

Attachment 6f

MEC and Dietary Recruitment and Scheduling Instrument

Attachment 6f: MEC and Dietary Interview Recruiting and Scheduling Instrument

Form Approved
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PRELOADS NEEDED

SP INFORMATION:

PARTICIPANT NUMBER, SP NAME, GENDER (MULTIPLE), LANGUAGE, SP DATE OF BIRTH, AGE, SPQSELECT – 1 = SP, 2 = PROXY, PROXY NAME (SPQPFNM), SP EMAIL, FOR RECORDING CONSENT SPQRECORD AND SP INTERVIEW COMPLETION INTERVIEW DATE. SP PHONE NUMBER FROM SCREENER: SCQVFQ/G/A/B SPQSELECTR,

MEC LOCATION:

ADDRESS(ES) OF MEC(S)

MEC INCENTIVE AMOUNT:

BASED ON SP AGE, THE MEC INCENTIVE AMOUNTS ARE

MEC EXAMS (AGE AT EXAM)	SP 0-11 YEARS OLD	\$40.00
	SP 12-15 YEARS OLD	\$60.00
	SP 16+ YEARS OLD	\$100.00

MEC TRANSPORTATION ALLOWANCE:

BASED ON DISTANCE FROM MEC, ALLOWANCE AMOUNTS ARE

MEC ROUNDTrip TRANSPORTATION ALLOWANCE	0-15.9 MILES	\$30.00
	16-30.9 MILES	\$45.00
	31-59.9 MILES	\$55.00
	60+ MILES	\$70.00

MDASLCTR	
ASK	ALL RESPONDENTS
SELECT RESPONDENT FOR THE MEC/DIETARY APPOINTMENT SCHEDULER IF RESPONDENT IS NOT ON THE DROP DOWN LIST, PRESS EXIT TO BREAK OUT OF INSTRUMENT AND GO TO CMS TO UPDATE NAME. <FILL HOUSEHOLD ROSTER>	
SPANISH	NA
QUESTION TYPE	DROP DOWN
FILLS	HH ROSTER FILL: DISPLAY HOUSEHOLD ROSTER MEMBERS WHO ARE 18 YEARS OR OLDER AND INCLUDE ANY PROXY FROM OUTSIDE THE HOUSEHOLD DETERMINED IN THE SP QUESTIONNAIRE
NOTES	ALL HOUSEHOLD MEMBERS WHO ARE >= 18 YEARS OLD (INCLUDING HH MEMBERS WHO ANSWERED DK/RF FOR NAME, BUT REPORTED AN AGE >= 18 YEARS OLD; LABEL NO-NAME HH MEMBER IN LIST AS, E.G., "21 YEAR OLD HH MEMBER #X" OR "18 YEAR OLD HH MEMBER #X"). IF SPQSELECTR = OUTSIDE THE HH, INCLUDE SPQPRFNM IN THE ROSTER
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	MDARECASK

MDARECASK

ASK	ALL RESPONDENTS
<TEXT FILL 1> 1. YES 2. NO	
SPANISH	NA
QUESTION TYPE	RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: IF SPQRECORD = 1 AND SP INTERVIEW COMPLETION DATE = CURRENT DATE: I wanted to remind you that the computer is still recording our conversation. PRESS YES TO CONTINUE. ELSE: We would like to record the interview for training and data quality. The computer is now recording our conversation. Do I have your permission to continue recording?
FILLS (SPA)	TEXT FILL 1: IF SPQRECORD = 1 AND SP INTERVIEW COMPLETION DATE = CURRENT DATE: Quería recordarle que la computadora sigue grabando nuestra conversación. PRESS YES TO CONTINUE. ELSE: Nos gustaría grabar la entrevista para fines de capacitación y calidad de los datos. La computadora está grabando nuestra conversación ahora. ¿Tengo su permiso para seguir grabando?
NOTES	IF MDARECASK IN (2) 'NO', STOP RECORDING AND DISPLAY A MESSAGE: INTERVIEWER INSTRUCTION: INFORM THE RESPONDENT: "I will turn off the recording now."
NOTES (SPA)	IF MDARECASK IN (2) 'NO', STOP RECORDING AND DISPLAY A MESSAGE: INTERVIEWER INSTRUCTION: INFORM THE RESPONDENT: "Apagaré la grabación ahora."
HELP SCREEN	How long will the recording be kept? The audio recording will be deleted after three years. You can call our toll free number 800-344-1386 at any time to have your audio recording deleted prior to that time. Who will have access to my recordings? Recordings are only used by persons authorized to work on NHANES for reviewing the quality of my work and tools and questionnaires used in the survey
HELP SCREEN (SPA)	¿Cuánto tiempo se conservará la grabación? La grabación de audio se borrará después de tres años. Puede llamar a nuestra línea gratuita al 800-344-1386 en cualquier momento si quiere que la borremos antes. ¿Quién tendrá acceso a mis grabaciones? Solo quienes están autorizados a trabajar en la Encuesta Nacional de Examen de la Salud y Nutrición (NHANES, por sus siglas en inglés) usan las grabaciones para revisar la calidad de mi trabajo, así como las herramientas y cuestionarios usados en la encuesta.

HARD CHECK	
SOFT CHECK	
VERSION NOTES	RIQ.211
NEXT	MDAINTRO

MDAINTRO	
ASK	ALL RESPONDENTS
Thank you for your time today to complete this questionnaire. When <TEXT FILL 1> selected to participate in the NHANES interview, <TEXT FILL 1> also selected to participate in a free health exam. HAND SP/PROXY THE MEC BROCHURE This brochure provides an overview of the NHANES health exam. It's conducted at our local Mobile Examination Center right here in your community. The Exam Center is staffed with highly trained health care professionals including a nurse, phlebotomist, and dental professional. While some of these exams would be done during a routine check-up, many are not. These exams could provide important health information that you could not easily access otherwise. <TEXT FILL 6"> We also test to see if participants have been exposed to harmful chemicals. This free exam takes about 2 hours and we will give you some of the results before you leave the exam center. We will send you all other results and additional information about the tests in about 3 to 4 months. We will give <TEXT FILL 2> an additional <TEXT FILL 4> for completing the exam. This will be added to the gift card you already received. ANSWER ANY QUESTIONS THE SP/PROXY MAY HAVE. IF NECESSARY PROVIDE ADDITIONAL CONSENT BROCHURES OR SUPPORTING MATERIALS TO ANSWER QUESTIONS. MENTION THE COMMUNITY SERVICE LETTER WHICH RECOMMENDS 5 HOURS OF COMMUNITY SERVICE. 1. CONTINUE WITH SCHEDULING 2. SP/PROXY REFUSES EXAM	

SPANISH	Gracias por su tiempo hoy para responder este cuestionario. Cuando <TEXT FILL 1> fue seleccionado(a) para participar en la entrevista de NHANES, <TEXT FILL 1> también fue seleccionado(a) para participar en un examen gratuito de salud. HAND SP THE MEC BROCHURE Este folleto ofrece una descripción general del examen de salud de NHANES, el cual se realiza en nuestro centro móvil de examen aquí en su comunidad. El centro móvil de examen cuenta con profesionales de atención médica altamente capacitados, entre ellos un enfermero, un flebotomista y un profesional dental. Aunque algunos de estos exámenes se harían durante un examen de rutina, muchos no se hacen. Estos exámenes podrían darle información importante sobre su salud a la cual no podría tener acceso fácilmente de otro modo. <TEXT FILL 6> También realizamos pruebas para saber si los participantes han estado expuestos a sustancias químicas tóxicas. Este examen gratuito toma alrededor de 2 horas y le daremos algunos de los resultados antes de que se vaya del centro de exámenes. Le enviaremos todos los demás resultados e información adicional sobre las pruebas en unos 3 o 4 meses. Le daremos a <TEXT FILL 2> una cantidad adicional de <TEXT FILL 4> dólares por completar el examen. Esta cantidad se añadirá a la tarjeta de regalo que ya ha recibido. ANSWER ANY QUESTIONS THE SP/PROXY MAY HAVE. IF NECESSARY PROVIDE ADDITIONAL CONSENT BROCHURES OR SUPPORTING MATERIALS TO ANSWER QUESTIONS. MENTION THE COMMUNITY SERVICE LETTER WHICH RECOMMENDS 5 HOURS OF COMMUNITY SERVICE. 1. CONTINUE WITH SCHEDULING 2. SP REFUSES EXAM
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL: 'you were' IF SP IS RESPONDENT ELSE FILL: '{SP NAME} was' TEXT FILL 2: FILL: 'you' IF SP IS RESPONDENT ELSE FILL: '{SP NAME}' TEXT FILL 3: FILL 'your' IF SP IS RESPONDENT ELSE FILL: '{SP NAME}'s' TEXT FILL 4: FILL: '\$[INCENTIVE AMOUNT BASED ON SP AGE]' TEXT FILL 5: IF RESPONDENT IS PROXYOF SP, FILL: '{SP NAME}' SP IS 1 YEAR OR OLDER, FILL Depending on age,[SP NAME]'s appointment may include dental, hearing and vision exams, and a breathing test. ELSE, FILL IS BLANK

	TEXT FILL 7: IF SPQSELECT = 2 PROXY IS NOT ALSO AN SP (HHSP = 2), FILL "Though you were not selected for NHANES, you will receive \$20 for bringing <TEXT FILL 5> to their appointment."
FILLS (SPA)	TEXT FILL 1: FILL: 'usted' IF SP IS RESPONDENT ELSE FILL: '{SP NAME}' TEXT FILL 2: FILL: 'usted' IF SP IS RESPONDENT ELSE FILL: '{SP NAME}' TEXT FILL 3: FILL 'usted' IF SP IS RESPONDENT ELSE FILL: '{SP NAME}' TEXT FILL 4: FILL: '\${INCENTIVE AMOUNT BASED ON SP AGE}' TEXT FILL 5: IF RESPONDENT IS PROXYOF SP, FILL: '{SP NAME}' SP IS 1 YEAR OR OLDER, FILL Dependiendo de la edad, la cita de [SP NAME] podría incluir exámenes dentales, de audición y de la vista, y una prueba de respiración. ELSE, FILL IS BLANK TEXT FILL 7: IF SPQSELECT = 2 PROXY IS NOT ALSO AN SP (HHSP = 2), FILL "Aunque usted no fue seleccionado(a) para NHANES, recibirá \$20 dólares por traer a <TEXT FILL 5> a su cita."
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDAINTRO IN (1): MDACONFIRMSP IF MDAINTRO IN (2): MDAMREF

MDACONFIRMSP	
ASK	ALL RESPONDENTS
Participant#: <TEXT FILL 1> SP name: <TEXT FILL 2> Gender: <TEXT FILL 3> Language: <TEXT FILL 4> DOB: <TEXT FILL 5> Age: <TEXT FILL 7> Before we schedule <TEXT FILL 8> appointment, I want to confirm that I have <TEXT FILL 8> name spelled correctly. I have [first/middle/last].	

SPELL THE NAME ALOUD TO VERIFY SPELLING IS CORRECT. CORRECT SPELLING IF NECESSARY.

SPANISH	Participant#: <TEXT FILL 1> SP name: <TEXT FILL 2> Gender: <TEXT FILL 3> Language: <TEXT FILL 4> DOB: <TEXT FILL 5> Age: <TEXT FILL 7> Antes de programar <TEXT FILL 8>, quiero confirmar que tengo bien escrito <TEXT FILL 9>. Tengo [first/middle/last]. SPELL THE NAME ALOUD TO VERIFY SPELLING IS CORRECT. CORRECT SPELLING IF NECESSARY.
QUESTION TYPE	DISPLAY FILLS WITH ABILITY TO EDIT SP NAME
FILLS (ENG)	TEXT FILL 1: FILL PARTICIPANT ID NUMBER TEXT FILL 2: FILL SP NAME TEXT FILL 3: FILL SP GENDER TEXT FILL 4: FILL SP LANGUAGE TEXT FILL 5: FILL SP DOB TEXT FILL 7: FILL SP AGE TEXT FILL 8: FILL "your" IF THE SP IS THE RESPONDENT ELSE FILL "[SP NAME]'s " IF THE RESPONDENT IS THE PROXY FOR THE SP
FILLS (SPA)	TEXT FILL 1: FILL PARTICIPANT ID NUMBER TEXT FILL 2: FILL SP NAME TEXT FILL 3: FILL SP GENDER TEXT FILL 4: FILL SP LANGUAGE TEXT FILL 5: FILL SP DOB TEXT FILL 7: FILL SP AGE TEXT FILL 8: FILL "su cita" IF THE SP IS THE RESPONDENT ELSE FILL "la cita de [SP NAME]" IF THE RESPONDENT IS THE PROXY FOR THE SP TEXT FILL 9: FILL "su nombre" IF THE SP IS THE RESPONDENT ELSE FILL "el nombre de [SP NAME]" IF THE RESPONDENT IS THE PROXY FOR THE SP
NOTES	

HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF SP'S LANGUAGE IS NOT ENGLISH MDAMECINT' IF SP'S LANGUAGE IS ENGLISH AND SP IS THE RESPONDENT: MDAMSCHE ELSE: MDAMPROXY

MDAMPROXY/MDAMPRFNM	
ASK	IF SP IS NOT RESPONDENT
Will you be the person that takes [SP NAME] to their exam appointment? 1. YES 2. NO SELECT SP PROXY'S NAME GOING TO THE MEC. (What is this person's first name) [MDAMPRFNM] <FILL HOUSEHOLD ROSTER> CONFIRM SP PROXY'S NAME FOR EXAM APPOINTMENT ENTER FIRST NAME	
SPANISH	¿Es usted la persona que llevará a [SP NAME] a su cita para el examen? 1. YES 2. NO SELECT SP PROXY'S NAME GOING TO THE MEC. (¿Cuál es el nombre de esta persona?) [MDAMPRFNM] <FILL HOUSEHOLD ROSTER> CONFIRM SP PROXY'S NAME FOR EXAM APPOINTMENT ENTER FIRST NAME
QUESTION TYPE	MDAMPROXY: RADIO BUTTON

	MDAMPRFNM: DROP DOWN MDAMPRFNAMC: TEXT BOX
FILLS	
NOTES	PREFILL NAME SELECTED IN MDAMPRFNM INTO MDAMPRFNMC. ALLOW IT TO BE EDITED. DISPLAY HH ROSTER [MDAMPRFNM]. IF SPQSELECTR = SOMEONE OUTSIDE THE HH, INCLUDE SPQPRFNM IN THE ROSTER FOR MDAMPRFNAMC, ALLOW 50 CHARACTERS
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDAMPROXY = 1 AND IF SP'S LANGUAGE IS NOT ENGLISH: MDAMECINT ELSE: MDAMSCHED

MDAMRELATE	
ASK	ALL RESPONDENTS
What is this person's relationship to <TEXT FILL 1>? 1. MOTHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER) 2. FATHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER) 3. GRANDPARENT (GRANDMOTHER/GRANDFATHER) 4. AUNT/UNCLE 2. DAUGHTER OR SON (BIOLOGICAL/ADOPTIVE/IN-LAW/STEP/FOSTER) 5. BROTHER/SISTER 6. SPOUSE (WIFE/HUSBAND) OR PARTNER 7. OTHER RELATIVE 8. NON-RELATIVE 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Cuál es la relación de esta persona con <TEXT FILL 1>? 1. MADRE (BIOLÓGICA/ADOPTIVA/MADRASTRA/DE CRIANZA "FOSTER") 2. PADRE (BIOLÓGICO/ADOPTIVO/PADRASTRO/DE CRIANZA "FOSTER") 3. ABUELA(O) 4. TÍA(O) 2. HIJA(O) (BIOLÓGICO(A)/ADOPTIVO/(A)/NUERA/YERNO/DE CRIANZA "FOSTER") 5. HERMANO(A) 6. ESPOSA(O) O PAREJA 7. OTRO PARIENTE 8. NO ES PARIENTE 77. REFUSED

	99. DON'T KNOW
QUESTION TYPE	RADIO BUTTON
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF SP'S LANGUAGE IS NOT ENGLISH: MDAMECINT ELSE: MDAMSCHED

MDAMECINT	
ASK	IF SP'S LANGUAGE IS NOT ENGLISH
It may be helpful for someone to interpret for <TEXT FILL 3> during <TEXT FILL 1> exam appointment. A family member or friend can attend the appointment to interpret for <TEXT FILL 2>. If not, we can arrange to have an interpreter for you. Which works for you? 1. FAMILY/FRIEND WILL INTERPRET 2. NHANES WILL PROVIDE INTERPRETER	

SPANISH	Podría ser útil que alguien interprete para <TEXT FILL 3> durante la cita para <TEXT FILL 1>. Un familiar o un(a) amigo(a) puede ir a la cita para interpretar para <TEXT FILL 2>. Si no es así, podemos encargarnos de conseguirle un intérprete. ¿Qué prefiere? 1. FAMILY/FRIEND WILL INTERPRET 2. NHANES WILL PROVIDE INTERPRETER
QUESTION TYPE	RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: FILL “your” IF THE SP IS THE RESPONDENT FILL “{SP NAME}’s” IF THE RESPONDENT IS THE PROXY FOR THE SP TEXT FILL 2: FILL “you” IF THE SP IS THE RESPONDENT ELSE FILL “{SP NAME}” TEXT FILL 3: FILL “you” IF THE SP IS THE RESPONDENT OR MDAPROXY = 1 ELSE FILL “{MDAPRFNM}”
FILLS (SPA)	TEXT FILL 1: FILL “su examen” IF THE SP IS THE RESPONDENT FILL “el examen de {SP NAME}” IF THE RESPONDENT IS THE PROXY FOR THE SP TEXT FILL 2: FILL “usted” IF THE SP IS THE RESPONDENT ELSE FILL “{SP NAME}” TEXT FILL 3: FILL “usted” IF THE SP IS THE RESPONDENT OR MDAPROXY = 1 ELSE FILL “{MDAPRFNM}”
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	MDAMSCHEd

MDAMSCHEd	
ASK	ALL RESPONDENTS
Participant#: <TEXT FILL 1> SP name: <TEXT FILL 2> Gender: <TEXT FILL 3> Language: <TEXT FILL 4> DOB: <TEXT FILL 5> Age: <TEXT FILL 7> The exam takes about two hours. Let’s find a day and time that works for <TEXT FILL 9>. CLICK MAKE APPOINTMENT TO LAUNCH SCHEDULER APPLICATION. ACCESS THE CALENDAR AND OFFER LOCATIONS/DATES/TIMES UNTIL YOU FIND ONE THAT WORKS FOR THE SP. [WHEN IN THE SCHEDULER, SEE IF ANY OTHER SP IN THIS HOUSEHOLD HAS AN APPOINTMENT MADE FOR THE SAME DAY AND TIME (WITHIN A 2 HOUR WINDOW). IF YES,	

THEN ASK IF THEY WILL BE TRAVELING TOGETHER OR SEPARATELY. THIS IS NEEDED TO KNOW IF THEY SHOULD EACH GET A TRAVEL INCENTIVE IF TRAVELING SEPARATELY, OR JUST ONE TRAVEL INCENTIVE IF TRAVELING TOGETHER.]

1. APPOINTMENT SCHEDULED
2. DID NOT SCHEDULE APPOINTMENT

<MAKE APPOINTMENT BUTTON>

SPANISH	Participant#: <TEXT FILL 1> SP name: <TEXT FILL 2> Gender: <TEXT FILL 3> Language: <TEXT FILL 4> DOB: <TEXT FILL 5> Age: <TEXT FILL 7> El examen toma como dos horas. Busquemos un día y una hora convenientes para <TEXT FILL 9>. CLICK MAKE APPOINTMENT TO LAUNCH SCHEDULER APPLICATION. ACCESS THE CALENDAR AND OFFER LOCATIONS/DATES/TIMES UNTIL YOU FIND ONE THAT WORKS FOR THE SP. [WHEN IN THE SCHEDULER, SEE IF ANY OTHER SP IN THIS HOUSEHOLD HAS AN APPOINTMENT MADE FOR THE SAME DAY AND TIME (WITHIN A 2 HOUR WINDOW). IF YES, THEN ASK IF THEY WILL BE TRAVELING TOGETHER OR SEPARATELY. THIS IS NEEDED TO KNOW IF THEY SHOULD EACH GET A TRAVEL INCENTIVE IF TRAVELING SEPARATELY, OR JUST ONE TRAVEL INCENTIVE IF TRAVELING TOGETHER.] 1. APPOINTMENT SCHEDULED 2. DID NOT SCHEDULE APPOINTMENT <MAKE APPOINTMENT BUTTON>
QUESTION TYPE	RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: FILL PARTICIPANT ID NUMBER TEXT FILL 2: FILL SP NAME TEXT FILL 3: FILL SP GENDER TEXT FILL 4: FILL SP LANGUAGE TEXT FILL 5: FILL SP DOB TEXT FILL 7: FILL SP AGE TEXT FILL 8: FILL MEC LOCATION TEXT FILL 9: IF RESPONDENT IS SP, FILL: 'you' IF MDAMPROXY = 1 FILL: 'you and {SP NAME}' IF MDAMPROXY = 2, FILL: [MDAMPRFNM and {SP NAME}]
FILLS (SPA)	TEXT FILL 1: FILL PARTICIPANT ID NUMBER TEXT FILL 2: FILL SP NAME TEXT FILL 3: FILL SP GENDER TEXT FILL 4: FILL SP LANGUAGE TEXT FILL 5: FILL SP DOB

	TEXT FILL 7: FILL SP AGE TEXT FILL 8: FILL MEC LOCATION TEXT FILL 9: IF RESPONDENT IS SP, FILL: 'usted' IF MDAMPROXY = 1 FILL: 'usted y {SP NAME}' IF MDAMPROXY = 2, FILL: [MDAMPRFNM y {SP NAME}]
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDAMSCHEDED IN (1): MDAMAPPT SCREEN IF MDAMSCHEDED IN (2): MDAMREF

MDAMREF	
ASK	IF MDAMSCHEDED IN (2) OR MDAINTRO IN (2)
IF SP APPEARS UNCERTAIN, BE PREPARED TO HIGHLIGHT THE IMPORTANCE OF THE EXAM. YOU CAN SAY SOMETHING LIKE: • Participation in the exam will give you more information on <TEXT FILL 1> health. • It will also help doctors, researchers and policy makers improve people's health in the United States. For example, NHANES data found high levels of lead were associated with learning and behavioral problems in children, or the lack of folate in a pregnant woman's diet could cause birth defects with their baby. It also led to the understanding that high cholesterol could lead to heart disease. • Participating in the exam is really important and <TEXT FILL 3> will receive <TEXT FILL 2> as a thank you for completing the exams and answering questions. Is there any specific reason why you may not want <TEXT FILL 4> to participate? ATTEMPT TO CONVERT THE REFUSAL. ARE YOU ABLE TO CONVERT THE REFUSAL? 1. YES 2. NO	

SPANISH	IF SP APPEARS UNCERTAIN, BE PREPARED TO HIGHLIGHT THE IMPORTANCE OF THE EXAM. YOU CAN SAY SOMETHING LIKE: • La participación en el examen le dará más información sobre <TEXT FILL 1> . • También ayudará a doctores, investigadores científicos y legisladores a mejorar la salud de las personas en los Estados Unidos. Por ejemplo, los datos de NHANES encontraron que los altos niveles de plomo se asociaban a problemas de aprendizaje y comportamiento en los niños, o que la falta de folato en la dieta de una mujer embarazada podía causar defectos de nacimiento en su bebé. También permitió entender que el colesterol elevado podía provocar enfermedades del corazón. • Participar en el examen es muy importante y <TEXT FILL 3> recibirá <TEXT FILL 2> dólares como agradecimiento por completar los exámenes y responder las preguntas. ¿Hay alguna razón específica por la que no desee que <TEXT FILL 4> participe? ATTEMPT TO CONVERT THE REFUSAL. ARE YOU ABLE TO CONVERT THE REFUSAL? 1. YES 2. NO
QUESTION TYPE	RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: FILL 'your' IF SP IS RESPONDENT ELSE FILL: '{SP NAME}'s" TEXT FILL 2: FILL \${INCENTIVE AMOUNT BASED ON SP AGE} TEXT FILL 3: FILL: 'you' IF SP IS RESPONDENT ELSE FILL: '{SP NAME}' TEXT FILL 4: FILL: 'IF '{SP NAME}' IF PROXY/PARENT/GUARDIAN ELSE: NO FILL
FILLS (SPA)	TEXT FILL 1: FILL 'su salud' IF SP IS RESPONDENT ELSE FILL: 'la salud de [SP NAME]'" TEXT FILL 2: FILL \${INCENTIVE AMOUNT BASED ON SP AGE} TEXT FILL 3: FILL: 'usted' IF SP IS RESPONDENT ELSE FILL: '{SP NAME}' TEXT FILL 4: FILL: 'IF '{SP NAME}' IF PROXY/PARENT/GUARDIAN ELSE: NO FILL

NOTES	IF MDAMREF = 2, DISPLAY DIRECT LINK TO GO BACK TO MDAINTRO
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDAMREF IN {1}: MDAINTRO ELSE: MDAMREFREAS

MDAMREFREAS / MDAMREFREASO**ASK**

IF MDAMREF IN (2)

SELECT THE REASONS FOR REFUSAL. CHECK ALL THAT APPLY.

1. NO REASON GIVEN
2. NO INTEREST
3. TOO BUSY/NO TIME
4. EXAM TAKES TOO MUCH TIME/EXAM TOO LONG
5. EXAM PARTICIPATION IS TOO BURDENSOME
6. INCENTIVE ISN'T ENOUGH TO PARTICIPATE/KEEP PARTICIPATING
7. DOES NOT BELIEVE IN STUDIES/WASTE OF TIME OR MONEY
8. GOVERNMENT CONCERNS/MISTRUST OF GOVERNMENT
9. CDC CONCERNS/MISTRUST OF CDC
10. PRIVACY/CONFIDENTIALITY CONCERNS
11. QUESTIONS/SUSPICIONS ABOUT LEGITIMACY
12. CONCERN WITH EXAM/DOCTOR ISSUES
13. MEC IS TOO FAR AWAY/
14. TRANSPORTATION PROBLEMS
15. TOO YOUNG TO PARTICIPATE
16. TOO OLD/TOO SICK/TOO FRAIL TO PARTICIPATE
17. EXPOSURE TO EMERGING DISEASES/CONCERNS WITH GETTING SICK
18. FEAR OF NEEDLES/GIVING BLOOD
19. RELIGIOUS OR CULTURAL CONCERN
20. ALREADY PARTICIPATED ENOUGH
21. OTHER SPECIFY

SPANISH	DESCRIBE WHAT HAPPENED DURING REFUSAL. CHECK ALL THAT APPLY. 1. NO SE DIO NINGUNA RAZÓN 2. NO HUBO INTERÉS 3. DEMASIADO OCUPADO(A) / SIN TIEMPO 4. EL EXAMEN TOMA DEMASIADO TIEMPO / EXAMEN DEMASIADO LARGO 5. LA PARTICIPACIÓN EN EL EXAMEN ES DEMASIADO ABRUMADORA 6. EL INCENTIVO NO ES SUFICIENTE PARA PARTICIPAR / SEGUIR PARTICIPANDO 7. NO CREE EN LOS ESTUDIOS / PÉRDIDA DE TIEMPO O DINERO 8. PREOCUPACIONES SOBRE EL GOBIERNO / DESCONFIANZA EN EL GOBIERNO 9. PREOCUPACIONES SOBRE LOS CDC / DESCONFIANZA EN LOS CDC 10. PREOCUPACIONES SOBRE PRIVACIDAD / CONFIDENCIALIDAD 11. PREGUNTAS / SOSPECHAS SOBRE LEGITIMIDAD 12. PREOCUPACIÓN SOBRE EL EXAMEN / PROBLEMAS CON EL DOCTOR 13. EL MEC ESTÁ DEMASIADO LEJOS 14. PROBLEMAS DE TRANSPORTE 15. DEMASIADO JOVEN PARA PARTICIPAR 16. DEMASIADO MAYOR / DEMASIADO ENFERMO(A) / DEMASIADO FRÁGIL PARA PARTICIPAR 17. EXPOSICIÓN A POSIBLES ENFERMEDADES / PREOCUPACIÓN POR ENFERMARSE 18. MIEDO A LAS AGUJAS/DAR SANGRE 19. PREOCUPACIÓN RELIGIOSA O CULTURAL 20. YA PARTICIPÓ BASTANTE
QUESTION TYPE	CHECK ALL THAT APPLY
FILLS	
NOTES	IF OTHER SPECIFY SELECTED, DISPLAY MDAMREFRESO TEXT BOX WITH 'ENTER OTHER REASON FOR REFUSAL. ALLOW 100 CHARACTERS
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MORE THAN 1 SELECTED: MDAMRFMAIN ELSE, MDADINTRO

MDAMRFMAIN	
ASK	IF MDAMREFREAS IN MORE THAN ONE SELECTED
SELECT THE MAIN REASON FOR REFUSAL.	
SPANISH	NA
QUESTION TYPE	RADIO BUTTON
FILLS	
NOTES	DISPLAY REASONS SELECTED IN MDAREFREAS
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	MDADINTRO

MDAMAPPT MDAMAPPTD/MDAMAPPTM/MDAMAPPTT/MDAMAPPTAP/MDAMAPPTL	
ASK	IF MDAMSCHED IN (1)
CLICK THE LOAD APPOINTMENT BUTTON TO RETRIEVE THE LATEST APPOINTMENT INFORMATION. FILL OUT APPOINTMENT SLIP AND HAND TO THE SP. <LOAD APPOINTMENT BUTTON> APPOINTMENT DATE: <TEXT FILL 1> APPOINTMENT TIME: <TEXT FILL 2> APPOINTMENT LOCATION: <TEXT FILL 3> Fasting: <TEXT FILL 8> Here is an appointment slip to remind you <TEXT FILL6> of <TEXT FILL 4> appointment date and time. It also provides important instructions for the exam. <TEXT FILL 5> (We will mail <TEXT FILL 12> with directions to the exam location. We will also contact <TEXT FILL 7> to remind <TEXT FILL 11> of the appointment and these details closer to the date.) PRESS NEXT TO CONTINUE.	

SPANISH	CLICK THE LOAD APPOINTMENT BUTTON TO RETRIEVE THE LATEST APPOINTMENT INFORMATION. FILL OUT APPOINTMENT SLIP AND HAND TO THE SP. <LOAD APPOINTMENT BUTTON> APPOINTMENT DATE: <TEXT FILL 1> APPOINTMENT TIME: <TEXT FILL 2> APPOINTMENT LOCATION: <TEXT FILL 3> Fasting: <TEXT FILL 8> Aquí tiene una hoja sobre la cita para recordarle a usted <TEXT FILL6> sobre la fecha y hora de la cita de <TEXT FILL 4>. También tiene instrucciones importantes para el examen. <TEXT FILL 5> (Le enviaremos por correo postal <TEXT FILL 12> con indicaciones para llegar al lugar del examen. También nos comunicaremos con <TEXT FILL 7> para recordarle a <TEXT FILL 11> sobre la cita y estos detalles más cerca de la fecha.) PRESS NEXT TO CONTINUE.
QUESTION TYPE	NONE – FILLS FROM SCHEDULER
FILLS (ENG)	TEXT FILL 1: FILL APPOINTMENT DAY 1-3 MONTH JANUARY THROUGH DECEMBER, AND YEAR 2024 TEXT FILL 2: FILL APPOINTMENT HOUR 1 THROUGH 12, AND AM/PM MINUTES 00 THROUGH 60 TEXT FILL 3: FILL MEC LOCATIONS CHOSEN TEXT FILL 4: FILL “your” IF THE SP IS THE RESPONDENT FILL “{SP NAME}’s” IF THE RESPONDENT IS THE PROXY FOR THE SP TEXT FILL 5: IF THE SP IS 12+ YEARS AND HAS AN APPOINTMENT AT 11:00 AM OR EARLIER: The slip includes information on fasting for <TEXT FILL 4> appointment. “ For the blood draw, <TEXT FILL 9> will need to fast for at least 8 hours prior to the appointment. <TEXT FILL 10> should drink water, but please do not consume any other food or beverages including candy, gum, soda, coffee, alcohol or tea. Do not take cough or cold remedies, non-prescription antacids, laxatives, anti-diarrheals, or dietary supplements such as vitamins or minerals before the blood draw. <TEXT FILL 10> should continue to take any medications as prescribed, unless they are required to be taken with food, in which case bring them to take after the blood draw.” ELSE, FILL IS EMPTY. TEXT FILL 9: IF SP IS RESPONDENT, FILL “you”. ELSE, fill [SP NAME] TEXT FILL 10: IF SP IS RESPONDENT, FILL “You”. ELSE, fill [SP NAME] TEXT FILL 6: FILL “and [MDAMPRFNM]” IF MDAMPROXY = 2 ELSE BLANK

	TEXT FILL 7: FILL "you" IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE FILL "{MDAMPRFNM}" TEXT FILL 8: IF 11 AM OR EARLIER APPT AND SP IS 12 OR OLDER, FILL: 'FASTING' ELSE, FILL: 'NONFASTING' TEXT FILL 11: FILL "you" IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 FILL "them" IF MDAMPROXY = 2 TEXT FILL 12: FILL "you a reminder letter" IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE FILL "a reminder letter to [SP NAME]'s address on file"
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FILLS (SPA)	TEXT FILL 1: FILL APPOINTMENT DAY 1-3 MONTH JANUARY THROUGH DECEMBER, AND YEAR 2024 TEXT FILL 2: FILL APPOINTMENT HOUR 1 THROUGH 12, AND AM/PM MINUTES 00 THROUGH 60 TEXT FILL 3: FILL MEC LOCATIONS CHOSEN TEXT FILL 4: FILL “su cita” IF THE SP IS THE RESPONDENT FILL “la cita de {SP NAME}” IF THE RESPONDENT IS THE PROXY FOR THE SP TEXT FILL 5: IF THE SP IS 12+ YEARS AND HAS AN APPOINTMENT AT 11:00 AM OR EARLIER: La hoja incluye información sobre el ayuno para <TEXT FILL 4>. “ Para sacar una muestra de sangre, <TEXT FILL 9> deberá ayunar al menos 8 horas antes de la cita. <TEXT FILL 10> deberá beber agua, pero le pedimos que no consuma ningún otro alimento o bebida, incluidos dulces, chicles, refrescos, café, alcohol o té. No tome remedios para la tos o el resfriado, antiácidos sin receta, laxantes, antidiarreicos ni suplementos alimenticios como vitaminas o minerales antes de sacar la muestra de sangre. <TEXT FILL 10> debe continuar tomando los medicamentos que le hayan recetado, a menos que deban tomarse con comida, en cuyo caso puede traerlos para tomarlos después de sacar la muestra de sangre.” ELSE, FILL IS EMPTY. TEXT FILL 9: IF SP IS RESPONDENT, FILL “usted”. ELSE, fill [SP NAME] TEXT FILL 10: IF SP IS RESPONDENT, FILL “Usted”. ELSE, fill [SP NAME] TEXT FILL 6: FILL “y [MDAMPRFNM]” IF MDAMPROXY = 2 ELSE BLANK TEXT FILL 7: FILL “usted” IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE FILL “{MDAMPRFNM}” TEXT FILL 8: IF 11 AM OR EARLIER APPT AND SP IS 12 OR OLDER, FILL: ‘FASTING’ ELSE, FILL: ‘NONFASTING’ TEXT FILL 11: FILL “usted” IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 FILL “ellos” IF MDAMPROXY = 2 TEXT FILL 12: FILL “una carta recordatoria a usted” IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE FILL “una carta recordatoria a la dirección de [SP NAME] que tenemos en nuestros registros”
NOTES	CALCULATE MILEAGE FROM HOME LOCATION TO CHOSEN MEC LOCATION VIA GIS
HELP SCREEN	
HARD CHECK	
SOFT CHECK	

VERSION NOTES	
NEXT	MDAACCOM

MDAACCOM / MDAACCDEV/MDAACCPRXO	
ASK	IF MDAMSCHED IN (1)
PARTICIPANT#: <TEXT FILL 1> SP NAME: <TEXT FILL 2> GENDER: <TEXT FILL 3> LANGUAGE: <TEXT FILL 4> DOB: <TEXT FILL 5> FASTING REQ: <TEXT FILL 6> AGE: <TEXT FILL 7>	
DOCUMENT ANY ASSISTANCE OR SITUATION YOU THINK WOULD BE HELPFUL FOR EXAM STAFF TO KNOW IN ADVANCE CHECK ALL THAT APPLY	
1. NO BLOOD 2. CONVERT BLOOD 3. BLIND OR CANNOT SEE ON THEIR OWN 4. HEARING IMPAIRED OR DEAF 5. NEEDS ASL INTERPRETER 6. POTENTIAL COGNITIVE IMPAIRMENT 7. USES CRUTCHES, WALKER, OR CANE 8. WILL BRING A WHEELCHAIR 9. NEEDS A WHEELCHAIR PROVIDED 10. OBESE 11. SUBSTANCE ABUSE 12. LIFT NEEDED 13. REQUIRES ADAPTIVE DEVICES (SPECIFY) [MDAACCCDEVO] 14. OTHER PROXY INFORMATION (SPECIFY) [MDAACCPRXO] 15. NONE	

SPANISH	NA
QUESTION TYPE	RADIO BUTTON
FILLS	TEXT FILL 1: FILL PARTICIPANT ID NUMBER TEXT FILL 2: FILL SP NAME TEXT FILL 3: FILL SP GENDER TEXT FILL 4: FILL SP LANGUAGE TEXT FILL 5: FILL SP DOB TEXT FILL 6: IF AM APPT AND SP IS 12 OR OLDER, FILL: 'FASTING IF PM APPT OR AM APPT AND SP IS < 12 YEARS OLD, FILL: 'NON-FASTING ELSE, FILL 'NONE' TEXT FILL 7: FILL SP AGE
NOTES	ALLOW CHECK ALL THAT APPLY, BUT 'NONE' IS SINGLE SELECT. IF REQUIRES ADAPTIVE DEVICES (SPECIFY) SELECTED, DISPLAY MDAACCDEVO TEXTBOX WITH 'ENTER ADAPTIVE DEVICE NEEDED. ALLOW 100 CHARACTERS. IF OTHER PROXY INFORMATION (SPECIFY) SELECTED, DISPLAY MDAACCPRXO TEXTBOX WITH 'ENTER INFORMATION ABOUT OTHER PROXY. ALLOW 100 CHARACTERS.
HELP SCREEN	
HARD CHECK	IF NONE OF THE ITEMS ARE SELECTED, DISPLAY: IF EXISTING CODES DO NOT APPLY, SELECT 'NONE'." AFTER THE DEFAULT WORDING OF "ANSWER REQUIRED.SELECT A RESPONSE OR SELECT "DON'T KNOW" OR "REFUSED" IF AVAILABLE."
SOFT CHECK	
VERSION NOTES	
NEXT	MDAMTRAVEL

MDAMTRAVEL	
ASK	IF MDAMSCHED IN (1)
BASED ON INFORMATION FROM THE WEB SCHEDULER, IF THE SP WILL BE TRAVELING SEPARATELY TO THE MEC EXAM AND SHOULD RECEIVE THE TRAVEL INCENTIVE, READ THE TEXT BELOW AND SELECT 1. IF THE SP WILL NOT BE TRAVELING SEPARATELY AND THE TRAVEL INCENTIVE WILL GO ON ANOTHER HH MEMBER'S CARD, DO NOT READ THE TEXT AND SELECT 3. (To help with getting to the exam, <TEXT FILL 1> will be added to <TEXT FILL 2> gift card.) 1. SP WILL RECEIVE TRAVEL INCENTIVE 2. SP WILL RECEIVE TRAVEL INCENTIVE, BUT DOES NOT HAVE A GIFT CARD (DECLINED	

CARD AT SP QUESTIONNAIRE) 3. ANOTHER HH MEMBER WILL RECEIVE TRAVEL INCENTIVE 4. REQUEST RTI ARRANGE TRANSPORTATION 5. SP DECLINES TRAVEL INCENTIVE	
SPANISH	BASED ON INFORMATION FROM THE WEB SCHEDULER, IF THE SP WILL BE TRAVELING SEPARATELY TO THE MEC EXAM AND SHOULD RECEIVE THE TRAVEL INCENTIVE, READ THE TEXT BELOW AND SELECT 1. IF THE SP WILL NOT BE TRAVELING SEPARATELY AND THE TRAVEL INCENTIVE WILL GO ON ANOTHER HH MEMBER'S CARD, DO NOT READ THE TEXT AND SELECT 3. (Para ayudarle a llegar al lugar del examen, se agregarán <TEXT FILL 1> dólares a <TEXT FILL 2>.) 1. SP WILL RECEIVE TRAVEL INCENTIVE 2. SP WILL RECEIVE TRAVEL INCENTIVE, BUT DOES NOT HAVE A GIFT CARD (DECLINED CARD AT SP QUESTIONNAIRE) 3. ANOTHER HH MEMBER WILL RECEIVE TRAVEL INCENTIVE 4. REQUEST RTI ARRANGE TRANSPORTATION 5. SP DECLINES TRAVEL INCENTIVE
QUESTION TYPE	RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: \${FILL INCENTIVE BASED ON DISTANCE TO MEC} TEXT FILL 2: FILL "your" IF THE SP IS THE RESPONDENT ELSE, FILL "{SP NAME}'s"
FILLS (SPA)	TEXT FILL 1: \${FILL INCENTIVE BASED ON DISTANCE TO MEC} TEXT FILL 2: FILL "su tarjeta de regalo" IF THE SP IS THE RESPONDENT ELSE, FILL "la tarjeta de regalo de {SP NAME}'"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDAMTRAVEL = 2: MDAASSIGN ELSE: MDAMPLANS

MDAASSIGNa / MDAASSIGNb	
ASK	IF MDAMTRAVEL = 2

TAKE OUT A NEW CARD FROM YOUR SUPPLY. ENTER PACKAGE ID NUMBER FROM ENVELOPE. SCAN BARCODE OR ENTER PROXY NUMBER FROM ENVELOPE [_____] FIRST ENTER PACKAGE ID [MDAASSIGNa] [_____] SECOND ENTER PACKAGE ID [MDAASSIGNb] This card is <TEXT FILL 1> Health Study gift card. It is a VISA® Card and is accepted anywhere VISA® is accepted. Funds for completing today's study activities will be available for use on the card within 2 business days. You must activate the card before using it. Please keep the card for the duration of the study so we can add more funds to it as <TEXT FILL 2> study activities.	
SPANISH	TAKE OUT A NEW CARD FROM YOUR SUPPLY. ENTER PACKAGE ID NUMBER FROM ENVELOPE. SCAN BARCODE OR ENTER PROXY NUMBER FROM ENVELOPE [_____] FIRST ENTER PACKAGE ID [MDAASSIGNa] [_____] SECOND ENTER PACKAGE ID [MDAASSIGNb] Esta tarjeta es una tarjeta de regalo del estudio de salud para <TEXT FILL 1>. Es una tarjeta VISA® y se acepta en cualquier lugar donde se acepte VISA®. Los fondos por completar las actividades de estudio de hoy estarán disponibles para usar en la tarjeta en un plazo de 2 días laborables. Debe activar la tarjeta antes de usarla. Conserve la tarjeta durante el estudio para que podamos agregarle más fondos a medida que <TEXT FILL 2> completa las actividades del estudio.
QUESTION TYPE	TEXTBOX
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS THE RESPONDENT ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "you complete" IF SP IS THE RESPONDENT ELSE, FILL "[SP NAME] completes"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS THE RESPONDENT ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS THE RESPONDENT ELSE, FILL "[SP NAME]"
NOTES	CHECK THAT THE TWO PACKAGE IDS MATCH
HELP SCREEN	
HARD CHECK	DISPLAY ERROR MESSAGE IF TWO PACKAGE IDS DO NOT MATCH: DISPLAY 'THE BARCODES MUST MATCH'.
SOFT CHECK	

VERSION NOTES	>ASSIGN CARD
NEXT	MDAMDISPNSSE

MDADISPNSSE	
ASK	IF MDAMTRAVEL = 2
Thank you. Here is the gift card. INTERVIEWER INSTRUCTION: HAND CARD AND INFORMATION SHEET TO ADULT SP OR ADULT PROXY. Please sign here to acknowledge you have received the card. COLLECT ADULT SP/ADULT PROXY E-SIGNATURE You can find answers to most commonly asked questions on the card information sheet along with phone numbers to call for additional information. Remember, you need to activate the card following the instructions. If you wish to use the card for an ATM cash withdrawal, you must set up a PIN when you activate it. Do you have any questions about the card before we move on? REVIEW INFORMATION SHEET, ASSIST TO ACTIVATE CARD, OR ANSWER ANY QUESTIONS Thank you.	
SPANISH	Gracias. Aquí tiene la tarjeta de regalo. INTERVIEWER INSTRUCTION: HAND CARD AND INFORMATION SHEET TO ADULT SP OR ADULT PROXY. Firme aquí para confirmar que ha recibido la tarjeta. COLLECT ADULT SP/ADULT PROXY E-SIGNATURE Encontrará las respuestas a las preguntas más frecuentes en la hoja informativa de la tarjeta, junto con los números de teléfono a los que puede llamar para obtener información adicional. Recuerde que debe activar la tarjeta siguiendo las instrucciones. Si desea usar la tarjeta para retirar efectivo en un cajero automático, deberá crear un número de identificación personal (PIN) cuando la active. ¿Tiene alguna pregunta sobre la tarjeta antes de continuar? REVIEW INFORMATION SHEET, ASSIST TO ACTIVATE CARD, OR ANSWER ANY QUESTIONS Gracias.
QUESTION TYPE	COLLECT E-SIGNATURE
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	>DISPENSE CARD

NEXT	MDAMPLANS
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MDAMPLANS	
ASK	IF MDAMSCHEID IN (1)
Please tell me if you <TEXT FILL 1> also need any of the following: CHECK ALL THAT APPLY. 1. Monetary help for child or elder care 2. A letter documenting participation in an important national health study, if <TEXT FILL 2> or [SP NAME] will miss school for the exam. 3. A letter documenting participation in an important national health study, if <TEXT FILL 2> will miss work. 4. NO ACCOMODATIONS NEEDED	

SPANISH	Dígame si <TEXT FILL 1> también necesita algo de lo siguiente: CHECK ALL THAT APPLY. 1. Ayuda monetaria para el cuidado de niños o ancianos 2. Una carta que documente la participación en un importante estudio nacional de salud, si es que <TEXT FILL 2> o [SP NAME] faltará a la escuela para el examen. 3. Una carta que documente la participación en un importante estudio nacional de salud, si es que <TEXT FILL 2> faltará al trabajo. 4. NO ACCOMODATIONS NEEDED
QUESTION TYPE	RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: FILL "or [MDAMPRFNM]" IF MDAMPROXY = 2 ELSE BLANK TEXT FILL 2: FILL "you" IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE FILL "{MDAMPRFNM}"
FILLS (SPA)	TEXT FILL 1: FILL "o [MDAMPRFNM]" IF MDAMPROXY = 2 ELSE BLANK TEXT FILL 2: FILL "usted" IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE FILL "{MDAMPRFNM}"
NOTES	ALLOW CHECK ALL THAT APPLY. IF MDAMPLANS = 4, DO NOT ALLOW 1, 2 OR 3 TO BE SELECTED.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDAMPLANS IN (1): MDAMCARE IF MDAMPLANS IN (2, 3, OR 4) AND LANGUAGE IS ENGLISH OR SPANISH: MDAMCONTACT ELSE: MDAPORTAL

MDAMCARE	
ASK	IF MDAMPLANS IN (1)
We can provide \$10 an hour for (child/elder) care to assist <TEXT FILL 1> in being able to attend <TEXT FILL 2> exam appointment. We will provide this money after <TEXT FILL 3> exam appointment. At the end of the appointment, TEXT FILL 1> will let the staff know how many hours were needed for care. They will add the funds to <TEXT FILL 2> gift card. PRESS NEXT TO CONTINUE.	

SPANISH	Podemos ofrecer \$10 dólares por hora para el cuidado de (niños/ancianos) para ayudar a que <TEXT FILL 1> pueda ir a <TEXT FILL 2>. Le daremos este dinero después que <TEXT FILL 3> su cita del examen. Al final de la cita, <TEXT FILL 1> le debe avisar al personal cuántas horas se necesitaron para el cuidado de (niños/ancianos). Ellos agregarán los fondos a <TEXT FILL 4>. PRESS NEXT TO CONTINUE.
QUESTION TYPE	TEXT
FILLS (ENG)	TEXT FILL 1: FILL "you" IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE FILL "{MDAMPRFNM}" TEXT FILL 2: FILL "your" IF THE SP IS THE RESPONDENT FILL "{SP NAME}'s" IF THE RESPONDENT IS THE PROXY FOR THE SP TEXT FILL 3: FILL "you complete your" IF THE SP IS THE RESPONDENT FILL "[SP NAME] completes their" IF THE RESPONDENT IS THE PROXY FOR THE SP
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE FILL "{MDAMPRFNM}" TEXT FILL 2: FILL "su cita del examen" IF THE SP IS THE RESPONDENT FILL "la cita del examen de {SP NAME}" IF THE RESPONDENT IS THE PROXY FOR THE SP TEXT FILL 3: FILL "usted complete su" IF THE SP IS THE RESPONDENT FILL "{SP NAME} complete su" IF THE RESPONDENT IS THE PROXY FOR THE SP TEXT FILL 4: FILL "su tarjeta de regalo" IF THE SP IS THE RESPONDENT FILL "la tarjeta de regalo de [SP NAME]" IF THE RESPONDENT IS THE PROXY FOR THE SP
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	MDAMCONTACT

MDAMCONTACT	
ASK	IF MDAMSCHEID IN (1)
We would like to contact <TEXT FILL 2> to remind <TEXT FILL 3> about <TEXT FILL 1> upcoming exam appointment. May we contact <TEXT FILL 3> by phone, text message and/or email?	

CHECK ALL THAT APPLY

1. YES – PHONE
2. YES - TEXT
3. YES - EMAIL
4. DO NOT CONTACT BY PHONE, TEXT OR EMAIL

SPANISH	Nos gustaría ponernos comunicarnos con <TEXT FILL 2> para recordarle <TEXT FILL 1>. ¿Está bien si nos comunicamos con <TEXT FILL 3> por teléfono, mensaje de texto o correo electrónico? CHECK ALL THAT APPLY 1. YES – PHONE 2. YES - TEXT 3. YES - EMAIL 4. DO NOT CONTACT BY PHONE, TEXT OR EMAIL
QUESTION TYPE	RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: FILL “your” IF THE SP IS THE RESPONDENT FILL “{SP NAME}’s” IF THE RESPONDENT IS THE PROXY FOR THE SP TEXT FILL 2: FILL “you” IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE FILL “{MDAPRFNM}” TEXT FILL 3: FILL “you” IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE, FILL ‘them’.
FILLS (SPA)	TEXT FILL 1: FILL “su próxima cita del examen” IF THE SP IS THE RESPONDENT FILL “la próxima cita del examen de {SP NAME}” IF THE RESPONDENT IS THE PROXY FOR THE SP TEXT FILL 2: FILL “usted” IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE FILL “{MDAPRFNM}” TEXT FILL 3: FILL “usted” IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE, FILL ‘esta persona’.
NOTES	ALLOW CHECK ALL THAT APPLY. IF MDAMCONTACT = 4, DO NOT ALLOW 1, 2 OR 3 TO BE SELECTED.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDAMCONTACT IN (1): MDAMPHONEAX ELSE IF MDAMCONTACT IN (2): MDAMTEXT ELSE IF MDAMCONTACT IN (3): MDAMEMAIL ELSE IF MDAMCONTACT IN (4): MDADINTRO ELSE: MDAEND

MDAMPHONEAX/MDAMPHONEA**ASK**

IF MDAMCONTACT IN (1)

When we try to contact <TEXT FILL 1> for reminders, the call will come from a toll-free number. Please make sure <TEXT FILL 2> phone does not block calls from this type of number.

IF SP/PROXY IS INTERESTED IN TAKING STEPS TO UNBLOCK 800 OR UNKNOWN PHONE NUMBER NOW, YOU MAY HELP THEM AS YOU ARE ABLE TO.

What is the best phone number to call to remind <TEXT FILL 1> of this appointment?

[SP/PROXY PHONE NUMBER(S)]

IF NO ADDITIONAL PHONE NUMBERS FOR RESPONDENT DISPLAYED, OR IF RESPONDENT MENTIONS ANOTHER PHONE NUMBER IS BETTER, ADD PHONE NUMBER,

1. [SP/PROXY PHONE NUMBER]
2. ADD NEW

|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_| (MDAMPHONEA)
AREA CODE ENTER PHONE NUMBER

SOFT CHECK	
VERSION NOTES	
NEXT	IF MDAMCONTACT IN {2}: MDAMTEXT IF MDAMCONTACT NE 2 AND MDAMCONTACT IN {3}: MDAMEMAIL ELSE: MDADINTRO

MDAMTEXT	
ASK	IF MDAMCONTACT IN (2)
What is the best phone number to text <TEXT FILL 1>? [SP/PROXY PHONE NUMBER(S)] ADD NEW IF RESPONDENT PROVIDES A PHONE NUMBER NOT IN THE DISPLAY, ENTER IT BELOW. _ _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ AREA CODE ENTER PHONE NUMBER	

MDAMEMAIL	
ASK	IF MDAMCONTACT IN (3)
What email address would be best to use for reminders about <TEXT FILL 1> upcoming exam appointment? IF RESPONDENT MENTIONS AN EMAIL THAT IS NOT DISPLAYED, ENTER EMAIL ADDRESS BELOW. [SP EMAIL] ADD NEW ENTER EMAIL ADDRESS: REENTER EMAIL ADDRESS: READ EMAIL ADDRESS BACK TO SP/PROXY TO CONFIRM IT IS SPELLED ACCURATELY.	

SPANISH	¿Qué dirección de correo electrónico sería la mejor enviar recordatorios sobre <TEXT FILL 1>? IF RESPONDENT MENTIONS AN EMAIL THAT IS NOT DISPLAYED, ENTER EMAIL ADDRESS BELOW. [SP EMAIL] ADD NEW ENTER EMAIL ADDRESS: REENTER EMAIL ADDRESS: READ EMAIL ADDRESS BACK TO SP/PROXY TO CONFIRM IT IS SPELLED ACCURATELY.
QUESTION TYPE	TEXT BOX WITH FILL DISPLAY, RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: FILL “your” IF THE SP IS THE RESPONDENT FILL “{SP NAME}’s” IF THE RESPONDENT IS THE PROXY OF THE SP
FILLS (SPA)	TEXT FILL 1: FILL “su próxima cita del examen” IF THE SP IS THE RESPONDENT FILL “la próxima cita del examen de {SP NAME}” IF THE RESPONDENT IS THE PROXY OF THE SP
NOTES	MAKE SURE A VALID EMAIL ADDRESS STYLE IS ENTERED
HELP SCREEN	
HARD CHECK	IF THERE ARE SPACES IN THE EMAIL ADDRESS, IF EMAIL ADDRESS IS MISSING THE @ SYMBOL, OR IF TEXT IS MISSING TO THE LEFT OR RIGHT OF THE @ SYMBOL, DISPLAY: .”ENTER A VALID EMAIL ADDRESS” IF EMAIL ADDRESSES DO NOT MATCH, DISPLAY “EMAIL ADDRESSES DO NOT MATCH. PLEASE CONFIRM AND CORRECT”
SOFT CHECK	
VERSION NOTES	
NEXT	MDADINTRO

MDADINTRO	
ASK	ALL RESPONDENTS WHOSE LANGUAGE IS ENGLISH OR SPANISH
<TEXT FILL 9> We have another opportunity for <TEXT FILL 1> to participate in NHANES: We are	

conducting phone interviews about nutrition. Researchers need this information to understand whether what people eat and drink in America meets nutritional needs. The data also helps policy makers create dietary recommendations to promote health and prevent disease.

We invite <TEXT FILL 1> to take part in two phone interviews to ask about the foods and beverages <TEXT FILL 2> and any dietary supplements <TEXT FILL 3> <TEXT FILL 7>.

The first phone interview can take 30 to 45 minutes. <TEXT FILL 1> will receive an additional \$30 on the gift card as a token of appreciation for completing this interview. Participation is voluntary, and the information - provided will be confidential. <TEXT FILL 6> <TEXT FILL 8>

Can we go ahead and schedule <TEXT FILL 4> dietary interview?

1. WANTS TO SCHEDULE
2. REFUSAL

SPANISH	<TEXT FILL 9> Tenemos otra oportunidad para que <TEXT FILL 1> participe en NHANES: Estamos realizando entrevistas telefónicas sobre nutrición. Los investigadores científicos necesitan esta información para saber si lo que las personas comen y beben en Estados Unidos satisface las necesidades nutricionales. Los datos también ayudan a los legisladores a crear recomendaciones nutricionales para promover la salud y prevenir enfermedades. Lo(a) invitamos a <TEXT FILL 1> a tomar parte en dos entrevistas telefónicas para preguntarle sobre los alimentos y bebidas que <TEXT FILL 2> y sobre cualquier suplemento dietético que <TEXT FILL 3> <TEXT FILL 7>. La primera entrevista telefónica puede tomar entre 30 y 45 minutos. <TEXT FILL 1> recibirá \$30 dólares adicionales en la tarjeta de regalo como muestra de agradecimiento por haber completado esta entrevista. La participación es voluntaria y la información proporcionada será confidencial. <TEXT FILL 6> <TEXT FILL 8> ¿Podemos continuar y programar la entrevista sobre <TEXT FILL 4>? 1. WANTS TO SCHEDULE 2. REFUSAL
QUESTION TYPE	RADIO BUTTONS
FILLS (ENG)	TEXT FILL 1: FILL “you” IF THE SP IS THE RESPONDENT ELSE, FILL “{SP NAME}” TEXT FILL 2: FILL “you consume” IF THE SP IS THE RESPONDENT ELSE FILL “{SP NAME} consumes” TEXT FILL 3: FILL “you use” IF THE SP IS THE RESPONDENT ELSE FILL “{SP NAME} uses” TEXT FILL 4: FILL “your” IF THE SP IS THE RESPONDENT ELSE FILL “{SP NAME}’s” TEXT FILL 6: FILL IF SP IS <6 YEARS OLD, FILL: ‘We ask that you or a person who is knowledgeable about [SP NAME]’s diet complete the telephone interview.’ IF SP IS 6-11 YEARS OLD, FILL: ‘We ask that you or a person who is knowledgeable about [SP NAME]’s diet to be available to complete the telephone interview with [SP NAME].’ IF SP IS 12-17 YEARS OLD, FILL: ‘We ask that [SP NAME] completes the telephone interview on their own and that you or another parent or guardian be available to give consent at the beginning of the call.’ TEXT FILL 7: IF THE SP IS 18 YEARS OLD OR OLDER AND NO PROXY, FILL: “as well as your use of nutrition labels on food packages and menus” ELSE, FILL IS EMPTY.

	TEXT FILL 8: F SP IS <18 YEARS, FILL: 'However, there are a few questions about food choices and food shopping so we need to speak to someone who prepares meals or does food shopping in your household at least some of the time. If that is not you, we would like to try and schedule the interview when that person is also available. ELSE, FILL IS EMPTY. TEXT FILL 9: FILL: IF MDAMREF = 2, FILL: "Thank you for taking part in this important study." ELSE, FILL: "Thank you for scheduling <TEXT FILL 4> exam appointment and taking part in this important study."
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FILLS (SPA)	TEXT FILL 1: FILL “usted” IF THE SP IS THE RESPONDENT ELSE, FILL “{SP NAME}” TEXT FILL 2: FILL “usted consume” IF THE SP IS THE RESPONDENT ELSE FILL “{SP NAME} consume” TEXT FILL 3: FILL “usted usa” IF THE SP IS THE RESPONDENT ELSE FILL “{SP NAME} usa” TEXT FILL 4: FILL “su alimentación” IF THE SP IS THE RESPONDENT ELSE FILL “la alimentación de {SP NAME}” TEXT FILL 6: FILL IF SP IS <6 YEARS OLD, FILL: ‘Le pedimos que usted o una persona que tenga conocimientos sobre la alimentación de [SP NAME] complete la entrevista telefónica.’ IF SP IS 6-11 YEARS OLD, FILL: ‘Le pedimos que usted o una persona que tenga conocimientos sobre la alimentación de [SP NAME] complete la entrevista telefónica con [SP NAME].’ IF SP IS 12-17 YEARS OLD, FILL: ‘Le pedimos que [SP NAME] complete la entrevista telefónica por su cuenta y que usted o uno de los padres o tutor esté disponible para dar su consentimiento al comienzo de la llamada.’ TEXT FILL 7: IF THE SP IS 18 YEARS OLD OR OLDER AND NO PROXY, FILL: “así como su uso de las etiquetas nutricionales en los envases y menús de los alimentos” ELSE, FILL IS EMPTY. TEXT FILL 8: F SP IS <18 YEARS, FILL: ‘Sin embargo, hay algunas preguntas sobre decisiones y compras de comida, por lo que necesitamos hablar con alguien que prepare las comidas o haga las compras en su hogar al menos parte del tiempo. Si no es usted, nos gustaría tratar de programar la entrevista cuando esa persona también esté disponible.’ ELSE, FILL IS EMPTY. TEXT FILL 9: FILL: IF MDAMREF = 2, FILL: “Gracias por tomar parte en este importante estudio.” ELSE, FILL: “Gracias por programar la cita de <TEXT FILL 4> para el examen y tomar parte en este importante estudio.”
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDADINTRO IN (1) AND SP HAS PHONE NUMBER IN SYSTEM: MDACONTACT IF MDADINTRO IN (1) AND SP DOES NOT HAVE PHONE NUMBER IN

	SYSTEM: MDADPHONEAX IF MDADINTRO IN (2): MDADREF
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MDADPROXY/MDADPRFNM/MDADPRLNM	
ASK	IF MDADPROXY = 2
Will you be the person that we call for [SP NAME]'s dietary interview? 1. YES 2. NO ENTER SP PROXY'S NAME. Ask for name – use hh roster drop down _____ ENTER FIRST NAME [MDADPRFNM]	
SPANISH	¿Es usted la persona que debemos llamar para la entrevista sobre la alimentación de [SP NAME]'? 1. YES 2. NO ENTER SP PROXY'S NAME. Ask for name – use hh roster drop down _____ ENTER FIRST NAME [MDADPRFNM]
QUESTION TYPE	MDADPROXY: RADIO BUTTON MDADPRFNM/MDADPRLNM: TEXTBOXES
FILLS	
NOTES	IF MDADPROXY = 2, DISPLAY
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RIQ.050A/B
NEXT	MDADRELATE

MDADRELATE	
ASK	ALL RESPONDENTS
What is this person's relationship to <TEXT FILL 1>? 1. MOTHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER) 2. FATHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER) 3. GRANDPARENT (GRANDMOTHER/GRANDFATHER) 4. AUNT/UNCLE 2. DAUGHTER OR SON (BIOLOGICAL/ADOPTIVE/IN-LAW/STEP/FOSTER) 5. BROTHER/SISTER 6. SPOUSE (WIFE/HUSBAND) OR PARTNER 7. OTHER RELATIVE 8. NON-RELATIVE 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Qué relación tiene esta persona con <TEXT FILL 1>? 1. MADRE (BIOLÓGICA/ADOPTIVA/MADRASTRA/DE CRIANZA "FOSTER") 2. PADRE (BIOLÓGICO/ADOPTIVO/PADRASTRO/DE CRIANZA "FOSTER") 3. ABUELA(O) 4. TÍA(O) 2. HIJA(O) (BIOLÓGICO(A)/ADOPTIVO/(A)/NUERA/YERNO/DE CRIANZA "FOSTER") 5. HERMANO(A) 6. ESPOSO(A) O PAREJA 7. OTRO PARIENTE 8. NO ES PARIENTE 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	RADIO BUTTON
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RIQ.012
NEXT	IF SP'S LANGUAGE IS NOT ENGLISH: MDADECINT ELSE: MDADSCHE

MDADCONTACT	
ASK	IF MDADINTRO IN (1) AND SP HAS PHONE NUMBER IN SYSTEM
Is <TEXT FILL 1> the best number to call <TEXT FILL 2>? 1. YES 2. NO	
SPANISH	¿Es <TEXT FILL 1> el mejor número para <TEXT FILL 2>? 1. YES 2. NO
QUESTION TYPE	RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: FILL FIRST SP PHONE NUMBER ON FILE TEXT FILL 2: FILL "you", IF THE SP IS THE RESPONDENT. ELSE, FILL "for [SP NAME]'s dietary interview"
FILLS (SPA)	TEXT FILL 1: FILL FIRST SP PHONE NUMBER ON FILE TEXT FILL 2: FILL "llamarlo(a) a usted", IF THE SP IS THE RESPONDENT. ELSE, FILL "llamar para la entrevista sobre la alimentación de [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDACONTACT IN (1): MDADSCHEd ELSE: MDADPHONEAX

MDADPHONEAX/MDADPHONEA	
ASK	IF MDACONTACT IN (2) OR SP DOES NOT HAVE PHONE NUMBER IN SYSTEM OR IF MDADPROXY = 2
What is the best phone number to call {you} for this interview? [SP PHONE NUMBER(S)] IF NO ADDITIONAL PHONE NUMBERS FOR RESPONDENT DISPLAYED, OR IF	

MDADSCHEd	
ASK	IF MDADINTRO IN (1)
Please keep in mind that for safety reasons we cannot complete the interview while <TEXT FILL 1> driving. This interview should take about 30 to 45 minutes. Let's find a day and time that works <TEXT FILL 2>. LAUNCH SCHEDULER APPLICATION. ACCESS THE CALENDAR AND OFFER DATES/TIMES UNTIL YOU FIND ONE THAT WORKS FOR THE SP. 1. APPOINTMENT SCHEDULED 2. DID NOT SCHEDULE APPOINTMENT <MAKE APPOINTMENT BUTTON>	

SPANISH	Tenga en cuenta que por razones de seguridad no podemos completar la entrevista mientras <TEXT FILL 1> esté conduciendo. Esta entrevista debe tomar entre 30 y 45 minutos. Busquemos un día y una hora que sean convenientes <TEXT FILL 2>. LAUNCH SCHEDULER APPLICATION. ACCESS THE CALENDAR AND OFFER DATES/TIMES UNTIL YOU FIND ONE THAT WORKS FOR THE SP. 1. APPOINTMENT SCHEDULED 2. DID NOT SCHEDULE APPOINTMENT <MAKE APPOINTMENT BUTTON>
QUESTION TYPE	RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: FILL "you are", IF THE SP IS THE RESPONDENT OR IF MDADPROXY = 1. ELSE, FILL "the person is". TEXT FILL 2: FILL "for you", IF THE SP IS THE RESPONDENT. ELSE, FILL "for the interview".
FILLS (SPA)	TEXT FILL 1: FILL "usted", IF THE SP IS THE RESPONDENT OR IF MDADPROXY = 1. ELSE, FILL "la persona". TEXT FILL 2: FILL "para usted", IF THE SP IS THE RESPONDENT. ELSE, FILL "para la entrevista".
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDADSCHED IN (1): MDADAPPREM IF MDADSCHED IN (2): MDADREF

MDADREF	
ASK	IF MDADSCHED IN (2)
IF SP APPEARS UNCERTAIN, BE PREPARED TO HIGHLIGHT THE IMPORTANCE OF THE INTERVIEW. YOU CAN SAY SOMETHING LIKE: We cannot ask everyone in the country to be in our study. <TEXT FILL 1> special because <TEXT FILL 3> been chosen to participate. No one else can take <TEXT FILL 4> place. We hope that <TEXT FILL 1> will help by doing this phone interview. It will only take about 30 to 45 minutes, and <TEXT FILL 1> will receive \$30 on <TEXT FILL 4> gift card after participation. It is a very important part of the NHANES survey. We appreciate your help. 1. WANTS TO SCHEDULE 2. UNABLE TO SCHEDULE AT THIS TIME/WILL SCHEDULE LATER 3. UNABLE TO COMPLETE – HEARING IMPAIRMENT 4. UNABLE TO CONVERT	

SPANISH	IF SP APPEARS UNCERTAIN, BE PREPARED TO HIGHLIGHT THE IMPORTANCE OF THE INTERVIEW. YOU CAN SAY SOMETHING LIKE: No podemos pedir a todas las personas del país que participen en nuestro estudio. <TEXT FILL 1> es especial porque <TEXT FILL 3> sido seleccionado(a) para participar. Nadie más puede ocupar <TEXT FILL 4>. Esperamos que <TEXT FILL 1> nos ayude al responder esta entrevista telefónica. Solo tomará entre 30 y 45 minutos y <TEXT FILL 1> recibirá \$30 dólares en su tarjeta de regalo después de participar. Es una parte muy importante de la encuesta NHANES. Le agradecemos su ayuda. 1. WANTS TO SCHEDULE 2. UNABLE TO SCHEDULE AT THIS TIME/WILL SCHEDULE LATER 3. UNABLE TO COMPLETE – HEARING IMPAIRMENT 4. UNABLE TO CONVERT
QUESTION TYPE	RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: FILL “you are” IF THE SP IS THE RESPONDENT ELSE, FILL “{SP NAME} is” TEXT FILL 3: FILL “you have” IF THE SP IS THE RESPONDENT ELSE, FILL “{SP NAME} has” TEXT FILL 4: FILL “your” IF THE SP IS THE RESPONDENT ELSE, FILL “{SP NAME}’s”
FILLS (SPA)	TEXT FILL 1: FILL “Usted” IF THE SP IS THE RESPONDENT ELSE, FILL “{SP NAME}” TEXT FILL 3: FILL “ha” IF THE SP IS THE RESPONDENT ELSE, FILL “{SP NAME} ha” TEXT FILL 4: FILL “BLANK” IF THE SP IS THE RESPONDENT ELSE, FILL “BLANK”
NOTES	DISPLAY DIRECT LINK TO GO BACK TO MDACONTACT, IF MDADINTRO=2. DISPLAY DIRECT LINK TO GO BACK TO MDADSCHED. IF MDADINTRO=1
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDADINTRO IN (2) AND MDADREF IN (1): ALLOW RETURN TO MDACONTACT IF MDADINTRO IN (1) AND MDADREF IN (1): ALLOW RETURN TO MDADSCHED IF MDADREF IN (2 OR 3) AND MEC APPT SCHEDULED: MDACONTINFO IF MDADREF IN (4): MDADREFREA ELSE: MDAEND

MDADREFREA / MDADREFREASO	
ASK	IF MDADREF in (4)
SELECT THE REASONS FOR REFUSAL. CHECK ALL THAT APPLY. 1. NO REASON GIVEN. 2. NO INTEREST 3. TOO BUSY/NO TIME 4. INTERVIEW TOO LONG 5. DOES NOT PARTICIPATE IN TELEPHONE SURVEYS 6. INCENTIVE ISN'T ENOUGH TO PARTICIPATE/KEEP PARTICIPATING 7. DOES NOT BELIEVE IN STUDIES/WASTE OF TIME OR MONEY 8. GOVERNMENT CONCERNS/MISTRUST OF GOVERNMENT 9. CDC CONCERNS/MISTRUST OF CDC 10. PRIVACY/ CONFIDENTIALITY CONCERNS 11. QUESTIONS/SUSPICIONS ABOUT LEGITIMACY 12. TOO OLD/TOO SICK/TOO FRAIL TO PARTICIPATE 13. ALREADY PARTICIPATED ENOUGH 14. OTHER SPECIFY	
SPANISH	NA
QUESTION TYPE	CHECK ALL THAT APPLY
FILLS	
NOTES	IF OTHER SPECIFY SELECTED, DISPLAY MDADREFREASO TEXTBOX WITH 'ENTER OTHER REASON FOR REFUSAL. ALLOW 100 CHARACTERS.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MORE THAN ONE SELECTED IN MDADREFREA MDADREFMAIN IF ONE SELECTED IN MDADREFREA AND MEC APPT SCHEDULED: MDAPORTAL ELSE: MDAEND

MDADRFMAIN	
ASK	IF MDADREFREA in MORE THAN ONE SELECTED
SELECT THE MAIN REASON FOR REFUSAL DISPLAY REFUSAL REASONS FROM MDADREFREA	

SPANISH	NA
QUESTION TYPE	RADIO BUTTON
FILLS	
NOTES	DISPLAY REASONS SELECTED IN MDADREFREA
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MEC APPT SHCEDULED, :MDAPORTAL ELSE, MDAEND

MDADAPPREM	
ASK	IF MDADSCHED IN (1)
CLICK THE LOAD APPOINTMENT BUTTON TO RETRIEVE THE LATEST APPOINTMENT INFORMATION. FILL OUT APPOINMENT REMINDER AND HAND TO SP Appointment Date: <FILL DAY, MONTH> Appointment Time: <FILL HOUR, MINUTE, AM/PM> Here is an appointment reminder card for the date and time of <TEXT FILL 1> appointment. It also includes a phone number if you have any questions or need to change <TEXT FILL 1> appointment. <TEXT FILL 2> The phone interviewer will ask about the supplements and antacids <TEXT FILL 3>. Please have any supplements and antacids used in the past 30 days ready and near the phone for the interview. PRESS ENTER TO CONTINUE. <LOAD APPOINTMENT BUTTON>	

SPANISH	CLICK THE LOAD APPOINTMENT BUTTON TO RETRIEVE THE LATEST APPOINTMENT INFORMATION. FILL OUT APPOINTMENT REMINDER AND HAND TO SP Fecha de la cita: <FILL DAY, MONTH> Hora de la cita: <FILL HOUR, MINUTE, AM/PM> Aquí tiene una tarjeta de recordatorio de cita para la fecha y hora de <TEXT FILL 1>. También incluye un número de teléfono si tiene alguna pregunta o necesita cambiar <TEXT FILL 1> . <TEXT FILL 2> El(la) entrevistador(a) telefónico(a) le preguntará por los suplementos y antiácidos <TEXT FILL 3>. Tenga preparados los suplementos y antiácidos que haya usado en los últimos 30 días cerca del teléfono para la entrevista. PRESS ENTER TO CONTINUE. <LOAD APPOINTMENT BUTTON>
QUESTION TYPE	INSTRUCTIONS
FILLS (ENG)	TEXT FILL 3: FILL “you use” IF THE SP IS THE RESPONDENT ELSE, FILL “{SP NAME} uses” TEXT FILL 2: IF ONLY ONE SP IN THE HOUSEHOLD , FILL: HAND SP DIETARY FOOD MODEL BOOKLET AND HANDCARD BOOKLET Here are two booklets to use during the phone interview. Keep them in a place that is easy to find. The phone interviewer will tell [IF MDADPROXY = 1: ‘you’. IF MDADPROXY = 2: MDADPRFNM] how to use them. IF MORE THAN ONE SP IN THE HOUSEHOLD AND OTHERSPSCHED FLAG = 1 : FILL: HAND THESE TO THE SP/PROXY AND SAY: Here are two booklets to use during the phone interview. IF OTHERSPSCHED FLAG = 2: We have already given two booklets to another person in your home scheduled for the same type of interview. Every participant in your home will use those booklets during the interview. Please make sure [IF MDADPROXY = 1: ‘you have’. IF MDADPROXY = 2: MDADPRFNM] has them ready before the interview. Keep them in a place that is easy to find. The phone interviewer will tell [IF MDADPROXY = 1: ‘you’. IF MDADPROXY = 2: MDADPRFNM] how to use them. TEXT FILL 1: FILL “your” IF THE SP IS THE RESPONDENT ELSE FILL “{SP NAME}’s”
FILLS (SPA)	TEXT FILL 3: FILL “que usted usa” IF THE SP IS THE RESPONDENT ELSE, FILL “que {SP NAME} usa”

	TEXT FILL 2: IF ONLY ONE SP IN THE HOUSEHOLD , FILL: HAND SP DIETARY FOOD MODEL BOOKLET AND HANDCARD BOOKLET Aquí tiene dos folletos para usar durante la entrevista telefónica. Guárdelos en un lugar fácil de encontrar. El(la) entrevistador(a) telefónico(a) le dirá a [IF MDADPROXY = 1: 'usted'. IF MDADPROXY = 2: MDADPRFNM] cómo usarlos. IF MORE THAN ONE SP IN THE HOUSEHOLD AND OTHERSPSCHED FLAG = 1 : FILL: HAND THESE TO THE SP/PROXY AND SAY: Aquí tiene dos folletos para usar durante la entrevista telefónica. IF OTHERSPSCHED FLAG = 2: Ya le entregamos dos folletos a otra persona en su hogar que tiene una cita programada para el mismo tipo de entrevista. Todos los participantes en su hogar usarán esos folletos durante la entrevista. Asegúrese de [IF MDADPROXY = 1: 'tenerlos'. IF MDADPROXY = 2: que MDADPRFNM los tenga] listos antes de la entrevista. Guárdelos en un lugar fácil de encontrar. El(la) entrevistador(a) telefónico(a) le dirá a [IF MDADPROXY = 1: 'usted'. IF MDADPROXY = 2: MDADPRFNM] cómo usarlos. TEXT FILL 1: FILL "su cita" IF THE SP IS THE RESPONDENT ELSE FILL "la cita de {SP NAME}"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	MDADCONTINF

MDADCONTINF	
ASK	IF MDADSCHED IN (1)
We would like to contact <TEXT FILL 2> to remind <TEXT FILL 3> about <TEXT FILL 1> upcoming dietary telephone interview appointment May we contact <TEXT FILL 2> by phone, text message and/or email? CHECK ALL THAT APPLY 1. YES - PHONE 2. YES - TEXT 3. YES - EMAIL 4. DO NOT CONTACT BY PHONE, TEXT OR EMAIL	

SPANISH	Nos gustaría comunicarnos con <TEXT FILL 2> para hacerle recordar sobre <TEXT FILL 1> para la entrevista telefónica sobre alimentación. ¿Podemos comunicarnos con <TEXT FILL 2> por teléfono, mensaje de texto o correo electrónico? CHECK ALL THAT APPLY 1. YES - PHONE 2. YES - TEXT 3. YES - EMAIL 4. DO NOT CONTACT BY PHONE, TEXT OR EMAIL
QUESTION TYPE	RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: FILL "your" IF THE SP IS THE RESPONDENT FILL "{SP NAME}'s" IF THE RESPONDENT IS THE PROXY FOR THE SP TEXT FILL 2: FILL "you" IF THE SP IS THE RESPONDENT OR MDADPROXY = 1 ELSE FILL "{MDADPRFNM}" TEXT FILL 3: FILL "you" IF THE SP IS THE RESPONDENT OR MDADPROXY = 1 ELSE, FILL 'them'.
FILLS (SPA)	TEXT FILL 1: FILL "su próxima cita" IF THE SP IS THE RESPONDENT FILL "la próxima cita de {SP NAME}" IF THE RESPONDENT IS THE PROXY FOR THE SP TEXT FILL 2: FILL "usted" IF THE SP IS THE RESPONDENT OR MDADPROXY = 1 ELSE FILL "{MDADPRFNM}" TEXT FILL 3: FILL "BLANK" IF THE SP IS THE RESPONDENT OR MDADPROXY = 1 ELSE, FILL 'BLANK'.
NOTES	ALLOW CHECK ALL THAT APPLY
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDADCONTINF = 1, 2 OR 3 AND MDAMASCHED = 1:: MDADCONTINS IF MDADCONTINFO = 1, 2 OR 3 AND MDAMSCHED NE 1: MDADPHNREM

	IF MDADCONFINTO IN {4} AND MEC APPT SCHEDULED AND SP IS 0-11 OR 18+ YRS OLD: MDAPORTAL IF MDADCONFINTO IN {4} AND SP IS 12-17 YRS OLD: MDADCONTINFY ELSE: MDAEND
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MDADCONTINS	
ASK	IF MDADCONTINF = 1, 2 OR 3 AND MDADSCHED = 1 AND (MDADPROXY = 1 AND MDAMPROXY = 1)
May we use the same contact information for the telephone interview reminders that we collected for the exam appointment? <FILL MDAMPHONE> <FILL MDAMTEXT> <FILL MDAMEMAIL> 1. YES 2. NO	

SPANISH	¿Podemos usar la misma información de contacto para los recordatorios de la entrevista telefónica que obtuvimos para la cita del examen? <FILL MDAMPHONE> <FILL MDAMTEXT> <FILL MDAMEMAIL> 1. YES 2. NO
QUESTION TYPE	RADIO BUTTON
FILLS	DISPLAY PHONE, TEXT AND EMAIL COLLECTED FOR THE MEC APPOINTMENT
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDADCONTINS = 2: MDADPHNREM IF MDADCONTINS = 1, AND SP IS 0-11 OR 18+ YRS OLD: MDAPORTAL IF MDADCONTINS = 1, AND SP IS 12-17 YRS OLD: MDADCONTINFY

MDADPHNREM	
ASK	IF MDADCONTINS = 2
What is the best phone number to call to remind <TEXT FILL 1> of this appointment?	

AREA CODE

ENTER PHONE NUMBER

SPANISH	¿Cuál es el mejor número de teléfono que podemos llamar para recordarle a <TEXT FILL 1> sobre esta cita? - AREA CODE ENTER PHONE NUMBER
QUESTION TYPE	NUMERIC
FILLS (ENG)	TEXT FILL 1: FILL "you" IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE FILL "{MDAMPRFNM}"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT OR MDAMPROXY = 1 ELSE FILL "{MDAMPRFNM}"
NOTES	ONLY ALLOW 10 DIGIT PHONE NUMBER
HELP SCREEN	
HARD CHECK	ONLY ALLOW RESPONSE OF DON'T KNOW, REFUSED, "000" OR 10 DIGIT PHONE NUMBER. IF PHONE NUMBER PROVIDED, DISPLAY HARD RANGE CHECK MESSAGE IF PHONE NUMBER NOT "000" OR IS 10 DIGITS OF ALL THE SAME NUMBER (I.E., 1111111111): 'PLEASE ENTER A VALID PHONE NUMBER'.
SOFT CHECK	
VERSION NOTES	
NEXT	MDADTEXT

MDADTEXT	
ASK	IF MDACONTINFO IN (1)
What is the best phone number to text <TEXT FILL 1> ? Please note NHANES will not be responsible for any text-related phone charges. [PHONE NUMBER(S) ADD NEW IF RESPONDENT PROVIDES A PHONE NUMBER NOT IN THE DISPLAY, ENTER IT BELOW. - AREA CODE ENTER PHONE NUMBER	

SPANISH	¿Cuál es el mejor número de teléfono para <TEXT FILL 1> mensajes de texto? Tenga en cuenta que NHANES no se hará responsable de ningún gasto telefónico relacionado con los mensajes de texto. [PHONE NUMBER(S) ADD NEW IF RESPONDENT PROVIDES A PHONE NUMBER NOT IN THE DISPLAY, ENTER IT BELOW. _ _ _ _ _ _ _ _ - _ _ _ _ _ AREA CODE ENTER PHONE NUMBER
QUESTION TYPE	NUMERIC AND RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: FILL "you" IF THE SP IS THE RESPONDENT OR MDADPROXY = 1 ELSE FILL "{MDADPRFNM}"
FILLS (SPA)	TEXT FILL 1: FILL "enviarle" IF THE SP IS THE RESPONDENT OR MDADPROXY = 1 ELSE FILL "enviarle a {MDADPRFNM}"
NOTES	DISPLAY ALL PHONE NUMBERS ON FILE FOR SP IF THERE ARE ANY. ONLY ALLOW 10 DIGIT PHONE NUMBER. DISPLAY PHONE NUMBER AS XXX-XXX-XXXX
HELP SCREEN	
HARD CHECK	ONLY ALLOW RESPONSE OF DON'T KNOW, REFUSED, "000" OR 10 DIGIT PHONE NUMBER. IF PHONE NUMBER PROVIDED, DISPLAY HARD RANGE CHECK MESSAGE IF PHONE NUMBER NOT "000" OR IS 10 DIGITS OF ALL THE SAME NUMBER (I.E., 1111111111): 'PLEASE ENTER A VALID PHONE NUMBER'.
SOFT CHECK	
VERSION NOTES	
NEXT	MDADTOLLF

MDADTOLLF	
ASK	IF MDACONTINFO IN (1)
When we try to contact <TEXT FILL 2> for reminders and the telephone interview, the call will come from a toll-free number. Please make sure the phone does not block calls from this type of number so that we can reach <TEXT FILL 3>. IF SP/PROXY IS INTERESTED IN TAKING STEPS TO UNBLOCK 800 OR UNKNOWN PHONE NUMBER NOW, YOU MAY HELP THEM AS YOU ARE ABLE TO. PRESS NEXT TO CONTINUE.	

SPANISH	Cuando tratemos de comunicarnos con <TEXT FILL 2> para recordatorios y hacer la entrevista telefónica, la llamada vendrá de un número gratuito. Asegúrese de que el teléfono no bloquea las llamadas de este tipo de número para que podamos comunicarnos con <TEXT FILL 3>. IF SP/PROXY IS INTERESTED IN TAKING STEPS TO UNBLOCK 800 OR UNKNOWN PHONE NUMBER NOW, YOU MAY HELP THEM AS YOU ARE ABLE TO. PRESS NEXT TO CONTINUE.
QUESTION TYPE	INSTRUCTIONS
FILLS (ENG)	TEXT FILL 2: FILL "you" IF THE SP IS THE RESPONDENT OR MDADPROXY = 1 ELSE FILL "{MDADPRFNM}" TEXT FILL 3: FILL "you" IF THE SP IS THE RESPONDENT OR MDADPROXY = 1 ELSE, FILL 'them'.
FILLS (SPA)	TEXT FILL 2: FILL "usted" IF THE SP IS THE RESPONDENT OR MDADPROXY = 1 ELSE FILL "{MDADPRFNM}" TEXT FILL 3: FILL "usted" IF THE SP IS THE RESPONDENT OR MDADPROXY = 1 ELSE, FILL 'esta persona'.
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDADCONTINF IN (2): MDAEMAIL IF MDADCONTINF NE (2) AND MEC APPT SCHEDULED AND SP IS 0-11 OR 18+: MDAPORTAL IF MDADCONTINF NE (2) AND MEC APPT SCHEDULED AND SP IS 12-17: MDADCONTINFY ELSE: MDAEND

MDAEMAIL	
ASK	IF MDADCONTINF IN (2)
What email address would be best to use for reminders about <TEXT FILL 1> upcoming dietary telephone interview ?	

IF RESPONDENT MENTIONS AN EMAIL THAT IS NOT DISPLAYED, ENTER EMAIL ADDRESS BELOW.

READ EMAIL ADDRESS BACK TO SP/PROXY TO CONFIRM IT IS SPELLED ACCURATELY.

[SP EMAIL]
ADD NEW

ENTER EMAIL ADDRESS:

REENTER EMAIL ADDRESS:

SPANISH	¿Qué dirección de correo electrónico sería la mejor para enviar recordatorios sobre <TEXT FILL 1> sobre alimentación? IF RESPONDENT MENTIONS AN EMAIL THAT IS NOT DISPLAYED, ENTER EMAIL ADDRESS BELOW. READ EMAIL ADDRESS BACK TO SP/PROXY TO CONFIRM IT IS SPELLED ACCURATELY. [SP EMAIL] ADD NEW ENTER EMAIL ADDRESS: REENTER EMAIL ADDRESS:
QUESTION TYPE	TEXT BOX WITH FILL DISPLAY, RADIO BUTTON
FILLS (ENG)	TEXT FILL 1: FILL "your" IF THE SP IS THE RESPONDENT FILL "{SP NAME}'s" IF THE RESPONDENT IS THE PARENT OF THE SP
FILLS (SPA)	TEXT FILL 1: FILL "su próxima entrevista telefónica" IF THE SP IS THE RESPONDENT FILL "la próxima entrevista telefónica de {SP NAME}" IF THE RESPONDENT IS THE PARENT OF THE SP
NOTES	MAKE SURE A VALID EMAIL ADDRESS STYLE IS ENTERED
HELP SCREEN	
HARD CHECK	IF THERE ARE SPACES IN THE EMAIL ADDRESS, IF EMAIL ADDRESS IS MISSING THE @ SYMBOL, OR IF TEXT IS MISSING TO THE LEFT OR RIGHT OF THE @ SYMBOL, DISPLAY: ."ENTER A VALID EMAIL ADDRESS" IF EMAIL ADDRESSES DO NOT MATCH, DISPLAY "EMAIL ADDRESSES DO NOT MATCH. PLEASE CONFIRM AND CORRECT"
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDADSCHED IN (1) AND SP IS 0-11 OR 18+ YRS: MDAPORTAL IF MDADSCHED IN (1) AND SP IS 12-17 YRS OLD: MDADCONTINFY ELSE: MDAEND

MDADCONTINFY	
ASK	IF MDADSCHED IN (1) AND SP IS 12-17 YRS OLD
If you would like, we can contact <TEXT FILL 1> to remind them about their upcoming appointment. May we contact <TEXT FILL 1> by text message and/or email? CHECK ALL THAT APPLY 1. YES - TEXT 2. YES - EMAIL 3. NO – DO NOT CONTACT 12-17 YEAR OLD SP	
SPANISH	Si lo desea, podemos comunicarnos con <TEXT FILL 1> para recordarle sobre su próxima cita. ¿Está bien si nos comunicamos con <TEXT FILL 1> por mensaje de texto o correo electrónico? CHECK ALL THAT APPLY 1. YES - TEXT 2. YES - EMAIL 3. NO – DO NOT CONTACT 12-17 YEAR OLD SP
QUESTION TYPE	RADIO BUTTON
FILLS	TEXT FILL 1: {SP NAME}
NOTES	ALLOW CHECK ALL THAT APPLY
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDADCONTINFY IN (1): MDADTEXT IF MDADCONTINFY IN (2): MDAEMAIL IF MDADCONTINFY NE (1 OR 2) AND MDADSCHED IN (1): MDAPORTAL ELSE: MDAEND

MDADTEXT	
ASK	IF MDADCONTINFY IN (1)
What is the best phone number to text <TEXT FILL 1>?	

[SP PHONE NUMBER(S)] ADD NEW IF RESPONDENT PROVIDES A PHONE NUMBER NOT IN THE DISPLAY,, ENTER IT BELOW.. - AREA CODE ENTER PHONE NUMBER	
SPANISH	¿Cuál es el mejor número de teléfono para enviar mensajes de texto a <TEXT FILL 1>? [SP PHONE NUMBER(S)] ADD NEW IF RESPONDENT PROVIDES A PHONE NUMBER NOT IN THE DISPLAY,, ENTER IT BELOW.. - AREA CODE ENTER PHONE NUMBER
QUESTION TYPE	NUMERIC
FILLS	TEXT FILL 1: {SP NAME}
NOTES	DISPLAY ALL SP PHONE NUMBERS ON FILE. ONLY ALLOW 10 DIGIT PHONE NUMBER. DISPLAY PHONE NUMBER AS XXX-XXX-XXXX
HELP SCREEN	
HARD CHECK	IF 10 DIGITS NOT ENTERED, OR IF ALL DIGITS ARE THE SAME (I.E., 1111111111), DISPLAY "PLEASE PROVIDE A VALID, 10 DIGIT PHONE NUMBER"
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDADCONTINFY IN (2): MDAEMAIL IF MDADCONTINFY NE (2) AND MDAMSCHED in (1): MDAPORTAL ELSE:MDAEND

MDADEMAILa/b	
ASK	IF MDADCONTINIFY IN (2)
What email address would be best to use for reminders about <TEXT FILL 1>'s upcoming appointment. ENTER EMAIL ADDRESS : REENTER EMAIL ADDRESS: READ EMAIL ADDRESS BACK TO SP/PROXY TO CONFIRM IT IS SPELLED ACCURATELY.	
SPANISH	¿Qué dirección de correo electrónico sería la mejor para enviar recordatorios sobre la próxima cita de <TEXT FILL 1>? ENTER EMAIL ADDRESS : REENTER EMAIL ADDRESS: READ EMAIL ADDRESS BACK TO SP/PROXY TO CONFIRM IT IS SPELLED ACCURATELY.
QUESTION TYPE	TEXT BOX
FILLS	TEXT FILL 1: {SP NAME}
NOTES	MAKE SURE A VALID EMAIL ADDRESS STYLE IS ENTERED
HELP SCREEN	
HARD CHECK	IF THERE ARE SPACES IN THE EMAIL ADDRESS, IF EMAIL ADDRESS IS MISSING THE @ SYMBOL OR IF TEXT IS MISSING TO THE LEFT OR RIGHT OF THE @ SYMBOL, DISPLAY PLEASE ENTER A VALID EMAIL ADDRESS IF EMAIL ADDRESSES DO NOT MATCH, DISPLAY "EMAIL ADDRESSES DO NOT MATCH. PLEASE CONFIRM AND CORRECT"
SOFT CHECK	
VERSION NOTES	
NEXT	IF MDAMSCHEID IN (1): MDAPORTAL ELSE: MDAEND

MDAPORTAL	
ASK	IF MDAMSCHEID IN (1) OR MDADSCHEID IN {1}
SP PORTAL CODE:	

FILL IN SP PORTAL CODE AND TOMORROW'S DATE ON PARTICIPANT PORTAL HANDOUT. THEN HAND TO THE SP/PROXY.

We have a website for our study participants where you can get information regarding <TEXT FILL 3> upcoming <TEXT FILL 1>. Also, after the health exam, you will be able to get test results here. By registering with the website, we will also be able to send you messages about <TEXT FILL 3> results that may be important. This sheet has the website information and how to set up <TEXT FILL 3> account. I have written the unique code you will need to set up the account on this sheet.

Please note that our system needs 24 hours to update before you can log in. This is also noted on the sheet I've provided. We recommend that you set up the account prior to the health exam so you can access results as soon as <TEXT FILL 3> exam is complete.

IF SP IS INTERESTED IN TAKING STEPS TO LOG IN AND WOULD LIKE ASSISTANCE, YOU MAY HELP THEM AS YOU ARE ABLE TO. HOWEVER, **DO NOT** USE A PROJECT DEVICE TO LOG THEM IN.

PRESS NEXT TO CONTINUE.

SPANISH	SP PORTAL CODE: FILL IN SP PORTAL CODE AND TOMORROW'S DATE ON PARTICIPANT PORTAL HANDOUT. THEN HAND TO THE SP/PROXY. Tenemos un sitio web para nuestros participantes del estudio donde podrá obtener información sobre <TEXT FILL 1> para <TEXT FILL 3>. También, después del examen de salud, podrá obtener los resultados de las pruebas aquí. Al registrarse en el sitio web, también podremos enviarle mensajes sobre <TEXT FILL 4> , que podrían ser importantes. Esta hoja tiene la información del sitio web y cómo <TEXT FILL 3> puede crear una cuenta. Escribí en esta hoja el código único que necesitará para configurar la cuenta. Tenga en cuenta que nuestro sistema necesita 24 horas para actualizarse antes de que pueda conectarse. Esto también está anotado en la hoja que le di. Le recomendamos que cree la cuenta antes del examen de salud para poder tener acceso a los resultados tan pronto como se complete <TEXT FILL 5>. IF SP IS INTERESTED IN TAKING STEPS TO LOG IN AND WOULD LIKE ASSISTANCE, YOU MAY HELP THEM AS YOU ARE ABLE TO. HOWEVER, DO NOT USE A PROJECT DEVICE TO LOG THEM IN. PRESS NEXT TO CONTINUE.
QUESTION TYPE	INSTRUCTIONS
FILLS (ENG)	TEXT FILL 1: 'appointments' IF MDADSCHEd in (1) AND MDAMSCHEd in (1) ELSE: 'appointment' TEXT FILL 3: FILL "your" IF THE SP IS THE RESPONDENT FILL "{SP NAME}'s" IF THE RESPONDENT IS THE PARENT OF THE SP
FILLS (SPA)	TEXT FILL 1: 'las próximas citas programadas' IF MDADSCHEd in (1) AND MDAMSCHEd in (1) ELSE: 'la próxima cita programada' TEXT FILL 3: FILL "usted" IF THE SP IS THE RESPONDENT FILL "{SP NAME}" IF THE RESPONDENT IS THE PARENT OF THE SP TEXT FILL 4: FILL "sus resultados" IF THE SP IS THE RESPONDENT FILL "los resultados de {SP NAME}'s" IF THE RESPONDENT IS THE PARENT OF THE SP TEXT FILL 5: FILL "su examen" IF THE SP IS THE RESPONDENT FILL "el examen de {SP NAME}" IF THE RESPONDENT IS THE PARENT OF THE SP
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	

VERSION NOTES	
NEXT	MDAEND

MDAEND	
ASK	ALL RESPONDENTS
Thank you for taking the time to participate in this important study about our nation's health. (I just need a few moments to pack up and I'll be all done here.) FI REMINDERS: ENVIRONMENTAL SAMPLE IS LABELED AND PACKED HAND CARD BOOKLET IS PACKED PRESS NEXT TO CONTINUE	
SPANISH	Gracias por dedicar su tiempo a participar en este importante estudio sobre la salud de las personas en Estados Unidos. (Solo necesito unos momentos para recoger mis cosas y ya terminaré). FI REMINDERS: ENVIRONMENTAL SAMPLE IS LABELED AND PACKED HAND CARD BOOKLET IS PACKED PRESS NEXT TO CONTINUE
QUESTION TYPE	INSTRUCTIONS
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	END OF SECTION