

**HIS-501(C) (1996)**  
(11-14-96)



U.S. Department  
of Commerce

BUREAU OF THE  
CENSUS

# **NATIONAL HEALTH INTERVIEW SURVEY**

## **Field Representative's Flashcard and Information Booklet (CAPI)**

(Cut along broken lines)

# CARD HM

WHO IS TO BE INCLUDED AS A HOUSEHOLD MEMBER		Include as member of household	
<b>A. PERSONS LIVING OR STAYING IN SAMPLE UNIT AT TIME OF INTERVIEW</b>			
<b>Any person in unit: members of family, lodgers, servants, visitors, etc.</b>			
1. Ordinarily stay here all the time (sleep here) . . . . .	Yes		
2. Here temporarily – no living quarters held for person elsewhere . . . . .	Yes		
3. Here temporarily – living quarters held for person elsewhere . . . . .			No
<b>In Armed Forces</b>			
1. Stationed in this locality, usually sleep here . . . . .	Yes		
2. Temporarily, here on leave – stationed elsewhere . . . . .			No
<b>Student</b> – Here attending school . . . . .	Yes		
<b>B. ABSENT PERSONS WHO USUALLY LIVE HERE</b>			
<b>Inmates of specified institutions</b> – Absent because inmate in a specified institution (see listing in Topic 3, Chapter 4, Listing and Coverage Manual – Form 11-8) regardless of whether or not living quarters held for person here . . . . .			No
<b>Persons temporarily absent, on vacation, in general hospital, etc.</b> (including veterans' facilities that are general hospitals) – Living quarters held here for person . . . . .		Yes	
<b>Absent in connection with job</b>			
1. Living quarters held here for person – temporarily absent while "on the road" in connection with job (e.g., traveling salesmen, railroad men, busdriver) . . . . .	Yes		
2. Living quarters held here and elsewhere for person but comes here infrequently (e.g., construction engineers) . . . . .			No
3. Living quarters held here at home for unmarried college student working away from home during summer school vacation . . . . .	Yes		
<b>In Armed Forces</b> – Were members of this household at time of induction but currently stationed elsewhere . . . . .			No
<b>In school</b> – Away attending post-secondary school . . . . .			No
– Away attending boarding school . . . . .	Yes		
<b>Seamen</b> – Living quarters held here for person . . . . .	Yes		
<b>C. EXCEPTIONS AND DOUBTFUL CASES</b>			
<b>Person with two concurrent residences</b>			
1. Regularly sleep greater part of week in another locality . . . . .			No
2. Regularly sleep greater part of week here . . . . .	Yes		
<b>Citizens of foreign countries temporarily in the United States</b>			
1. Living on premises of an Embassy, Ministry, Legation, Chancellery, or Consulate . . . . .			No
2. Not living on premises of an Embassy, Ministry, etc. –			
a. If living and studying here and no usual place of residence elsewhere in the United States . . . . .	Yes		
b. If living and working here and no usual place of residence elsewhere in the United States . . . . .	Yes		
c. If merely visiting or traveling in the United States . . . . .			No
<b>Student nurses living away at school</b> . . . . .			No

# INDEPENDENT CITIES

## Virginia:

Alexandria	Fredericksburg	Petersburg
*Bedford	Galax	Poquoson
Bristol	Hampton	Portsmouth
Buena Vista	Harrisonburg	Radford
Charlottesville	Hopewell	*Richmond
Chesapeake	Lexington	*Roanoke
Clifton Forge	Lynchburg	Salem
Colonial Heights	Manassas	South Boston
Covington	Manassas Park	Staunton
Danville	Martinsville	Suffolk
Emporia	Newport News	Virginia Beach
*Fairfax	Norfolk	Waynesboro
Falls Church	Norton	Williamsburg
*Franklin		Winchester

**\*St. Louis, Missouri**

**\*Baltimore, Maryland**

**Carson City, Nevada**

## INSTRUCTIONS

Above is a list of all the independent cities in the United States. Use the list to verify the exact address on the **-VERADD-** and **-MAILADD-** screens and to make corrections to the **-CHNGADD-** screen and **-CHNGMAIL-** screen.

\*The cities with an asterisk (\*) are those that also have a county of the same name within the State. Whenever one of these cities is reported, you may need to probe to determine if the person lives within the city limits of the independent city or within the county. If it is within the city limits, enter "IC" after the name, otherwise, enter the county name.

Cut along broken lines

## **WHEN TO FILL THE F7 CASE MANAGEMENT NOTES**

- Type A Noninterviews
- Type B Noninterviews
- Type C Noninterviews
- Partial Interviews
- Classification of Living Quarters Problems

## **WHEN TO FILL AN INTERCOMM**

- Problems, trying to list and update an address
- Additional and EXTRA Units
- Merged Units
- Replaced Sample Unit Structure
- Permit address found to contain more or fewer units than expected
- Permit address found to be in a Group Quarters
- Abandoned Permit
- Segment boundary problems
- Problems encountered trying to classify the type of living quarters
- Unable to locate a sample address

# 1996

## When to fill the F7 Notes

## JANUARY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

## JULY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

**FEBRUARY**

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## AUGUST

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18	19	20	21	22	23	24
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## MARCH

March						
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24	25	26	27	28	29	30
31						

## SEPTEMBER

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15	16	17	18	19	20	21
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29	30					

## APRIL

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21	22	23	24	25	26	27
28	29	30				

## OCTOBER

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27	28	29	30	31		

## MAY

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## NOVEMBER

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## JUNE

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0	Holiday					

## DECEMBER

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(Cut along broken lines)

# 1997

JANUARY						
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FEBRUARY						
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MARCH						
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APRIL						
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JUNE						
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29	30					

JULY						
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27	28	29	30	31		

AUGUST						
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24	25	26	27	28	29	30
31						

SEPTEMBER						
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER						
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19	20	21	22	23	24	25
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NOVEMBER						
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23	24	25	26	②7	28	29
30						

DECEMBER						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	②5	26	27
28	29	30	31			

○ Holiday

# HOLIDAYS

## 1996

New Year's Day	January 1
Martin Luther King's Birthday	January 15
President's Day	February 19
Easter	April 7
Memorial Day	May 27
Independence Day	July 4
Labor Day	September 2
Columbus Day	October 14
Veteran's Day	November 11
Thanksgiving	November 28
Christmas	December 25

**1997**  
**Holidays**

## 1997

New Year's Day	January 1
Martin Luther King's Birthday	January 20
President's Day	February 17
Easter	March 30
Memorial Day	May 26
Independence Day	July 4
Labor Day	September 1
Columbus Day	October 13
Veteran's Day	November 11
Thanksgiving	November 27
Christmas	December 25

(Cut along broken line)

## **CARD FI**

- 2. Spouse (husband/wife)**
- 3. Unmarried Partner**
- 4. Child (biological/adoptive/in-law/step/foster)**
- 5. Child of Partner**
- 6. Grandchild**
- 7. Parent (biological/adoptive/in-law/step/foster)**
- 8. Brother/sister (biological/adoptive/in-law/step/foster)**
- 9. Grandparent (Grandmother/Grandfather)**
- 10. Aunt/Uncle**
- 11. Niece/Nephew**
- 12. Other relative**
- 13. Housemate/roommate**
- 14. Roomer/Boarder**
- 15. Other nonrelative**
- 16. Legal guardian**
- 17. Ward**



## **CARD 0**

**Card F1**

**Card 0**

- 1. Puerto Rican**
- 2. Cuban**
- 3. Cuban American**
- 4. Other Caribbean**
- 5. Mexican/Mexicano**
- 6. Mexican American**
- 7. Chicano**
- 8. Hispanic**
- 9. Other Latin American**
- 10. Other Spanish or Hispanic**

*(Cut along broken line)*

## **CARD R**

- 1. White**
- 2. Black / African American**
- 3. Indian (American)**
- 4. Eskimo**
- 5. Aleut**
- 6. Chinese**
- 7. Filipino**
- 8. Hawaiian**
- 9. Korean**
- 10. Vietnamese**
- 11. Japanese**
- 12. Asian Indian**
- 13. Samoan**
- 14. Guamanian**
- 15. Other Asian/Pacific Islander**

## **CARD F2**

- 1 . Vision/problem seeing**
- 2. Hearing problem**
- 3. Speech problem**
- 4. Asthma/breathing problem**
- 5. Birth defect**
- 6. Injury**
- 7. Mental retardation**
- 8. Other developmental problem (e.g. cerebral palsy)**
- 9. Other mental, emotional or behavioral problem**
- 10. Bone, joint, or muscle problem**
- 1 1. Epilepsy**
- 12. Other impairment/problem**

Card R

Card F2

(Cut along broken line)

## **CARD F3**

- 1 . Vision/problem seeing**
- 2. Hearing problem**
- 3. Arthritis/rheumatism**
- 4. Back or neck problem**
- 5. Fracture, bone/joint injury**
- 6. Other injury**
- 7. Heart problem**
- 8. Stroke problem**
- 9. Hypertension/high blood pressure**
- 10. Diabetes**
- 11 . Lung/breathing problem**
- 12. Cancer**
- 13. Birth defect**
- 14. Mental retardation**
- 15. Other developmental problem (e.g. cerebral palsy)**
- 16. Senility**
- 17. Depression/anxiety/emotional problem**
- 18. Weight problem**
- 19. Other impairment/problem**

## **CARD F4**

**On or down or from:**

- 1 . Escalator**
- 2. Stairs or steps**
- 3. Floor/Level ground**
- 4. Curb (including sidewalk)**
- 5. Ladder or scaffolding**
- 6. Playground equipment**
- 7. Building or other structure**
- 8. Chair, bed, sofa or other furniture**
- 9. Tree**
- 10. Toilet, commode**
- 11. Bathtub, shower**

**Into:**

- 12 Swimming pool**
- 13. Hole or other opening**
- 14. Other**

Card F3

Card\_F4 . .

(Cut along broken line)

## **CARD F5**

- 1. Driving**
- 2. Working at a paid job**
- 3. Working around the house or yard**
- 4. Attending school**
- 5. Unpaid work (including, housework, shopping, volunteer work)**
- 6. Sports (organized team or individual sport such as running, biking, skating)**
- 7. Leisure activity (excluding sports)**
- 8. Sleeping, resting, eating, drinking**
- 9. Cooking**
- 10. Being cared for (hands-on care from other person)**
- 11. Other**

## **CARD F6**

- 1. Home (inside)**
- 2. Home (outside)**
- 3. School (not residential)**
- 4. Child care center or Preschool**
- 5. Residential institution (excluding hospital)**
- 6. Health care facility (including hospital)**
- 7. Street/highway**
- 8. Parking lot**
- 9. Sport facility, athletic field or playground**
- 10. Trade and service area (restaurant, store, bank, gas station)**
- 11. Farm**
- 12. Park/recreation area (fields, bike or jog path)**
- 13. River/lake/stream/ocean**
- 14. Swimming pool**
- 15. Industrial or construction area**
- 16. Mine/quarry**
- 17. Other public building**
- 18. Other**

**Card F5**

**Card F6**

*Cut along broken line*

## **CARD F7**

**Not employed at the time of  
the injury/poisoning**

**None**

**Less than 1 day**

**1 to 5 days**

**6 or more days**



## **CARD F8**

**Not in school at the time of  
the injury/poisoning**

**None**

**Less than 1 day**

**1 to 5 days**

**6 or more days**

**Card F7**

**Card F8**

## **CARD F9**

- 1. Private health insurance plan from employer or workplace\***
- 2. Private health insurance plan purchased directly\***
- 3. Medicare**
- 4. Medi-Gap**
- 5. Medicaid**
- 6. Military health care/VA**
- 7. CHAMPUS/TRICARE/CHAMP-VA**
- 8. Indian Health Service**
- 9. State-sponsored health plan**
- 10. Other government program**

**\*EXCLUDE private plans that only provide extra cash while hospitalized or pay for only one type of service (nursing home care, accidents, or dental care).**

## STATE NAMES FOR MEDICAID

**(Note: OR indicates that the state also has the name "state name medicaid" such as "Iowa Medicaid")**

<b>Alaska</b> .....	<b>Medical Assistance Program</b>
<b>Arizona</b> .....	<b>AHCCCS (Pronounced "Access") OR Acute Care Program OR Long Term Care System (ALTCS)</b>
<b>California</b> .....	<b>Medi-Cal</b>
<b>Connecticut</b> .....	<b>OR ConnecticutAccess (CONNECT CARD)</b>
<b>D.C.</b> .....	<b>OR Medical Assistance</b>
<b>Florida</b> .....	<b>OR MediPass</b>
<b>Georgia</b> .....	<b>OR Better Health Care Program OR Medical Assistance</b>
<b>Hawaii</b> .....	<b>OR Med-QUEST OR Maluhia OR Medical Assistance</b>
<b>Idaho</b> .....	<b>OR Healthy Connections OR Medical Assistance</b>
<b>Illinois</b> .....	<b>OR MediPlan</b>
<b>Indiana</b> .....	<b>OR Hoosier Healthwise</b>
<b>Iowa</b> .....	<b>OR MediPASS (Medical Assistance)</b>
<b>Kansas</b> .....	<b>OR PrimeCare OR Community Care Kansas (CCK) OR HealthConnect</b>
<b>Kentucky</b> .....	<b>OR Kentucky Patient Access and Care System (KenPAC) OR Medical Assistance</b>
<b>Louisiana</b> .....	<b>OR CommunityCARE Program</b>
<b>Maine</b> .....	<b>OR PrimeCare</b>
<b>Maryland</b> .....	<b>OR Maryland Access to Care (MAC) OR Medical Assistance</b>
<b>Massachusetts</b> ...	<b>MassHealth</b>
<b>Minnesota</b> .....	<b>OR Prepaid Medical Assistance Program (PMAP), Health Care Programs</b>
<b>Mississippi</b> .....	<b>OR HealthMACS</b>
<b>Missouri</b> .....	<b>OR MC Plus</b>
<b>Montana</b> .....	<b>OR Passport to Health</b>
<b>Nebraska</b> .....	<b>OR Primary Care Plus (+) OR Health Connection</b>
<b>Nevada</b> .....	<b>OR MAPnet</b>
<b>New Jersey</b> .....	<b>OR New Jersey Care 2000</b>
<b>New Mexico</b> .....	<b>OR Primary Care Network</b>
<b>New York</b> .....	<b>OR MAX</b>
<b>North Carolina</b> ...	<b>OR Carolina Access</b>
<b>North Dakota</b> ....	<b>OR North Dakota Access to Care (NoDAC)</b>
<b>Ohio</b> .....	<b>OR Accessing Better Care (ABC) Program</b>
<b>Oklahoma</b> .....	<b>OR SoonerCare</b>
<b>Oregon</b> .....	<b>OR Oregon Health Plan (OHP), Kaiser-S/HMO, Medical Assistance</b>
<b>Pennsylvania</b> .....	<b>OR HealthPASS, Family Care Network (FCN), Lancaster Community Health Plan, Blue Card or Green Card, ACCESS</b>
<b>Rhode Island</b> .....	<b>OR Rite care OR Medical Assistance</b>
<b>South Carolina</b> ...	<b>Or South Carolina Health Access Plan (SCHAP)</b>
<b>South Dakota</b> ....	<b>OR Primary Care Provider Program</b>
<b>Tennessee</b> .....	<b>TennCare</b>
<b>Texas</b> .....	<b>OR LoneSTAR (State of Texas Access Reform)</b>
<b>Vermont</b> .....	<b>OR Dr. Dynosaur, Vermont Health Access Program (VHAP), AIM</b>
<b>Virginia</b> .....	<b>OR Medallion, Options, Medical Assistance</b>
<b>Washington</b> .....	<b>OR Health Access Spokane, Kaiser-S/HMO, Healthy Options</b>
<b>West Virginia</b> ....	<b>OR West Virginia Physician Assured Access System (PAAS)</b>
<b>Wisconsin</b> .....	<b>Medical Assistance Program</b>

**Card F9**  
**State**  
**Medicaid**

(Cut along broken line)

## **NON-MEDICAID STATE SPONSORED HEALTH INSURANCE PROGRAMS**

<b>Alaska . . . . .</b>	<b>General Relief Medical (GRM)</b>
<b>California . . . . .</b>	<b>County Medical Services Program (CMSP), Children's Services (CCS)</b>
<b>Colorado . . . . .</b>	<b>Child Health Plan</b>
<b>Connecticut . . . . .</b>	<b>Healthy Steps, General Assistance Program (GA)</b>
<b>Florida . . . . .</b>	<b>Healthy Kids</b>
<b>Illinois . . . . .</b>	<b>General Assistance Program (State Child and Family Assistance, SCFA or Transitional Assistance, TA)</b>
<b>Iowa . . . . .</b>	<b>Caring Program for Children</b>
<b>Kansas . . . . .</b>	<b>MediKan, Caring Program for Kids</b>
<b>Massachusetts . . . . .</b>	<b>CommonHealth Program, Medical Security Plan (MSP), CenterCare Program, Children's Medical Security Plan</b>
<b>Michigan . . . . .</b>	<b>Wayne County Plus Care Program, Medical Assistance Program, Caring Program for Children</b>
<b>Minnesota . . . . .</b>	<b>MinnesotaCare, Minnesota General Assistance Medical Care Program (GAMC)</b>
<b>Missouri . . . . .</b>	<b>General Relief Medical Assistance</b>
<b>Nebraska, . . . . .</b>	<b>State Disability Program</b>
<b>New Jersey . . . . .</b>	<b>Health Access New Jersey</b>
<b>New York . . . . .</b>	<b>Home Relief, Child Health Plus (CHP)</b>
<b>North Carolina . . . . .</b>	<b>Caring Program for Children</b>
<b>Ohio . . . . .</b>	<b>Ohio Disability Assistance Medical Program</b>
<b>Pennsylvania . . . . .</b>	<b>Children's Health Insurance Program (CHIP), General Assistance Medical Program</b>
<b>Rhode Island . . . . .</b>	<b>General Public Assistance (GPA) Medical Program</b>
<b>Utah . . . . .</b>	<b>Utah Medical Assistance Program (UMAP)</b>
<b>Virginia . . . . .</b>	<b>State and Local Hospitalization (SLH) Program, Caring Program for Children</b>
<b>Washington . . . . .</b>	<b>Basic Health Plan, Children's Health Program, General Assistance Unemployable Program (GA-U)</b>
<b>Wisconsin . . . . .</b>	<b>General Relief Medical</b>

## **CARD F10**

**I. Less than \$500**

**2. \$500 - \$999**

**3. \$1,000 - \$1,999**

**4. \$2,000 – \$2,999**

**5. \$3,000 or more**

**State non-  
medicaid**

**Card F10**

(Cut along broken lines)

## **CARD F11**

- 1. Lost job or changed employers**
- 2. Spouse/parent lost job or changed employers**
- 3. Got divorced or separated/death of spouse or parent**
- 4. Became ineligible because of age/left school**
- 5. Employer stopped offering coverage**
- 6. Cut back to part-time/became temporary employee**
- 7. Benefits from employer/former employer ran out**
- 8. Couldn't afford to pay premiums**
- 9. Insurance plan raised cost of premiums**
- 10. Insurance company refused coverage**
- 11. Other**

## **CARD F12**

**0. Zero**

**1. Less than \$500**

**2. \$500 - \$1,999**

**3. \$2,000 - \$2,999**

**4. \$3,000 - \$4,999**

**5. \$5,000 or more**

Card F11

Card F12

(Cut along broken line)

## **CARD F13**

- 0. Never attended/kindergarten only**
- 1. 1st grade**
- 2. 2nd grade**
- 3. 3rd grade**
- 4. 4th grade**
- 5. 5th grade**
- 6. 6th grade**
- 7. 7th grade**
- 8. 8th grade**
- 9. 9th grade**
- 10. 10th grade**
- 11. 11th grade**
- 12. 12th grade, no diploma**
- 13. HIGH SCHOOL GRADUATE**
- 14. GED or equivalent**
- 15. Some college, no degree**
- 16. Associate degree: occupational, technical, or vocational program**
- 17. Associate degree: academic program**
- 18. Bachelor's degree (Example: BA, AB, BS, BBA)**
- 19. Master's degree (Example: MA, MS, MEng, MEd, MBA)**
- 20. Professional School degree (Example: MD, DDS, DVM, JD)**
- 21. Doctoral degree (Example: PhD, EdD)**



## CARD F14

**u. \$20,000 - \$20,999**  
**v. \$21,000 - \$21,999**  
**w. \$22,000 - \$22,999**  
**x. \$23,000 - \$23,999**  
**y. \$24,000 - \$24,999**  
**z. \$25,000 - \$25,999**  
**AA. \$26,000 - \$26,999**  
**BB. \$27,000 - \$27,999**  
**CC. \$28,000 - \$28,999**  
**DD. \$29,000 - \$29,999**  
**EE. \$30,000 - \$30,999**  
**FF. \$31,000 - \$31,999**  
**GG. \$32,000 - \$32,999**  
**HH. \$33,000 - \$33,999**  
**II. \$34,000 - \$34,999**  
**JJ. \$35,000 - \$39,999**  
**KK. \$40,000 - \$44,999**  
**LL. \$45,000 - \$49,999**  
**MM. \$50,000 - \$54,999**  
**NN. \$55,000 - \$59,999**  
**OO. \$60,000 - \$64,999**  
**PP. \$65,000 - \$69,999**  
**QQ. \$70,000 - \$74,999**  
**RR. \$75,000 and over**

Card F13

Card F14

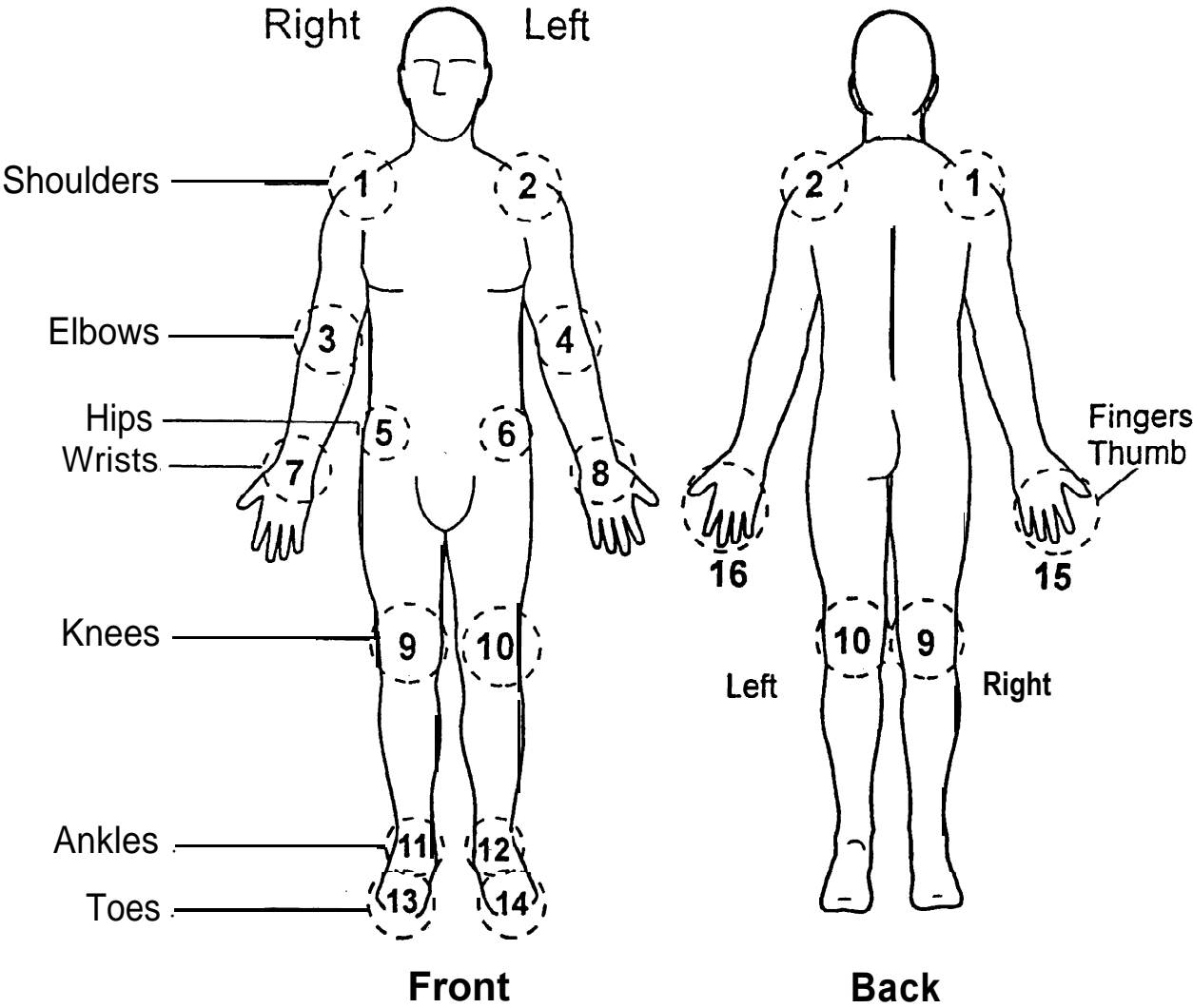
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Cut along broken line

## **CARD F15**

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

CARD A1



Card F15  
Card A1

(Cut along broken line)

## **CARD A2**

- 1. All of the time**
- 2. Most of the time**
- 3. Some of the time**
- 4. A little of the time**
- 5. None of the time**

## **CARD A3**

**0. Not difficult at all**

**1 . Only a little difficult**

**2. Somewhat difficult**

**3. Very difficult**

**4. Can't do at all**

**Card A2**  
**Card A3**

*(Cut along broken line)*

## **CARD A4**

- 0. Not difficult at all**
- 1. Only a little difficult**
- 2. Somewhat difficult**
- 3. Very difficult**
- 4. Can't do at all**
  
- 6. Do not do this activity**

## **CARD A5**

- 1. Vision/problem seeing**
- 2. Hearing problem**
- 3. Arthritis/rheumatism**
- 4. Back or neck problem**
- 5. Fracture, bone/joint injury**
- 6. Other injury**
- 7. Heart problem**
- 8. Stroke problem**
- 9. Hypertension/high blood pressure**
- 10. Diabetes**
- 11. Lung/breathing problem**
- 12. Cancer**
- 13. Birth defect**
- 14. Mental retardation**
- 15. Other developmental problem  
(e.g. cerebral palsy)**
- 16. Senility**
- 17. Depression/anxiety/emotional problem**
- 18. Weight problem**
- 19. Other impairment/problem**

Card A4

Card A5

(Cut along broken line)

## **CARD A6**

**0. None**

**1. 1**

**2. 2-3**

**3. 4-9**

**4. 10-12**

**5. 13 or more**



## **CARD A7**

- 1. 1**
- 2. 2 - 3**
- 3 . 4 - 9**
- 4. 10-12**
- 5. 13 or more**

Card A6

Card A7 . . .

r

## **CARD A8**

- 1. An employee of a PRIVATE company, business, or individual for wages, salary, or commission**
- 2. A FEDERAL government employee**
- 3. A STATE government employee**
- 4. A LOCAL government employee**
- 5. Self-employed in OWN business, professional practice, or farm**
- 6. Working WITHOUT PAY in family business or farm**

## **CARD A9**

- 1. 1 – 9 employees**
- 2. 10 – 24 employees**
- 3. 25 – 49 employees**
- 4. 50 – 99 employees**
- 5. 100 – 249 employees**
- 6. 250 – 499 employees**
- 7. 500 – 999 employees**
- 8. 1000 employees or more**

**Card A8**  
**Card A9**

(Cut along broken line)

## **CARD A10**

- 1. Just to find out/Worried that you are infected**
- 2. Because a doctor asked you to**
- 3. Because the health department asked you to**
- 4. Because sex partner asked you to**
- 5. For hospitalization or surgical procedure**
- 6. To apply for health insurance or life insurance**
- 7. To comply with guidelines for health workers**
- 8. To apply for a new job**
- 9. For military induction, separation, or during military service**
- 10. For immigration**
- 11 . Because of pregnancy**
- 12. For some other reason**

## **CARD A11**

- 1. Because you want to find out if you are infected**
- 2. Because it will be part of hospitalization or surgery you expect to have**
- 3. Because you expect to apply for life or health insurance**
- 4. Because you expect to apply for a Job**
- 5. Because you expect to join the military**
- 6. Because of guidelines for health care workers**
- 7. Because it will be a required part of some other activity that includes automatic AIDS testing**
- 8. Because it is required in your non-health care employment**
- 9. Because you plan to have/begin sexual relationship**
- 10. Because you are pregnant or expect to become pregnant**
- 11 . For some other reason (*Specify*)**

Card A10  
Card A11 . .

(Cut along broken line)

## **CARD A12**

- A. You have hemophilia and have received clotting factor concentrations**
- B. You are a man who has had sex with another man at some time since 1980, even one time**
- C. You have taken street drugs by needle at any time since 1980**
- D. You have traded sex for money or drugs at any time since 1980**
- E. Since 1980, you are or have been the sex partner of any person who would answer “Yes” to any of the items on this card**

## **CARD CI**

- 1. Parent (Biological, Adoptive or Step)**
- 2. Grandparent**
- 3. Aunt/Uncle**
- 4. Brother/Sister**
- 5. Other relative**
- 6. Legal guardian**
- 7. Foster parent**
- 8. Other non-relative**

**Card AI2**

**Card CI**

(Cut along broken line)

## **CARD C2**

- 1. Down's Syndrome**
- 2. Cerebral Palsy**
- 3. Muscular Dystrophy**
- 4. Cystic Fibrosis**
- 5. Sickle Cell Anemia**
- 6. Autism**
- 7. Diabetes**
- 8. Arthritis**
- 9. Congenital Heart Disease**
- 10. Other heart condition**



## **CARD C3**

**0. Not true**

**1. Sometimes true**

**2. Often true**

Card C2  
Card C3

## **CARD C4**

**0. None**

**1. 1**

**2. 2-3**

**3. 4-9**

**4. 10-12**

**5. 13 or more**

## **CARD C5**

- 1. 1**
- 2. 2 - 3**
- 3. 4 - 9**
- 4. 10 - 12**
- 5. 13 or more**

**Card C4**  
**Card C5**

(Cut along broken line)

# DECLARACION ACERCA DE LA LEY DE CONFIDENCIALIDAD

“Como parte de su actividades estadísticas, la Oficina del Censo prepara listas de direcciones y unidades habitacionales. Una de esas listas se usa para ayudar al Centro Nacional de Estadísticas sobre la Salud (NCHS) a llevar a cabo estudios sobre el estado de la salud en el país. Toda la información que usted de es confidencial, según la ley, y puede usarse **SOLAMENTE PARA PROPOSITOS ESTADISTICOS** por la Oficina y por el Centro Nacional de Estadísticas sobre la Salud.

La participación es voluntaria, y no se le castigara por negarse a dar información. Sin embargo, agradeceríamos profundamente su cooperación.”

Si el/la entrevistado/da pregunta sobre la autorización legal para prepara la lista, cite el título 42 del código de los Estados Unidos, sección 242k.

## EXAMPLES FOR VERIFYING LISTING

At time of listing and updating, verify the listing after you have introduced yourself and before you interview.

1. SINGLE UNIT ADDRESS – Verify the listing with the respondent by asking:

**“Yo tengo enlistada una unidad habitacional (read basic address). ¿Existen otras unidades habitacionales – ocupadas o vacantes – en esta misma dirección de correo?”**

2. MULTI-UNIT ADDRESS – Verify the listing with the owner, building superintendent, manager, rental agent, or some other knowledgeable person, such as a long-time resident by asking:

**"Tengo enlistados del apartamento – al apartamento – en (read basic address). ¿He mencionado cualquier unidad habitacional donde no vive gente? (Pause) ¿No mencioné alguna unidad habitacional, ya sea ocupada o vacante, en esta misma dirección (read basic address)?"**

# EXPLICACION DE LA ENCUESTA NACIONAL DE LA SALUD

El propósito de la Encuesta Nacional de la Salud es obtener información sobre la frecuencia y la severidad de varias enfermedades, incapacitaciones y accidentes, el tipo de cuidado médico que reciben las personas para sus problemas de salud; y otra información relacionada con la salud del país.

La información recolectada es para el uso de los departamentos de salud federales, estatales y locales, escuelas médicas, organizaciones de investigación y otros grupos e individuos.

La Oficina del Censo lleva a cabo esta encuesta para el Centro Nacional de Estadísticas sobre la Salud, que es parte del Servicio de Salud Pública de los Estados Unidos, y realiza esta encuesta debido a la urgente necesidad de tener estadísticas al día sobre la salud de la gente. La encuesta está autorizada bajo el título 42, Código de los Estados Unidos, sección 242k. La información recolectada es confidencial y se usará solo con fines estadísticos. La participación en esta encuesta es voluntaria y no hay ninguna penalidad por no contestar a cualquier pregunta. Sin embargo, su cooperación es muy importante para obtener los datos necesarios para asegurarse de que la información estadística sea representativa.

## INTRODUCCION

"Hola, soy \_\_\_\_\_ de la Oficina del Censo de los Estados Unidos. Esta es mi tarjeta de identificación/identidad. Estamos llevando a cabo un estudio sobre la salud para el Centro Nacional de Estadísticas sobre la Salud, el cual es parte del Servicio de Salud Pública de los Estados Unidos. ¿Recibió una carta en la cual se le explica este estudio?"

## INTRODUCCION A LLAMADA TELEFONICA DE SEGUIMIENTO

"Hola, soy \_\_\_\_\_ de la Oficina del Censo de los Estados Unidos. Hablé con (previous respondent) durante una visita a su casa con relación al estudio sobre la salud que estamos llevando a cabo en todo el país. Hice arreglos con \_\_\_\_\_ para llamarle hoy a usted y hacerle algunas preguntas. Sus contestaciones son confidenciales. La participación en el estudio es voluntaria y puede discontinuarla en cualquier momento. Se le envió una carta a su casa en la cual se explica este estudio."

**Declaracion  
(SP)**

**Explicacion  
(SP) - - - -**

(Cut along  
broken line)

# PRIVACY ACT LISTING STATEMENT

**“As part of its statistical activities, the Bureau of the Census develops lists of addresses and housing units. One such list is used to aid the National Center for Health Statistics (NCHS) to conduct surveys and studies on the state of the nation’s health. Any information you provide is confidential by law, and can be used ONLY by the Bureau and NCHS FOR STATISTICAL PURPOSES ONLY.**

**Participation is voluntary, and there are no penalties for refusing to provide information. However, your cooperation is greatly appreciated.”**

**If respondent requests legal authority for conducting listing, cite title 42, United States Code, section 242k.**

## EXAMPLES FOR VERIFYING LISTING

At time of listing and updating, verify the listing after you have introduced yourself and before you interview.

1. SINGLE UNIT ADDRESS - Verify the listing with the respondent by -asking:

**“I have listed one unit at *(read basic address)*. Are there any other living quarters - either occupied or vacant - at this address?”**

2. MULTI-UNIT ADDRESS - Verify the listing with the owner, building superintendent, manager, rental agent, or some other knowledgeable person, such as a long-time resident by asking:

**“I have listed apartments \_\_\_\_\_ through \_\_\_\_\_ at *(read basic address)*. Have I listed any units that are not used as living quarters? *(Pause)* Have I missed any living quarters - either occupied or vacant - which use the basic address *(read basic address)*?”**

# EXPLANATION OF THE NATIONAL HEALTH INTERVIEW SURVEY

The basic purpose of the National Health Interview Survey (HIS) is to obtain information about the frequency and severity of various illnesses, disability, and accidents, the kind of care and treatment people receive for their health problems, and other information related to the health of our Nation.

Data are compiled for use by Federal, State, and local health departments, medical schools, research organizations, and other groups or individuals.

The Bureau of the Census is conducting this survey for the National Center for Health Statistics which is part of the U.S. Public Health Service because of the urgent need for up-to-date statistics on the health of the people. The survey is authorized by title 42, United States Code, section 242k. The information collected is confidential and will be used only for statistical purposes. Participation in this survey is voluntary and there are no penalties for refusing to answer any question. However, your cooperation is extremely important in obtaining much needed information to ensure the completeness and accuracy of the data.

## SUGGESTED INTRODUCTION

**"I am \_\_\_\_\_ from the United States Bureau of the Census. Here is my identification card. We are conducting a health survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service. Did you receive a letter explaining this survey?"**

## TELEPHONE CALLBACK INTRODUCTION

**"I am \_\_\_\_\_ from the United States Bureau of the Census. I spoke with *(previous respondent)* during a visit to your household concerning a health survey we are taking across the nation. I arranged with *(previous respondent)* to call today to ask you some questions. Your answers are confidential. The survey is voluntary and you may discontinue participation at any time. Your household has been provided with a letter explaining this survey."**

**Privacy Act  
Explanation**

# Adding NHIS Extra Units to Case Management

Usually EXTRA units are picked up by the instrument when you ask the housing unit coverage questions at the beginning of the interview. EXTRA units picked up by the instrument are automatically added to Case Management.

*However, when you discover EXTRA units **after** you have completed the coverage questions, you need-to add these EXTRA units to Case Management yourself.*

---

## First determine if a unit is an EXTRA unit by using this criteria:

In general, an EXTRA unit is any separate housing unit that is **not** listed.

### Area Segments

The EXTRA unit must be:


- ☐ A separate living quarters (live and eat separately) with direct access to the unit
- ☐ Within the segment boundaries
- ☐ Within the same structure or on the same property as the sample unit

### Permit Segments

The EXTRA unit must be:


- ☐ A separate living quarters (live and eat separate with direct access to the unit)
- ☐ Within the same structure
- ☐ Within the same space occupied by the original sample unit

### Group Quarters in Area Segments

-  Group Quarters (GQ) do not have separate living quarters, therefore, there are no EXTRA units for a GQ by definition. If you find more GQ units than expected as you interview, note this in the Footnotes section of the listing sheet.

---

## Then add the EXTRA unit(s) to Case Management following these steps:

-  If you find more than 3 EXTRA units, call your office before conducting the interview.

1. Go to the Case List Screen.
2. Place the cursor on the parent unit address on the Case List Screen.
3. Press F4 to create new record for the EXTRA unit(s).
4. Enter the unique unit designation or correct the address for the EXTRA unit.



# OUTCOME CODES

OUT-COME	DEFINITION	USUAL ACTION*	LAPTOP	CAPI CONTROL
200	New case, not started	00	Remain	NA
201	Complete interview	10	Transmit	To DSD
202	Accessed instrument, no progress	01	Remain	NA
203	Partial interview, no follow-up	04	Transmit	To DSD
204	Partial interview, follow-up needed	02	Remain	NA
213	Language problem	21	Transmit	To Supervisor
216	No one home, repeated calls	21	Transmit	To Supervisor
217	Temporarily absent, no follow-up	21	Transmit	To Supervisor
218	Refused	21	Transmit	To Supervisor
219	Other Type A	21	Transmit	To Supervisor
220	Temporarily absent, follow-up possible	01	Remain	NA
223	Occupied entirely by Armed Forces members	31	Transmit	To Supervisor
225	Occupied entirely by persons with URE	31	Transmit	To Supervisor
226	Vacant, nonseasonal	31	Transmit	To Supervisor
228	Unfit or to be demolished	31	Transmit	To Supervisor
229	Under construction, not ready	31	Transmit	To Supervisor
230	Converted to temporary business or storage	31	Transmit	To Supervisor
231	Unoccupied site for mobile home, trailer, or tent	31	Transmit	To Supervisor
232	Permit granted, construction not started	31	Transmit	To Supervisor
233	Other Type B	31	Transmit	To Supervisor
235	Vacant, seasonal	31	Transmit	To Supervisor
236	Occupied - screened out by household	31	Transmit	To Supervisor
240	Demolished	41	Transmit	To Supervisor
241	House or trailer moved	41	Transmit	To Supervisor
242	Outside segment boundaries	41	Transmit	To Supervisor
243	Converted to permanent business or storage	41	Transmit	To Supervisor
244	Merged	41	Transmit	To Supervisor
245	Condemned	41	Transmit	To Supervisor
246	Built after April 1st 1990 (4/1/90)	41	Transmit	To Supervisor
247	Unused line of listing sheet	41	Transmit	To Supervisor
248	Other Type C	41	Transmit	To Supervisor

*ACTION CODES	DESCRIPTION
00	Case not started
01	Case open, insufficient data
02	Partial interview, with follow-up
04	Partial interview, no follow-up
10	Complete interview
21	Type A noninterview
31	Type B noninterview
41	Type C noninterview

Extra units

Outcome codes

(Cut along broken line)

## **CARD T**

- 1. 6 months or less**
- 2. More than 6 months, but  
not more than 1 year ago**
- 3. More than 1 year, but not  
more than 3 years ago**
- 4. More than 3 years**
- 5. Never**

