **past 12 months**?

HAND CARD RHQ3

CODE ALL THAT APPLY

BIRTH CONTROL PILLS 1

PATCH 2

RING 3

SHOT/INJECTABLE 4

IMPLANT 5

CONDOMS 6

IUD 7

DIAPHRAGM, CAP or SPONGE 8

SPERMICIDE FOAM, JELLY, CREAM   
OR SUPPOSITORY 9

NATURAL FAMILY PLANNING 10

STERILIZATION 11

WITHDRAWAL 12

EMERGENCY CONTRACEPTION 13

ABSTINENCE 14

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 5**  **CHECK ITEM RHQ.086:**   * IF SP IS 18-59 YEARS OLD, CONTINUE. * OTHERWISE, GO TO RHQ.131. |

RHQ.074 {Have you/Has SP} ever attempted to become pregnant over a period of at least a year without becoming pregnant?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

RHQ.076 {Have you/Has SP} ever been to a doctor or other medical provider because {you have/she has} been unable to become pregnant?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

RHQ.078 {Have you/Has SP} ever been treated for an infection in {your/her} fallopian tubes, uterus or ovaries, also called a pelvic infection, pelvic inflammatory disease, or PID?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

RHQ.131 The next questions are about {your/SP’s} pregnancy history. Please include {current pregnancy,} live births, miscarriages, stillbirths, tubal pregnancies and abortions.

{Have you/Has SP} **ever** been pregnant?

MARK IF KNOWN. OTHERWISE ASK.

CAPI INSTRUCTIONS:

IF RHQ.043 = 1, DISPLAY {current pregnancy}

HELP SCREEN SHOULD READ: Miscarriage: Refers to a pregnancy that terminates naturally during the first 5 months (20 weeks) of pregnancy. Stillbirth: Refers to a baby that is born dead after 6 or more months (>20 weeks) of pregnancy. Tubal Pregnancy: Refers to a pregnancy that occurs in the fallopian tube. Abortion: Refers to a pregnancy that is terminated during the first 6 months using induced methods. Methods include D&C, vacuum extraction, suction, and saline injections.

YES 1

NO 2 (RHQ.421)

REFUSED 7 (RHQ.421)

DON’T KNOW 9 (RHQ.421)

|  |
| --- |
| **BOX 6**  **CHECK ITEM RHQ.136:**   * IF THE SP HAS EXPERIENCED MENOPAUSE (RHQ.043 = 7), GO TO RHQ.160. * IF THE SP HAD HYSTERECTOMY (RHQ.043 = 3 OR RHQ.282 = 1), GO TO RHQ.160. * OTHERWISE, CONTINUE. |

RHQ.143 {Are you/Is SP} pregnant **now**?

MARK IF KNOWN. OTHERWISE ASK.

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

RHQ.160 How many times {have you/has SP} been pregnant? Please count all {your/her} pregnancies including {current pregnancy,} live births, miscarriages, stillbirths, tubal pregnancies, and abortions.)

HELP SCREEN SHOULD READ: Miscarriage: Refers to a pregnancy that terminates naturally during the first 5 months (20 weeks) of pregnancy. Stillbirth: Refers to a baby that is born dead after 6 or more months (>20 weeks) of pregnancy. Tubal Pregnancy: Refers to a pregnancy that occurs in the fallopian tube. Abortion: Refers to a pregnancy that is terminated during the first 6 months using induced methods. Methods include D&C, vacuum extraction, suction, and saline injections.

CAPI INSTRUCTION: IF RHQ.143 = 1 DISPLAY {current pregnancy}.

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

ENTER NUMBER OF PREGNANCIES

REFUSED 77

DON’T KNOW 99

RHQ.162 **During {any/your/SP’s} pregnancy**, {were you/was SP} ever told by a doctor or other health professional that {you/she} had diabetes, sugar diabetes or gestational diabetes? Please do not include diabetes that {you/SP} may have known about before the pregnancy.

CAPI INSTRUCTION:

IF RHQ.160 = 1, DISPLAY {your/SP’s}. OTHERWISE, DISPLAY {any}.

HELP SCREEN SHOULD READ: Gestational diabetes is a form of diabetes or high blood sugar found in pregnant women.

YES 1

NO 2

BORDERLINE 3

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 7**  **CHECK ITEM RHQ.165:**   * IF SP ONLY HAD ONE PREGNANCY (CODED ‘1’) IN RHQ.160 AND CURRENTLY PREGNANT (CODED ‘1’) IN RHQ.143, SKIP TO RHQ.421. * OTHERWISE CONTINUE. |

RHQ.167 How many deliveries {have you/has SP} had? (Please count all vaginal and Cesarean deliveries and count stillbirths as well as live births.)

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

SOFT EDIT: RHQ.167 MUST BE EQUAL TO OR LESS THAN RHQ.160.

ERROR MESSAGE: “It is unlikely that the number of deliveries (vaginal and cesarean deliveries combined) is greater than the number of pregnancies. Please verify.”

SOFT EDIT: IF CURRENTLY PREGNANT (CODED ‘1’ IN RHQ.143) THEN RHQ.167 SHOULD BE LESS THAN OR EQUAL TO RHQ.160 MINUS 1.

ERROR MESSAGE: “Since SP is currently pregnant, it is unlikely that the number of vaginal and cesarean deliveries is equal to or greater than the number of pregnancies. Please verify.”

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

ENTER NUMBER

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 7B**  **CHECK ITEM RHQ.170A:**   * IF THE NUMBER OF DELIVERIES IN RHQ.167 EQUALS ZERO, GO TO RHQ.421. * OTHERWISE, CONTINUE WITH RHQ.172. |

RHQ.172 {Did {your/SP’s} delivery/Did any of {your/SP’s} deliveries} result in a baby that weighed 9 pounds or more at birth? Please count stillbirths as well as live births.

INTERVIEWER INSTRUCTION: IF SP ONLY RECALLS HER BABY’S BIRTH WEIGHT IN KILOS/GRAMS: 9 LB ~ 4.1 KG/ 4,100 G.

CAPI INSTRUCTION:

IF SP HAD ONE DELIVERY RHQ.167 = 1), DISPLAY {YOUR DELIVERY}.

IF SP HAD MORE THAN ONE DELIVERY (RHQ.167 > 1), DISPLAY {ANY OF YOUR DELIVERIES}.

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

RHQ.171 {How many of {your/her} deliveries resulted/Did {your/her} delivery result} in a live birth?

CAPI INSTRUCTION:

IF SP HAD ONE DELIVERY (RHQ.167 = 1), REPLACE {How many of {your/her} deliveries resulted} WITH {Did {your/her} delivery result}.

FOR SINGLE DELIVERIES:

Yes = 1

No = 0

COUNT THE NUMBER OF TOTAL DELIVERIES, NOT NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP HAD TWINS OR OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

SOFT EDIT: RHQ.171 MUST BE EQUAL TO OR LESS THAN RHQ.160.

ERROR MESSAGE: “NUMBER OF LIVE BIRTHS CANNOT BE GREATER THAN THE NUMBER OF PREGNANCIES.”

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

ENTER NUMBER OF DELIVERIES

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 8**  **CHECK ITEM RHQ.177:**   * IF SP GREATER THAN OR EQUAL TO 60, GO TO RHQ.421. * IF SP LESS THAN 60 AND RHQ.171 = 0, GO TO RHQ.421. * OTHERWISE, CONTINUE. |

RHQ.180 How old {were you/was SP} at the time of {your/her} {**first**} live birth?

CAPI INSTRUCTION:

IF SP HAD MORE THAN 1 LIVE BIRTH (CODED >= 2) IN RHQ.171, DISPLAY {**first**}.

CAPI INSTRUCTION:

HARD EDIT: RHQ.180 MUST BE EQUAL TO OR LESS THAN AGE OF SP.

ERROR MESSAGE: “AGE OF SP AT FIRST LIVE BIRTH CANNOT BE GREATER THAN AGE OF SP.”

SOFT EDIT: DISPLAY EDIT WHEN RHQ.180 IS LESS THAN OR EQUAL TO RHQ.010.

ERROR MESSAGE: “AGE OF SP AT FIRST LIVE BIRTH CANNOT BE LESS THAN AGE WHEN SP’S FIRST PERIOD STARTED.

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

ENTER AGE IN YEARS

REFUSED 77

DON’T KNOW 99

RHQ.184 What is the month and year of your last delivery? Please count stillbirths as well as live births.

M/Y

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

MONTH

REFUSED 77

DON'T KNOW 99

|\_\_\_|\_\_\_|\_\_\_|\_\_\_| (BOX9A)

YEAR

REFUSED 7777

DON'T KNOW 9999

HARD EDIT: DATE MUST BE EQUAL OR LESS THAN CURRENT MONTH/YEAR.

HARD EDIT VALUES FOR MONTH: 01 – 12.

HARD EDIT VALUES FOR YEAR: 1900 – 2100.

INTERVIEWER INSTRUCTION:

WE ARE ASKING THE BIRTH MONTH AND YEAR OF THE WOMAN’S LAST CHILD OR THE DATE HER LAST PREGNANCY ENDED (IF STILLBIRTH).

CAPI INSTRUCTIONS:

SEPARATE FIELDS FOR MONTH AND YEAR AND ALLOW ENTRY OF RF AND DK IN FIELDS.

HARD EDIT: DISPLAY ERROR WHEN ONLY ONE DIGIT IS ENTERED FOR MONTH.

ERROR MESSAGE: “ENTER TWO DIGITS FOR MONTH.”

CAPI INSTRUCTIONS:

CALCULATE SP’S {AGE OF THIS LAST DELIVERY} AND USE THIS AGE IN THE FOLLOWING SOFT EDITS:

1. IF {AGE OF THIS LAST DELIVERY} IS LESS THAN WHAT REPORTED IN RHQ.180, DISPLAY: “THIS MEANS THE SP WAS {AGE OF THIS LAST DELIVERY} YEARS OLD AT LAST DELIVERY. THIS IS UNLIKELY BECAUSE THE SP REPORTED HAVING HER FIRST LIVE BIRTH WHEN SHE WAS {AGE AT RHQ.180}. PLEASE VERIFY.”

|  |
| --- |
| **BOX 9A**  **CHECK ITEM RHQ.187:**   * IF THE DATE OF LAST DELIVERY IN RHQ.184 IS WITHIN THE LAST 24 MONTHS, CONTINUE. * IF THE MONTH IN RHQ.184 IS “REFUSED” OR “DON’T KNOW” AND [(THE YEAR IN RHQ.184) > (CURRENT YEAR – 3)], CONTINUE. * OTHERWISE, GO TO RHQ.421. |

RHQ.200 {Are you/Is SP} **now** breast feeding a child?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

RHQ.421 {Have you/Has SP} **ever** used birth control pills, patches, rings, implants, IUDs or injectables for any reason?

CAPI INSTRUCTION:

IF RHQ.073 = 1, 2, 3, 4, 5 OR 7, fill = 1

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 20**  **CHECK ITEM RHQ.535:**   * IF SP 20 YEARS OF AGE OR OLDER, CONTINUE. * OTHERWISE, GO TO BOX 24. |

RHQ.540 {Have you/Has SP} **ever** used female hormones such as estrogen and progesterone? Please include any forms of prescription female hormones, such as pills, creams, patches, and injectables, but **do not** include birth control methods or use for infertility.

IN SITUATIONS OF HORMONE USE FOR NON-MENOPAUSAL CONDITIONS, CODE HRT USE AS “NO”.

HAND CARD RHQ 2

YES 1

NO 2 (BOX 24)

REFUSED 7 (BOX 24)

DON’T KNOW 9 (BOX 24)

RHQ.542 Which forms of prescription female hormones {have you/has SP} used?

CODE ALL THAT APPLY

HAND CARD RHQ 2

PILLS 10

PATCHES 11

CREAM/SUPPOSITORY/INJECTION 12

OTHER 13

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 21**  **CHECK ITEM RHQ.552:**  IF SP USED FEMALE HORMONE PILLS (CODE ‘10’) IN RHQ.542, CONTINUE.  OTHERWISE, GO TO BOX 24. |

RHQ.554 {Have you/Has SP} **ever** taken female hormone **pills** containing **estrogen only** like Premarin? Do not include birth control pills.

HAND CARD RHQ 2

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

RHQ.570 {Have you/Has SP} taken female hormone **pills** containing **both estrogen and progestin** like Prempro or Premphase? Do not include birth control pills.

HAND CARD RHQ 2

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 24**  **CHECK ITEM RHQ.642:**   * IF SP CURRENTLY PREGNANT (CODED ‘1’) IN RHQ.143, CONTINUE WITH FSQ.652a. * ELSE IF RHQ.184 IS WITHIN THE LAST 24 MONTHS, GO TO FSQ.652b. * ELSE IF THE MONTH IN RHQ.184 IS “REFUSED” OR “DON’T KNOW” AND [(THE YEAR IN RHQ.184) > (CURRENT YEAR – 3)], GO TO FSQ.652b. * ELSE IF THE YEAR IN RHQ.184 IS “REFUSED” OR “DON’T KNOW” AND SP AGE IS 12-59, GO TO FSQ.652b. * OTHERWISE, GO TO END OF SECTION. |

FSQ.652a These next questions are about participation in WIC, that is, the Women, Infants, and Children Program.

During this pregnancy have you used WIC benefits to buy food for yourself?

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

FSQ.672a How many months pregnant were you when you first started to receive WIC benefits to buy food for yourself?

|\_\_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

|  |
| --- |
| **BOX 27**  **CHECK ITEM RHQ.644:**   * GO TO FSQ.662. |

FSQ.652b These next questions are about participation in WIC, that is, the Women, Infants, and Children Program.

During your last pregnancy, did you use WIC benefits to buy food for yourself? Please include any stillbirth or miscarriage.

YES 1

NO 2 (FSQ.652c)

REFUSED 7 (FSQ.652c)

DON’T KNOW 9 (FSQ.652c)

FSQ.672b How many months pregnant were you when you first started to receive WIC benefits to buy food for yourself?

|\_\_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

FSQ.652c After your {last} child was born, did you use WIC benefits to buy food for yourself?

IF RHQ.160 > 1, DISPLAY {last}.

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 28**  **CHECK ITEM RHQ.646:**   * IF RHQ.184 IS WITHIN THE LAST 12 MONTHS, CONTINUE WITH FSQ.662. * IF THE MONTH IN RHQ.184 IS “REFUSED” OR “DON’T KNOW” AND [(THE YEAR IN RHQ.184) > (CURRENT YEAR – 2)], CONTINUE. * OTHERWISE, GO TO END OF SECTION. |

FSQ.662 Are you **now** receiving WIC benefits for yourself?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

KIDNEY CONDITIONS - KIQ

**New Target Group: SPs 20+**

KIQ.005 The next few questions ask about urine leakage. Many people have leakage of urine.

How often {do you/does SP} have urinary leakage? Would {you/s/he} say . . .

CAPI INSTRUCTION:

HELP SCREEN: Other terms for urinary leakage are not being able to hold your urine until you can reach a toilet, not being able to control your bladder, loss of urine control.

never, 1 (KIQ.042)

less than once a month, 2

a few times a month, 3

a few times a week, or 4

every day and/or night? 5

REFUSED 7 (KIQ.042)

DON’T KNOW 9 (KIQ.042)

KIQ.010 How much urine {do you/does SP} lose each time? Would {you/s/he} say . . .

drops, 1

small splashes, or 2

more? 3

REFUSED 7

DON’T KNOW 9

KIQ.042 During the **past 12 months**, {have you/has SP} leaked or lost control of even a small amount of urine with an activity like coughing, lifting or exercise?

YES 1

NO 2 (KIQ.044)

REFUSED 7 (KIQ.044)

DON’T KNOW 9 (KIQ.044)

KIQ.430 How frequently does this occur? Would {you/s/he} say this occurs . . .

HAND CARD KIQ1

less than once a month, 1

a few times a month, 2

a few times a week, or 3

every day and/or night? 4

REFUSED 7

DON’T KNOW 9

KIQ.044 During the **past 12 months**, {have you/has SP} leaked or lost control of even a small amount of urine with an urge or pressure to urinate and {you/s/he} couldn’t get to the toilet fast enough?

YES 1

NO 2 (KIQ.046)

REFUSED 7 (KIQ.046)

DON’T KNOW 9 (KIQ.046)

KIQ.450 How frequently does this occur? Would {you/s/he} say this occurs. . .

HAND CARD KIQ1

less than once a month, 1

a few times a month, 2

a few times a week, or 3

every day and/or night? 4

REFUSED 7

DON’T KNOW 9

KIQ.046 During the **past 12 months**, {have you/has SP} leaked or lost control of even a small amount of urine **without** an activity like coughing, lifting, or exercise, or an urge to urinate?

YES 1

NO 2 (BOX 1)

REFUSED 7 (BOX 1)

DON'T KNOW 9 (BOX 1)

KIQ.470 How frequently does this occur? Would {you/s/he} say this occurs . . .

HAND CARD KIQ1

less than once a month, 1

a few times a month, 2

a few times a week, or 3

every day and/or night? 4

REFUSED 7

DON’T KNOW 9

**BOX 1**

**CHECK ITEM KIQ.048A:**

* IF 'YES' (CODED '1') IN KIQ.042 OR KIQ.044 OR KIQ.046, CONTINUE WITH KIQ.050.
* OTHERWISE, GO TO KIQ.480.

KIQ.050 During the **past 12 months**, how much did {your/her/his} leakage of urine bother {you/her/him}? Please select one of the following choices:

not at all, 1

only a little, 2

somewhat, 3

very much, or 4

greatly? 5

REFUSED 7

DON'T KNOW 9

KIQ.052 During the **past 12 months**, how much did {your/his/her} leakage of urine affect {your/his/her} day-to-day activities? (Please select one of the following choices:)

not at all, 1

only a little, 2

somewhat, 3

very much, or 4

greatly? 5

REFUSED 7

DON'T KNOW 9

KIQ.480 During the **past 30 days**, how many times per night did {you/SP} most typically get up to urinate, from the time {you/s/he} went to bed at night until the time {you/he/she} got up in the morning. Would {you/s/he} say . . .

0, 0

1, 1

2, 2

3, 3

4, 4

5 or more? 5

REFUSED 77

DON'T KNOW 99

physical activity AND PHYSICAL FITNESS – paq

Target Group: SPs 12-15

PAQ.706 Now, I'd like to ask you some questions about {your/SP’s} activities.

During the **past 7 days**, on how many days {were you/was SP} physically active for a total of **at least 60 minutes per day**? Add up all the time {you/he/she} spent in any kind of physical activity that increased {your/his/her} heart rate and made {you/him/her} breathe hard some of the time.

0 days 0

1 day 1

2 days 2

3 days 3

4 days 4

5 days 5

6 days 6

7 days 7

REFUSED 77

DON’T KNOW 99

PAQ.711 On a typical day during the school year, about how many hours {do you/does SP} usually spend playing with a smartphone or computer, watching TV or movies, or playing video games?

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

ENTER NUMBER OF HOURS

REFUSED 77

DON'T KNOW 99

SOFT EDIT: 18 HOURS OR MORE.

ERROR MESSAGE: PLEASE VERIFY TIMES OF 18 HOURS OR MORE.

HARD EDIT: 24 HOURS OR MORE.

ERROR MESSAGE: THE TIME SHOULD BE LESS THAN 24 HOURS.

WEIGHT HISTORY – WHQ

Target Group: SPs 8-15 years

**BOX 1**

**CHECK ITEM WHQ.499:**

* IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED ‘1’) IN RIQ.005 AND NO INTERPRETER USED (INT.001 CODED ‘2’), CONTINUE WITH WHQ.030m.
* IF INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED ‘1’) IN RIQ.005 AND INTERPRETER USED (INT.001 CODED ‘1’), AND INTERPRETER SOURCE = 4, 5, 6, 7, OR 99 IN INT.007, CONTINUE WITH WHQ.030m.
* OTHERWISE, GO TO NEXT SECTION.

WHQ.030m Do you consider yourself now to be . . .

fat or overweight, 1

too thin, or 2

about the right weight? 3

REFUSED 7

DON’T KNOW 9

WHQ.500 Which of the following are you trying to do about your weight:

lose weight, 1

gain weight, 2

stay the same weight, or. 3

not trying to do anything about your weight? 4

REFUSED 7

DON’T KNOW 9

WHQ.520 In the past year, how often have you tried to lose weight? Would you say . . .

never, 1

sometimes, or 2

a lot? 3

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 2**  **CHECK ITEM WHQ.709:**   * IF SP AGE >= 12, CONTINUE. * OTHERWISE, GO TO END OF SECTION. |
|  |

|  |  |
| --- | --- |
| DBQ.895 G/Q | Next, I’m going to ask you about meals.  By meal, I mean **breakfast, lunch and dinner**. During the **past 7 days**, how many meals did you get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?  Please **do not** include meals provided as part of the school lunch or school breakfast. |

SOFT EDIT VALUES: 0-21

Error message: “Please verify that you ate **more** than 3 meals prepared away from home **every** day during the past 7 days.”

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

ENTER NUMBER

NONE 2 (DBQ.905)

REFUSED 77 (DBQ.905)

DON'T KNOW 99 (DBQ.905)

DBQ.900 How many of those meals did you get from a fast-food or pizza place?

G/Q

HARD EDIT: “DBQ.900 must be equal to or less than DBQ.895.”

Error message: "The number of meals from a fast-food or pizza place cannot be greater than the total number of meals you had that were prepared away from home. Could I have another answer please?"

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

ENTER NUMBER

NONE 2 (DBQ.905)

REFUSED 7 (DBQ.905)

DON'T KNOW 9 (DBQ.905)

|  |  |
| --- | --- |
| DBQ.905 G/Q/U | Some grocery stores sell “ready to eat” foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters. |

During the **past 30 days**, how often did you eat “ready to eat” foods from the grocery store? Please do not include sliced meat or cheese you buy for sandwiches and frozen or canned foods.

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

ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH)

NEVER 2 (DBQ.910)

REFUSED 7 (DBQ.910)

DON’T KNOW 9 (DBQ.910)

ENTER UNIT

DAY 1

WEEK 2

MONTH 3

|  |  |
| --- | --- |
| DBQ.910 G/Q/U | During the **past 30 days**, how often did you eat frozen meals or frozen pizzas? Here are some examples of frozen meals and frozen pizzas. |

HAND CARD WHQ2

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

ENTER OF TIMES (PER DAY, WEEK, OR MONTH)

NEVER 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

ENTER UNIT

DAY 1

WEEK 2

MONTH 3

# MEC Interview – ACASI

TOBACCO – SMQ

Target Group: SPs 12-17 (Audio-CASI)

SMQ.621\_\_ The following questions are about cigarette smoking and other tobacco use. Do not include cigars or marijuana.

SMQ.621 About how many cigarettes have you smoked in your **entire life**?

INSTRUCTIONS TO SP:

Please select . . .

I have never smoked, not even a puff 1 (SMQ.681\_)

1 or more puffs but never a whole cigarette 2 (SMQ.681\_)

1 cigarette 3

2 to 5 cigarettes 4

6 to 15 cigarettes 5

16 to 25 cigarettes 6

26 to 99 cigarettes 7

100 or more cigarettes 8

REFUSED 77 (SMQ.681\_)

DON’T KNOW 99 (SMQ.681\_)

SMQ.632 How old were you when you smoked a whole cigarette for the **first** time?

SMQ.632a

INSTRUCTIONS TO SP:

Please enter an age.

CAPI INSTRUCTION:

COMBINATION CONTROL: NUMBER PAD: ENTER AGE

ACCEPTABLE VALUES: 6-18 YEARS, REFUSED, DON’T KNOW.

IF R ENTERS 1-5, STORE 6 YEARS.

HARD EDIT: IF SMQ.632 > RIAAGEYR THEN ERROR.

ERROR MESSAGE: “Your response is older than your recorded age. Please press the “Back” button, press “Clear,” and try again.”

HARD EDIT: IF SMQ.632 = 0 THEN ERROR.

ERROR MESSAGE: “Your response must be greater than zero. Please press the “Back” button, press “Clear,” and try again.”

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

ENTER AGE

AGE 1-18

REFUSED 77

DON’T KNOW 99

SMQ.641 On how many of the past **30 days** did you smoke cigarettes?

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

CAPI INSTRUCTION:

ACCEPTABLE VALUES: 0-30, REFUSED, DON’T KNOW

HARD EDIT: IF SMQ.641 > 30 THEN ERROR.

ERROR MESSAGE: “Your response cannot exceed 30 days. Please press the “Back” button, press “Clear,” and try again.”

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

ENTER NUMBER OF DAYS

REFUSED 77

DON’T KNOW 99

**BOX 1A**

**CHECK ITEM SMQ.645:**

* (IF ‘NONE’ (CODE ‘00’), ‘REFUSED’ (CODE ‘77’), OR ‘DON’T KNOW’ (CODE ‘99’) IN SMQ.641) AND SMQ.621 NOT EQUAL TO 8, GO TO SMQ.681\_.
* (IF ‘NONE’ (CODE ‘00’), ‘REFUSED’ (CODE ‘77’), OR ‘DON’T KNOW’ (CODE ‘99’) IN SMQ.641) AND SMQ.621 = 8, CONTINUE.
* OTHERWISE, GO TO SMQ.650.

SMQ.050 How long has it been since you quit smoking cigarettes?

Q/U

INSTRUCTIONS TO SP:

Please enter the number of days, weeks, months, or years, then select the unit of time.

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

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED 77777

DON’T KNOW 99999

ENTER UNIT

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

REFUSED 7

DON’T KNOW 9

**BOX 1A1**

**CHECK ITEM SMQ.051:**

* IF SMQ.050 GREATER THAN OR EQUAL TO 1 YEAR (365 DAYS, 52 WEEKS, 12 MONTHS, OR 1 YEAR), CONTINUE.
* IF SMQ.050 LESS THAN 30 DAYS GO TO SMQ.650.
* OTHERWISE, GO TO SMQ.681\_.

SMQ.055 How old were you when you **last** smoked cigarettes?

INSTRUCTIONS TO SP:

Please enter an age.

CAPI INSTRUCTION:

HARD EDIT: IF RESPONSE IS LESS THAN SMQ.632, THEN ERROR.

ERROR MESSAGE: “Your response is earlier than your response to the age when you smoked a whole cigarette for the first time. Please press the “Back” button, press “Clear,” and try again.”

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

ENTER AGE IN YEARS

REFUSED 77777

DON’T KNOW 99999

**BOX 1A2**

**CHECK ITEM SMQ.056:**

* GO TO SMQ.681\_.

SMQ.650 On average, when you smoked during the past **30 days**, how many cigarettes did you smoke a day?

SMQ.650a

INSTRUCTIONS TO SP:

Please enter a number.

CAPI INSTRUCTION:

IF R SAYS 95 OR MORE CIGARETTES PER DAY, STORE 95.

ACCEPTABLE VALUES: 1-95, REFUSED, DON’T KNOW

HARD EDIT: IF SMQ.650 = 0 THEN ERROR.

ERROR MESSAGE: “Your response must be greater than 0. Please press the “Back” button, press “Clear,” and try again.”

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

ENTER NUMBER OF CIGARETTES

MORE THAN 1 PACK OF CIGARETTES 95

REFUSED 777

DON’T KNOW 999

SMQ.078 How soon after you wake up do you smoke? Would you say . . .

Within 5 minutes 1

From 6 to 30 minutes 2

From more than 30 minutes to one hour 3

From more than 1 hour to 2 hours 4

From more than 2 hours to 3 hours 5

From more than 3 hours to 4 hours 6

More than 4 hours 7

REFUSED 77

DON’T KNOW 99

SMQ.671 During the past **12 months**, have you stopped smoking for longer than one day **because you were trying to quit smoking**?

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

SMQ.681\_ The following questions ask about use of tobacco products in the past **5 days**.

SMQ.682 During the past **5 days**, including today, did you smoke cigarettes, pipes, regular cigars, cigarillos, or little filtered cigars, water pipes, or hookahs with tobacco?

INSTRUCTIONS TO SP:

Please select . . .

CAPI INSTRUCTIONS:

IF SMQ.621 = 1 OR 2 OR SMQ.641 = 00 THEN DO NOT DISPLAY {“cigarettes, “}

RECORDING NOTE: 2 WAVE FILES NEEDED ONE WITH AND ONE WITHOUT THE WORD CIGARETTES.

Yes 1

No 2 (SMQ.846)

REFUSED 7 (SMQ.846)

DON’T KNOW 9 (SMQ.846)

**BOX 1C**

**CHECK ITEM SMQ.850:**

* IF SMQ.621 = 1 OR 2 or SMQ.641 = 00, GO TO SMQ.692B
* OTHERWISE, CONTINUE WITH SMQ.692A.

SMQ.692A Which of these products did you smoke? (CHECK ALL THAT APPLY)

INSTRUCTIONS TO SP:

Please select all that you used.

Cigarettes 1 (BOX 2)

Pipes 2 (BOX 2)

Regular cigars, cigarillos, or little filtered   
cigars 3 (BOX 2)

Water pipes or Hookahs with tobacco 4 (BOX 2)

REFUSED 77 (SMQ.846)

DON’T KNOW 99 (SMQ.846)

SMQ.692B Which of these products did you smoke? (CHECK ALL THAT APPLY)

INSTRUCTIONS TO SP:

Please select all that you used.

Pipes 1

Regular cigars, cigarillos, or little filtered   
cigars 2

Water pipes or Hookahs with tobacco 3

REFUSED 77 (SMQ.846)

DON’T KNOW 99 (SMQ.846)

**BOX 2**

**CHECK ITEM SMQ.701:**

* IF ‘CIGARETTES’ (CODE 1) IN SMQ.692A, GO TO SMQ.710.
* IF ‘PIPES’ (CODE 2) IN SMQ.692A OR (CODE 1) IN SMQ.692B, GO TO SMQ.740.
* IF ‘CIGARS’ (CODE 3) IN SMQ.692A OR (CODE 2) IN SMQ.692B, GO TO SMQ.771.
* IF ‘WATER PIPE OR HOOKAH’ (CODE 4) IN SMQ.692A OR (CODE 3) IN SMQ.692B, GO TO SMQ.845.

SMQ.710 During the past **5 days**, including today, on how many days did you smoke cigarettes?

INSTRUCTIONS TO SP:

Please enter a number.

CAPI INSTRUCTIONS:

HARD EDIT: IF SMQ.710 < 1 OR SMQ.710 > 5 THEN ERROR.

ERROR MESSAGE: “Please enter a number between 1 and 5. Please press the “Back” button, press “Clear,” and try again.”

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON’T KNOW 9

SMQ.720 During the past **5 days**, including today, on the days you smoked, how many cigarettes did you smoke

SMQ.720a each day?

INSTRUCTIONS TO SP:

Please enter a number.

CAPI INSTRUCTION:

IF R SAYS 95 OR MORE CIGARETTES PER DAY, STORE 95.

HARD EDIT: IF SMQ.720 = 0 THEN ERROR.

ERROR MESSAGE: “Your response must be greater than 0. Please press the “Back” button, press “Clear,” and try again.”

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

ENTER NUMBER OF CIGARETTES

MORE THAN 1 PACK OF CIGARETTES 95

REFUSED 777

DON’T KNOW 999

SMQ.725 When did you smoke your last cigarette? Was it . . .

Today 1

Yesterday 2

3 to 5 days ago 3

REFUSED 7

DON’T KNOW 9

**BOX 3**

**CHECK ITEM SMQ.731:**

* IF ‘PIPES’ (CODE 2) IN SMQ.692A OR (CODE 1) IN SMQ.692B, GO TO SMQ.740.
* IF ‘CIGARS’ (CODE 3) IN SMQ.692A OR (CODE 2) IN SMQ.692B, GO TO SMQ.771.
* IF ‘WATER PIPE OR HOOKAH (CODE 4) IN SMQ.692A OR (CODE 3) IN SMQ.692B, GO TO SMQ.845.
* OTHERWISE, GO TO SMQ.846.

SMQ.740 During the past **5 days**, including today, on how many days did you smoke a pipe?

INSTRUCTIONS TO SP:

Please enter a number.

CAPI INSTRUCTIONS:

HARD EDIT: IF SMQ.740 < 1 OR SMQ.740 > 5 THEN ERROR.

ERROR MESSAGE: “Please enter a number between 1 and 5. Please press the “Back” button, press “Clear,” and try again.”

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON’T KNOW 9

**BOX 4**

**CHECK ITEM SMQ.761:**

* IF ‘CIGARS’ (CODE 3) IN SMQ.692A OR (CODE 2) IN SMQ.692B, GO TO SMQ.771.
* IF ‘WATER PIPES OR HOOKAH’ (CODE 4) IN SMQ.692A OR (CODE 3) IN SMQ.692B, GO TO SMQ.SMQ.845.
* OTHERWISE, GO TO SMQ.846.

SMQ.771 During the past **5 days**, including today, on how many days did you smoke regular cigars, cigarillos, or little filtered cigars?

INSTRUCTIONS TO SP:

Please enter a number.

CAPI INSTRUCTIONS:

HARD EDIT: IF SMQ.771 < 1 OR SMQ.771 > 5 THEN ERROR.

ERROR MESSAGE: “Please enter a number between 1 and 5. Please press the “Back” button, press “Clear,” and try again.”

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON’T KNOW 9

**BOX 5**

**CHECK ITEM SMQ.791:**

* IF ‘WATERPIPE’ (CODE 4) IN SMQ.692A OR (CODE 3) IN SMQ.692B, GO TO SMQ.845.
* OTHERWISE, GO TO SMQ.846.

SMQ.845 During the past **5 days**, including today, on how many days did you smoke tobacco in a water pipe or hookah?

INSTRUCTIONS TO SP:

Please enter a number.

CAPI INSTRUCTIONS:

HARD EDIT: IF SMQ.845 < 1 OR SMQ.845 > 5 THEN ERROR.

ERROR MESSAGE: “Please enter a number between 1 and 5. Please press the “Back” button, press “Clear,” and try again.”

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON’T KNOW 9

SMQ.846 During the past **5 days**, including today, did you use e-cigarettes? You may also know them as JUULTM, vape-pens, vapes, hookah-pens, e-hookahs, or vaporizers. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke?

YES 1

NO 2 (SMQ.851)

REFUSED 7 (SMQ.851)

DON’T KNOW 9 (SMQ.851)

SMQ.849 During the past **5 days**, including today, on how many days did you use e-cigarettes?

INSTRUCTIONS TO SP:

Please enter a number.

CAPI INSTRUCTIONS:

IF SMQ.849 < 1 OR SMQ.849 > 5 THEN ERROR.

ERROR MESSAGE: “Please enter a number between 1 and 5. Please press the “Back” button, press “Clear,” and try again.”

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON’T KNOW 9

SMQ.851\_ Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus, or dissolvable tobacco.

SMQ.851 During the past **5 days**, including today,did you use any smokeless tobacco?

INSTRUCTIONS TO SP:

Please do not include nicotine replacement therapy products like patches, gum, lozenge or spray which are considered products to help you stop smoking.

Please select . . .

Yes 1

No 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

SMQ.853 Which of these products did you use? (CHECK ALL THAT APPLY)

INSTRUCTIONS TO SP:

Please select all that you used.

Chewing tobacco 1

Snuff 2

Snus 3

Dissolvables 4

Dip 5

REFUSED 77 (END OF SECTION)

DON’T KNOW 99 (END OF SECTION)

**BOX 7**

**CHECK ITEM SMQ.855:**

* IF ‘CHEWING’ (CODE 1) IN SMQ.853, GO TO SMQ.800.
* IF ‘SNUFF’ (CODE 2) IN SMQ.853, GO TO SMQ.817.
* OTHERWISE, GO TO END OF SECTION.

SMQ.800 During the past **5 days**, including today, on how many days did you use chewing tobacco, such as Redman, Levi Garrett or Beechnut?

INSTRUCTIONS TO SP:

Please enter a number.

CAPI INSTRUCTIONS:

HARD EDIT: IF SMQ.800 < 1 OR SMQ.800 > 5 THEN ERROR.

ERROR MESSAGE: “Please enter a number between 1 and 5. Please press the “Back” button, press “Clear,” and try again.”

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON’T KNOW 9

**BOX 8**

**CHECK ITEM SMQ.818:**

* IF ‘SNUFF’ (CODE 2) IN SMQ.853, GO TO SMQ.817.
* OTHERWISE, GO TO END OF SECTION.

SMQ.817 During the past **5 days**, including today, on how many days did you use snuff, such as Skoal, Skoal Bandits, or Copenhagen?

INSTRUCTIONS TO SP:

Please enter a number.

CAPI INSTRUCTIONS:

HARD EDIT: IF SMQ.817 < 1 OR SMQ.817 > 5 THEN ERROR.

ERROR MESSAGE: “Please enter a number between 1 and 5. Please press the “Back” button, press “Clear,” and try again.”

|\_\_\_|

ENTER NUMBER OF DAYS

REFUSED 7

DON’T KNOW 9

ALCOHOL use – ALQ

Target Group: SPs 12-17 (Audio-CASI)

ALQ.010\_ The following questions ask about alcohol use. This includes beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. This does not include drinking a few sips of wine for religious purposes.

ALQ.022 During your life, on how many days have you had at least one drink of alcohol?

INSTRUCTIONS TO SP:

Please select one of the following choices.

0 days 1 (END OF SECTION)

1 or 2 days 2

3 to 9 days 3

10 to 19 days 4

20 to 39 days 5

40 to 99 days 6

100 or more days 7

REFUSED 77

DON'T KNOW 99

ALQ.010 How old were you when you had your **first** drink of alcohol, other than a few sips?

INSTRUCTIONS TO SP:

Please select one of the following choices.

HARD EDIT: IF (RIAAGEYR < 17 AND ALQ.010 = 7) OR (RIAAGEYR < 15 AND ALQ.010 IN (6, 7)) OR (RIAAGEYR < 13 AND ALQ.010 IN (5, 6, 7)) THEN ERROR.

Error message: “Your response is older than your recorded age. Please press the “Back” button, press “Clear,” and try again.”

8 years old or younger 2

9 or 10 years old 3

11 or 12 years old 4

13 or 14 years old 5

15 or 16 years old 6

17 years old or older 7

REFUSED 77

DON'T KNOW 99

ALQ.031 During the past 30 days, on how many days did you have at least one drink of alcohol?

INSTRUCTIONS TO SP:

Please select one of the following choices.

HARD EDIT: IF (ALQ.022 = 2 AND ALQ.031 IN (3,4,5,6,7)) OR (ALQ.022 = 3 AND ALQ.031 IN (5,6,7)) OR (ALQ.022 = 4 AND ALQ.031 IN (6,7)) THEN ERROR.

Error message: “Your response is not consistent with your lifetime use. Please press the “Back” button, press “Clear,” and try again.”

0 days 1 (END OF SECTION)

1 or 2 days 2

3 to 5 days 3

6 to 9 days 4

10 to 19 days 5

20 to 29 days 6

All 30 days 7

REFUSED 77

DON'T KNOW 99

ALQ.042 During the past 30 days, on how many days did you have {DISPLAY NUMBER} or more drinks of alcohol in a row, that is, within a couple of hours?

INSTRUCTIONS TO SP:

Please select one of the following choices.

CAPI INSTRUCTION:

IF SP = MALE, DISPLAY = 5

IF SP = FEMALE, DISPLAY = 4

HARD EDIT: IF (ALQ.031 = 2 AND ALQ.042 IN (4,5,6,7)) OR (ALQ.031 = 3 AND ALQ.042 IN (5,6,7)) OR (ALQ.031 = 4 AND ALQ.042 IN (6,7)) OR (ALQ.031 = 5 AND ALQ.042 = 7) THEN ERROR.

Error message: “Your response is not consistent with your use in the past 30 days. Please press the “Back” button, press “Clear,” and try again.”

0 days 1

1 day 2

2 days 3

3 to 5 days 4

6 to 9 days 5

10 to 19 days 6

20 or more days 7

REFUSED 77

DON'T KNOW 99

DRUG USE – DUQ

Target Group: SPs 12 - 59 (Audio-CASI)

DUQ.200\_ The following questions ask about use of drugs. Please remember that your answers to these questions will be kept confidential.

DUQ.005The first questions are about marijuana or cannabis, also called pot or weed.

How old were you the first time you used marijuana or cannabis?

INSTRUCTIONS TO SP:

Please enter an age or enter zero if you have never used marijuana or cannabis..

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

ENTER AGE IN YEARS

REFUSED 777 (DUQ.250)

DON’T KNOW 999 (DUQ.250)

HARD EDIT: RESPONSES MUST BE LESS THAN OR EQUAL TO THEIR CURRENT AGE.

Error message: “Your response is greater than your recorded age. Please press the “Back” button, press “Clear,” and try again.”

**BOX 1**

**CHECK ITEM DUQ.225:**

* IF SP EVER USED MARIJUANA (DUQ.005 = 1 THROUGH CURRENT AGE), CONTINUE WITH DUQ.230.
* OTHERWISE, GO TO DUQ.250.

DUQ.230 During the **past 30 days**, on how many days did you use marijuana or cannabis?

INSTRUCTIONS TO SP:

Please enter a number.

HARD EDIT VALUES: 0-30.

IF DUQ.230 > 30, DISPLAY ERROR MESSAGE: “Your response cannot exceed 30 days. Please press the “Back” button, press “Clear,” and try again.”

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

ENTER A NUMBER

REFUSED 77 (DUQ.250)

DON'T KNOW 99 (DUQ.250)

**BOX 2**

**CHECK ITEM DUQ.232:**

* IF DUQ.230 EQUALS ZERO, GO TO DUQ.250.
* IF DUQ.230 IS GREATER THAN ZERO, CONTINUE.

DUQ.235 During the **past 30 days**, in which of the following ways did you use marijuana the most often?

INSTRUCTIONS TO SP:

Please select one of the following choices.

Smoke it (for example, in a joint, bong,   
blunt, or pipe) 1

Eat it (for example, in brownies, cakes,   
cookies, or candy) 2

Drink it (for example, in tea, cola, or alcohol) 3

Vaporize it (for example, in an e-cigarette-  
like vaporizer or another vaporizing device) 4

Dab it (for example, using waxes or   
concentrates) 5

Use it some other way 6

DON’T KNOW 77

REFUSED 99

DUQ.250\_ The following questions are about cocaine, including all the different forms of cocaine such as powder, ‘crack’, ‘free base’, and coca paste.

DUQ.250 Have you **ever**, even once, used cocaine, in any form?

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2 (DUQ.290\_)

REFUSED 7 (DUQ.290\_)

DON'T KNOW 9 (DUQ.290\_)

DUQ.270 How long has it been since you **last** used cocaine, in any form?

G/Q/U

INSTRUCTIONS TO SP:

Please enter the number of days, weeks, months, or years, then select unit of time.

CAPI INSTRUCTIONS:

IF SP REF/DK THEN STORE 7/9 IN DUQ.270G AND DUQ.270U, 7/9-FILL IN DUQ.270Q.

IF A VALUE IS ENTERED IN QUANTITY AND UNIT STORE QUANTITY IN DUQ.270Q, UNIT IN DUQ.270U AND 1 IN DUQ.270G.

HARD EDIT: IF DUQ.270 EQUAL TO 0 WEEKS, 0 MONTHS, OR 0 YEARS, DISPLAY ERROR MESSAGE.

Error message: “Your response must be greater than 0. Please press the “Back” button, press “Clear,” and try again.

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

ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED 777

DON'T KNOW 999

ENTER UNIT

Days 1

Weeks 2

Months 3

Years 4

DUQ.290\_ The following questions are about heroin.

DUQ.290 Have you **ever**, even once, used heroin?

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2 (DUQ.330\_)

REFUSED 7 (DUQ.330\_)

DON'T KNOW 9 (DUQ.330\_)

DUQ.310 How long has it been since you **last** used heroin?

G/Q/U

INSTRUCTIONS TO SP:

Please enter the number of days, weeks, months, or years, then select the unit of time.

CAPI INSTRUCTIONS:

IF SP REF/DK THEN STORE 7/9 IN DUQ.310G AND DUQ.310U, 7/9-FILL IN DUQ.310Q.

IF A VALUE IS ENTERED IN QUANTITY AND UNIT STORE QUANTITY IN DUQ.310Q, UNIT IN DUQ.310U AND 1 IN DUQ.310G.

HARD EDIT: IF DUQ.310 EQUAL TO 0 WEEKS, 0 MONTHS, OR 0 YEARS, DISPLAY ERROR MESSAGE.

Error message: “Your response must be greater than 0. Please press the “Back” button, press “Clear,” and try again.

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

ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED 777

DON'T KNOW 999

ENTER UNIT

Days 1

Weeks 2

Months 3

Years 4

DUQ.330\_ The following questions are about methamphetamine, also known as crank, crystal, ice or speed.

DUQ.330 Have you **ever**, even once, used methamphetamine?

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2 (DUQ.370\_)

REFUSED 7 (DUQ.370\_)

DON'T KNOW 9 (DUQ.370\_)

DUQ.350 How long has it been since you **last** used methamphetamine?

G/Q/U

INSTRUCTIONS TO SP:

Please enter the number of days, weeks, months, or years, then select the unit of time.

CAPI INSTRUCTIONS:

IF SP REF/DK THEN STORE 7/9 IN DUQ.350G AND DUQ.350U, 7/9-FILL IN DUQ.350Q.

IF A VALUE IS ENTERED IN QUANTITY AND UNIT STORE QUANTITY IN DUQ.350Q, UNIT IN DUQ.350U AND 1 IN DUQ.350G.

HARD EDIT: IF DUQ.350 EQUAL TO 0 WEEKS, 0 MONTHS, OR 0 YEARS, DISPLAY ERROR MESSAGE.

Error message: “Your response must be greater than 0. Please press the “Back” button, press “Clear,” and try again.

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

ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED 777

DON'T KNOW 999

ENTER UNIT

Days 1

Weeks 2

Months 3

Years 4

DUQ.370\_ The following questions are about the different ways that certain drugs can be used.

DUQ.370 Have you **ever**, even once, used a needle to inject a drug **not prescribed** by a doctor?

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

DUQ.380 Which of the following drugs have you injected using a needle?

INSTRUCTIONS TO SP:

Please select all the drugs that you injected.

CAPI INSTRUCTION:

SHOW ALL FIVE ITEMS ON SINGLE ACASI SCREEN

Cocaine 1

Heroin 2

Methamphetamine 3

Steroids 4

Any other drugs 5

REFUSED 7

DON'T KNOW 9

DUQ.400 How long ago has it been since you **last** used a needle to inject a drug not prescribed by a doctor?

G/Q/U

INSTRUCTIONS TO SP:

Please enter the number of days, weeks, months, or years, then select the unit of time.

CAPI INSTRUCTIONS:

IF SP REF/DK THEN STORE 7/9 IN DUQ.400G AND DUQ.400U, 7/9-FILL IN DUQ.400Q.

IF A VALUE IS ENTERED IN QUANTITY AND UNIT STORE QUANTITY IN DUQ.400Q, UNIT IN DUQ.400U AND 1 IN DUQ.400G.

HARD EDIT: IF DUQ.400 EQUAL TO 0 WEEKS, 0 MONTHS, OR 0 YEARS, DISPLAY ERROR MESSAGE.

Error message: “Your response must be greater than 0. Please press the “Back” button, press “Clear,” and try again.

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

ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED 7777

DON'T KNOW 9999

ENTER UNIT

Days 1

Weeks 2

Months 3

Years 4

SEXUAL BEHAVIOR – SXQ

Target Group: Female SPs 14-69 (Audio-CASI)

SXQ.615\_ The next set of questions is about your sexual history. By sex, we mean vaginal, oral, or anal sex. Please remember that your answers will be kept confidential.

|  |
| --- |
| **BOX 1B**  **CHECK ITEM SXQ.773:**   * IF SP AGE GREATER THAN 17, GO TO SXQ.700. * OTHERWISE, CONTINUE. |

SXQ.615 Have you **ever** had **any** kind of sex?

(Target 14-17)

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

|  |  |
| --- | --- |
| SXQ.700 (Target 14-69) | Have you **ever** had vaginal sex, also called sexual intercourse, with a man? This means a man’s penis in your vagina. |

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

SXQ.703 Have you **ever performed** oral sex on a man? This means putting your mouth on a man’s penis or genitals.

(Target 14-69)

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

SXQ.706 Have you **ever** had anal sex? This means contact between a man’s penis and your anus or butt.

(Target 14-69)

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

|  |  |
| --- | --- |
| SXQ.709 (Target 14-69) | Have you **ever** had **any** kind of sex with a woman? By sex, we mean sexual contact with another woman’s vagina or genitals. |

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

**BOX 1A**

**CHECK ITEM SXQ.762:**

* IF SP 60-69 YEARS AND SXQ.700 = 2 AND SXQ.703 = 2 AND SXQ.706 = 2 AND SXQ.709 = 2, GO TO END OF SECTION.
* IF SP 60-69 YEARS AND SXQ.703 = 1 AND SXQ.700 = 2 AND SXQ.706 = 2 AND SXQ.709 = 2, GO TO SXQ.618.
* IF SXQ.700, SXQ.706, AND SXQ.709 = 2 AND SXQ.703 = 1, GO TO BOX 4.
* IF SXQ.700, SXQ.703, SXQ.706, AND SXQ.709 = 2, GO TO END OF SECTION.
* OTHERWISE, CONTINUE.

|  |  |
| --- | --- |
| SXQ.618 (Target 14-69) | How old were you the first time you had **any** kind of sex, including {vaginal, anal, or oral / vaginal or anal / vaginal or oral / anal or oral / vaginal / anal / oral}? |

INSTRUCTIONS TO SP:

Please enter an age.

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

ENTER AGE IN YEARS

REFUSED 77

DON’T KNOW 99

CAPI INSTRUCTION:

IF SXQ.700 AND SXQ.703 = 1 AND SXQ.706 NOT EQUAL TO ‘1’, DISPLAY {vaginal or oral}.

IF SXQ.700 AND SXQ.709 = 1 AND SXQ.706 NOT EQUAL TO ‘1’, DISPLAY {vaginal or oral}.

IF SXQ.700 AND SXQ.706 = 1 AND SXQ.703 AND SXQ.709 NOT EQUAL TO ‘1’, DISPLAY {vaginal or anal}.

IF SXQ.703 AND SXQ.706 = 1 AND SXQ.700 NOT EQUAL TO ‘1’, DISPLAY {anal or oral}.

IF SXQ.706 AND SXQ.709 = 1 AND SXQ.700 NOT EQUAL TO ‘1’, DISPLAY {anal or oral}.

IF SXQ.700 = 1 AND SXQ.703, SXQ.706, AND SXQ.709 NOT EQUAL TO ‘1’, DISPLAY {vaginal}.

IF SXQ.706 = 1 AND SXQ.700, SXQ.703, AND SXQ.709 NOT EQUAL TO ‘1’, DISPLAY {anal}.

IF SXQ.709 = 1 AND SXQ.700, AND SXQ.706 NOT EQUAL TO ‘1’, DISPLAY {oral}.

OTHERWISE, DISPLAY {vaginal, anal, or oral}.

HARD EDIT VALUES: 0-69

Error message: “Your response cannot exceed 69 years. Please press the “Back” button, press “Clear,” and try again.”

HARD EDIT: SXQ.618 MUST BE EQUAL TO OR LESS THAN CURRENT AGE.

Error message: “Your response is greater than your recorded age. Please press the “Back” button, press “Clear,” and try again.”

**BOX 1**

**CHECK ITEM SXQ.701:**

* IF SP 60-69 YEARS, AND SXQ.700 = 2 AND SXQ.703 = 2 AND SXQ.706 = 2 AND SXQ.709 = 1, GO TO END OF SECTION.
* IF SP 60-69 YEARS, GO TO SXQ.712.
* IF SXQ.703 = 1 AND SXQ.700 AND SXQ.706 = 2, GO TO BOX 4.
* IF SXQ.700 = 1 AND SXQ.703 AND SXQ.706 = 2, GO TO BOX 3.
* IF SXQ.709 = 1 AND SXQ.700, SXQ.703, AND SXQ.706 = 2, GO TO BOX 6.
* OTHERWISE, CONTINUE.

SXQ.712 In your **lifetime**, with how many **men** have you had **any** kind of sex?

(Target 14-69)

INSTRUCTIONS TO SP:

Please enter a number.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.712 MUST BE GREATER THAN 0.

Error message: “Your response is not consistent with your previous responses about male sex partners. Please press the “Back” button, press “Clear,” and try again.”

**BOX 2**

**CHECK ITEM SXQ.715:**

* IF SP 60-69 YEARS, GO TO END OF SECTION.
* OTHERWISE, GO TO SXQ.718

SXQ.718 In the **past 12 months**, with how many **men** have you had **any** kind of sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.718 MUST BE EQUAL TO OR LESS THAN SXQ.712.

Error message: “Your response is greater than your lifetime number of male partners. Please press the “Back” button, press “Clear,” and try again.”

**BOX 3**

**CHECK ITEM SXQ.721:**

* IF SXQ.700 = 1, GO TO SXQ.724.
* OTHERWISE, GO TO BOX 4.

|  |  |
| --- | --- |
| SXQ.724 (Target 14-59) | In **your lifetime**, with how many **men** have you had **vaginal** sex? Vaginal sex means a man’s penis in your vagina. |

INSTRUCTIONS TO SP:

Please enter a number.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.724 MUST BE GREATER THAN ZERO.

Error message: “Your response is not consistent with your previous responses about male vaginal sex partners. Please press the “Back” button, press “Clear,” and try again.”

HARD EDIT: SXQ.724 MUST BE EQUAL TO OR LESS THAN SXQ.712.

Error message: “Your response is greater than your lifetime number of male partners. Please press the “Back” button, press “Clear,” and try again.”

|  |  |
| --- | --- |
| SXQ.727 (Target 14-59) | In the **past 12 months**, with how many **men** have you had **vaginal** sex? Vaginal sex means a man’s penis in your vagina. |

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.727 MUST BE EQUAL TO OR LESS THAN SXQ.724.

Error message: “Your response is greater than your lifetime number of male vaginal sex partners. Please press the “Back” button, press “Clear”, and try again.”

SOFT EDIT: SXQ.727 MUST BE EQUAL TO OR LESS THAN SXQ.718.

Error message: “Your response is greater than your total number of partners in the past 12 months. Please press the “Back” button, press “Clear,” and try again.”

**BOX 4**

**CHECK ITEM SXQ.730:**

* IF SXQ.703 = 1, GO TO SXQ.624.
* OTHERWISE, GO TO BOX 6.

SXQ.624 In your **lifetime**, on how many **men** have you **performed** **oral** sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter a number.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.624 MUST BE GREATER THAN ZERO.

Error message: “Your response is not consistent with your previous responses about male oral sex partners. Please press the “Back” button, press “Clear,” and try again.”

HARD EDIT: SXQ.624 MUST BE EQUAL TO OR LESS THAN SXQ.712.

Error message: “Your response is greater than your lifetime number of male partners. Please press the “Back” button, press “Clear,” and try again.”

SXQ.627 In the **past 12 months**, on how many **men** have you **performed** **oral** sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.627 MUST BE EQUAL TO OR LESS THAN SXQ.624.

Error message: “Your response is greater than your lifetime number of male oral sex partners. Please press the “Back” button, press “Clear,” and try again.”

SOFT EDIT: SXQ.627 MUST BE EQUAL TO OR LESS THAN SXQ.718.

Error message: “Your response is greater than your total number of partners in the past 12 months. Please press the “Back” button, press “Clear,” and try again.”

**BOX 6**

**CHECK ITEM SXQ.733:**

* IF SXQ.709 = 1, GO TO SXQ.736.
* OTHERWISE, GO TO BOX 7.

|  |  |
| --- | --- |
| SXQ.736 (Target 14-59) | In **your lifetime** with how many **women** have you had sex? By sex, we mean sexual contact with another woman’s vagina or genitals. |

INSTRUCTIONS TO SP:

Please enter a number.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.736 MUST BE GREATER THAN ZERO.

Error message: “Your response is not consistent with your previous responses about sex with a female partner. Please press the “Back” button, press “Clear,” and try again.”

|  |  |
| --- | --- |
| SXQ.739 (Target 14-59) | In the **past 12 months**, with how many **women** have you had sex? By sex, we mean sexual contact with another woman’s vagina or genitals. |

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.739 MUST BE EQUAL TO OR LESS THAN SXQ.736.

Error message: “Your response is greater than your lifetime number of female partners. Please press the “Back” button, press “Clear”, and try again.”

|  |  |
| --- | --- |
| SXQ.741 (Target 14-59) | Have you **ever** **performed** **oral** sex on a **woman**? Performing oral sex means your mouth on a woman’s vagina or genitals. |

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2 (BOX 7A)

REFUSED 7 (BOX 7A)

DON’T KNOW 9 (BOX 7A)

SXQ.636 In **your lifetime**, on how many **women** have you **performed** **oral** sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter a number.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.636 MUST BE GREATER THAN ZERO.

Error message: “Your response is not consistent with your previous responses about female oral sex partners. Please press the “Back” button, press “Clear,” and try again.”

HARD EDIT: SXQ.636 MUST BE EQUAL TO OR LESS THAN SXQ.736.

Error message: “Your response is greater than your lifetime number of female partners. Please press the “Back” button, press “Clear,” and try again.”

SXQ.639 In the **past 12 months**, on how many **women** have you **performed** **oral** sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.639 MUST BE EQUAL TO OR LESS THAN SXQ.636.

Error message: “Your response is greater than your lifetime number of female oral sex partners. Please press the “Back” button, press “Clear,” and try again.”

SOFT EDIT: SXQ.639 MUST BE EQUAL TO OR LESS THAN SXQ.739.

Error message: “Your response is greater than your total number of female partners in the past 12 months. Please press the “Back” button, press “Clear,” and try again.”

**BOX 7A**

**CHECK ITEM SXQ.744:**

* IF SP DID NOT HAVE A PARTNER IN PAST 12 MONTHS (SXQ.718, SXQ.727, SXQ.627, SXQ.639, AND SXQ.739 CODED ‘0000’ OR MISSING), GO TO SXQ.260.
* IF SXQ.709 = 1 AND SXQ.700, SXQ.703, OR SXQ.706 = 1, THEN DISPLAY “The next set of questions is about all of your partners, males and females.”, THEN GO TO BOX 7.
* OTHERWISE, GO TO BOX 7.

**BOX 7**

**CHECK ITEM SXQ.747:**

* IF SP HAD ORAL SEX PARTNER IN PAST 12 MONTHS (SXQ.627 OR SXQ.639 GREATER THAN ‘0000’), THEN GO TO SXQ.645.
* OTHERWISE, GO TO BOX 7B.

|  |  |
| --- | --- |
| SXQ.645 (Target 14-59) | When you **performed** **oral** sex in the **past 12 months**, how often would you use **protection**, like a condom or dental dam? |

INSTRUCTIONS TO SP:

Please select one of the following choices.

Never 1

Rarely 2

Usually 3

Always 4

Unsure 5

REFUSED 7

DON’T KNOW 9

**BOX 7B**

**CHECK ITEM SXQ.771:**

* IF SXQ.718, SXQ.727, SXQ.627, SXQ.639 OR SXQ.739 GREATER THAN ‘0000’, GO TO SXQ.648.
* OTHERWISE, GO TO BOX 9.

SXQ.648 In the **past 12 months**, did you have **any** kind of sex with a person that you never had sex with before?

(Target 14-59)

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

**BOX 8A**

**CHECK ITEM SXQ.759:**

* IF SXQ.700 OR SXQ.706 = 1, THEN CONTINUE.
* OTHERWISE, GO TO BOX 9,

SXQ.610 In the **past 12 months**, about how many **times** have you had {vaginal or anal/vaginal/anal} sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please select one of the following choices.

Never 0

Once 1

2-11 times 2

12-51 times 3

52-103 times 4

104-364 times 5

365 times or more 6

REFUSED 77

DON’T KNOW 99

CAPI INSTRUCTION:

IF SXQ.700 = 1 AND SXQ.706 = 2, DISPLAY {vaginal}.

IF SXQ.700 = 2 AND SXQ.706 = 1, DISPLAY {anal}.

OTHERWISE, DISPLAY {vaginal or anal}.

**BOX 8**

**CHECK ITEM SXQ.246:**

* IF SP DID NOT HAVE VAGINAL OR ANAL SEX (CODED ‘0’) IN SXQ.610, GO TO BOX 9.
* OTHERWISE, CONTINUE WITH SXQ.250.

|  |  |
| --- | --- |
| SXQ.250 (Target 14-59) | In the **past 12 months**, about how often have you had {vaginal or anal/vaginal/anal} sex without using a condom? |

INSTRUCTIONS TO SP:

Please select one of the following choices.

Never 1

Less than half of the time 2

About half of the time 3

Not always, but more than half of the time 4

Always 5

REFUSED 7

DON’T KNOW 9

CAPI INSTRUCTION:

IF SXQ.700 = 1 AND SXQ.706 = 2, DISPLAY {vaginal}.

IF SXQ.700 = 2 AND SXQ.706 = 1, DISPLAY {anal}.

OTHERWISE, DISPLAY {vaginal or anal}.

SXQ.260 Has a doctor or other health care professional **ever** told you that you had genital herpes?

(Target 14-59)

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

SXQ.265 Has a doctor or other health care professional **ever** told you that you had genital warts?

(Target 14-59)

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2 (SXQ.753)

REFUSED 7 (SXQ.753)

DON’T KNOW 9 (SXQ.753)

SXQ.267 How old were you when you were first told that you had genital warts?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter an age.

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

ENTER AGE IN YEARS

REFUSED 77

DON’T KNOW 99

HARD EDIT VALUES: 0-59

Error message: “Your response cannot exceed 59 years. Please press the “Back” button, press “Clear,” and try again.”

HARD EDIT: SXQ.267 MUST BE EQUAL TO OR LESS THAN CURRENT AGE.

Error message: “Your response is greater than your recorded age. Please press the “Back” button, press “Clear,” and try again.”

SXQ.753 Has a doctor or other health care professional **ever** told you that you had human papillomavirus or HPV?

(Target 14-59)

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

SEXUAL BEHAVIOR – SXQ

Target Group: Male SPs 14-69 (Audio-CASI)

SXQ.615\_ The next set of questions is about your sexual history. By sex, we mean vaginal, oral, or anal sex.

Please remember that your answers will be kept confidential.

|  |
| --- |
| **BOX 1B**  **CHECK ITEM SXQ.873:**   * IF SP AGE GREATER THAN 17, GO TO SXQ.800. * OTHERWISE, CONTINUE. |

SXQ.615 Have you **ever** had **any** kind of sex?

(Target 14-17)

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2 (BOX 8)

REFUSED 7 (BOX 8)

DON’T KNOW 9 (BOX 8)

|  |  |
| --- | --- |
| SXQ.800 (Target 14-69) | Have you **ever** had vaginal sex, also called sexual intercourse, with a woman? This means your penis in a woman’s vagina. |

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

|  |  |
| --- | --- |
| SXQ.803 (Target 14-69) | Have you **ever performed** oral sex on a woman? This means putting your mouth on a woman’s vagina or genitals. |

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

|  |  |
| --- | --- |
| SXQ.806 (Target 14-69) | Have you **ever** had anal sex with a woman? Anal sex means contact between your penis and a woman’s anus or butt. |

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

SXQ.809 Have you **ever** had **any** kind of sex with a man, including oral or anal?

(Target 14-69)

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

**BOX 1A**

**CHECK ITEM SXQ.862:**

* IF SP 60-69 YEARS AND SXQ.800 = 2 AND SXQ.806 = 2 AND SXQ.803 = 2 AND SXQ.809 = 2, GO TO END OF SECTION.
* IF SP 60-69 YEARS AND SXQ.803 = 1 AND SXQ.800 = 2 AND SXQ.806 = 2 AND SXQ.809 = 2, GO TO SXQ.618.
* IF SXQ.800, SXQ.806, AND SXQ.809 = 2 AND SXQ.803 = 1, GO TO BOX 4.
* IF SXQ.800, SXQ.803, SXQ.806, AND SXQ.809 = 2, GO TO END OF SECTION.
* OTHERWISE, CONTINUE.

|  |  |
| --- | --- |
| SXQ.618 (Target 14-69) | How old were you the first time you had **any** kind of sex, including {vaginal, anal, or oral / vaginal or anal / vaginal or oral / anal or oral / vaginal / anal / oral}? |

INSTRUCTIONS TO SP:

Please enter an age.

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

ENTER AGE IN YEARS

REFUSED 77

DON’T KNOW 99

CAPI INSTRUCTION:

IF SXQ.800 AND SXQ.803 = 1 AND SXQ.806 AND SXQ.809 NOT EQUAL TO ‘1’, DISPLAY {vaginal or oral}.

IF SXQ.800 AND SXQ.806 = 1 AND SXQ.803 AND SXQ.809 NOT EQUAL TO ‘1’, DISPLAY {vaginal or anal}.

IF SXQ.809 = 1 AND SXQ.800 NOT EQUAL TO ‘1’, DISPLAY {anal or oral}.

IF SXQ.803 AND SXQ.806 = 1 AND SXQ.800 NOT EQUAL TO ‘1’, DISPLAY {anal or oral}.

IF SXQ.800 = 1 AND SXQ.803, SXQ.806, AND SXQ.809 NOT EQUAL TO ‘1’, DISPLAY {vaginal}.

IF SXQ.806 = 1 AND SXQ.800, SXQ.803, AND SXQ.809 NOT EQUAL TO ‘1’, DISPLAY {anal}.

OTHERWISE, DISPLAY {vaginal, anal, or oral}.

HARD EDIT VALUES: 0-69

Error message: “Your response cannot exceed 69 years. Please press the “Back” button, press “Clear,” and try again.”

HARD EDIT: SXQ.618 MUST BE EQUAL TO OR LESS THAN CURRENT AGE.

Error message: “Your response is greater than your recorded age. Please press the “Back” button, press “Clear,” and try again.”

**BOX 1**

**CHECK ITEM SXQ.801:**

* IF SP 60-69 YEARS, AND SXQ.800 = 2 AND SXQ.803 = 2 AND SXQ.806 = 2 AND SXQ.809 = 1, GO TO BOX 5.
* IF SP 60-69 YEARS, GO TO SXQ.812.
* IF SXQ.803 = 1 AND SXQ.800 AND SXQ.806 = 2, GO TO BOX 4.
* IF SXQ.800 = 1 AND SXQ.803 AND SXQ.806 = 2, GO TO BOX 3.
* IF SXQ.809 = 1 AND SXQ.800, SXQ.803, AND SXQ.806 = 2, GO TO BOX 5.
* OTHERWISE, CONTINUE.

SXQ.812 In **your lifetime**, with how many **women** have you had **any** kind of sex?

(Target 14-69)

INSTRUCTIONS TO SP:

Please enter a number.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.812 MUST BE GREATER THAN ZERO.

Error message: “Your response is not consistent with your previous responses about female sex partners. Please press the “Back” button, press “Clear,” and try again.”

|  |
| --- |
| **BOX 2**  **CHECK ITEM SXQ.815:**   * IF SP 60-69 YEARS AND SXQ.809 = 1, GO TO SXQ.410. * IF SP 60-69 YEARS AND SXQ.809 NOT EQUAL TO 1, GO TO END OF SECTION. * OTHERWISE, CONTINUE WITH SXQ.818. |

SXQ.818 In the **past 12 months**, with how many **women** have you had **any** kind of sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.818 MUST BE EQUAL TO OR LESS THAN SXQ.812.

Error message: “Your response is greater than your lifetime number of female partners. Please press the “Back” button, press “Clear,” and try again.”

|  |
| --- |
| **BOX 3**  **CHECK ITEM SXQ.821:**   * IF SXQ.800 = 1, GO TO SXQ.824. * OTHERWISE, GO TO BOX 4. |

|  |  |
| --- | --- |
| SXQ.824 (Target 14-59) | In **your lifetime**, with how many **women** have you had **vaginal** sex? Vaginal sex means your penis in a woman’s vagina. |

INSTRUCTIONS TO SP:

Please enter a number.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.824 MUST BE GREATER THAN ZERO.

Error message: “Your response is not consistent with your previous responses about female vaginal sex partners. Please press the “Back” button, press “Clear,” and try again.”

HARD EDIT: SXQ.824 MUST BE EQUAL TO OR LESS THAN SXQ.812.

Error message: “Your response is greater than your lifetime number of female partners. Please press the “Back” button, press “Clear,” and try again.”

|  |  |
| --- | --- |
| SXQ.827 (Target 14-59) | In the **past 12 months**, with how many **women** have you had **vaginal** sex? Vaginal sex means your penis in a woman’s vagina. |

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.827 MUST BE EQUAL TO OR LESS THAN SXQ.824.

Error message: “Your response is greater than your lifetime number of female vaginal sex partners. Please press the “Back” button, press “Clear”, and try again.”

SOFT EDIT: SXQ.827 MUST BE EQUAL TO OR LESS THAN SXQ.818.

Error message: “Your response is greater than your total number of partners in the past 12 months. Please press the “Back” button, press “Clear”, and try again.”

|  |
| --- |
| **BOX 4**  **CHECK ITEM SXQ.830:**   * IF SXQ.803 = 1, GO TO SXQ.636. * OTHERWISE, GO TO BOX 5. |

SXQ.636 In **your** **lifetime**, on how many **women** have you **performed** **oral** sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter a number.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.636 MUST BE GREATER THAN ZERO.

Error message: “Your response is not consistent with your previous responses about female oral sex partners. Please press the “Back” button, press “Clear,” and try again.”

HARD EDIT: SXQ.636 MUST BE EQUAL TO OR LESS THAN SXQ.812.

Error message: “Your response is greater than your lifetime number of female partners. Please press the “Back” button, press “Clear,” and try again.”

SXQ.639 In the **past 12 months**, on how many **women** have you **performed** **oral** sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.639 MUST BE EQUAL TO OR LESS THAN SXQ.636.

Error message: “Your response is greater than your lifetime number of female oral sex partners. Please press the “Back” button, press “Clear,” and try again.”

SOFT EDIT: SXQ.639 MUST BE EQUAL TO OR LESS THAN SXQ.818.

Error message: “Your response is greater than your total number of female partners in the past 12 months. Please press the “Back” button, press “Clear,” and try again.”

|  |
| --- |
| **BOX 5**  **CHECK ITEM SXQ.833:**   * IF SXQ.809 = 1, GO TO SXQ.410. * OTHERWISE, GO TO BOX 9. |

SXQ.410 In **your lifetime**, with how many **men** have you had anal or oral sex?

(Target 14-69)

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.410 MUST BE GREATER THAN ZERO.

Error message: “Your response is not consistent with your previous responses about male sex partners. Please press the “Back” button, press “Clear,” and try again.”

|  |
| --- |
| **BOX 5B**  **CHECK ITEM SXQ.875:**   * IF SP IS 60-69 YEARS, GO TO SXQ.836. * OTHERWISE, CONTINUE WITH SXQ.550. |

SXQ.550 In the **past 12 months**, with how many **men** have you had anal or oral sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.550 MUST BE EQUAL TO OR LESS THAN SXQ.410.

Error message: “Your response is greater than your lifetime number of male partners. Please press the “Back” button, press “Clear,” and try again.”

SXQ.836 In **your lifetime**, with how many **men** have you had anal sex?

(Target 14-69)

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.836 MUST BE EQUAL TO OR LESS THAN SXQ.410.

Error message: “Your response is greater than your lifetime number of male partners. Please press the “Back” button, press “Clear,” and try again.”

|  |
| --- |
| **BOX 6**  **CHECK ITEM SXQ.839:**   * IF SP IS 60-69 YEARS, GO TO SXQ.853. * IF SP HAD NO ANAL SEX PARTNERS (CODED ‘0000’ IN SXQ.836), GO TO SXQ.853. * OTHERWISE, CONTINUE WITH SXQ.841. |

SXQ.841 In the **past 12 months**, with how many **men** have you had anal sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.841 MUST BE EQUAL TO OR LESS THAN SXQ.836.

Error message: “Your response is greater than your lifetime number of male partners. Please press the “Back” button, press “Clear,” and try again.”

SOFT EDIT: SXQ.841 MUST BE EQUAL TO OR LESS THAN SXQ.550.

Error message: “Your response is greater than your total number of male partners in the past 12 months. Please press the “Back” button, press “Clear,” and try again.”

|  |  |
| --- | --- |
| SXQ.853 (Target 14-69) | Have you **ever** **performed** **oral** sex on a **man**? Performing oral sex means your mouth on a man’s penis or genitals. |

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 7**  **CHECK ITEM SXQ.847:**   * IF SP NEVER HAD ORAL MALE PARTNER (CODED ‘2’, ‘7’, OR ‘9’) IN SXQ.853 AND SP IS 60-69 YEARS, GO TO END OF SECTION. * IF SP NEVER HAD ORAL MALE PARTNER (CODED ‘2’, ‘7’, OR ‘9’) IN SXQ.853 AND SP IS 14-59 YEARS, GO TO BOX 9A. * OTHERWISE, CONTINUE WITH SXQ.624. |

SXQ.624 In your **lifetime**, on how many **men** have you **performed** **oral** sex?

(Target 14-69)

INSTRUCTIONS TO SP:

Please enter a number.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.624 MUST BE GREATER THAN ZERO.

Error message: “Your response is not consistent with your previous responses about male oral sex partners. Please press the “Back” button, press “Clear,” and try again.”

HARD EDIT: SXQ.624 MUST BE EQUAL TO OR LESS THAN SXQ.410.

Error message: “Your response is greater than your lifetime number of male partners. Please press the “Back” button, press “Clear,” and try again.”

|  |
| --- |
| **BOX 8**  **CHECK ITEM SXQ.850:**   * IF SP 60-69 YEARS, GO TO END OF SECTION. * IF SP 14-17 YEARS AND SXQ.615 = 2, 7, OR 9, GO TO SXQ.280. * IF SXQ.800, SXQ.803, SXQ.806, AND SXQ.809 = 2, 7, OR 9, GO TO SXQ.280. * OTHERWISE, CONTINUE WITH SXQ.627. |

SXQ.627 In the **past 12 months**, on how many **men** have you **performed** **oral** sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

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

ENTER NUMBER

REFUSED 77777

DON’T KNOW 99999

HARD EDIT: SXQ.627 MUST BE EQUAL TO OR LESS THAN SXQ.624.

Error message: “Your response is greater than your lifetime number of male oral sex partners. Please press the “Back” button, press “Clear,” and try again.”

SOFT EDIT: SXQ.627 MUST BE EQUAL TO OR LESS THAN SXQ.550.

Error message: “Your response is greater than your total number of male partners in the past 12 months. Please press the “Back” button, press “Clear,” and try again.”

**BOX 9A**

**CHECK ITEM SXQ.844:**

* IF SP DID NOT HAVE A PARTNER IN PAST 12 MONTHS (SXQ.627, SXQ.639, SXQ.818, SXQ.827, SXQ.550 AND SXQ.841 CODED ‘0000’ OR MISSING), GO TO SXQ.260.
* IF SXQ.809 = 1 AND SXQ.800, SXQ.803, OR SXQ.806 = 1, THEN DISPLAY “The next set of questions is about all of your partners, males and females.”, THEN GO TO BOX 9.
* OTHERWISE, GO TO BOX 9.

|  |
| --- |
| **BOX 9**  **CHECK ITEM SXQ.845:**   * IF SP HAD ORAL SEX PARTNER IN PAST 12 MONTHS (SXQ.627 OR SXQ.639 GREATER THAN ‘0000’), GO TO SXQ.645. * OTHERWISE, GO TO BOX 9B. |

|  |  |
| --- | --- |
| SXQ.645 (Target 14-59) | When you **performed** **oral** sex in the **past 12 months**, how often would you use **protection**, like a condom or dental dam? |

INSTRUCTIONS TO SP:

Please select one of the following choices.

Never 1

Rarely 2

Usually 3

Always 4

Unsure 5

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 9B**  **CHECK ITEM SXQ.871:**   * IF SXQ.818, SXQ.841, SXQ.827, SXQ.550, SXQ.627, OR SXQ.639 GREATER THAN ‘0000’, GO TO SXQ.648. * OTHERWISE, GO TO SXQ.260. |

|  |  |
| --- | --- |
| SXQ.648 (Target 14-59) | In the **past 12 months**, did you have **any** kind of sex with a person that you never had sex with before? |

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

**BOX 10A**

**CHECK ITEM SXQ.859:**

* IF SXQ.800, SXQ.806, AND SXQ.809 NOT EQUAL TO ‘1’, GO TO SXQ.260.
* OTHERWISE, GO TO SXQ.610.

SXQ.610 In the **past 12 months**, about how many **times** have you had {vaginal or anal/vaginal/anal} sex?

(Target 14-59)

INSTRUCTIONS TO SP:

Please select one of the following choices.

Never 0

Once 1

2-11 times 2

12-51 times 3

52-103 times 4

104-364 times 5

365 times or more 6

REFUSED 77

DON’T KNOW 99

CAPI INSTRUCTION:

IF SXQ.800 = 1 AND SXQ.806 AND SXQ.809 NOT EQUAL TO ‘1’, DISPLAY {vaginal}.

IF SXQ.806 = 1 AND SXQ.800 NOT EQUAL TO ‘1’, DISPLAY {anal}.

IF SXQ.836 GREATER THAN ‘0000’ AND SXQ.800 NOT EQUAL TO ‘1’, DISPLAY {anal}.

OTHERWISE, DISPLAY {vaginal or anal}.

|  |
| --- |
| **BOX 10**  **CHECK ITEM SXQ.245:**   * IF SP DID NOT HAVE VAGINAL OR ANAL SEX (CODED ‘0’) IN SXQ.610, GO TO SXQ.260. * OTHERWISE, CONTINUE WITH SXQ.250. |

|  |  |
| --- | --- |
| SXQ.250 (Target 14-59) | In the **past 12 months**, about how often have you had {vaginal or anal/vaginal/anal} sex without using a condom? |

INSTRUCTIONS TO SP:

Please select one of the following choices.

Never 1

Less than half of the time 2

About half of the time 3

Not always, but more than half of the time 4

Always 5

REFUSED 7

DON’T KNOW 9

CAPI INSTRUCTION:

IF SXQ.800 = 1 AND SXQ.806 AND SXQ.809 NOT EQUAL TO ‘1’, DISPLAY {vaginal}.

IF SXQ.806 = 1 AND SXQ.800 NOT EQUAL TO ‘1’, DISPLAY {anal}.

OTHERWISE, DISPLAY {vaginal or anal}.

SXQ.260 Has a doctor or other health care professional **ever** told you that you had genital herpes?

(Target 14-59)

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2

REFUSED 7

DON’T KNOW 9

SXQ.265 Has a doctor or other health care professional **ever** told you that you had genital warts?

(Target 14-59)

INSTRUCTIONS TO SP:

Please select . . .

Yes 1

No 2 (SXQ.280)

REFUSED 7 (SXQ.280)

DON’T KNOW 9 (SXQ.280)

SXQ.267 How old were you when you were first told that you had genital warts?

(Target 14-59)

INSTRUCTIONS TO SP:

Please enter an age.

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

ENTER AGE IN YEARS

REFUSED 77

DON’T KNOW 99

HARD EDIT VALUES: 0-59

Error message: “Your response cannot exceed 59 years. Please press the “Back” button, press “Clear,” and try again.”

HARD EDIT: SXQ.267 MUST BE EQUAL TO OR LESS THAN CURRENT AGE.

Error message: “Your response is greater than your recorded age. Please press the “Back” button, press “Clear,” and try again.”

SXQ.280 Are you circumcised or uncircumcised?

(Target 14-59)

INSTRUCTIONS TO SP:

Please select . . .

CAPI INSTRUCTIONS:

DISPLAY THE SKETCHES BELOW EACH SELECTION. SKETCH SHOULD DISPLAY BY DEFAULT.

ACASI FIGURE SXQ1 – CLINICAL SKETCH OF CIRCUMCISED PENIS

ACASI FIGURE SXQ2 – CLINICAL SKETCH OF UNCIRCUMCISED PENIS

Circumcised 1

Uncircumcised 2

REFUSED 7

DON’T KNOW 9

# DIETARY INTERVIEW

Target Group: SPs all ages

## 24-Hour Dietary Recall Interview

Information will be obtained on all foods and beverages that were consumed during a 24-hour time period (midnight to midnight). The information that is obtained for foods and beverages includes the following:

1. Time of day -Time when the food was eaten
2. Meal name code - The name of the eating occasion is selected from a list of options.
3. Meal place - Whether the meal was eaten at home.
4. Food item name - The name of the food is either typed in or selected from a list of food item names.
5. Food item description - Detailed description of the food including information about commercial product name (if applicable), preparation method, and major recipe ingredients.
6. Fat added in preparation - A preparation fat probe is asked for certain foods. The type of fat used during food preparation is specified as well.
7. Amount of food eaten - The amount of food consumed by the respondent.
8. Food source - The place where the food was obtained is selected from a list of options

24-Hour Dietary Recall Interview Scripts - In-Person Interview:

*A. Introduction script*

First, we’ll make a list of the foods you/SP ate and drank yesterday, *Monday*. It may help you remember what you/SP ate by thinking about where you/he/she were, who you/he/she were with, or what you were/he was/she was doing, like working, eating out, or watching television.

Please tell me everything you/SP had to eat and drink all day yesterday, Monday, from midnight to midnight. Include everything you/he/she had at home and away, even snacks, water, soft drinks, and alcoholic beverages. I’ll ask you for specific details and amounts of the foods in a few minutes. At this time, just tell me what you/SP had.

*B. Forgotten food probes script*

Your answers are important, so we’d like this list to be as complete as possible.

In addition to the foods you have/SP has already told me about, did you have any coffee, tea, soft drinks, milk or juice?

Beer, wine, cocktails or other drinks?

Cookies, candy, ice cream or other sweets?

Chips, crackers, popcorn, pretzels, nuts, or other snack foods?

Fruits, vegetables, or cheese?

Bread, rolls or tortillas?

Anything else?

*C. Food detail probes script*

Now we’re going to fill in your list with more detail. When I ask how much *{you/SP}* ate, you can estimate the amount by using the models on the table and in the racks.

You may use the grid or ruler for rectangular or square shapes and the circles for circular or round shapes. Use the wedge for wedge shaped foods.

You can use the thickness bars to show me the thickness of a food and the bean bags and mounds to describe the amounts of solid foods.

When you use the cups, bowls, and glasses, please show me which line best describes the portion *{you/SP/he/she}* ate or drank. When you use any of the spoons, please tell me the quantity in LEVEL spoonfuls.

## Post-dietary Recall Questions

**Post-Recall Questionnaire - DRQ**

**Target Group: SPs Birth + (Questions grouped by age categories)**

***NHANES III***

REC.155 Was the amount of food that {you/NAME} ate yesterday much more than usual, usual, or much less than usual?

MUCH MORE THAN USUAL 1

USUAL 2

MUCH LESS THAN USUAL 3

REFUSED 7

DON’T KNOW 9

***CSFII***

REC.265 When you drink tap water, what is the main source of the tap water? Is the city water supply (community water supply); a well or rain cistern; a spring; or something else?

COMMUNITY WATER 1

A WELL OR RAIN CISTERN 2

A SPRING 3

NEVER DRINK TAP WATER 4

REFUSED 7

DON’T KNOW 9

OTHER (SPECIFY) 91

[RECORD Drinking fountain AS COMMUNITY WATER SUPPLY.]

***NHANES III***

REC.325 Now I'll be asking some questions about {your/NAME's} use of table salt.

What type of salt {do you/does NAME} usually add to {your/his/her} food at the table? Would you say it is ordinary salt, sea salt, lite salt, or a salt substitute?

ORDINARY, SEA, SEASONED, OR OTHER FLAVORED SALT

[includes regular iodized salt,

sea salt and seasoning salts

made with regular salt] 1

LITE SALT 2

SALT SUBSTITUTE 3

NONE 4 (REC.335)

REFUSED 7 (REC.335)

DON'T KNOW 9 (REC.335)

***NHANES III***

REC.330 How often {do you/does NAME} add this salt to {your/his/her} food at the table? Is it rarely, occasionally, or very often?

RARELY, 1

OCCASIONALLY 2

VERY OFTEN 3

REFUSED 7

DON'T KNOW 9

***CSFII***

REC.335 How often is ordinary salt or sea salt added in cooking or preparing foods in your household? Is it never, rarely, occasionally, or very often?

NEVER 1

RARELY 2

OCCASIONALLY 3

VERY OFTEN 4

REFUSED 7

DON'T KNOW 9

[THIS QUESTION APPLIES ONLY TO USE OF ORDINARY SALT, SEA SALT OR SEASONED SALT AND NOT TO LITE SALT OR SALT SUBSTITUTES.]

***CSFII***

REC.336 This next question is about {your/NAME’s} use of salt at the table yesterday. Did {you/SP} add any salt to {your/her/his} food at the table yesterday? Salt includes ordinary salt, sea salt lite salt, or a salt substitute.

YES 1

NO 2 (REC.340)

REFUSED 7 (REC.340)

DON’T KNOW 9 (REC.340)

***CSFII***

REC.337 What type of salt was it? (Was it ordinary salt, sea salt, lite salt, or a salt substitute?)

ORDINARY, SEA, SEASONED, OR OTHER FLAVORED SALT

[includes regular iodized salt,

sea salt and seasoning salts

made with regular salt] 1

LITE SALT 2

SALT SUBSTITUTE 3

REFUSED 7

DON'T KNOW 9

***CSFII***

REC.340 {Are you/Is NAME} currently on any kind of diet, either to lose weight or for some other health-related reason?

YES 1

NO 2 (Box 1)

REFUSED 7 (Box 1)

DON’T KNOW 9 (Box 1)

***CSFII***

REC.345 What kind of diet {are you/is NAME} on?

[READ AS NEEDED: Is it a weight loss or low calorie diet; low fat or cholesterol diet; low salt or sodium diet; diabetic diet; or another type of diet?]

WEIGHT LOSS OR LOW CALORIE DIET 1

LOW FAT OR CHOLESTEROL DIET 2

LOW SALT OR SODIUM DIET 3

SUGAR FREE OR LOW SUGAR DIET 4

LOW FIBER DIET 5

HIGH FIBER DIET 6

DIABETIC DIET 7

LOW CARBOHYDRATE DIET 8

HIGH PROTEIN DIET 9

WEIGHT GAIN DIET 10

GLUTEN-FREE OR CELIAC DIET 11

RENAL OR KIDNEY DIET 12

OTHER 91

(SPECIFY) \_\_\_\_\_\_\_\_\_\_\_

REFUSED 77

DON’T KNOW 99

**BOX 1**

IF SP < 1 YEAR OLD, GO TO THE END OF THE SECTION.

OTHERWISE, CONTINUE.

***NHANES 1999***

DRQ.361 Please look at this list of fish. During the past 30 days, did you eat any types of fish listed on this card? Include any foods that had fish in them such as sandwiches, soups, or salads.

YES 1

NO 2 (DRQ.380)

REFUSED 7 (DRQ.380)

DON’T KNOW 9 (DRQ.380)

***NHANES 1999***

DRQ. 370 During the past 30 days, which types of fish did you eat and how many times did you eat them?

Type listed: breaded fish products, tuna (canned or fresh), bass, catfish, cod, flatfish, haddock, mackerel, perch, pike, pollock, porgy, salmon, sardines, sea bass, shark, swordfish, trout, walleye, other type of fish and unknown type of fish.

Interviewer instruction:

Check each type of shellfish the SP reports eating, and then ask and record the number of times each type was eaten.

***NHANES 1999***

DRQ.380 Please look at this list of shellfish. During the past 30 days, did you eat any types of shellfish listed on this card? Include any foods that had shellfish in them such as sandwiches, soups, or salads.

YES 1

NO 2 (Box 2)

REFUSED 7 (Box 2)

DON’T KNOW 9 (Box 2)

***NHANES 1999***

DRQ. 390 During the past 30 days, which types of shellfish did you eat and how many times did you eat them?

Type listed: clams, crab, crayfish (crawfish), lobster, mussels, oysters, scallops, shrimp, other shellfish (for example, octopus, squid) and unknown type of shellfish.

Interviewer instruction:

Check each type of shellfish the SP reports eating, and then ask and record the number of times each type was eaten.

**BOX 3**

IF SP 6-7 YEARS OLD, CONTINUE.

OTHERWISE, GO TO BOX 4.

05PUQ.100 In the **past 7 days**, were any chemical products used in {your/his/her} home to control fleas, roaches, ants, termites, or other insects?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

05PUQ.110 In the **past 7 days**, were any chemical products used in {your/his/her} lawn or garden to kill weeds?

CODE ‘NO’ IF THE RESPONDENT SAYS S/HE DOES NOT HAVE A LAWN OR GARDEN.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

**BOX 4**

IF SP ≥ 18 YEARS, CONTINUE.

OTHERWISE, GO TO THE END OF THE SECTION.

The next question is about drinking alcoholic beverages. Included are liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of alcoholic beverage. By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.

HANDCARD ALQ1 (Here are some examples of an alcoholic drink)

ALQ.160 Considering all types of alcoholic beverages, during the **past 30 days**, how many times did {you/SP} **have {DISPLAY NUMBER} or more drinks** on an occasion?

ENTER '0' FOR NEVER.

CAPI INSTRUCTION:

IF SP = MALE, DISPLAY = 5

IF SP = FEMALE, DISPLAY = 4

SOFT EDIT: IF RESPONSE IS > 60 TIMES, THEN DISPLAY “YOU SAID THAT IN THE **PAST 30 DAYS**, YOU HAD **{DISPLAY NUMBER} OR MORE** DRINKS OF ANY KIND OF ALCOHOL ON AN OCCASION, (DISPLAY QUANTITY) TIMES. IS THAT CORRECT”?

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

ENTER QUANTITY

REFUSED 777

DON'T KNOW 999

## DIETARY SUPPLEMENTS

**DIETARY SUPPLEMENTS – DSA**

**DAY 1 MEC QUESTIONNAIRE**

**Target Group: MEC Dietary Respondents**

|  |
| --- |
| **BOX 1**  IF SUPPLEMENTS COLLECTED IN HOUSEHOLD INTERVIEW, GO TO BOX 2  ELSE CONTINUE. |

DSA001 The next questions are about {your/SP’s} use of dietary supplements, including prescription and over the counter supplements. All day yesterday, {day}, between midnight and midnight, did {you/SP} take any vitamins, minerals, herbals or other dietary supplements?

**[SHOW SUPPLEMENT HANDCARD]**

YES……………………………………………….…1 (BOX 7)

NO.......................................................................2 (BOX 10)

REFUSED…………………………………………. 7 (BOX 10)

DON’T KNOW……………………………………...9 (BOX 10)

|  |
| --- |
| **BOX 2**  **SUPPLEMENT REVIEW TABLE**  PRESENT DSA010 THROUGH DSA040 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN THE HOUSEHOLD INTERVIEW.  (THIS INCLUDES VARIABLES DSQ056, DSQ052, DSQ060S, DSQ066A, DSQ066B AND DSQ071 FROM THE HOUSEHOLD INTERVIEW.)  CONTINUE. |

DSA020 {Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP’s} use of dietary supplements, vitamins, minerals and herbals all day yesterday, {day}, between midnight and midnight. This includes prescription and over the counter dietary supplements. During the interview in your home {you reported taking/it was reported {you/he/she} took} {SUPPLEMENT NAME FROM DSA010.}

TEXT 2: It was also reported {you/SP} took {SUPPLEMENT NAME FROM DSA010}.

Did {you/SP} take this supplement yesterday {day}, (between midnight and midnight)?

**[CONTINUE ASKING ABOUT EACH SUPPLEMENT LISTED IN TABLE]**

CAPI INSTRUCTION: IF THIS IS THE FIRST SUPPLEMENT BEING REVIEWED, DISPLAY TEXT 1

ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15 DISPLAY ‘you reported taking’ ELSE DISPLAY ‘it was reported

{you/he/she} took’.

YES 1

NO 2 (BOX 6)

REFUSED 7 (BOX 6)

DON'T KNOW 9 (BOX 6)

|  |
| --- |
| **BOX 3**  IF THE FORM IS KNOWN FROM HOUSEHOLD INTERVIEW QUESTION DSQ077 CONTINUE, ELSE GO TO DSA030. |

DSA025 {Form Taken}

Was {SUPPLEMENT NAME FROM DSA010} a {FORM FROM HOUSEHOLD INTERVIEW QUESTION DSQ077}?

YES 1 (DSA030)

NO 2

REFUSED 7 (DSA030)

DON'T KNOW 9 (DSA030)

|  |
| --- |
| **BOX 4**  CHANGE DSA020 TO “NO” AND INSERT A NEW LINE IN THE GRID.  PREFILL DSA020 ON THE NEW LINE TO “YES”.  GO TO DSA010 ON THE NEW LINE. |

DSA010 {Supplements}

What is the name of the supplement {you/SP} took?

**[PROBES: Record the name. Use name probes.**

**Multivitamin and/or Multimineral:**

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women’s, men’s, prenatal, liquid)/(chewable, complete, with iron, with

extra C)}

**Single/double nutrient:**

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

**Other supplement type:**

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?**]**

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY ‘(chewable, complete, with iron, with extra C)’

ELSE DISPLAY ‘(silver, women’s, men’s, prenatal, liquid)’.

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY ‘(fluoride)’.

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA010 FILLED)

ERROR MESSAGE: “YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR

BACK UP AND ANSWER “NO” TO DSA001.”

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

ENTER SUPPLEMENT NAME

REFUSED 7

DON'T KNOW 9

DSA030 {Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

**[ENTER THE NUMBER]**

SOFT EDIT: Quantity should be less than 10

Error Message: “YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”

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

ENTER QUANTITY

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 5**  IF THE FORM IS KNOWN FROM HOUSEHOLD INTERVIEW QUESTION DSQ077, PREFILL DSA035 WITH DSQ077 AND GO TO BOX 6, ELSE CONTINUE. |

DSA035 {Unit Taken}

OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

**[SELECT FORM/UNIT]**

Tablets, capsules, pills, caplets, softgels,

gelcaps, vegicaps, chewable tablets 1 (BOX 6)

Droppers 2 (BOX 6)

Drops 3 (BOX 6)

Injection/Shots 5 (BOX 6)

Lozenges/Cough Drops 6 (BOX 6)

Milliliters 7

Tablespoons 11

Teaspoons 12

Wafers 13 (BOX 6)

Cans 15

Grams 16

Dots 17 (BOX 6)

Cups 18

Sprays/Squirts 19 (BOX 6)

Chews/Gummies 20 (BOX 6)

Scoops 21

Capfuls 23

Ounces 27

Packages/Packets 28 (BOX 6)

Vials 29 (BOX 6)

Gumballs 30 (BOX 6)

Other form (specify) 91 (BOX 6)

REFUSED 77 (BOX 6)

DON’T KNOW 99 (BOX 6)

DSA040 {Liquid/Powder}

Was that a liquid or powder?

LIQUID 1

POWDER 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 6**  IF THERE ARE MORE SUPPLEMENTS TO REVIEW, GO TO DSA020 FOR THE NEXT SUPPLEMENT, ELSE CONTINUE. |

DSA060 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other vitamins,

minerals, herbals or other dietary supplements? Include any prescription and over the counter

dietary supplements.

**[SHOW SUPPLEMENT HANDCARD]**

YES 1

NO 2 (BOX 10)

REFUSED 7 (BOX 10)

DON'T KNOW 9 (BOX 10)

|  |
| --- |
| **BOX 7**  **New Supplements Table**  PRESENT DSA070 THROUGH DSA115 AS A GRID.  IF THERE WERE SUPPLEMENTS REVIEWED (Supplement Review Table) THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.  CONTINUE. |

DSA070 {Supplements}

{What is the name of the supplement {you/SP} took?/Any others?}

{**[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]**}

**[PROBES: Record the name. Use name probes.**

**Multivitamin and/or Multimineral:**

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women’s, men’s, prenatal, liquid)/(chewable, complete, with iron, with

extra C)}

**Single/double nutrient:**

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

**Other supplement type:**

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY ‘What is the name of the supplement {you/SP} took?’ ELSE DISPLAY ‘Any others? [REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]’.

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (chewable, complete, with iron, with extra C)

ELSE DISPLAY (silver, women’s, men’s, prenatal, liquid).

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (fluoride).

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA070 FILLED)

ERROR MESSAGE: “YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR

BACK UP AND ANSWER “NO” TO DSA060.”

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

ENTER SUPPLEMENT NAME

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 8**  IF SUPPLEMENT NAME ENTERED, CONTINUE  ELSE GO TO BOX 10. |

DSA105 {Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

**[ENTER THE NUMBER]**

SOFT EDIT: Quantity should be less than 10

Error Message: “YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”

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

ENTER QUANTITY

REFUSED 7

DON'T KNOW 9

DSA110 {Unit Taken}

OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

**[SELECT FORM/UNIT]**

Tablets, capsules, pills, caplets, softgels,

gelcaps, vegicaps, chewable tablets 1 (BOX 9)

Droppers 2 (BOX 9)

Drops 3 (BOX 9)

Injection/Shots 5 (BOX 9)

Lozenges/Cough Drops 6 (BOX 9)

Milliliters 7

Tablespoons 11

Teaspoons 12

Wafers 13 (BOX 9)

Cans 15

Grams 16

Dots 17 (BOX 9)

Cups 18

Sprays/Squirts 19 (BOX 9)

Chews/Gummies 20 (BOX 9)

Scoops 21

Capfuls 23

Ounces 27

Packages/Packets 28 (BOX 9)

Vials 29 (BOX 9)

Gumballs 30 (BOX 9)

Other form (specify) 91 (BOX 9)

REFUSED 77 (BOX 9)

DON’T KNOW 99 (BOX 9)

DSA115 {Liquid/Powder}

Was that a liquid or powder?

LIQUID 1

POWDER 2

REFUSED 7

DON'T KNOW 9

DSQ.096 For how long {have/has} {you/SP} been taking {PRODUCT NAME} or a similar type of product?

Q/U

CAPI INSTRUCTION:

RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

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

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED 777

DON'T KNOW 999

ENTER UNIT

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 9**  GO TO DSA070 ON NEXT ROW. |

|  |
| --- |
| **BOX 10**  IF ANTACIDS COLLECTED IN HOUSEHOLD INTERVIEW, GO TO BOX 11,  ELSE CONTINUE. |

DSA005 The next questions are about {your/SP’s} use of non-prescription antacids. All day yesterday, {day}, between midnight and midnight did {you/SP} take any antacids?

**[SHOW ANTACID HANDCARD]**

YES 1 (BOX 13)

NO .... 2 (BOX 16)

REFUSED…………………………………… 7 (BOX 16)

DON’T KNOW…………………………………. 9 (BOX 16)

|  |
| --- |
| **BOX 11**  **Antacid Review Table**  PRESENT DSA145 THROUGH DSA165 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN THE HOUSEHOLD INTERVIEW.  (THIS INCLUDES VARIABLES RXQ141, RXQ150S AND RXQ160 FROM THE HOUSEHOLD INTERVIEW.)  CONTINUE. |

DSA145 {Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP’s} use of non-prescription antacids. During the interview in

your home {you reported taking/it was reported {you/he/she} took} {ANTACID NAME}.

TEXT 2: It was also reported {you/SP} took {ANTACID NAME}.

Did you take this antacid yesterday {day}, (between midnight and midnight)?

**[CONTINUE ASKING ABOUT EACH ANTACID LISTED IN TABLE]**

CAPI INSTRUCTION: IF THIS IS THE FIRST ANTACID BEING REVIEWED, DISPLAY TEXT 1,

ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15, DISPLAY ‘you reported taking’ ELSE DISPLAY ‘it was reported

{you/he/she} took’.

YES 1

NO 2 (BOX 12)

REFUSED 7 (BOX 12)

DON'T KNOW 9 (BOX 12)

DSA155 {Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

**[ENTER THE NUMBER]**

SOFT EDIT: Quantity should be less than 10

Error Message: “YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”

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

ENTER QUANTITY

REFUSED 7

DON'T KNOW 9

DSA160 {Unit Taken}

OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

**[SELECT FORM/UNIT]**

Tablets, capsules, pills, caplets, softgels,

gelcaps, vegicaps, chewable tablets 1 (BOX 12)

Droppers 2 (BOX 12)

Drops 3 (BOX 12)

Injection/Shots 5 (BOX 12)

Lozenges/Cough Drops 6 (BOX 12)

Milliliters 7

Tablespoons 11

Teaspoons 12

Wafers 13 (BOX 12)

Cans 15

Grams 16

Dots 17 (BOX 12)

Cups 18

Sprays/Squirts 19 (BOX 12)

Chews/Gummies 20 (BOX 12)

Scoops 21

Capfuls 23

Ounces 27

Packages/Packets 28 (BOX 12)

Vials 29 (BOX 12)

Gumballs 30 (BOX 12)

Other form (specify) 91 (BOX 12)

REFUSED 77 (BOX 12)

DON’T KNOW 99 (BOX 12)

DSA165 {Liquid/Powder}

Was that a liquid or powder?

LIQUID 1

POWDER 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 12**  IF THERE ARE MORE ANTACIDS TO REVIEW, GO TO DSA145 FOR THE NEXT ANTACID, ELSE CONTINUE. |

DSA065 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other antacids?

**[SHOW ANTACID HANDCARD]**

YES 1

NO 2 (BOX 16)

REFUSED 7 (BOX 16)

DON'T KNOW 9 (BOX 16)

|  |
| --- |
| **BOX 13**  **New Antacids Table**  PRESENT DSA170 THROUGH DSA215 AS A GRID.  IF THERE WERE ANTACIDS REVIEWED (Antacid Review Table), THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.  CONTINUE. |

DSA170 {Antacids}

{What is the name of the antacid {you/SP} took?/Any others?}

{**[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]**}

**[PROBES:** What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?**]**

**[IF ANTACID NOT ON LIST, TYPE** “\*\*Product not on list”**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY ‘What is the name of the antacid {you/SP} took’

ELSE DISPLAY ‘Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]’.

HARD EDIT: AT LEAST ONE ANTACID SHOULD BE ENTERED (DSA170 FILLED)

ERROR MESSAGE: “YOU MUST COLLECT INFORMATION FOR AT LEAST ONE ANTACID OR

BACK UP AND ANSWER “NO” TO {DSA005/DSA065.}”

CAPI INSTRUCTION: IF ANTACIDS WAS COLLECTED IN HOUSEHOLD INTERVIEW, DISPLAY

“DSA065”; OTHERWISE DISPLAY “DSA005”.

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

ENTER ANTACID NAME

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 14**  IF ANTACID ENTERED, CONTINUE, ELSE GO TO BOX 16. |

DSA175 {Pick List}

{What is the name of the antacid {you/SP} took?/Any others?}

{**[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]**}

**[PROBES:** What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?**]**

**[IF ANTACID NOT ON LIST, TYPE** “\*\*Product not on list”**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY ‘What is the name of the antacid {you/SP} took’

ELSE DISPLAY ‘Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]’.

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

ENTER ANTACID NAME FROM LIST OR

ENTER”\*\*PRODUCT NOT ON LIST”

REFUSED 7

DON'T KNOW 9

DSA205 {Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

**[ENTER THE NUMBER]**

SOFT EDIT: Quantity should be less than 10

Error Message: “YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”

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

ENTER QUANTITY

REFUSED 7

DON'T KNOW 9

DSA210 {Unit Taken}

OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

**[SELECT FORM/UNIT]**

Tablets, capsules, pills, caplets, softgels,

gelcaps, vegicaps, chewable tablets 1 (BOX 15)

Droppers 2 (BOX 15)

Drops 3 (BOX 15)

Injection/Shots 5 (BOX 15)

Lozenges/Cough Drops 6 (BOX 15)

Milliliters 7

Tablespoons 11

Teaspoons 12

Wafers 13 (BOX 15)

Cans 15

Grams 16

Dots 17 (BOX 15)

Cups 18

Sprays/Squirts 19 (BOX 15)

Chews/Gummies 20 (BOX 15)

Scoops 21

Capfuls 23

Ounces 27

Packages/Packets 28 (BOX 15)

Vials 29 (BOX 15)

Gumballs 30 (BOX 15)

Other form (specify) 91 (BOX 15)

REFUSED 77 (BOX 15)

DON’T KNOW 99 (BOX 15)

DSA215 {Liquid/Powder}

Was that a liquid or powder?

LIQUID 1

POWDER 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 15**  GO TO DSA170 ON NEXT ROW. |

|  |
| --- |
| **BOX 16**  END |

## ANTHROPOMETRY

NHANES 2019-2020 (All ages)

**AMPUTATION QUESTIONS**: Information is recorded during the body measurement examination for all ages. Questions may be asked if the information is not obvious to the examiner. The responses are used to interpret body measurement results, particularly the body weight data.

Are there any amputations? Recorder codes YES/NO IF YES to the amputation question, continue with information on the site(s) of the amputation(s):

**Target Age Groups: Anthropometry Measurements and Questions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Birth+** | **2mo+** | **2yr+** | **8yr+** | **12yr+** |
| Weight | Weight | Weight | Weight | Weight |
| Recumbent length | Recumbent length | Recumbent length  (through 47 mos.) |  |  |
| Head circumference | Head circumference (through 6 mos.) |  |  |  |
|  |  | Standing height | Standing height | Standing height |
|  | Upper arm length | Upper arm length | Upper arm length | Upper arm length |
|  | Mid-upper arm circumference | Mid-upper arm circumference | Mid-upper arm circumference | Mid-upper arm circumference |
|  |  | Waist circumference | Waist circumference | Waist circumference |
|  |  |  |  | Hip circumference |
|  |  |  | Upper leg length | Upper leg length |
| Would you like to know your height and weight? | Would you like to know your height and weight? | Would you like to know your height and weight? | Would you like to know your height and weight? | Would you like to know your height and weight? |

## AUDIOMETRY

NHANES 2019-2020 (6-19 or 70+years)

Tech. No. \_\_\_\_\_\_\_\_\_\_\_\_\_ SP No. \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 1. PRE-EXAM QUESTIONNAIRE (CONDITIONA AFFECTING TEST RESULTS) |
| Child age 6-11 years version:   1. Do you now have a tube in your right or left ear? (If yes indicate affected ear[s])    Yes, Right ear   Yes, Left ear   Yes, Both ears   No   Refused   Don’t Know   1. Do you had a cold, runny nose or earache today?    Yes (4)   No (3)   Refused (3)   Don’t Know (3)   1. Do you had a cold, runny nose, or earache yesterday?    Yes (4)   No (5)   Refused (5)   Don’t Know (5)   1. Which have you had (check all that apply)?    Cold   Sinus problem   Earache, right ear   Earache, left ear   Earache, both ears   1. Have you listened to sounds today that were so loud you would have to shout so someone close by could hear you?    Yes (7)   No (6)   Refused (6)   Don’t Know (6)   1. Did you listen to any sounds that were that loud yesterday?    Yes (7)   No (8)   Refused (8)   Don’t Know (8)   1. When was that?   |\_\_|\_\_| # hours   Refused   Don’t Know   1. Have you listened to music with earphones today?    Yes (10)   No (9)   Refused (9)   Don’t Know (9)   1. Did you listen to music with earphones yesterday?    Yes (10)   No (11)   Refused (11)   Don’t Know (11)   1. When was that?   |\_\_|\_\_| # hours   Refused   Don’t Know   1. Is it easier for you to hear out of one ear than the other?    Yes, Right ear   Yes, Left ear   Refused   No/Don’t Know  Adolescent (age 12-19 years) and adult (age 70+ years) version:   1. Do you now have a tube in your right or left ear? (If yes indicate affected ear[s])    Yes, Right ear   Yes, Left ear   Yes, Both ears   No   Refused   Don’t Know   1. Have you had a cold, sinus problem, or earache in the last 24 hours?    Yes (3)   No (4)   Refused (4)   Don’t Know (4)   1. Which have you had (check all that apply)?    Cold   Sinus problem   Earache, right ear   Earache, left ear   Earache, both ears   1. In the past 24 hours, have you been exposed to noise so loud that you would have had to raise your voice to speak to someone an arm’s length away?    Yes (5)   No (6)   Refused (6)   Don’t Know (6)   1. How many hours ago did the noise end?   |\_\_|\_\_| # hours   Refused   Don’t Know   1. In the past 24 hours, have you listened to music with earphone?    Yes (7)   No (8)   Refused (8)   Don’t Know (8)   1. How many hours ago did you stop listening?   |\_\_|\_\_| # hours   Refused   Don’t Know   1. Do you hear better in one ear than the other?    Yes, Right ear   Yes, Left ear   Refused   No/Don’t Know  Adult (age 70+ years) only:   1. Is English {Spanish} the first language you learned to speak?    Yes   No (2)   Refused   Don’t Know   1. How old were you when you began to speak English {Spanish} fluently?   |\_\_|\_\_| Age in years   Refused   Don’t Know  Fluently means able to understand speech easily and with few mistakes. |

|  |  |
| --- | --- |
| 1. OTOSCOPY EXAM | |
| Left Ear   Normal   Excessive cerumen\*   Impacted cerumen\*   Collapsing ear canal\*   Other abnormality (comment)\* | Right Ear   Normal   Excessive cerumen\*   Impacted cerumen\*   Collapsing ear canal\*   Other abnormality (comment)\* |
| Excessive cerumen, impacted cerumen, and/or other abnormality preclude the use of insert earphone during audiometry.  Collapsing ear canal requires the use of insert earphones during audiometry.  Impacted cerumen, and/or other abnormality need the standard physician observation. | |

|  |  |
| --- | --- |
| 1. MIDDLE EAR TESTING (THREE TESTS) | |
| Left Ear   Complete   Partial  (Check tests with partial or missing results)   Tympanometry   Wideband reflectance   Acoustic reflex threshold   Could Not Obtain   SP Refusal | Right Ear   Complete   Partial  (Check tests with partial or missing results)   Tympanometry   Wideband reflectance   Acoustic reflex threshold   Could Not Obtain   SP Refusal |
| Middle ear analyzer runs each test automatically. If either the tympanogram or the wideband reflectance are unacceptable, or if all or part of the acoustic reflex results are missing, rerun that test once to obtain a better result. | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. PURE TONE AUDIOMETRY | | | | | | |
|  | START HERE IF SP NUMBER ODD OR SP HEARS BETTER IN LEFT EAR | | | START HERE IF SP NUMBER EVEN OR SP HEARS BETTER IN RIGHT EAR | | |
| LEFT EAR | | | RIGHT EAR | | |
| Frequency (Hz) | Threshold (dB) | Retest Threshold (dB) | Could Not Obtain | Threshold (dB) | \*Retest Threshold (dB) | Could Not Obtain |
| 1000 |  |  |  |  |  |  |
| 500 |  |  |  |  |  |  |
| 1000 |  |  |  |  |  |  |
| 2000 |  |  |  |  |  |  |
| 3000 |  |  |  |  |  |  |
| 4000 |  |  |  |  |  |  |
| 6000 |  |  |  |  |  |  |
| 8000 |  |  |  |  |  |  |
| RESULTS OF AUDIOMETRY   Complete   Partially   Not done  REASONS PARTIAL OR NOT DONE   Safety exclusion   Physical limitation   SP refusal   SP ill/emergency   Out of time   Equipment failure   Communication problem   Other (specify):\_\_\_\_\_\_ | | | | | | |

|  |  |
| --- | --- |
| 1. WORDS-IN-NOISE TEST (ADULT AGE 70+ YEARS) | |
| Left Ear  Test Level   Soft   Loud  Test Result  \_\_|\_\_ Raw Score  \_\_|\_\_ Threshold   Could Not Obtain | Right Ear  Test Level   Soft   Loud  Test Result  \_\_|\_\_ Raw Score  \_\_|\_\_ Threshold   Could Not Obtain |
| RESULTS OF WORDS-IN-NOISE   Complete   Partially   Not done  REASONS PARTIAL OR NOT DONE   Safety exclusion   Physical limitation   SP refusal   SP ill/emergency   Out of time   Equipment failure   Communication problem   Other (specify):\_\_\_\_\_\_ | |

## STANDING BALANCE

**Target age: 40+ years**

**Exclusion Criteria**

Participants will be excluded from the Modified Romberg Balance Test (MRT) if:

1. pregnant (either by self-report or ERB-approved lab test in the MEC (Safety exclusion)
2. weigh more than 315 pounds, since the foam used to stand on during the test may become too compressed to provide a suitable surface (Test protocol exclusion);
3. unable to stand on their own (Safety exclusion);
4. has an amputation of the leg or feet (other than toes) (Test protocol exclusion);
5. has a prosthetic device below the waist (Test protocol exclusion);
6. wearing shoes with heals 3 inches or more (Test protocol exclusion)
7. has a body size either too small or too large to accommodate proper fitting of the safety harness (Safety exclusion);
8. has experiencing **BOTH** current symptoms of dizziness, lightheadedness or presyncope **AND** has fallen in the past 12 months because of problems with dizziness or balance (Safety exclusion);
9. recovering from a recent injury to their legs (Safety exclusion);
10. has vision so poor they need assistance to find their way to the test room (Test protocol exclusion).

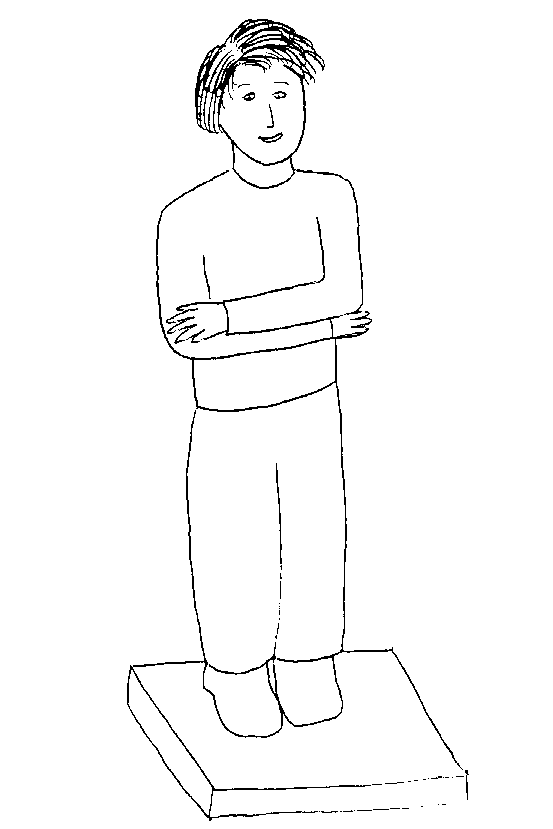
Participants will be excluded only from Condition 5 of the MRT if the participant:

1. currently has neck pain, has ever had neck surgery, or has ever had a neck problem that lasted more than six weeks (Safety exclusion);
2. cannot move their head and neck comfortably in the range of motion required for this condition (Safety exclusion);
3. has a cochlear implant. (Test protocol exclusion)

Participants will be excluded from the second part of the DVA test (i.e. involving head rotation) if the participant:

1. is pregnant (either by self-report or lab testing in the MEC (Safety exclusion);
2. reports that they currently have neck pain, have ever had neck surgery, or have ever had a neck problem that lasted more than six weeks? (Safety exclusion);
3. cannot move their head and neck comfortably in the range of motion required for this condition (Safety exclusion);
4. has contrast sensitivity less than 30% (Test protocol exclusion);
5. has measured binocular static visual acuity (with corrected lenses as needed) worse than 20/125. This situation causes ceiling effect for the exam findings when measuring the difference between static and dynamic visual acuity. (Test protocol exclusion)

Exclusions from one test in the balance component will not automatically affect participation in the other tests, unless it is a mutual exclusion, such as neck problems. If any participant, provides an unsolicited comment, prior to this exam, that s/he is currently dizzy or lightheaded then that person is immediately referred to the MEC physician for evaluation. If a person becomes dizzy during one of the balance exam components, that exam will be halted; it will be noted in the record; and the person will be instructed to sit on a chair (without wheels) until s/he is now longer dizzy or lightheaded. If the person feels s/he needs to be seen by the MEC physician, the health tech will immediately refer the participant to the MEC physician; otherwise the person can proceed with their remaining MEC components.

Participants will stand with their feet together and their arms crossed at their waist, holding their elbows (see Figure 1). Participants will hold that stance for as long as they can under five separate conditions to a maximum of 15 seconds for condition 1 - 2 and 30 seconds for conditions 3 - 5):

Condition 1: Firm surface (no pad), eyes open

Condition 2: Firm surface (no pad), eyes closed

Condition 3: Compliant surface (foam pad), eyes open

Condition 4: Compliant surface (foam pad), eyes closed

**Figure 1:** Stance for modified Romberg test

Condition 5: Compliant surface (foam pad), eyes closed,

head moving side to side at 3 Hz

Contrast Sensitivity Test (CST)

Cutoffs for Contrast Sensitivity testing

Findings will be considered

Normal if

40-60 years old and score is: (1.72 or higher)

>60 years old and score is: (1.52 or higher)

Below normal if

40 - 60 years old and score is: < 1.72

>60 years old and score is: < 1.52

SOURCE: The Mars Perceptrix Corporation: **www.marsperceptix.com**

Below are examples that show different levels of darkness of the numbers.



Dynamic Visual Acuity (DVA) Test

Protocol

Participants will sit at a set distance of 6 feet away from a computer monitor. Participants will wear a head-mounted device (similar to that shown in Figure 1) which will monitor speed of head movement during the dynamic portion of the test.

We plan to ask participants to identify optotypes (i.e., tumbling Cs) displayed in the center of a computer screen. The participant will be given two practice trials, with the C’s displayed at a size equivalent to 20/400 vision (1.00 logMAR), to ensure that s/he understands the test instructions. If the participant does not perform the task correctly, the health technician will provide the instructions again, and the participant will repeat a practice trial with two tumbling C’s. If the participants still cannot perform the task, s/he will be excluded from DVA testing.



**Figure 1:** Example headband for DVA test

## COGNITIVE FUNCTIONING (MOCA-SA)

Target Group: SPs 60+

The next questions are about problem solving and memory. The questions may seem unusual, but they are routine questions we ask everyone. Some of the questions are very easy and some are difficult, so don’t be surprised if you have trouble with some of them. Try your best to answer all of the questions without using clues from around the room. If you wear glasses for reading, please use them.

IF THE SP USUALLY WEARS READING GLASSES, ASK HIM/HER TO USE THEM FOR THE TEST.

IF THE SP DOES NOT HAVE HIS/HER GLASSES AVAILABLE, GIVE THE SP A PAIR OF OUR SAMPLE GLASSES.

CFQ.NEW1 Tell me the date today. First, tell me the month.

THE CURRENT MONTH IS {DISPLAY CURRENT MONTH}.

INCORRECT 0

CORRECT 1

CFQ.NEW2 Now, tell me the exact date.

CFQ.NEW3 Now, I want you to name this animal.

SHOW PICTURE #1

CFQ.NEW4 The next few things I will ask you to do are pencil and paper tasks.

PLACE BLANK CLOCK PAPER AND PENCIL BEFORE RESPONDENT.

Now, I'd like you to draw a clock. Put in all the numbers and set the time to 10 after 11.

(PROMPT IF NECESSARY: Try your best to complete this task without using clues from around the room, such as a clock or a watch.)

(CHECK ALL THAT APPLY)

DID NOT LOOK AT WATCH OR PHONE 0

LOOKED AT WATCH OR PHONE 1

ISIS INSTRUCTION: TRANSFER RESPONSE TO SCREEN 3 OF THE SCORING APPLICATION.

CFQ.NEW4A SCORE CLOCK CONTOUR

THE CLOCK FACE MUST BE A CIRCLE WITH ONLY MINOR DISTORTION ACCEPTABLE (E.G. SLIGHT IMPERFECTION ON CLOSING THE CIRCLE).

INCORRECT 0

CORRECT 1

CFQ.NEW5 PLACE TRAIL PAPER AND PENCIL BEFORE RESPONDENT

Take a minute to look over the paper. Notice, there are both numbers and letters. Please draw a line, going from a number to a letter in increasing order.

Begin here (POINT TO 1), and draw a line from 1 to A, then from A to 2, and so on. End here (POINT TO E). The first two lines have been drawn for you.

NO CORRECTIONS MADE 0

IMMEDIATELY SELF-CORRECTED MISTAKES 1

DID NOT IMMEDIATELY SELF-CORRECT MISTAKES 2

ISIS INSTRUCTION: TRANSFER RESPONSE TO SCREEN 5 OF THE SCORING APPLICATION.

CFQ.NEW6 This next section tests your memory. I am going to read a list of words that you will have to remember now and later on. Listen carefully. When I am through, tell me as many words as you can remember. It doesn’t matter in what order you say them. Ready?

READ SLOWLY (AT A RATE OF 1 WORD PER SECOND) AND PRONOUNCE CLEARLY: Face, Velvet, Church, Daisy, Red

(PROMPT: Tell me as many words as you remember.)

CFQ.NEW7 I'm going to read the same list for a second time. Try to remember and tell me as many words as you can, including words you said the first time.

READ SLOWLY (AT A RATE OF 1 WORD PER SECOND) AND PRONOUNCE CLEARLY: Face, Velvet, Church, Daisy, Red

(PROMPT: Tell me as many words as you remember.)

WHEN THE TEST IS COMPLETE SAY: I will ask you to recall these words again later on.

CFQ.NEW8 Now, I am going to say some numbers and when I am through, repeat them to me exactly as I said them.

READ THE FIVE NUMBER SEQUENCE TO THE RESPONDENT AT A RATE OF ONE DIGIT PER SECOND.

**2, 1, 8, 5, 4**

(PROMPT: Repeat the numbers exactly as I said them.)

CFQ.NEW9 Now I am going to say some more numbers, but when I am through, I want you to repeat them to me in the **backwards order**.

READ THE THREE NUMBER SEQUENCE TO THE RESPONDENT AT A RATE OF ONE DIGIT PER SECOND.

**7, 4, 2**

(PROMPT: Repeat the numbers in backward order)

CFQ.NEW10 Now, starting with 100, I would like you to subtract 7 and then keep counting down by 7.

(YOU CAN REPEAT THESE INSTRUCTIONS IF NECESSARY.)

PRESS ‘START/STOP’ ON COMPUTER TIMER. STOP AFTER 6 NUMBERS.

WHEN R FINISHED, PRESS ‘STOP/START’ ON COMPUTER TIMER.

ISIS INSTRUCTION: TIMER ON SCREEN SHOULD COUNT UP IN SECONDS.

RECORD NUMBER OF SECONDS: | \_\_|\_ \_|\_ \_|

CFQ.NEW11 I am going to read you a sentence. Repeat it after me, exactly as I say it. (PAUSE)

READ SENTENCE: The cat always hid under the couch when dogs were in the room.

(PROMPT: Repeat the sentence.)

CFQ.NEW12 Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns and names like Bob or Boston, and numbers or words that begin with the same sound, but have a different ending, for example, love, lover, loving. I will tell you to stop after 1 minute. I will record your answers in this booklet. Are you ready?

WHEN R IS READY: Now, tell me as many words as you can think of that begin with the letter F.

ISIS INSTRUCTION: ONE MINUTE TIMER ON SCREEN SHOULD COUNT DOWN.

CFQ.NEW13 For this exercise, tell me how an orange and a banana are alike.

IF THE SUBJECT ANSWERS IN A CONCRETE MANNER, THEN SAY ONLY ONE ADDITIONAL TIME: “Tell me another way in which those items are alike.”

IF THE SUBJECT **DOES NOT** GIVE THE APPROPRIATE RESPONSE (FRUIT), SAY: "Yes, and they are also both fruit."  DO NOT GIVE ANY ADDITIONAL INSTRUCTIONS OR CLARIFICATION.

Now, tell me how a ruler and a watch are alike?

DO NOT GIVE ANY ADDITIONAL INSTRUCTIONS OR PROMPTS.

CFQ.NEW14 I read a list of words to you earlier, which I asked you to repeat and remember. Tell me as many of those words as you can remember. It doesn’t matter in what order you say them.

CFQ.NEW15 POST TEST COMMENTS (REPORTED BY SP OR OBSERVED BY INTERVIEWER)

(CHECK ALL THAT APPLY)

NO NOTES 0

HEARING PROBLEM 1

VISION PROBLEMS 2

PHYSICAL LIMITATION AFFECTING ABILITY TO WRITE/DRAW (SPECIFY) 3

UNABLE TO READ AND/OR WRITE 4

DIFFICULTLY WITH ENGLISH/LANGUAGE BARRIER 5

SP REPORTED COGNITIVE PROBLEM (SPECIFY) 6

SP REPORTED TAKING MEDICATIONS (MAY AFFECT PERFORMANCE) 7

SP WAS RESTLESS OR FIDGETY………………………………… ………. 8

SP REPORTED WANTING TO QUIT……………………………………… .9

INTERRUPTIONS/DISTRACTIONS (SPECIFY) 10

OTHER (SPECIFY) 11

## DUAL X-RAY ABSORPTIOMETRY

**Body Composition (Ages 8-59 years)**

Excluded from scan if body weight is over 450 pounds or if yes to one of the following items;

1. Do you have any amputations of your legs and feet other than toes?

2. Are you currently pregnant?

3. Have you had a medical test with contrast material such as dyes or barium in the last 7 days?

**Whole Body Tissue Information**:

Total Body Tissue grams

Bone Mineral Content grams

Fat grams

Lean Mass grams

Lean Mass + Bone Mineral Content grams

Percent fat %

Values for each of the variables listed above will be given for the following regions:

Head

Left Arm

Right Arm

Trunk

Left Leg

Right Leg

Subtotal

Total

**Whole Body Bone Information:**

Area cm2

Bone Mineral Content grams

Bone Mineral Density grams/cm2

Values for each of the variables listed above will be given for the following regions:

Head

Left Arm

Right Arm

Left Ribs

Right Ribs

Thoracic Spine

Lumbar Spine

Pelvis

Left Leg

Right Leg

## Dual X-Ray Absorptiometry (femur and spine)

Osteoporosis

(Ages 50 and older)

Excluded from femur or spine scans if body weight is over 450 pounds or if yes to one of the following items;

1. Are you currently pregnant?

2. Have you had a medical test with contrast material such as dyes or barium in the last 7 days?

3. Have you fractured both hips, had replacements of both hips, or have pins in both hips? (exclusion for femur scan)

4. Do you have a Harrington rod in your spine? (exclusion for spine scans)

**Femur and Lumbar Spine Information**:

Area cm2

Bone Mineral Content grams

Bone Mineral Density grams/cm2

Values for each of the variables listed above will be given for the following femur regions:

Femoral Neck

Trochanter

Intertrochanter

Ward’s Triangle

Total

Values for each of the variables listed above and Trabecular bone score will be given for the following lumbar spine regions:

Vertebrae 1-4

Total

## ORAL HEALTH

NHANES 2017-2018 (Ages 1 and older)

**Medical Exclusion Questions (Ages 30 and older)**

All adults aged 30 years and older will be eligible for the health screening questions. A positive response to any one of these 4 questions will result in an individual being **EXCLUDED** from the periodontal examination:

1. Have you had a heart transplant?

2. Do you have an artificial heart valve?

3. Have you had heart disease since birth?

4. Have you had a bacterial infection of the heart, also called Bacterial?

Endocarditis?

**Oral Health Examination (Ages 1 and older)**

|  |  |  |
| --- | --- | --- |
| 1+ years | 3-19 years | 30 years and older |
| Tooth count |  |  |
| Dental Caries |  |  |
|  | Dental Sealants |  |
|  |  | Medical History Screening |
|  |  | Periodontal Exam |
| Miscellaneous / Report of Findings |  |  |

## BLOOD PRESSURE MEASUREMENT

**Target: ages 8 years and older**

Have you had any of the following in the past 30 minutes? (food, coffee, alcohol, cigarettes) Check all that apply:

Arm selected Right/left/Could not obtain

Cuff size selected Infant/Child/Adult/Large Arm/Thigh

Heart Rate/Pulse Beats per minute

Pulse type

Radial/Brachial

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 (mean of last 2 measurements will be used)

## VENIPUNCTURE

NHANES 2017-2018 (Ages 1 year and older)

|  |
| --- |
| SP ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Pre venipuncture questions (Q1 asked if female participant ages 12-59 and younger if participant has reported starting menstruating. –Q2 – Q9 are asked of all participants or parent/guardian ages 1+)-**  Q1. Are you currently pregnant?  **Pregnancy Status**  ⁪Positive  ⁪Negative  ⁪ Don’t know  Q2. Do you have hemophilia? SEQ010 (yes, no, refused, don’t know)  ⁪Yes (Venipuncture will not be conducted)  ⁪No  ⁪Refused  ⁪Don’t know  Q3. Have you received cancer chemotherapy in the past four weeks? SEQ020 (yes, no, refused, don’t know)  ⁪Yes(Venipuncture will not be conducted)  ⁪No  ⁪Refused  ⁪Don’t know  Q4. When was the last time you ate or drank anything other than plain water? Do not include diet soda or black coffee with artificial sweetener like Sweet’N Low, Nutrasweet, Equal, or Splenda  HH:MM (AM PM ) MMDDYY  Have you had any of the following since [HH:MM (AM PM) MMDDYY {from Q4}] for Q5-  Q5. Coffee or teawith cream or sugar? [Include milk or non-dairy creamers]  YES HH:MM (AM PM ) MMDDYY  NO  Q6. Alcohol, such as beer, wine or liquor?  YES HH:MM (AM PM ) MMDDYY  NO  Q7. Gum, breath mints, lozenges, or cough drops or other cough or cold remedies?  YES HH:MM (AM PM ) MMDDYY  NO  Q8. Antacids. Laxatives or anti-diarrheals?  YES HH:MM (AM PM ) MMDDYY  NO  Q9. Dietary supplements such as vitamins and minerals? [Include multivitamins and single nutrient supplements]  YES HH:MM (AM PM ) MMDDYY  NO  RESULTS STATUS OF VENIPUNCTURE  ⁪Testomplete  ⁪Test partially complete  ⁪Test not done  REASONS TEST INCOMPLETE OR NOT DONE  ⁪Safety exclusion  ⁪ SP refusal  ⁪ No time    ⁪Physical limitation  ⁪  ⁪SP ill/emergency    ⁪Equipment failure  ⁪Communication problem  ⁪ Interrupted  ⁪ Error (technician, software, supply)  ⁪ Other, specify  ⁪ No suitable vein  ⁪ Vein collapsed  ⁪ SP not feeling well  ⁪ Fainting episode  ⁪ No tubes drawn  ⁪ Language barrier |

## Hepatic (liver) Steatosis and Fibrosis Ultrasound Elastography form

NHANES 2017-2018 (ages 12 year and older; participants are asked to fast)

|  |
| --- |
| SP ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HEPATIC (liver) STEATOSIS TEST RESULTS  ⁪Test complete Yes No  ⁪Test result for median controlled attenuation parameter (CAP™) \_\_\_\_ decibel per meter, (dB/m)  REASONS TEST INCOMPLETE OR NOT DONE  ⁪Physical limitation  ⁪SP refusal  ⁪SP ill/emergency  ⁪Out of time  ⁪Equipment failure  ⁪Communication problem  HEPATIC (liver) FIBROSIS TEST RESULTS  ⁪Test complete Yes No  ⁪Test result for median Young’s Modulus (E) \_\_\_\_\_\_\_\_\_\_ kilopascals  REASONS TEST INCOMPLETE OR NOT DONE  ⁪Physical limitation  ⁪SP refusal  ⁪SP ill/emergency  ⁪Out of time  ⁪Equipment failure  ⁪Communication problem |
|  |
|  |

***MEC Interview and Dietary Interview Hand Cards***

# MEC CAPI Interview Hand Cards

**SXQ1**

1. Lesbian or gay
2. Straight, that is, not lesbian or gay
3. Bisexual
4. Something else
5. I don’t know the answer

**SXQ2**

1. Gay
2. Straight, that is, not gay
3. Bisexual
4. Something else

I don’t know the answer

**DPQ1**

Not at all

Several days

More than half the days

Nearly every day

**SMQ1**

|  |  |
| --- | --- |
| **Cigarette** | [http://www.dailytimes.com.pk/images/2007/09/10/20070910_b11.jpg](http://www.google.com/url?sa=i&rct=j&q=picture+hand+rolled+cigarettes&source=images&cd=&cad=rja&docid=g9DBkdI7ttMnqM&tbnid=KEvbTWI1r9g_6M:&ved=0CAUQjRw&url=http://www.dailytimes.com.pk/default.asp?page=2007\09\10\story_10-9-2007_pg6_19&ei=riRHUcOZMcip0AHNsYHoBw&bvm=bv.43828540,d.dmg&psig=AFQjCNEtm2oamrBuneUFnBbv6Nhe2EJFgA&ust=1363703335383552) |
| **Pipe** | C:\Users\Claud_S\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\imagesCADJP6PY.JPG |
| **Cigar, or little cigar, or cigarillo** |  |
| **Water pipe or Hookah** |  |

**ALQ1**

|  |  |
| --- | --- |
| 12 ounces of beer |  |
|  |  |
| 5 ounces of wine |  |
|  |  |
| 1.5 ounces of hard liquor |  |

**ALQ2**

|  |  |  |
| --- | --- | --- |
| **Per Week** | **Per Month** | **Per Year** |
| Every day | 2-3 times/month | 7-11 times/last year |
| Nearly every day | Once/month | 3-6 times/last year |
| 3-4 times/week |  | 1-2 times/last year |
| 2 times/week |  |  |
| Once a week |  | Never in the last year |

**RHQ1**

|  |  |  |
| --- | --- | --- |
| **Pregnancy** | |  | | --- | |  | |
| **Breastfeeding** | C:\Users\vpp6\Desktop\can-stock-photo_csp5518094.jpg |
| **Total or Partial Hysterectomy (Surgery to Remove Uterus/Womb)** | C:\Users\vpp6\Desktop\Hysterectomy only.PNGC:\Users\vpp6\Desktop\Hysterectomy with ovaries removed.PNG |
| **Menopause / Change of Life** | C:\Users\vpp6\Desktop\Menopause.PNG  Sleep issues  Loss of libido  Mood swings  Night sweats  Hot flashes  Vaginal dryness |
| **Other** | **Medical Conditions (medical treatment, medication)**  **Excessive**  **exerciseSomething else?** |

RHQ3

* 1. BIRTH CONTROL PILLS
  2. PATCH (Ortho EvraTM, XulaneTM)
  3. VAGINAL RING (NuvaRingTM)
  4. INJECTABLE (shot given every 1-3 months of Depo-ProveraTM, LunelleTM)
  5. HORMONAL IMPLANT (ImplanonTM, NexplanonTM)
  6. CONDOMS OR RUBBERS (male or female condoms)
  7. IUD (Intraueterine device, coil, loop, ParaGardTM, MirenaTM, KyleenaTM, LilettaTM, SkylaTM)
  8. DIAPHRAGM, CERVICAL CAP (FemCap) or SPONGE (TodayTM sponge)
  9. SPERMICIDE FOAM, JELLY, CREAM, SUPPOSITORY
  10. NATURAL FAMLIY PLANNING (rhythms method, StandardDays, CycleBeads, safe period by temperature or cervical mucus test)
  11. STERILIZATION (tubes tied, tubal ligation, partner’s vasectomy)
  12. WITHDRAWAL (pulling out)
  13. EMERGENCY CONTRACEPTION (pills taken within 3-5 days after sexual intercourse such as Plan BTM, PrevenTM, EllaTM, Next ChoiceTM, Morning after pills)
  14. ABSTINENCE



**KIQ1**

Less than once a month

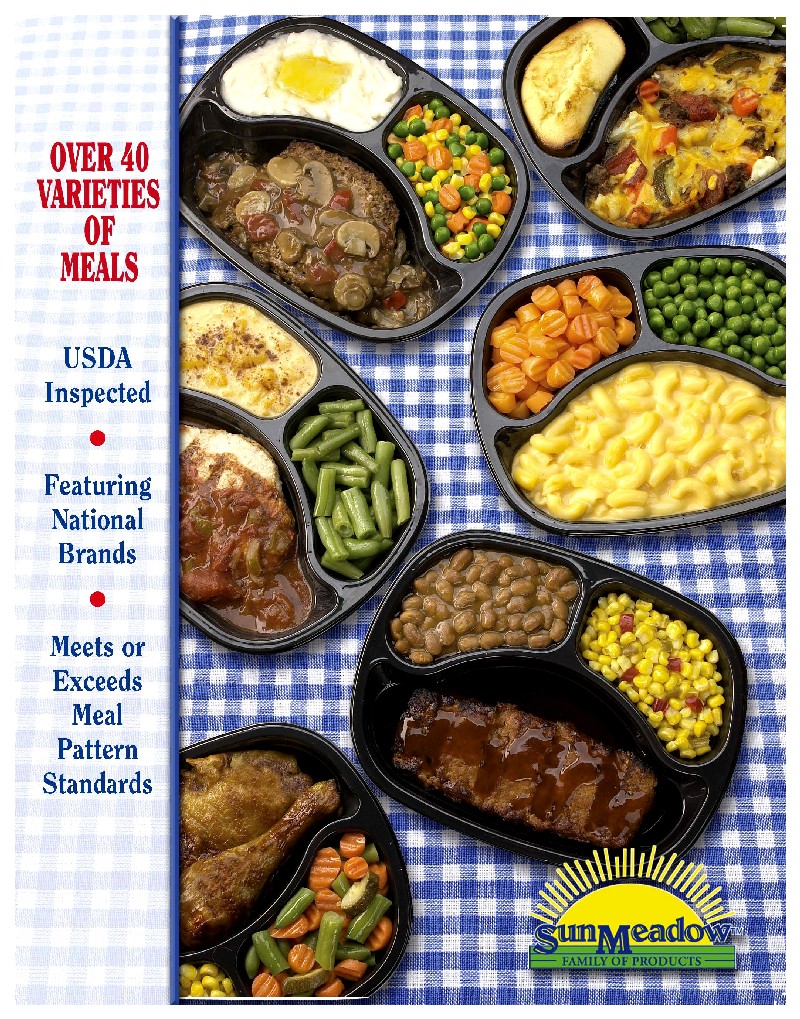
A few times a month

A few times a week

Every day and/or night

WHQ2

EXAMPLES OF FROZEN MEALS AND FROZEN PIZZAS



DMQ8

**Examples of what we learned when matching NHANES data to other data sources such as Medicare and Medicaid:**

* How housing environment may affect the levels of lead in children’s blood
* Higher vitamin D in the blood lowers the risk of broken bones
* Consuming high amount of sugar can increase the risk of heart diseases
* People who live or work with smokers have a higher risk of heart attack
* Adults who exercise, eat healthy diets, and do not smoke have a lower chance of dying

# Dietary Interview Hand Cards

**Fish**

Breaded fish products

Tuna-canned or fresh

Bass

Catfish

Cod

Flatfish

Haddock

Mackerel

Perch

Pike

Pollock

Porgy

Salmon

Sardines

Sea Bass

Shark

Swordfish

Trout

Walleye

Other type of fish

**Shellfish**

Clams

Crab

Crayfish (crawfish)

Lobster

Mussels

Oysters

Scallops

Shrimp

Other shellfish (for example, octopus, squid)

**EXAMPLES OF AN ALCOHOLIC DRINK**

|  |  |
| --- | --- |
| **ALQ1**  12 ounces of beer |  |
| 5 ounces of wine |  |
| 1.5 ounces of hard liquor |  |

***Telephone Dietary Recall and Dietary Supplements***

Form Approved

OMB No. 0920-0950

Exp. Date 11/30/2021

CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, SD-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0950).

**Assurance of Confidentiality** – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice or an establishment will be used only for statistical purposes. NCHS staff, contractors and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA every NCHS employee, contractor and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.

# Telephone Dietary Recall

Telephone Dietary Recall Questionnaire Scripts - Telephone Interview:

*A. Greeting script*

Hello, Mr./Mrs. *{SP/Proxy}*, my name is *{interviewer’s name*}. I am calling for the National Health and Nutrition Examination Survey to conduct *{your/SP’s}* second dietary interview over the telephone.

You will need the food measuring guides that we gave you during your MEC visit. I’ll wait while you locate them.

Do you have them?*Yes/No/Needs to reschedule*

If yes, go to next question.

If no:

Let’s go ahead with the interview today anyway. Do you have a ruler or some measuring cups and measuring spoons in your home that you can use for this interview?

If SP needs to reschedule:

We can schedule another appointment for the interview. Is there a time that will be convenient? *Enter date/ Enter time/ Verify contact phone*

*If SP is not willing to reschedule:*

We cannot ask everyone in the country to be in our study. You are special because you have been chosen to participate. No one else can take your place. We hope that you will help us with this interview. It will only take about 20 minutes, you will receive $30 for participating, and it is such an important part of the health survey.

If SP still says no:

Thank you for your time.

*B. Introduction script*

First, we’ll make a list of the foods you/SP ate and drank yesterday, *Monday*. It may help you remember what you/SP ate by thinking about where you were/he was/she was, who you/he/she were with, or what you/he/she were doing, like working, eating out, or watching television.

Please tell me everything you/SP had to eat and drink all day yesterday, Monday, from midnight to midnight. Include everything you/he/she had at home and away, even snacks, water, soft drinks, and alcoholic beverages. I’ll ask you for specific details and amounts of the foods in a few minutes. At this time, just tell me what you/SP had.

*C. Follow-up probing script*

Your answers are important, so we’d like this list to be as complete as possible. In addition to the foods you have/SP has already told me about, did you have any coffee, tea, soft drinks, milk or juice?

Beer, wine, cocktails or other drinks?

Cookies, candy, ice cream or other sweets?

Chips, crackers, popcorn, pretzels, nuts, or other snack foods?

Fruits, vegetables, or cheese?

Bread, rolls or tortillas?

Anything else?

*D. Food detail probes script*

When I ask how much *{you/SP}* ate, you can estimate the amount by using the drawings in the Food Model Booklet, the measuring cups and spoons, the ruler, and any of your own dishes and glasses. Feel free to check the labels on any food packages during the interview.

# Telephone Dietary Supplements

**DIETARY SUPPLEMENTS – DSA**

**DAY 2 PHONE QUESTIONNAIRE**

**Target Group: Phone Dietary Respondents**

|  |
| --- |
| **BOX 1**  IF SUPPLEMENTS COLLECTED IN PREVIOUS INTERVIEW, GO TO BOX 2  ELSE CONTINUE. |

DSA001 The next questions are about {your/SP’s} use of dietary supplements, including prescription and over the counter supplements. All day yesterday, {day}, between midnight and midnight, did {you/SP} take any vitamins, minerals, herbals or other dietary supplements?

**[REFER SP TO SUPPLEMENT HANDCARD]**

YES……………………………………………….…1 (BOX 7)

NO.......................................................................2 (BOX 10)

REFUSED…………………………………………. 7 (BOX 10)

DON’T KNOW……………………………………...9 (BOX 10)

|  |
| --- |
| **BOX 2**  **SUPPLEMENT REVIEW TABLE**  PRESENT DSA010 THROUGH DSA040 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN THE PREVIOUS INTERVIEW.  (THIS INCLUDES VARIABLES DSQ056, DSQ052, DSQ060S, DSQ066A, DSQ066B AND DSQ071 FROM THE HOUSEHOLD INTERVIEW.)  CONTINUE. |

DSA020 {Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP’s} use of dietary supplements, vitamins, minerals and herbals all day yesterday, {day}, between midnight and midnight. This includes prescription and over the counter dietary supplements. During the interview in {your home and our exam center/your home/our exam center} {you reported taking/it was reported {you/he/she} took} {SUPPLEMENT NAME FROM DSA010.}

TEXT 2: It was also reported {you/SP} took {SUPPLEMENT NAME FROM DSA010}.

Did {you/SP} take this supplement yesterday {day}, (between midnight and midnight)?

[**CONTINUE ASKING ABOUT EACH SUPPLEMENT LISTED IN TABLE]**

CAPI INSTRUCTION: IF THIS IS THE FIRST SUPPLEMENT BEING REVIEWED, DISPLAY TEXT 1

ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15 DISPLAY ‘you reported taking’ ELSE DISPLAY ‘it was reported

{you/he/she} took’.

YES 1

NO 2 (BOX 6)

REFUSED 7 (BOX 6)

DON'T KNOW 9 (BOX 6)

|  |
| --- |
| **BOX 3**  IF THE FORM IS KNOWN FROM PREVIOUS INTERVIEW QUESTION DSQ077 CONTINUE, ELSE GO TO DSA030. |

DSA025 {Form Taken}

Was {SUPPLEMENT NAME FROM DSA010} a {FORM FROM PREVIOUS INTERVIEW QUESTION DSQ077}?

YES 1 (DSA030)

NO 2

REFUSED 7 (DSA030)

DON'T KNOW 9 (DSA030)

|  |
| --- |
| **BOX 4**  CHANGE DSA020 TO “NO” AND INSERT A NEW LINE IN THE GRID.  PREFILL DSA020 ON THE NEW LINE TO “YES”.  GO TO DSA010 ON THE NEW LINE. |

DSA010 {Supplements}

Can you please locate the containers for all the dietary supplements you took? I will wait while you get them.

Can you please read to me all the words on the front label?

**[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]**

**[PROBES: Record the name. Use name probes.**

**Multivitamin and/or Multimineral:**

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women’s, men’s, prenatal, liquid)/(chewable, complete, with iron, with

extra C)}

**Single/double nutrient:**

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

**Other supplement type:**

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?**]**

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY ‘(chewable, complete, with iron, with extra C)’

ELSE DISPLAY ‘(silver, women’s, men’s, prenatal, liquid)’.

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY ‘(fluoride)’.

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA010 FILLED)

ERROR MESSAGE: “YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR

BACK UP AND ANSWER “NO” TO DSA001.”

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

ENTER SUPPLEMENT NAME

REFUSED 7

DON'T KNOW 9

DSA030 {Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

**[ENTER THE NUMBER]**

SOFT EDIT: Quantity should be less than 10

Error Message: “YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”

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

ENTER QUANTITY

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 5**  IF THE FORM IS KNOWN FROM PREVIOUS INTERVIEW QUESTION DSQ077, PREFILL DSA035 WITH DSQ077 AND GO TO BOX 6, ELSE CONTINUE. |

DSA035 {Unit Taken}

OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

**[SELECT FORM/UNIT]**

Tablets, capsules, pills, caplets, softgels,

gelcaps, vegicaps, chewable tablets 1 (BOX 6)

Droppers 2 (BOX 6)

Drops 3 (BOX 6)

Injection/Shots 5 (BOX 6)

Lozenges/Cough Drops 6 (BOX 6)

Milliliters 7

Tablespoons 11

Teaspoons 12

Wafers 13 (BOX 6)

Cans 15

Grams 16

Dots 17 (BOX 6)

Cups 18

Sprays/Squirts 19 (BOX 6)

Chews/Gummies 20 (BOX 6)

Scoops 21

Capfuls 23

Ounces 27

Packages/Packets 28 (BOX 6)

Vials 29 (BOX 6)

Gumballs 30 (BOX 6)

Other form (specify) 91 (BOX 6)

REFUSED 77 (BOX 6)

DON’T KNOW 99 (BOX 6)

DSA040 {Liquid/Powder}

Was that a liquid or powder?

LIQUID 1

POWDER 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 6**  IF THERE ARE MORE SUPPLEMENTS TO REVIEW, GO TO DSA020 FOR THE NEXT SUPPLEMENT, ELSE CONTINUE. |

DSA060 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other vitamins,

minerals, herbals or other dietary supplements? Include any prescription and over the counter

dietary supplements.

**[REFER SP TO SUPPLEMENT HANDCARD]**

YES 1

NO 2 (BOX 10)

REFUSED 7 (BOX 10)

DON'T KNOW 9 (BOX 10)

|  |
| --- |
| **BOX 7**  **New Supplements Table**  PRESENT DSA070 THROUGH DSA115 AS A GRID.  IF THERE WERE SUPPLEMENTS REVIEWED (Supplement Review Table) THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.  CONTINUE. |

DSA070 {Supplements}

{Can you please locate the containers for all the dietary supplements {you/SP} took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

{**[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]**}

**[PROBES: Record the name. Use name probes.**

**Multivitamin and/or Multimineral:**

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women’s, men’s, prenatal, liquid)/(chewable, complete, with iron, with

extra C)}

**Single/double nutrient:**

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

**Other supplement type:**

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY ‘Can you please locate the containers for all the dietary supplements {you/SP} took? I will wait while you get them.’ ELSE DISPLAY ‘Any others? [REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]’.

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (chewable, complete, with iron, with extra C)

ELSE DISPLAY (silver, women’s, men’s, prenatal, liquid).

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (fluoride).

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA070 FILLED)

ERROR MESSAGE: “YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR

BACK UP AND ANSWER “NO” TO DSA060.”

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

ENTER SUPPLEMENT NAME

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 8**  IF SUPPLEMENT NAME ENTERED, CONTINUE  ELSE GO TO BOX 10. |

DSA105 {Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

**[ENTER THE NUMBER]**

SOFT EDIT: Quantity should be less than 10

Error Message: “YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”

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

ENTER QUANTITY

REFUSED 7

DON'T KNOW 9

DSA110 {Unit Taken}

OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

**[SELECT FORM/UNIT]**

Tablets, capsules, pills, caplets, softgels,

gelcaps, vegicaps, chewable tablets 1 (BOX 9)

Droppers 2 (BOX 9)

Drops 3 (BOX 9)

Injection/Shots 5 (BOX 9)

Lozenges/Cough Drops 6 (BOX 9)

Milliliters 7

Tablespoons 11

Teaspoons 12

Wafers 13 (BOX 9)

Cans 15

Grams 16

Dots 17 (BOX 9)

Cups 18

Sprays/Squirts 19 (BOX 9)

Chews/Gummies 20 (BOX 9)

Scoops 21

Capfuls 23

Ounces 27

Packages/Packets 28 (BOX 9)

Vials 29 (BOX 9)

Gumballs 30 (BOX 9)

Other form (specify) 91 (BOX 9)

REFUSED 77 (BOX 9)

DON’T KNOW 99 (BOX 9)

DSA115 {Liquid/Powder}

Was that a liquid or powder?

LIQUID 1

POWDER 2

REFUSED 7

DON'T KNOW 9

DSQ.096 For how long {have/has} {you/SP} been taking {PRODUCT NAME} or a similar type of product?

Q/U

CAPI INSTRUCTION:

RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

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

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED 777

DON'T KNOW 999

ENTER UNIT

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 9**  GO TO DSA070 ON NEXT ROW. |

|  |
| --- |
| **BOX 10**  IF ANTACIDS COLLECTED IN PREVIOUS INTERVIEW, GO TO BOX 11,  ELSE CONTINUE. |

DSA005 The next questions are about {your/SP’s} use of non-prescription antacids. All day yesterday, {day}, between midnight and midnight did {you/SP} take any antacids?

**[REFER SP TO ANTACID HANDCARD]**

YES 1 (BOX 13)

NO .... 2 (BOX 16)

REFUSED…………………………………… 7 (BOX 16)

DON’T KNOW…………………………………. 9 (BOX 16)

|  |
| --- |
| **BOX 11**  **Antacid Review Table**  PRESENT DSA145 THROUGH DSA165 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN THE PREVIOUS INTERVIEW.  (THIS INCLUDES VARIABLES RXQ141, RXQ150S AND RXQ160 FROM THE HOUSEHOLD INTERVIEW.)  CONTINUE. |

DSA145 {Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP’s} use of non-prescription antacids. During the interview in

{your home and our exam center/your home/our exam center} {you reported taking/it was reported {you/he/she} took} {ANTACID NAME}.

TEXT 2: It was also reported {you/SP} took {ANTACID NAME}.

Did you take this antacid yesterday {day}, (between midnight and midnight)?

[**CONTINUE ASKING ABOUT EACH ANTACID LISTED IN TABLE]**

CAPI INSTRUCTION: IF THIS IS THE FIRST ANTACID BEING REVIEWED, DISPLAY TEXT 1,

ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15, DISPLAY ‘you reported taking’ ELSE DISPLAY ‘it was reported

{you/he/she} took’.

YES 1

NO 2 (BOX 12)

REFUSED 7 (BOX 12)

DON'T KNOW 9 (BOX 12)

DSA155 {Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

**[ENTER THE NUMBER]**

SOFT EDIT: Quantity should be less than 10

Error Message: “YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”

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

ENTER QUANTITY

REFUSED 7

DON'T KNOW 9

DSA160 {Unit Taken}

OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

**[SELECT FORM/UNIT]**

Tablets, capsules, pills, caplets, softgels,

gelcaps, vegicaps, chewable tablets 1 (BOX 12)

Droppers 2 (BOX 12)

Drops 3 (BOX 12)

Injection/Shots 5 (BOX 12)

Lozenges/Cough Drops 6 (BOX 12)

Milliliters 7

Tablespoons 11

Teaspoons 12

Wafers 13 (BOX 12)

Cans 15

Grams 16

Dots 17 (BOX 12)

Cups 18

Sprays/Squirts 19 (BOX 12)

Chews/Gummies 20 (BOX 12)

Scoops 21

Capfuls 23

Ounces 27

Packages/Packets 28 (BOX 12)

Vials 29 (BOX 12)

Gumballs 30 (BOX 12)

Other form (specify) 91 (BOX 12)

REFUSED 77 (BOX 12)

DON’T KNOW 99 (BOX 12)

DSA165 {Liquid/Powder}

Was that a liquid or powder?

LIQUID 1

POWDER 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 12**  IF THERE ARE MORE ANTACIDS TO REVIEW, GO TO DSA145 FOR THE NEXT ANTACID, ELSE CONTINUE. |

DSA065 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other antacids?

**[REFER SP TO ANTACID HANDCARD]**

YES 1

NO 2 (BOX 16)

REFUSED 7 (BOX 16)

DON'T KNOW 9 (BOX 16)

|  |
| --- |
| **BOX 13**  **New Antacids Table**  PRESENT DSA170 THROUGH DSA215 AS A GRID.  IF THERE WERE ANTACIDS REVIEWED (Antacid Review Table), THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.  CONTINUE. |

DSA170 {Antacids}

{Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

{**[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]**}

**[PROBES:** What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?**]**

**[IF ANTACID NOT ON LIST, TYPE** “\*\*Product not on list”**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY ‘Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them’

ELSE DISPLAY ‘Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]’.

HARD EDIT: AT LEAST ONE ANTACID SHOULD BE ENTERED (DSA170 FILLED)

ERROR MESSAGE: “YOU MUST COLLECT INFORMATION FOR AT LEAST ONE ANTACID OR

BACK UP AND ANSWER “NO” TO {DSA005/DSA065.}”

CAPI INSTRUCTION: IF ANTACIDS WAS COLLECTED IN PREVIOUS INTERVIEW, DISPLAY

“DSA065”; OTHERWISE DISPLAY “DSA005”.

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

ENTER ANTACID NAME

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 14**  IF ANTACID ENTERED, CONTINUE, ELSE GO TO BOX 16. |

DSA175 {Pick List}

{Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

{**[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]**}

**[PROBES**: What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?**]**

**[IF ANTACID NOT ON LIST, TYPE** “\*\*Product not on list”**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY ‘Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them.’

ELSE DISPLAY ‘Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]’.

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

ENTER ANTACID NAME FROM LIST OR

ENTER”\*\*PRODUCT NOT ON LIST”

REFUSED 7

DON'T KNOW 9

DSA205 {Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

**[ENTER THE NUMBER]**

SOFT EDIT: Quantity should be less than 10

Error Message: “YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”

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

ENTER QUANTITY

REFUSED 7

DON'T KNOW 9

DSA210 {Unit Taken}

OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

**[SELECT FORM/UNIT]**

Tablets, capsules, pills, caplets, softgels,

gelcaps, vegicaps, chewable tablets 1 (BOX 15)

Droppers 2 (BOX 15)

Drops 3 (BOX 15)

Injection/Shots 5 (BOX 15)

Lozenges/Cough Drops 6 (BOX 15)

Milliliters 7

Tablespoons 11

Teaspoons 12

Wafers 13 (BOX 15)

Cans 15

Grams 16

Dots 17 (BOX 15)

Cups 18

Sprays/Squirts 19 (BOX 15)

Chews/Gummies 20 (BOX 15)

Scoops 21

Capfuls 23

Ounces 27

Packages/Packets 28 (BOX 15)

Vials 29 (BOX 15)

Gumballs 30 (BOX 15)

Other form (specify) 91 (BOX 15)

REFUSED 77 (BOX 15)

DON’T KNOW 99 (BOX 15)

DSA215 {Liquid/Powder}

Was that a liquid or powder?

LIQUID 1

POWDER 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 15**  GO TO DSA170 ON NEXT ROW. |

|  |
| --- |
| **BOX 16**  END |

***Flexible Consumer Behavior Survey (FCBS) Phone Follow-Up Module***

Form Approved

OMB No. 0920-0950

Exp. Date 11/30/2021

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, SD-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0950).

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**Flexible Consumer Behavior Survey (FCBS) Phone Follow-up Module**

**Target Group: SPs 1 year +**

**BOX 1**

* CHECK ITEM CBQ.500:
* TARGET AGE 1-150
* IF SP IS AGE 1-15 THEN PROXY WILL ANSWER THE QUESTIONS.

**Section A. Hand Card Information**

CBQ.502 Do you have the green hand card booklet? {It is in the same bag as the food measuring guides {you used for your/we used for SP’s} dietary phone interview. I’ll wait while you locate it.

Do you have it?}

Yes 1 (CBQ.506)

No, 2

REFUSED 7

DON'T KNOW 9

CBQ.503 Let’s go ahead with the interview anyway. Do you have a cereal box, can or package of food with a food label on the back or the side that you can use for this interview? I’ll wait while you locate it.

Yes 1

No 2

REFUSED 7

DON'T KNOW 9

**Section B. Use of calorie labeling on menus**

CBQ.506 I am going to ask you about eating foods and beverages from different places. The types of places are listed on hand card 1 in your booklet. Please turn to hand card 1. We will start with foods or beverages from fast food or pizza places, then I’ll go down the list and ask you about each of the other places.} For the first few questions, please answer yes or no.

In the past 12 months, did you buy food from fast food or pizza places?

CAPI INSTRUCTION:

If CBQ.502=”2”, “7”, OR “9”, REPLACE TEXT IN THE BRACES WITH THE FOLLOWING:

“Ok, let’s go ahead with the interview. I am going to ask you about eating foods and beverages from different places. The types of places include: fast food or pizza places; restaurants with waiter or waitress service; all-you-can-eat buffets; places that sells mostly beverages, such as a coffee shop or juice bar; movie theatres, sports arenas, or other places of recreation; grocery stores; and convenience stores. We will start with foods or beverages from fast food or pizza places, then I’ll ask you about each of the other places.”

Yes 1

No 2 [CBQ.551]

REFUSED 7

DON'T KNOW 9

CBQ.536 At the **last** **fast food or pizza place** you bought foods or beverages, did you notice any **calorie information** on the menu?

YES 1

NO 2 (CBQ.551)

REFUSED 7 (CBQ.551)

DON'T KNOW 9 (CBQ.551)

CBQ.541 Did you use the information in deciding what to buy?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CBQ.551 In the past 12 months, did you eat in or get take-out from a restaurant with waiter or waitress service?

Yes 1

No 2 [CBQ.830]

REFUSED 7

DON'T KNOW 9

CBQ.581 The **last** time you ate or got take-out from a restaurant **with a waiter or waitress**, did you notice any **calorie information** on the menu?

YES 1

NO 2 (CBQ.830)

REFUSED 7 (CBQ.830)

DON'T KNOW 9 (CBQ.830)

CBQ.586 Did you use the information in deciding what to order?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CBQ.830 In the past 12 months, did you eat at an all-you-can-eat buffet style restaurant?

Yes 1

No 2 [CBQ.845]

REFUSED 7

DON'T KNOW 9

CBQ.835 The **last** time you ate at an **all-you-can-eat buffet style restaurant**, did you notice any **calorie information** on the menu?

YES 1

NO 2 (CBQ.845)

REFUSED 7 (CBQ.845)

DON'T KNOW 9 (CBQ.845)

CBQ.840 Did you use the information in deciding what to eat?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CBQ.845 In the past 12 months, did you buy any foods or beverages at a place that sells mostly beverages such as a coffee shop or juice bar?

Yes 1

No 2 [CBQ.860]

REFUSED 7

DON'T KNOW 9

CBQ.850 The **last** time you bought foods or beverages at a **place that sells mostly beverages**, did you notice any **calorie information** on the menu?

YES 1

NO 2 (CBQ.860)

REFUSED 7 (CBQ.860)

DON'T KNOW 9 (CBQ.860)

CBQ.855 Did you use the information in deciding what to order?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CBQ860 In the past 12 months, did you buy any foods or beverages at movie theaters, sports arenas, or other places of recreation?

Yes 1

No 2 [CBQ.875]

REFUSED 7

DON'T KNOW 9

CBQ.865 The **last** time you bought foods or beverages at a **movie theater, sports arena, or other place of recreation**, did you notice any **calorie information** on the menu?

YES 1

NO 2 (CBQ.875)

REFUSED 7 (CBQ.875)

DON'T KNOW 9 (CBQ.875)

CBQ.870 Did you use the information in deciding what to order?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CBQ.875 In the past 12 months, did you buy prepared foods such as salads, soups, chicken, sandwiches and cooked vegetables from grocery store salad bars and deli counters?

Yes 1

No 2 [CBQ.890]

REFUSED 7

DON'T KNOW 9

CBQ.880 The **last** time you bought **prepared foods** at a **grocery store**, did you notice any **calorie information** about these foods?

YES 1

NO 2 (CBQ.890)

REFUSED 7 (CBQ.890)

DON'T KNOW 9 (CBQ.890)

CBQ.885 Did you use the information in deciding what to buy?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CBQ.890 In the past 12 months, did you buy prepared foods at convenience stores including gas stations or corner stores?

Yes 1

No 2 [Box 2]

REFUSED 7

DON'T KNOW 9

CBQ.895 The **last** time you bought **prepared foods** at a **convenience store,** including a gas station or corner store, did you notice any **calorie information** about these foods?

YES 1

NO 2 (Box 2)

REFUSED 7 (Box 2)

DON'T KNOW 9 (Box 2)

CBQ.900 Did you use the information in deciding what to buy?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 2**  CHECK ITEM CBQ.615:  CBQ.645 ONLY APPLY TO RESPODENT WHO IS A SP.  IF RESPONDENT IS A SP, CONTINUE.  OTHERWISE, GO TO CBQ.700. |

**Section C. Calories knowledge**

CBQ.645 {Please turn to hand card 2.}

About how many calories do you think a {man/woman} of your age and physical activity needs to consume a day to maintain your current weight?

[HAND CARD #2]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

A. Less than 500 calories 1

B. 500-1000 calories 2

C. 1001-1500 calories 3

D. 1501-2000 calories 4

E. 2001-2500 calories 5

F. 2501-3000 calories 6

G. More than 3000 calories 7

REFUSED 77

DON'T KNOW 99

**Section D. Food label**

CBQ.700 {Now turn the page to use hand card 3.}

Many food packages contain an **expiration date** such as “**use by**” or “**sell by**”. How often do you use **the expiration date** when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARD #3]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

NEVER SEEN 6

REFUSED 7

DON'T KNOW 9

DBQ.780 Some food packages contain health claims about the benefits of nutrients or foods {like the examples on hand card 4}. How often do you use this kind of **health claim** when deciding to buy a food product?

{Using hand card 5,} would you say always, most of the time, sometimes, rarely, or never?

[HAND CARDS #4 & #5]

CAPI INSTRUCTIONS:

IF CBQ.502=2, 7, or 9, REPLACE TEXT IN THE BRACES WITH THE FOLLOWING:

‘For example, "Diets low in sodium may reduce the risk of high blood pressure”, or “Adequate calcium throughout life may reduce the risk of osteoporosis” ’, Do NOT display “Using hand card 5”, in the third sentence.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

NEVER SEEN 6

REFUSED 7

DON'T KNOW 9

DBQ.750 {Please turn to hand card 6. For the next question you’ll use hand card 7 to respond, but first please look at hand card 6 which shows an example of the food label.

How often do **you** use the **Nutrition Facts panel** on a food label, such as the part colored in yellow on the sample food label on hand card 6, when deciding to buy a food product?}

{Looking at hand card 7,} would you say always, most of the time, sometimes, rarely, or never?

[HAND CARDS #6 & #7]

CAPI INSTRUCTIONS:

IF CBQ.502=1, DISPLAY DBQ.750 AS SHOWN ABOVE.

ELSE IF CBQ.503=1, REPLACE TEXT IN THE BRACES WITH THE FOLLOWING:

“Next, we have some questions about food labels. On your (cereal box, can, food package, etc.) please look for the food label that is usually on the back or the side of the package. A food label has two parts, a Nutrition Facts panel and a list of ingredients. The "**Nutrition Facts panel**" of a food label lists the amount of calories, fat, fiber, carbohydrates and some other nutritional information.

How often do **you** use the **Nutrition Facts panel** when deciding to buy a food product?”

Do NOT display “Looking at hand card 7”, in the fourth sentence.

ELSE IF CBQ.503=2, 7, OR 9, REPLACE TEXT IN THE BRACES WITH THE FOLLOWING:

“Next, we have some questions about food labels. A food label usually is on the back or the side of the food package. It has two parts, a Nutrition Facts panel and a list of ingredients. The "**Nutrition Facts panel**" of a food label lists the amount of calories, fat, fiber, carbohydrates and some other nutritional information.

How often do **you** use the **Nutrition Facts panel** when deciding to buy a food product?”

Do NOT display “Looking at hand card 7”, in the fourth sentence.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

NEVER SEEN 6

REFUSED 7

DON'T KNOW 9

DBQ.760 {Please turn to hand card 8. Again, for the next question, you’ll use hand card 9 to respond, but first look at hand card 8.}

How often do **you** use the **list of ingredients** on a food label, {such as the part colored in pink on hand card 8,} when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARD #8 & #9]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

NEVER SEEN 6

REFUSED 7

DON'T KNOW 9

DBQ.770 {Please turn your hand card to the next page.} How about the information on **the serving size**? [HAND CARD #10]

How often do **you** use information on the **serving size** on a food label, {such as the part colored in green on hand card 10,} when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARD #10 & #11]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

NEVER SEEN 6

REFUSED 7

DON'T KNOW 9

CBQ.905 {Please turn to hand cards 12 and 13.} How about the information on **the number of servings in the package**?

[How often do **you** use information on **the number of servings in the package** on a food label, {such as the part colored in purple on hand card 12,} when deciding to buy a food product?]

[Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARDS #12 & #13]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

NEVER SEEN 6

REFUSED 7

DON'T KNOW 9

CBQ.910 {Please turn to hand cards 14 and 15.} How about the information contained in the **footnote**?

[How often do **you** use information contained in the **footnote** on a food label, {such as the part colored in orange on hand card 14,} when deciding to buy a food product?]

[Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARDS #14 & #15]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

NEVER SEEN 6

REFUSED 7

DON'T KNOW 9

CBQ.685 {Please turn to {hand cards 16 and 17.} How about the information on **the percent daily value**?

[How often do **you** use information on the **percent daily value** on a food label, {such as the part colored in blue on hand card 16,} when deciding to buy a food product?]

[Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARD #16 & #17]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5 (BOX NEW)

NEVER SEEN 6 (BOX NEW)

REFUSED 7 (BOX NEW)

DON'T KNOW 9 (BOX NEW)

CBQ.915 {For the next question you’ll use {hand card 19/hand card 21} to respond, but first please look at {hand card 18/hand card 20.}

Which one do you use more often when deciding to buy a food product - information on the food label about Percent Daily Value, {such as the part colored in blue on {hand card 18/hand card 20},} or about the amount of nutrients such as the value in grams or milligrams noted next to each nutrient {such as the part highlighted in yellow}?

{Looking at {hand card 19/hand card 21},} would you say you use…

[HAND CARDS #18 & #19]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

CAPI INSTRUCTION: IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 1 AND “[HAND CARDS #18 & #19]”. IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 2 AND ”[HAND CARDS #20 & #21]”.

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #1

Only percent daily value; 1

Percent daily value more often; 2

Both percent daily value and the

amount of nutrients about the same; 3

The amount of nutrients more often; or 4

Only the amount of nutrients 5

DO NOT USE EITHER 6

REFUSED 7

DON'T KNOW 9

[HAND CARDS #20 & #21]

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #2

Only the amount of nutrients; 5

The amount of nutrients more often; 4

Both the amount of nutrients and percent daily value

about the same; 3

Percent daily value more often; or 2

Only percent daily value 1

DO NOT USE EITHER 6

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX NEW**  **CHECK ITEM CBQ.920:**  IF CBQ.502 = 1, CONTINUE.  OTHERWISE, GO TO CBQ.930. |

CBQ.926 Now turn to {hand cards 22 and 23/hand cards 24 and 25}. The label of the product shows 10% Daily Value for Vitamin D in a serving of the product. What does the 10% Daily Value mean to you?

HAND CARDS #22 & #23

CAPI INSTRUCTION: IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 1 AND “HAND CARDS #22 & #23”. IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 2 AND “HAND CARDS #24 & #25”.

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #1

10 percent of the calories in one serving of the product come from Vitamin D 1

One serving of the product contains 10 percent Vitamin D by weight 2

One serving of the product supplies 10 percent of the Vitamin D you should have in a day 3

REFUSE 7

DON'T KNOW 9

HAND CARDS #24 & #25

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #2

One serving of the product supplies 10 percent of the Vitamin D you should have in a day 3

One serving of the product contains 10 percent Vitamin D by weight 2

10 percent of the calories in one serving of the product come from Vitamin D 1

REFUSE 7

DON'T KNOW 9

CBQ.930 {Look at hand cards 26 and 27.} How often do **you** use the **calorie** information on a food label, {such as the part colored in green,} when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARD #26 and 27]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

NEVER SEEN 6

REFUSED 7

DON'T KNOW 9

CBQ.935 {Please turn your hand cards to the next page.} How about information on **sugars**?

[How often do **you** use information on **sugars** on a food label, {such as the part colored in pink on hand card 28,} when deciding to buy a food product?]

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARD #28 & 29]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

NEVER SEEN 6

REFUSED 7

DON'T KNOW 9

CBQ.945 {Now turn to hand cards 30 and 31.} How about information on **sodium**?

[How often do **you** use information on **sodium** on a food label, {such as the part colored in blue on hand card 30,} when deciding to buy a food product?]

[Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARD #30 & #31]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

NEVER SEEN 6

REFUSED 7

DON'T KNOW 9

CBQ.947 {Please turn to hand cards 32 & 33.} How about information on **added sugars**?

[How often do **you** use information on **added sugars** on a food label, {such as the part colored in yellow on hand card 32,} when deciding to buy a food product?]

Would you say always, most of the time, sometimes, rarely, or never?

HAND CARD #32 & 33

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

NEVER SEEN 6

REFUSED 7

DON'T KNOW 9

CBQ.950 {Please turn to the next hand card page.} Some food packages contain two column labels. {For example, the one shown in hand card 34}. The first column has nutrient information for one serving of the food, and the second column contains information for the entire package.

On packages containing two column labels, how often do you use the second column with information per container when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARDS #34 & #35]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

NEVER SEEN 6

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 4A**  **CHECK ITEM CBQ.708:**  IF (DBQ.750 = 1-3) OR (DBQ.760 = 1-3) OR (DBQ.770 = 1-3) OR (DBQ.780 = 1-3), OR (CBQ.905 = 1-3), OR (CBQ.910 = 1-3), OR (CBQ.685 = 1-3), OR (CBQ.930 = 1-3), OR (CBQ.935 = 1-3), OR (CBQ.945 = 1-3), OR (CBQ.947 = 1-3), OR (CBQ.950 = 1-3), CONTINUE;  ELSE IF (DBQ.750 = 6-9) AND (DBQ.760 = 6-9) AND (DBQ.770 = 6-9) AND (DBQ.780 = 6-9), AND (CBQ.905 = 6-9), AND (CBQ.910 = 6-9), AND (CBQ.685 = 6-9), AND CBQ.930 = 6-9), AND (CBQ.935 = 6-9), AND (CBQ.945 = 6-9), AND (CBQ.947 = 6-9), OR (CBQ.950 = 6-9), GO TO CBQ.695;  OTHERWISE, GO TO CBQ.698. |

CBQ.738 {What is the reason or reasons that you check the food labelwhen deciding to buy a food product? There are some examples on {hand card 36/hand card 37}. You may give more than one answer.}

[HAND CARD #36]

CAPI INSTRUCTIONS:

IF CBQ.502=1, DISPLAY CBQ.738 AS SHOWN ABOVE.

ELSE IF CBQ.502=2, 7, OR 9 –

1. REPLACE TEXT IN THE BRACES WITH THE FOLLOWING:

“For this next question you may give more than one answer. What is the reason or reasons that you check the food labelwhen deciding to buy a food product? I will read you some examples.”

DISPLAY ALL THE RESPONSE CATEGORIES IN LOWER CASE

CODE ALL THAT APPLY.

CAPI INSTRUCTION: IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 1 AND “[HAND CARD #36]”. IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 2 AND “[HAND CARD #37]”.

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #1

TO WATCH MY WEIGHT AND/OR LOSE WEIGHT 1

A FAMILY MEMBER IS TRYING TO WATCH THEIR WEIGHT AND/OR LOSE WEIGHT 2

TO WATCH FOR DIABETES, HIGH TRIGLYCERIDES, HIGH CHOLESTEROL, HIGH BLOOD PRESSURE OR OTHER HEALTH CONDITIONS 3

A FAMILY MEMBER HAS A HEALTH CONDITION

(FOR EXAMPLE, DIABETES, HIGH TRIGLYCERIDES, HIGH CHOLESTEROL, HIGH BLOOD PRESSURE, ETC) 4

I AM ALLERGIC TO CERTAIN FOOD(S) 5

A FAMILY MEMBER HAS FOOD ALLERGIES 6

TO AVOID CERTAIN INGREDIENTS

(SUCH AS MSG, HIGH FRUCTOSE CORN SYRUP, COLOR DYES, ARTIFICIAL PRESERVATIVES, OR HYDROGENATED OILS, ETC) 7

TO INCREASE CERTAIN NUTRIENTS IN MY/FAMILY’S DIET

(SUCH AS FIBER, CALCIUM, ETC) 8

TO COMPARE WHICH BRAND/FOOD IS BETTER/HEALTHIER 9

TO MAKE BETTER/HEALTHIER CHOICES FOR ME AND MY FAMILY 10

TO WATCH FOR CALORIE CONTENT OR NUTRIENTS (SUCH AS SODIUM, TRANS FAT, SUGAR, CARBOHYDRATES, OR PROTEIN, ETC) 11

OTHER SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 91

REFUSED 77

DON’T KNOW 99

[HAND CARD #37]

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #2

TO COMPARE WHICH BRAND/FOOD IS BETTER/HEALTHIER 9

TO MAKE BETTER/HEALTHIER CHOICES FOR ME AND MY FAMILY 10

TO AVOID CERTAIN INGREDIENTS

(SUCH AS MSG, HIGH FRUCTOSE CORN SYRUP, COLOR DYES, ARTIFICIAL PRESERVATIVES, OR HYDROGENATED OILS, ETC) 7

A FAMILY MEMBER HAS A HEALTH CONDITION

(FOR EXAMPLE, DIABETES, HIGH TRIGLYCERIDES, HIGH CHOLESTEROL, HIGH BLOOD PRESSURE, ETC) 4

I AM ALLERGIC TO CERTAIN FOOD(S) 5

A FAMILY MEMBER HAS FOOD ALLERGIES 6

TO WATCH FOR DIABETES, HIGH TRIGLYCERIDES, HIGH CHOLESTEROL, HIGH BLOOD PRESSURE OR OTHER HEALTH CONDITIONS 3

TO INCREASE CERTAIN NUTRIENTS IN MY/FAMILY’S DIET

(SUCH AS FIBER, CALCIUM, ETC) 8

TO WATCH MY WEIGHT AND/OR LOSE WEIGHT 1

A FAMILY MEMBER IS TRYING TO WATCH THEIR WEIGHT AND/OR LOSE WEIGHT 2

TO WATCH FOR CALORIE CONTENT OR NUTIENTS (SUCH AS SODIUM, TRANS FAT, SUGAR, CARBOHYDRATES, OR PROTEIN, ETC) 11

OTHER SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 91

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 5A.**  CHECK ITEM CBQ.751:  GO TO CBQ.695. |

CBQ.698 {What is the reason or reasons that you rarely or never check the food labelwhen deciding to buy a food product? There are some examples on {hand card 38/hand card 39}. You may give more than one answer.}

[HAND CARD #38]

CAPI INSTRUCTIONS:

IF CBQ.502=1, DISPLAY CBQ.698 AS SHOWN ABOVE.

ELSE IF CBQ.502=2, 7, OR 9 –

1. REPLACE TEXT IN THE BRACES WITH THE FOLLOWING:

“For this next question you may give more than one answer. What is the reason or reasons that you rarely or never check the food labelwhen deciding to buy a food product? I will read you some examples.”

DISPLAY ALL THE RESPONSE CATEGORIES IN LOWER CASE

CODE ALL THAT APPLY.

CAPI INSTRUCTION: IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 1 AND “[HAND CARD #38]”. IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 2 AND “[HAND CARD #39]”.

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #1

I DON'T HAVE THE TIME 1

THE PRINT IS TOO SMALL FOR ME TO READ 2

I’M SATISFIED WITH MY HEALTH SO THERE IS NO NEED FOR ME TO CHECK 3

I HAVE A GOOD DIET SO THERE IS NO NEED TO CHECK LABELS 4

I USUALLY BUY FOODS THAT I'M USED TO, SO I DON’T FEEL THAT I NEED TO CHECK LABELS 5

I BUY WHAT I OR MY FAMILY LIKE, I DON’T CARE ABOUT THE LABELS 6

I DON’T THINK THE FOOD LABELS ARE IMPORTANT TO ME 7

I WON’T KNOW WHAT TO LOOK FOR EVEN IF I READ THE LABELS 8

I CAN’T READ ENGLISH THAT WELL 9

OTHER SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 91

REFUSED 77

DON’T KNOW 99

[HAND CARD #39]

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #2

I DON'T HAVE THE TIME1

I WON’T KNOW WHAT TO LOOK FOR EVEN IF I READ THE LABELS 8

I’M SATISFIED WITH MY HEALTH SO THERE IS NO NEED FOR ME TO CHECK 3

I CAN’T READ ENGLISH THAT WELL 9

I HAVE A GOOD DIET SO THERE IS NO NEED TO CHECK LABELS 4

I BUY WHAT I OR MY FAMILY LIKE, I DON’T CARE ABOUT THE LABELS 6

I DON’T THINK THE FOOD LABELS ARE IMPORTANT TO ME 7

THE PRINT IS TOO SMALL FOR ME TO READ 2

I USUALLY BUY FOODS THAT I'M USED TO, SO I DON’T FEEL THAT I NEED TO CHECK LABELS 5

OTHER SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 91

REFUSED 77

DON’T KNOW 99

CBQ.695 {Now turn to {hand cards 40 and 41/hand cards 42 and 43}.} Again, for this next question you may give more than one answer.

Now think about the “**serving size**” on a food label. What does serving size mean to you? Serving size is…

CODE ALL THAT APPLY

[HAND CARD #40 & #41]

CAPI INSTRUCTION:

* + - 1. Do NOT display the text in braces if CBQ.502=”2”.
      2. IF (DBQ.750 = 6-9) AND (DBQ.760 = 6-9) AND (DBQ.770 = 6-9) AND (DBQ.780 = 6-9), AND (CBQ.905 = 6-9), AND (CBQ.910 = 6-9), AND (CBQ.685 = 6-9), AND CBQ.930 = 6-9), AND (CBQ.935 = 6-9), AND (CBQ.945 = 6-9), AND (CBQ.950 = 6-9), Do NOT display the word “Again,” in the introduction sentence.

CAPI INSTRUCTION: IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 1 AND “[HAND CARDS #40 & #41]”. IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 2 AND “[HAND CARDS #42 & #43]”.

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #1

The amount of this food that people should eat 1

The amount of this food that people usually eat 2

Something that makes it easier to compare foods 3

REFUSED 7

DON'T KNOW 9

[HAND CARDS #42 & #43]

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #2

The amount of this food that people usually eat 2

The amount of this food that people should eat 1

Something that makes it easier to compare foods 3

REFUSED 7

DON'T KNOW 9

**BOX 5B**

**CHECK ITEM CBQ.753:**

IF CBQ.502 = 1 and ((DBQ.750 = 1-3) OR (DBQ.760 = 1-3) OR (DBQ.770 = 1-3) OR (DBQ.780 = 1-3), OR (CBQ.905 = 1-3), OR (CBQ.910 = 1-3), OR (CBQ.685 = 1-3), OR (CBQ.930 = 1-3), OR (CBQ.935 = 1-3), OR (CBQ.945 = 1-3), OR (CBQ.947 = 1-3), OR (CBQ.950 = 1-3), CONTINUE;

OTHERWISE, GO TO BOX 6.

CBQ.696 Please turn to hand cards 44 and 45. Before this interview, which of the two Nutrition Facts labels have you seen in the store or on food packages?

HAND CARD #44 & #45

Label 1 only 1

Label 2 only 2

Both label 1 and label 2 3

Neither label 1 nor label 2 4

REFUSED 7

DON'T KNOW 9

**Section E. Respondent information**

|  |
| --- |
| **BOX 6.**  CHECK ITEM CBQ.750:  CBQ.755, DBQ.930-DBQ.945, CBQ.760-CBQ.770 ONLY APPLY TO NON-SP PROXY.  IF RESPONDENT IS A SP, GO TO CBQ.785.  OTHERWISE, CONTINUE. |

CBQ.755 What is your relation with {SP}?

Mother of SP 1

Father of SP 2

Grandparent of SP 3

Child care provider, Caretaker 4

Other Relative 5

Friend, Non Relative 6

REFUSED 7

DON'T KNOW 9

DBQ.930 Are you the person who does **most** of the planning **or** preparing of meals in your family?

INTERVIEWER INSTRUCTION: IF SP ANSWERS “SOMETIMES” OR “50/50”, ENTER YES

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

DBQ.935 Do you share in the planning or preparing of meals with someone else?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

DBQ.940 Are you the person who does **most** of the shopping for food in your family?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

DBQ.945 Do you share in the shopping for food with someone else?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CBQ.760 How old are you?

|\_\_\_|\_\_\_| Years

Enter AGE

REFUSED 77

DON'T KNOW 99

CBQ.765 Which of the following best describe your highest education level?

Less than high school 1

High school diploma (including GED), or 2

More than high school 3

REFUSED 7

DON'T KNOW 9

CBQ.770 WHAT IS THE GENDER OF THE RESPONDENT?

[Interviewer Instruction: this is a question for the interviewer to complete by selecting the appropriate option. No need to read the question to the SP]

MALE 1

FEMALE 2

CBQ.785 THE INTERVIEW WAS COMPLETED IN:

INTERVIEWER INSTRUCTION:

This is a question for the interviewer to complete by selecting the appropriate option. Do not read the question to the SP.

ENGLISH 1

SPANISH 2

ENGLISH AND SPANISH 3

OTHER 4

**Hand Card Booklet Title Page**

**Hand Card**

**Booklet**



2019

Hand Card 1

Fast-food or pizza places

Restaurants with waiter or waitress service

All-you-can-eat buffets

Places that sell mostly beverages such as a coffee shop or juice bar

Movie theaters, sports arenas, or other places of recreation

Grocery stores

Convenience stores

Hand Card 2

1. Less than 500 Calories
2. 500-1000 Calories
3. 1001-1500 Calories
4. 1501-2000 Calories
5. 2001-2500 Calories
6. 2501-3000 Calories

G. More than 3000 Calories

Hand Card 3

Always

Most of the time

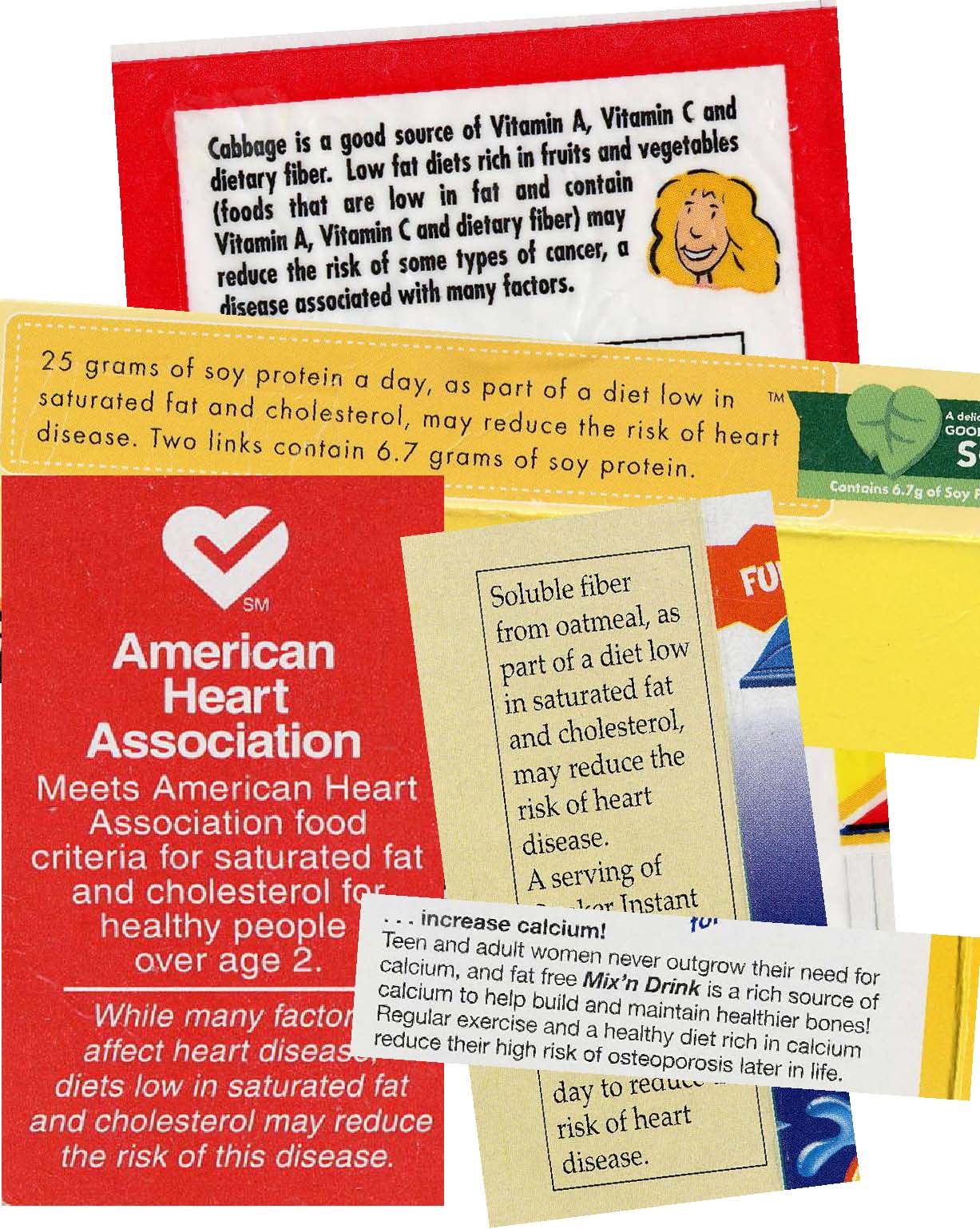
Sometimes

Rarely

Never

Hand Card 4

**Sample health claim in food labels**



**Low fat diets rich in fruits and vegetables (foods that are low in fat and contain Vitamin A, Vitamin C**

**and dietary fiber) may reduce the risk of some types of cancer, a disease associated with many factors.**

Hand Card 5

Always

Most of the time

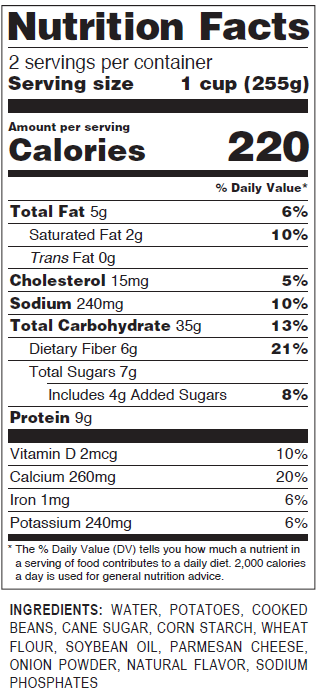
Sometimes

Rarely

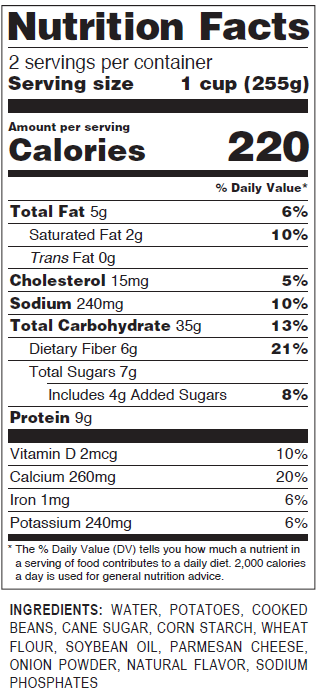
Never

**Sample Food Label**

Hand Card 6



**Nutrition Facts Panel**



Hand Card 7

Always

Most of the time

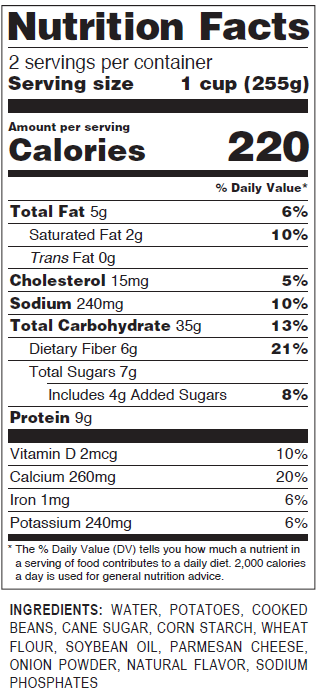
Sometimes

Rarely

Never

Hand Card 8

**Sample Food Label**



**List of Ingredients**

Hand Card 9

Always

Most of the time

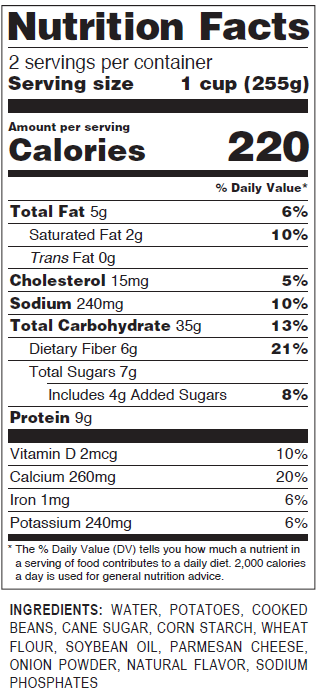
Sometimes

Rarely

Never

Hand Card 10

**Sample Food Label**



**Serving Size**

Hand Card 11

Always

Most of the time

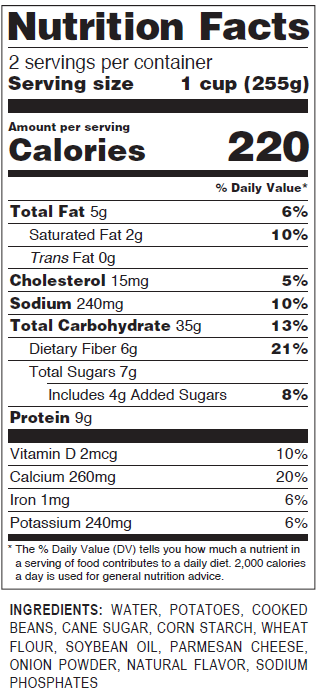
Sometimes

Rarely

Never

Hand Card 12

**Sample Food Label**



**Number of servings per package**

Hand Card 13

Always

Most of the time

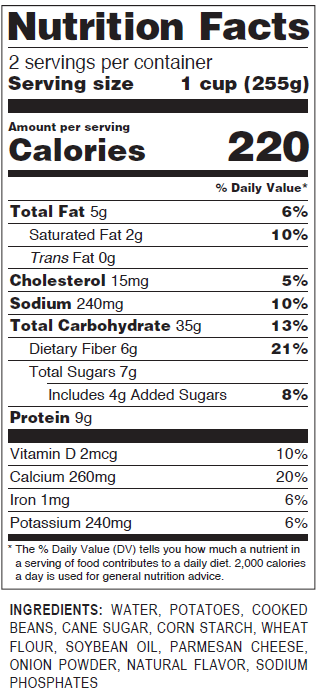
Sometimes

Rarely

Never

Hand Card 14

**Sample Food Label**



**Footnote**

Hand Card 15

Always

Most of the time

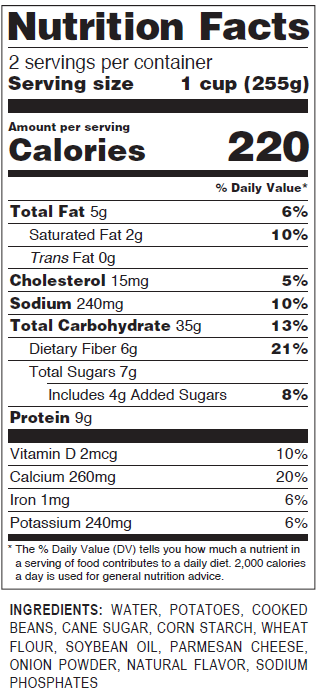
Sometimes

Rarely

Never

Hand Card 16

**Sample Food Label**



**Percent Daily Value**

Hand Card 17

Always

Most of the time

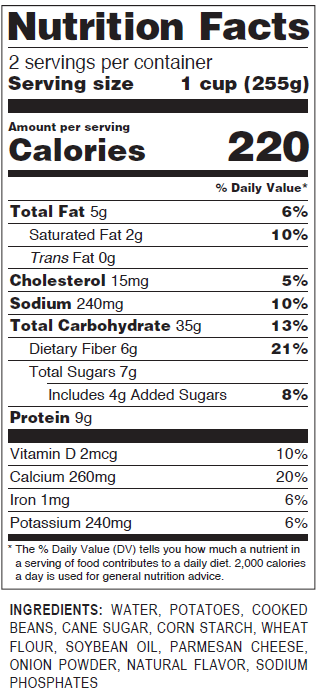
Sometimes

Rarely

Never

Hand Card 18

**Sample Food Label**



**Percent**

**Daily Value**

**Amount of the nutrient**

Hand Card 19

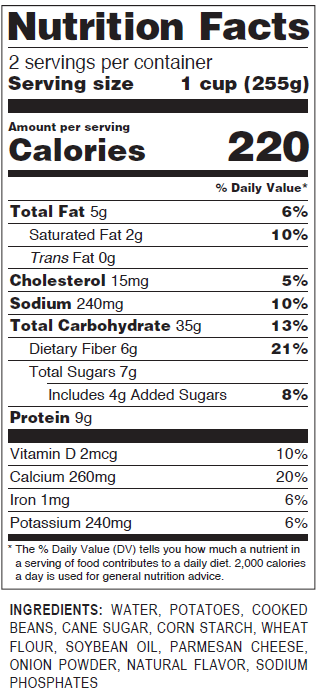
When deciding to buy a food product, between the **percent daily value** and the **amount of nutrients** on a food label

I use….

* Only percent daily value
* Percent daily value more often
* Both percent daily value and the amount of nutrients about the same
* The amount of nutrients more often
* Only the amount of nutrients

Hand Card 20

**Sample Food Label**



**Percent**

**Daily Value**

**Amount of the nutrient**

Hand Card 21

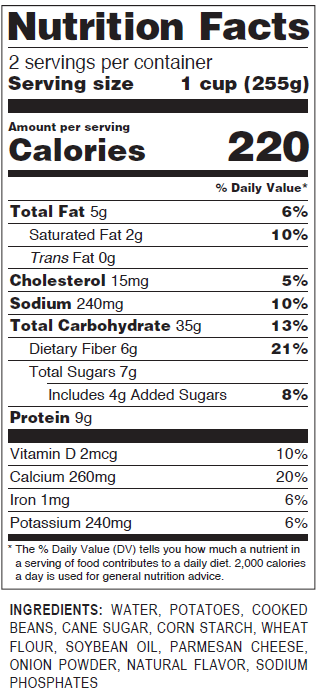
When deciding to buy a food product, between the **percent daily value** and the **amount of nutrients** on a food label

I use….

* Only the amount of nutrients
* The amount of nutrients more often
* Both the amount of nutrients and percent daily value about the same
* Percent daily value more often
* Only percent daily value

Hand Card 22

**Sample Food Label**

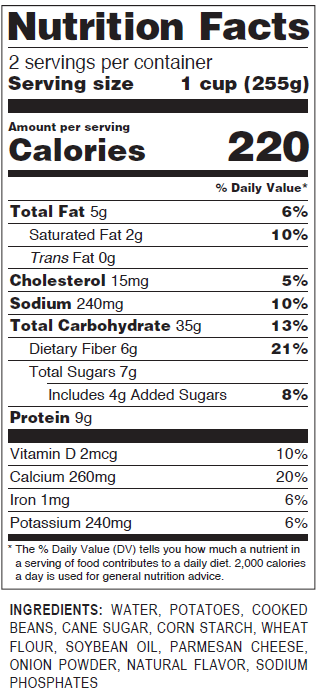


Hand Card 23

* + - 10 percent of the calories in one serving of the product come from Vitamin D
    - One serving of the product contains 10 percent Vitamin D by weight
    - One serving of the product supplies 10 percent of the Vitamin D you should have in a day

Hand Card 24

**Sample Food Label**



Hand Card 25

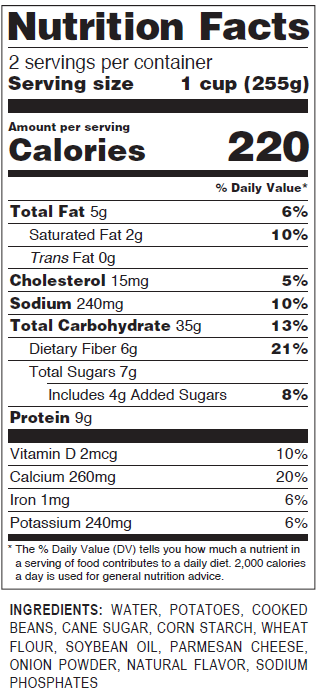
• One serving of the product supplies 10 percent of the Vitamin D you should have in a day

• One serving of the product contains 10 percent Vitamin D by weight

• 10 percent of the calories in one serving of the product come from Vitamin D

Hand Card 26

**Sample Food Label**



//

Hand Card 27

Always

Most of the time

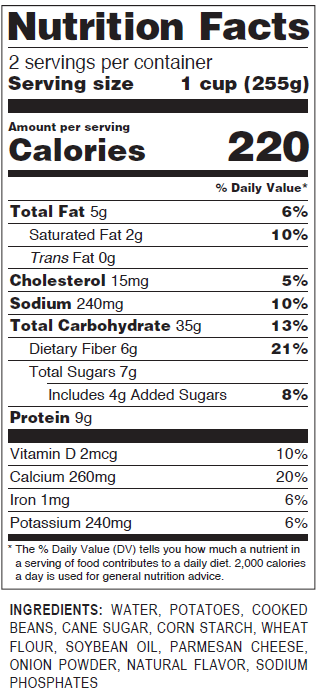
Sometimes

Rarely

Never

Hand Card 28

**Sample Food Label**



Hand Card 29

Always

Most of the time

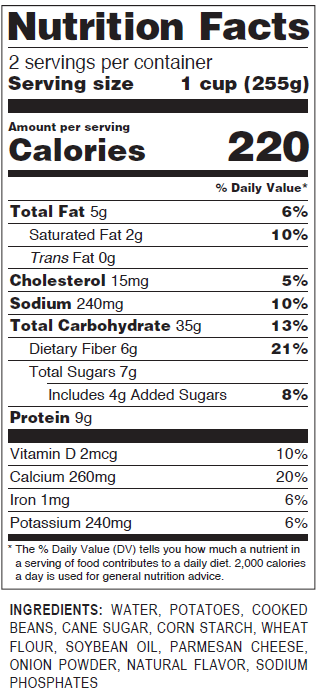
Sometimes

Rarely

Never

Hand Card 30

**Sample Food Label**



Hand Card 31

Always

Most of the time

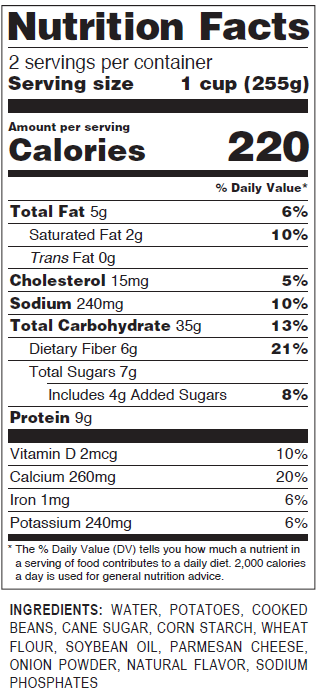
Sometimes

Rarely

Never

Hand Card 32

**Sample Food Label**



Hand Card 33

Always

Most of the time

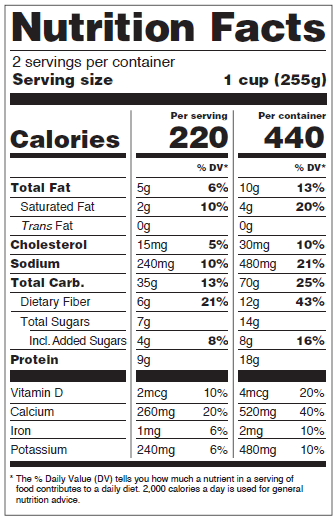
Sometimes

Rarely

Never

Hand Card 34

**Sample food label with two columns**



Hand Card 35

Always

Most of the time

Sometimes

Rarely

Never

Never seen

Hand Card 36

**The reason(s) that I check the food label when deciding to buy a food product is/are…**

* To watch my weight/lose weight
* A family member is trying to watch weight/lose weight
* To watch for diabetes, high triglycerides, high cholesterol, high blood pressure or other health conditions
* A family member has a health condition (for example, diabetes, high triglycerides, high cholesterol, high blood pressure, etc)
* I am allergic to certain food(s)
* A family member has food allergies
* To avoid certain ingredients (such as MSG, high fructose corn syrup, color dyes, artificial preservatives, or hydrogenated oils, etc)
* To increase certain nutrients in my/family’s diet (such as fiber, calcium, etc)
* To compare which brand/food is better/healthier
* To make better/healthier choices for me/my family
* To watch for calorie content or certain nutrients (such as sodium, trans fat, sugar, carbohydrates, or protein, etc.)
* Other (please specify)

Hand Card 37

**The reason(s) that I check the food label when deciding to buy a food product is/are…**

* To compare which brand/food is better/healthier
* To make better/healthier choices for me/my family
* To avoid certain ingredients (such as MSG, high fructose corn syrup, color dyes, artificial preservatives, or hydrogenated oils, etc)
* A family member has a health condition (for example, diabetes, high triglycerides, high cholesterol, high blood pressure, etc)
* I am allergic to certain food(s)
* A family member has food allergies
* To watch for diabetes, high triglycerides, high cholesterol, high blood pressure or other health conditions
* To increase certain nutrients in my/family’s diet (such as fiber, calcium, etc)
* To watch my weight/lose weight
* A family member is trying to watch weight/lose weight
* To watch for calorie content or certain nutrients (such as sodium, trans fat, sugar, carbohydrates, or protein, etc.)
* Other (please specify)

Hand Card 38

**The reason(s) that I rarely or never check the food label when deciding to buy a food product is/are…**

* I don't have the time
* The print is too small for me to read
* I’m satisfied with my health so there is no need for me to check
* I have a good diet so there is no need to check labels
* I usually buy foods that I'm used to, so I don’t feel that I need to check labels
* I buy what I/my family like, I don’t care about the labels
* I don’t think the food labels are important to me
* I won’t know what to look for even if I read the labels
* I can’t read English that well
* Other (please specify)

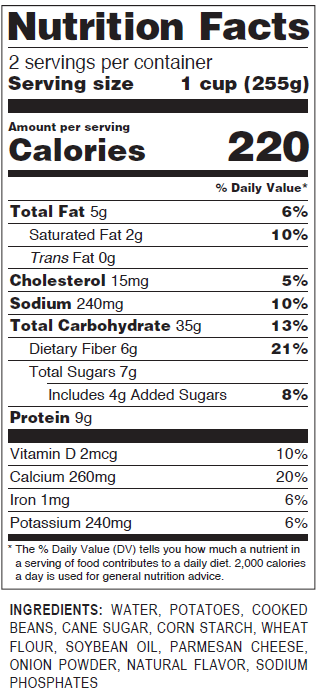
Hand Card 39

**The reason(s) that I rarely or never check the food label when deciding to buy a food product is/are…**

* I don't have the time
* I won’t know what to look for even if I read the labels
* I’m satisfied with my health so there is no need for me to check
* I can’t read English that well
* I have a good diet so there is no need to check labels
* I buy what I/my family like, I don’t care about the labels
* I don’t think the food labels are important to me
* The print is too small for me to read
* I usually buy foods that I'm used to, so I don’t feel that I need to check labels
* Other (please specify)

Hand Card 40

**Sample Food Label**



**Serving Size**

Hand Card 41

Serving size is...

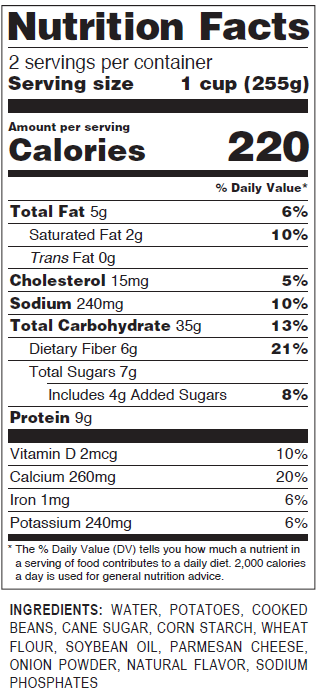
The amount of this food that people should eat

The amount of this food that people usually eat

Something that makes it easier to compare foods

Hand Card 42

**Sample Food Label**



**Serving Size**

Hand Card 43

Serving size is...

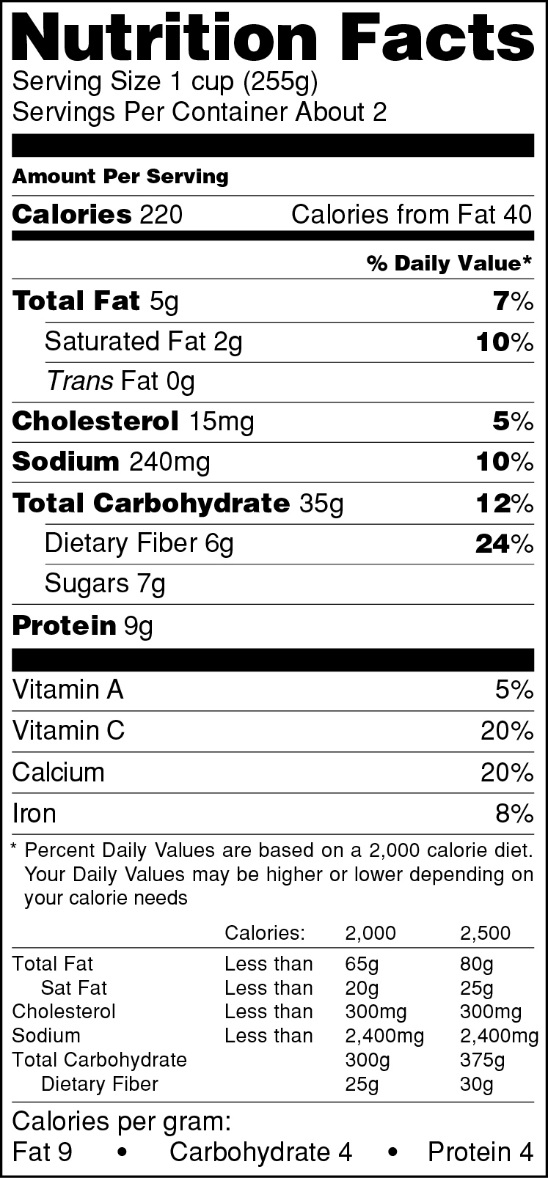
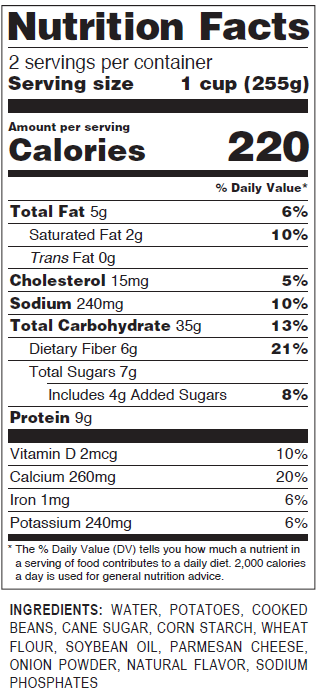
The amount of this food that people usually eat

The amount of this food that people should eat

Something that makes it easier to compare foods

Hand Card 44

Label 1 Label 2

****

Hand Card 45

Label 1 only

Label 2 only

Both Label 1 and Label 2

Neither Label 1 or Label 2