

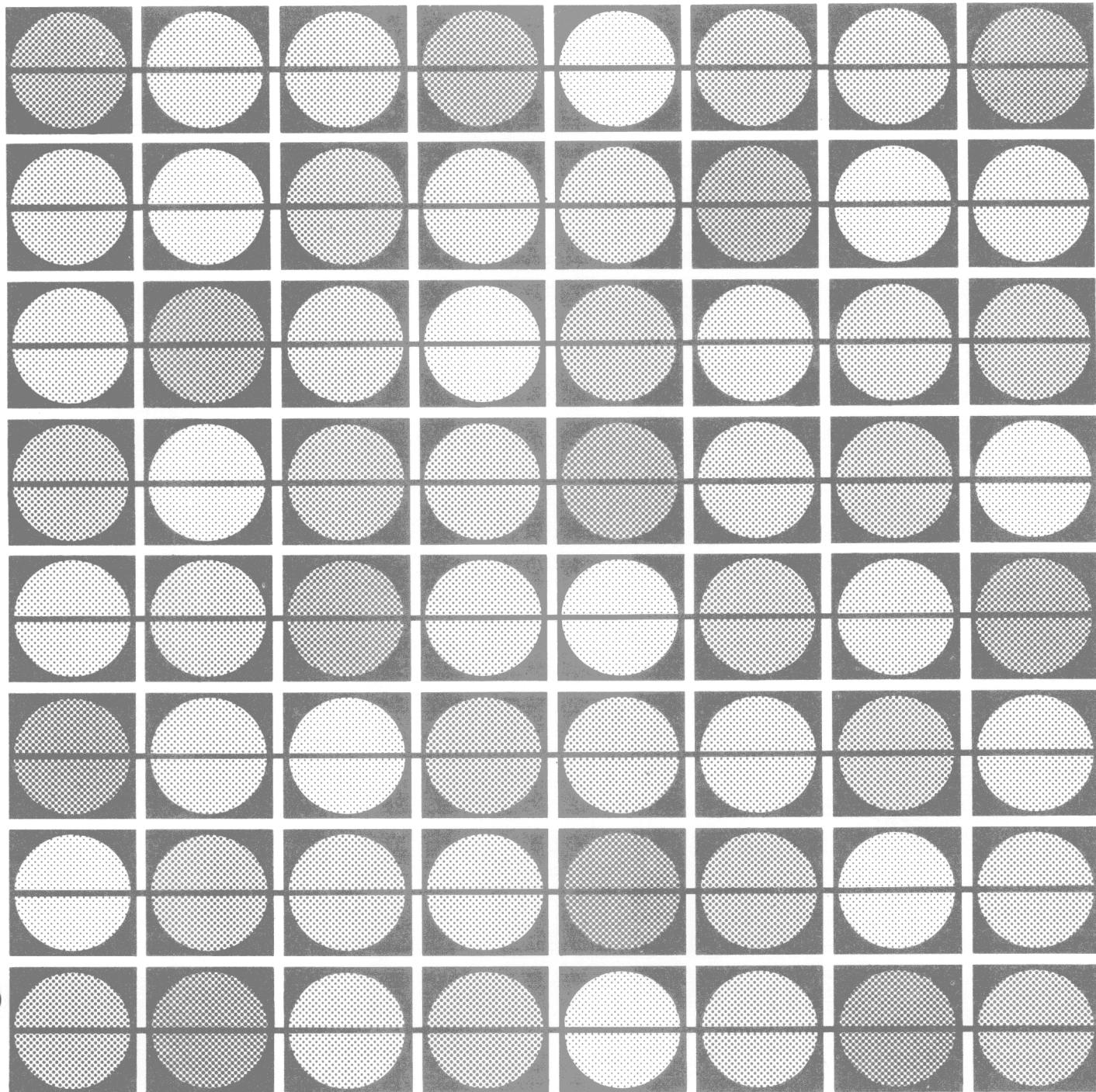
Instruction Manual

Part 15b



Field Staff Operations Manual for the
Hispanic Health and Nutrition Examination
Survey, 1982-84

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • Public Health Service • National Center for Health Statistics



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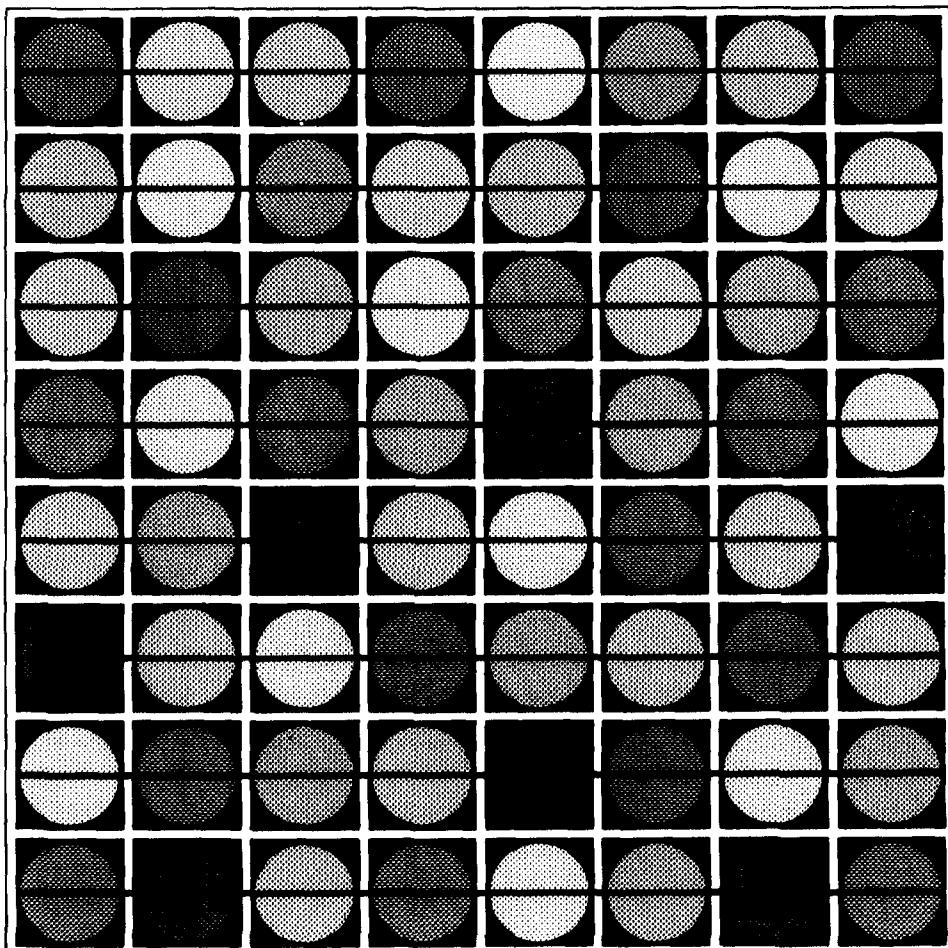
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HHANES

Data Collection



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
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Chapter 1

THE HISPANIC HEALTH AND NUTRITION EXAMINATION SURVEY

History

In 1956 the Congress authorized the U.S. Public Health Service to conduct a continuing National Health Survey to obtain information on the health of the American people. This information is obtained in several ways, a household health interview survey, a family of surveys of health resources, and a health examination survey. In the latter, actual health examinations and tests can yield morbidity information that is unobtainable through the other programs of the National Health Survey.

There are several advantages to such a survey. Information can be obtained about diagnosed conditions which persons may fail to report or may be incapable of reporting in a survey based upon individual interviews and about previously undiagnosed, unattended, and nonmanifested chronic diseases. In addition, all procedures, tests, and measurements can be carried out in a uniform and standard manner.

The data collected by this survey are useful for a variety of reasons. The obvious are to determine the prevalence of specific diseases and to obtain baseline data on certain nutritional, physical, psychological, and physiological measurements for better understanding of departures from norms. The data also help public officials and medical care providers make more efficient use of health funds in planning for medical and health care services, research, and education.

Analysis of the data can also be made in relation to numerous socioeconomic and demographic data to determine such things as missing nutrients from the diets of parts of our population and differing health patterns between areas of the United States, to name but two. Since the first survey began in 1959, some 65,000 Americans of all ages have participated voluntarily in five separate surveys. Each of the first three surveys had a target population of a specific age group with the examination content focused on certain specified health aspects of that subpopulation.

The fourth survey differed in its intent and purpose from the first three in that persons between the ages of 1 and 74 were surveyed rather than those of a smaller age segment and that for the first time an extensive evaluation was made of the nutritional status of that population. In addition, measures were taken of the prevalences of chronic pulmonary disease, disabling arthritis of the hip and knee, and cardiovascular disease in adults from 25 to 74 years old. This survey, named the National Health and Nutrition Examination Survey I (NHANES I), was completed in late 1975.

The fifth survey, NHANES II, provided the first look at changes in the

nutritional status of the population over time through data on dietary intake, laboratory tests, body measurements, and clinical assessments of persons 6 months to 74 years old. In addition, the prevalences of the following conditions in certain age segments of the population were measured: diabetes, kidney disease, heart disease, liver disease, hypertension, allergies, disc degeneration in the cervical and lumbar spines, pulmonary malfunction, and hearing and speech problems.

The individuals in all of these surveys were selected through the use of a nationwide probability sample of the civilian noninstitutionalized population of the United States. The use of such a procedure makes it possible to obtain the desired statistics efficiently, economically, and in such a manner that the statistical reliability of the results is determinable. In all, more than 140 reports relating to findings of these surveys have been published and widely distributed.

Current Program

The Hispanic Health and Nutrition Examination Survey (HHANES) differs from the previous five surveys in that it does not use a national probability sample. Instead for the Hispanic HANES only about 230 counties that contain about 80 percent of the Hispanic population of the United States have a probability of selection. Within the counties selected from the total, all in the southwestern states of California, Arizona, Colorado, New Mexico, and Texas, and in the New York and Miami metropolitan areas, a sample of the civilian noninstitutionalized population of those of Mexican, Cuban, and Puerto Rican descent is selected. Hispanic HANES will be the first survey to produce data for the Mexican-American, Cuban-American, and Puerto Rican populations from 6 months to 74 years old on illness, disability, need for treatment, and nutritional status as well as data on patterns of growth and development and on measures of health and well-being. Prevalences of diabetes, heart disease, liver disease, gallbladder disease, hypertension, and hearing and vision problems will also be determined.

Description of the Examination

Examinations are given in two mobile health examination centers, each of which consists of three specially built and equipped trailers. The examination teams include physicians, dentists, nurses, dietary and other interviewers, and medical and laboratory technicians. There is no cost to participants, and transportation to and from the examination is provided. Questionnaires are used to obtain basic demographic and socioeconomic characteristics, medical history data, and information on dietary intake for all persons in the sample.

The examination consists of a general medical examination by a physician, a dental examination by a dentist, a dietary interview, and anthropometric and tympanometric measurements. Then depending on age, some or all of the

following are done: an electrocardiograph, X-rays of the chest, an ultrasound test for gallstones, audiometry, a vision test, and a glucose tolerance test. For women there is an optional breast examination. In addition, numerous laboratory tests are performed on whole blood, serum, plasma, and urine. At the mobile examination center (MEC), urine specimens are screened for the presence of glucose, albumin, blood, urobilinogen, bilirubin, nitrite, and ketones. Hematological tests are performed including determination of hemoglobin, hematocrit, and red and white cell counts. Biochemical analyses performed on specimens of serum or plasma include assays for vitamin A, chemical profile, folates, serum cholesterol, triglycerides, thiocyanate, lead, zinc, copper, iron, iron binding capacity, ferritin, protoporphyrin, carboxyhemoglobin, pesticides, and syphilis. Biochemical testing is performed in a thoroughly standardized manner at the laboratories of the Centers for Disease Control in Atlanta, Georgia. Personnel of the Centers also assist in developing procedures for obtaining and shipping specimens and for the laboratory quality control procedures used in the field. Pesticide measures are performed by the Environmental Protection Agency, and lipids are measured at Johns Hopkins University.

All information collected is held in strict confidence. Clinical and laboratory data from the examination are mailed to the examinee's physician or medical facility if authorized by the examinee. No treatments or medical advice are given to the examinees by the examining staff. It is hoped that any necessary follow-up care will be directed by the examinee's own physician.

Scope of This Manual

The Field Staff Operations Manual is intended to be used as a guide and reference source for all NCHS staff members assigned duties and responsibilities associated with field operations. This manual covers discussions of and instructions for all administrative and logistical activities performed in the conduct of the Hispanic Health and Nutrition Examination Survey by the field employees of the National Center for Health Statistics (NCHS), under the following position titles:

- Field Operations Managers**
- Field Management Assistants**
- Health Examination Representatives**
- Dietary Coordinators**
- Field Operations Assistants (Coordinators)**
- Laboratory Technicians**
- Nurses**
- Health Technicians**

The appendix at the end of this manual includes copies of all administrative forms used in the field office.

Two other NCHS manuals, the HHANES Laboratory Manual, and the HANES Examination Staff Procedures Manual, give specific instructions for the

data collection activities carried out in the mobile medical centers by the NCHS field medical staff.

The other office and medical staff members are employed by private contractors to NCHS. The procedures done by these staff members are described in separate manuals that cover the physician's examination, dental and vision examinations, dietary interview, MEC interview, household interview, and the office procedures. The contractor's field staff include the following:

- Household interviewers
- Dietary interviewers
- Dentist
- Physicians
- MEC interviewers
- Site managers
- Field supervisors

CHAPTER 2. ADVANCE ARRANGEMENTS

OFFICE AND HEALTH EXAMINATION CENTER ARRANGEMENTS

General--About 8-10 weeks prior to the start of a stand, one of the Field Operations Managers (FOM's) will visit the area to make arrangements for the Field Management Office (FMO) and the Health Examination Center (HEC) or the Mobile Examination Center (MEC) to confirm prior arrangements with local officials.

Prior Visits--Before the FOM visits a location, advance contacts such as a personal visit, telephone call and/or mail will have been made with the various State and local health departments, medical and dental organizations and societies, local community leaders (political, Hispanic organizations, educational leaders, religious organizations, health clinic directors, and Spanish and English media representatives) in these areas. Pertinent information from these contacts, that is, persons to see or suggestions for the HEC site, will be made available to the FOM before going into the community.

Materials Needed for Advance Arrangements--The following materials are needed for advance arrangements:

- Copies of trailer specifications for electricity, plumbing, and sewage--four copies of each.
- Copies of ten service estimates--four copies of each.
- Brochures explaining program.
- Pictures of trailers.
- Maps and reports showing segment locations.
- Schedule of operations for the stand.
- HER schedule--for vehicles.
- Living Accommodations Forms--eight or more copies.
- List of persons and/or community groups and organizations to be contacted.
- Copies of advance letters.

Selection of Site for Examination Center--The FOM should spend the first day at the location looking for possible sites. The FOM should contact the local health departments, school officials, local police departments, and Hispanic community leaders for assistance and suggestions since these people will be contacted in the course of advance arrangements to explain the program and obtain their support. The following items should be considered in selecting the HEC site:

- Location of segments and transportation arteries.
- Proximity to power, water, sewer connections, and telephone connections.
- Community attitude toward location.
- Reasonable freedom from noise and/or excessive vibration.
- Availability of living accommodations for staff within a reasonable distance. (While this is somewhat unusual, it has been a factor in determining where the HEC was located.)

- o Office space availability and proximity--within the proximity of the examination site.

A minimum of 75 feet by 75 feet is required to accommodate the three medical trailers. This should be as level as possible, but with no more than a 24-inch slope from the front to the rear of each trailer, preferably paved and easily accessible to the three tractor-trailer combinations. Additional space should be made available for staff and examinee parking (20 spaces).

Prior to signing the service estimate for rental of the HEC site, the FOM should coordinate the site with the local power company, plumber, electrician, and the telephone company to insure that the services can be provided at the selected site.

Selection of Field Management Office--The Field Management Office (FMO) should be as close to the Health Examination Center as possible. Ordinarily, the person or persons supplying the site for the HEC will also rent office space, or be aware of available office space nearby. In any case, the FOM will find it useful to arrange for the office and HEC site at the same time and as near the HEC as possible. Parking space for staff in FMO should also be taken into consideration.

The office should consist of four to six rooms (total space of 2000 square feet) which can be locked because of confidential information, and which is large enough to accommodate both the NCHS and contractor's staffs. When furniture cannot be supplied by the persons from whom we are renting, the FOM will make arrangements to rent furniture.

When drawing up the estimate for rental of office space, the FOM should be sure to include any special arrangements. This would include the following:

- Furniture delivery.
- Telephone installation.
- Mail delivery.
- Cleaning of office.
- Office supplies and forms.

MISCELLANEOUS ARRANGEMENTS

Public Utility--Since there is usually only one public utility available in a location, the FOM must accept the cost estimate given him. Ordinarily the cost of mounting a transformer on an existing pole plus the cost of power consumed is the most cost efficient. The cost rises considerably when a pole has to be set. Sometimes, setting a pole is unavoidable; however, the FOM must make every effort to select a site that makes use of an existing pole.

Where the services of a public utility are required, acceptance of a flat rate for power consumed is preferable. Often, however, utility companies require metering the service, so the FOM should also include the estimated

cost of power consumed, as well as the up and down service charges.

In some instances, power may be supplied directly by the person renting the HEC site from existing transformers such as in a hospital or school. In these cases, cost of power will be included in the service estimate covering rental of the HEC site under other costs, and the local power company would not be involved. This is desirable but the FOM must be certain that there is sufficient power to meet HEC requirements.

Electrical and Plumbing Services--The FOM should give the electrician a copy of the diagram of the electrical system for the HEC and the plumber a copy of the diagrams for the water and drainage systems. In addition, both contractors should be fully apprised of the complexity of these systems as well as of the necessity for setting them up and taking them down on the dates specified in the agreements and for being available for emergency situations and calls. The contractor should also be aware of the need for complying with local regulations and ordinances, obtaining any required permits, and testing to see that all equipment is functioning after hookup. The FOM should note on the HEC service estimate if water cost is included in the estimate or if there will be an additional cost based on use.

Telephone Service--Where possible, telephone arrangements should be made with the local manager of the company or, in large cities, with the Government Services Representative. It is very important that the telephone numbers be assigned at the time the service estimate is signed since these are needed by the Management Assistant, HEFOB for stand preparations, and so forth.

Automobile Rental--The FOM should make arrangements with the nearest General Services Administration Motor Pool since GSA cars must be used whenever possible. When GSA cars are not available, the FOM should ask the representative at the GSA Motor Pool if they have a contract with a commercial source. The FOM may then enter into an agreement with this commercial rental agency. Rental cars should be midsize and air conditioned. A station wagon or a van for the FOM may be preferable for transporting packages and supplies to and from the post office and so forth.

Transportation Service--Usually taxi companies are the best source. The FOM should first verify that the company can provide enough vehicles and drivers for up to 20 round trips daily and that local ordinances do not prevent them from going to any part of the sample area. Rates will vary depending on the locality but are usually based on the number of miles to be traveled. The quality of the taxi service is very important and their responsibilities must be emphasized.

Express Mail Service--The FOM should contact the post office to determine the nearest branch offering Express Mail Service (EMS) to our delivery points for blood and urine shipments. Regular EMS service, if available, will best

accomplish timely delivery of specimen shippers. If EMS is not available, the FOM should determine what alternate method will guarantee delivery within 2 days after mailing, such as priority, air mail, special delivery, or air express.

Typewriter Rental--Two long-carriage electric typewriters plus ribbons (correcting type) are required.

Clerical Employees--Depending upon the size of the stand, arrangements should be made for at least one full-time clerk for the entire stand and one part-time clerk for the first 2 weeks of the stand. The advance FOM may arrange for part-time employees based on actual need for that stand if he or she is to be the stand FOM. Otherwise, the stand FOM and/or the Field Management Assistant (FMA) arranges for his or her own part-time employees at a stand. In small towns, the FOM should attempt to locate interested persons who can apply for work once the stand opens and be paid from the Imprest Fund. Since all part-time employees are hired on a self-employed basis, these employees should be informed that taxes are not withheld from their pay and they are responsible for reporting their income at the end of the tax year. All part-time employees must read and sign the confidentiality statement before they can begin work.

Safe--In order to comply with regulations governing the security of the Imprest Fund, the FOM must rent a safe for the field management office. Every effort must be made to obtain a safe and when these efforts have been exhausted, the FOM must indicate the reasons in his or her written report. When a safe is unavailable, the safe in the HEC must be utilized to secure the Imprest Fund.

Signing of Service Estimate Forms--In drawing up service estimate forms for the various services to be provided, the FOM must ensure that the lowest cost estimates are used, except in the most extreme circumstances. With the exception of the public utility and telephone company, every effort must be made to obtain at least three estimates. When this is not possible, the FOM must document the reason in his or her advance report. The FOM must use good judgment in the hiring of contractors and determining that the cost estimates are accurate for the service being provided. The FOM must explain to the contractors that they must submit an ITEMIZED INVOICE to the NCHS Financial Management Office at the completion of his or her services. Small contractors may wish to submit more than one invoice: for example, weekly in the case of transportation companies, and after setup and removal in the case of electricians and plumbers. Such arrangements should be spelled out in the service estimate forms. The service estimate forms are primarily used to set times, dates, and so forth, and to provide service information and cost estimates to the procurement agent for use in the preparation of purchase orders.

It is the responsibility of the FOM to monitor the contractor costs and man-hours spent during the course of a stand. This is necessary to assure that there is clear understanding by the contractor of the intent of the contract and that sufficient monies are always available in the contract

and/or purchase order to cover agreed upon costs, as well as any emergency costs that may have occurred at the stand.

Living Accommodations--After the field management office and HEC locations have been determined, the FOM should inquire into rates and availability of nearby hotels and motels. The FOM should try to list at least five places within close proximity to the field office and examination center. The "Living Accommodations" form is used for this purpose.

Reporting to Headquarters--As soon as the HEC and office addresses and telephone numbers are established, the information should be telephoned to headquarters. This allows for quick publication of the bulletin to field staff giving advance information for the next stand.

Upon completion of arrangements, the FOM should submit a written report to headquarters covering all the pertinent details, pinpointing any problems or doubtful areas, and including the following:

- Four copies of all signed service estimates.
- Sketch of location of Health Examination Center showing water, sewer, power, and telephone connections and identifying streets and access to the site. Field Management Office should also be shown if nearby.
- One copy of the accommodations for each hotel or motel with nearest approved accommodation noted.
- Any maps or directories obtained.
- List of organizations and persons to be sent advance information. (The FOM and Community Outreach Coordinator (COC) will have developed this list in the course of contacts.)

CHAPTER 3. SETTING UP THE STAND

OPENING THE OFFICE

The Field Operations Manager (FOM), Health Examination Representative (HER) and the Field Management Assistant (FMA) will arrive at the stand location 3 to 5 days prior to the beginning of contractor interviewing to open the Field Management Office (FMO). On that day, telephones should be installed (if this has not already been done) and typewriters and any necessary furniture delivered. The office computers should be unpacked and prepared for operation. Office supplies and forms (sent from headquarters in advance) should be unpacked and organized for operation. The FMA should have two stamps made (if this has not already been done): one with the office location and telephone number and the second with the Health Examination Center (HEC) location and office telephone.

At this time the Sampling Interviewer Contractor should be provided a memo with the office address and telephone number, location of examination center, dates and times of examinations, name of taxi company, and the method of telephoning appointments (name, age, race, sex, and so forth). The memo is written in advance and sent from the Health Examination Field Operations Branch (HEFOB) with copies for all household interviewers. About a week to 10 days before household interviewing begins at each stand, a "Dear friend" or "Because you live at" letter is mailed to each household to be contacted.

During the first part of the week, the FOM will be concerned with verifying arrangements for the HEC setup, with hiring local laborers for setup and cleaning trailers, with making arrangements for at least four "dry runs" for training and quality control purposes, and with contacting community action groups who may be of help in persuasion or in accompanying examinees to the HEC.

Other items for the FOM to check on during the first week are as follows:

- Arrival of audiometers.
- Arrival of medical supplies--obtain name of shipper and Government Bill of Lading number from headquarters and call to arrange delivery date.
- Source and arrangements for delivery of dry ice.
- Banking arrangements.
- Express Mail Service (for blood shipments).
- Detailed area maps.
- Post Office hours and location.
- Listing of health services and clinics.
- Confirmation of examination center arrival.
- Part-time employees.
- Cleaning services for FMO and HEC.
- Examination center location maps for sample persons.
- Hospital and emergency room numbers and addresses, including ambulance service available.
- HEC supplies (toilet paper, kleenex, soap, and so forth).

- Zip code book for sample area.
- Trash receptacle and pickup.

Field Management Assistant (FMA)--Soon after arrival, the FMA will interview and explain office procedures to the part-time employees. In addition, one Health Examination Representative (HER) will be available to assist with taking telephone calls, reviewing questionnaires, and handling the large volume of paper work. The FMA should also verify that there is an adequate supply of forms necessary for the operation of the stand. Once the office files are set up, the FMA should have the part-time employee begin stamping return addresses on envelopes and appointment slips and stamp receipts for payment of examinations and mileage.

Although the FOM, FMA, and HER have specific areas of responsibility, they are expected to assist one another as much as possible within the limits of those responsibilities.

OFFICE OPERATIONS

This manual contains procedures for hand processing of office forms used during stands 01 through 31. See separate manual for processing office procedures on computer used for stands 33 through 55.

Making Appointments--Contractor household interviewers will telephone appointments to the office from sample households. Insofar as possible, attempt to schedule seven persons for the first hour of each session and three persons (6 months-19 years only) 1 hour later. In the morning session only six of the seven persons scheduled for the first hour should be glucose tolerance test (GTT) sample persons. Three sample persons (SP's) should be scheduled at 8:15 a.m. If necessary, seven persons can be scheduled for the GTT. In the afternoon and evening session it is preferred that all seven persons be adults (20-74 years). However, persons 6 months through 19 years of age may be scheduled in the first hour of any session. All persons 20-74 years must be scheduled at the start of any session. It is possible to over schedule but only if it is absolutely necessary. Encourage the interviewers and HER's to persuade the sample persons to choose other times while they are still in the household.

Preparation of Master List (See form number PHS-T-498 in appendix)--When an appointment is called into the field office, first ask the name (first, middle initial, and last), age, race, and sex of the sample person. For persons 19 years and under, select and draw a line through the appropriate sample number from the "Roster of Sample Numbers," (six digit number, the first two numbers represent the stand number). Enter the sample number on the master list. Give the sample number to the contract interviewer. Obtain and enter on the master list the name, age, race, sex, and the segment-serial-family-SP number. SP number is a two digit number which represents logical order within the family. Enter date and time of appointment in appropriate column of master list. Determine transportation requirements and enter in appropriate column "S" if the sample person is driving himself, "T" if he requires a taxi, or "other,"

which could be by health examination representative (HER) or contract interviewer. Any unusual information given by the interviewer (such as sample person is excessively overweight, is an invalid, or requires an interpreter) should be noted briefly on the master list for later verification. Use W for white race, B for black race, and O for other such as Chinese, Japanese, and so forth. At the end of each day's appointments, draw a pencil line across the Master List.

Selecting the GTT Sample (See form number PHS-6183-1 and 2 in appendix)--If the sample person is between 20 and 74 years of age, first determine if the sample person is to receive the GTT by entering the appropriate sample number on the GTT worksheet. Sample persons who fall in the unshaded or fasting area are part of the GTT sample and are assigned a number in the 800-900 series from the roster of sample person numbers. Enter the number plus the name, age, race, sex, segment-serial-family, and SP number on the master list. GTT sample persons must be scheduled in the morning session. Before attempting to schedule for the morning, ask if the sample person takes insulin shots. If yes, the sample person, though still part of the GTT sample, will not receive the GTT and may be scheduled at any time at the beginning of a session. For those in the GTT sample who take insulin shots write the letter "D" (for diabetic) after the sample number on the GTT worksheet and attempt to schedule for the afternoon or evening. If a sample person falls into the GTT sample but refuses to take the test, write the letter "R" (for refusal) after the sample number on the GTT worksheet and attempt to schedule for afternoon or evening. For each GTT sample person who is not going to take the test, record the date and time of examination, sample number, and reason for not taking the test on a GTT unusual occurrence form.

Sample persons who fall into the unshaded or fasting slots for the GTT must fast from 11 p.m. the night before their examination until the next morning. Sample persons who fall into the fasting slots for the GTT and do not want to fast and come in at 8:15 a.m. or 8:30 a.m. can be scheduled for the ultrasound test at 1:30 p.m. and 6 p.m. If receiving the ultrasound test at 1:30 p.m. they will have to fast from 7:30 a.m. until then. If receiving the ultrasound test at 6 p.m. they will have to fast from noon on.

Preparation of Master Appointment Schedule (See form number PHS-6178 in appendix)--As soon as the appointment is made, enter the last four digits of the sample number in the appropriate block on the master appointment schedule. Each morning, verify that correct sample numbers have been chosen for each age group and that all sample numbers used the previous day are in the proper slot on the master appointment schedule: for example, 50 appointments on the master list and 50 numbers on the master appointment schedule.

Review of Contractor's Work--Since sample selection is based on household composition, completed screener and family household questionnaires will be turned in daily whether or not the segment is completed. Remove type A's (noninterviewed household), type B's (vacant), type C's (non-dwelling unit) and nonsample person households and verify these daily with the supervisor's report form. A household questionnaire tally sheet will be used to list all

households by segment-serial number, with appropriate blocks in which to list numbers of appointments; refusals; type A's, B's, C's, eligible households with no sample persons, and noneligible households; and a grand total for verification with the supervisor's report. Verify ages in sample person households and check the accuracy of the sample selection on page 4 of the screener questionnaire. The age verification card in the flashcards (See form number PHS-6207 in appendix) can be used. (In reviewing the family questionnaire for accuracy and completeness, remember that page 3 is to be completed for the head of the household regardless of whether or not he is a sample person. Thereafter, pages 4 and 5 will be completed for sample persons only.) After review of the family questionnaire, enter the sample number in the blocks above the sample person.

Medical history questionnaires will be reviewed daily by HER's for accuracy and completeness. At this point, the FMA reviews the medical histories to verify that the date and time of appointment (shown on the front) coincide with the date and time on the master list. Also, at this time, write the sample number in the upper right corner of the authorization to send results used for all sample persons and the minor authorization used for 6 months-16 years of age if it has not been done by the interviewer. Verify question 31C in the adult medical history questionnaire as to the use of insulin shots for sample persons selected in the 800-900 sample numbers to get the glucose tolerance test.

Any discrepancies between the interviewing contractor's tally and our tally of type A's, B's, C's, and nonsample person households should be brought to the attention of the contractor supervisor daily and our copy of the report form corrected. Instances of wrong sample selection should likewise be reported. This applies not only to sample person households but also to non-sample person households. When the wrong person has been selected, the screener questionnaire should be returned to the contractor for followback. In the event a person under 20 years of age is put into the GTT sample, simply draw a red line through the number on the GTT worksheet and advise the sample person by telephone or through an HER. The survey statistician, HEFOB, should be contacted regarding any sample problems.

Preparation of the Control Card (See form number PHS-6218 in appendix)--The control card is a five-part form consisting of two reminder notices (one with GTT instructions and one without), a duplicate yellow, HER record of calls, and buff copy. Daily, after the contractor's work has been reviewed and verified, type the name, address, telephone number, segment-serial-family and SP number, and sample number. On the buff copy enter the day, date, and time of appointment, (verifying this against the day, date, and time of appointment on the medical history), transportation requirements, and check the appropriate box under "remarks" for the kind of test, GTT, gallbladder, or neither. Since the control card is used to prepare the daily appointment schedule, the "neither" box should be checked for persons who take insulin, persons who refuse the GTT, and persons 19 years of age and under. The remainder of the control card is coded as follows:

Before examination

- Block 1 Age and date of birth.
- Block 2 Race and sex.
- Block 3 Code 1 for contractor or original appointment; code 2 for refusal.
- Block 6 Code 1 if medical history completed; leave blank if not completed. Code 2 if never obtained when it is finalized.
- Block 7 Code 1 if authorization to send results is signed; leave blank if not signed or obtained.
- Block 8 Leave blank if sample person is an adult 17 years of age or over; code 1 if an authorization to examine a minor is signed; if not signed or obtained, code 2.
- Block 9 Code 1 when screener is obtained.
- Block 10 Code 1 if family questionnaire is obtained. Code 2 if never obtained when it is finalized.

After examination

- Block 4 Code 1 if sample person is examined on contractor or original appointment.
- Block 5 Enter date examined (leave blank if never examined).
- Block 7 Code 1 if authorization to send results is signed in trailers; Code 2 if never obtained.

Daily, after the control cards have been typed and coded, verify information obtained on the control card with that shown on the master list by placing a check on the master list by the sample number. Verify the day, date, and time of appointment with that shown on the master appointment schedule by placing a red dot beside the sample number on the master appointment schedule. File the control card, still intact, daily in sample number order. Count control cards daily to be sure that a card was made on each sample person according to the number of sample persons appointed and turned in by the contractor supervisor.

At the end of the week during which appointments are being made by the contractor, when all work has been typed, coded, and verified, separate and file the five-part form as follows:

<u>Parts of Form</u>	<u>Filed By</u>
1. Reminder notice (white) - 1 with GTT instructions	Sample number order
2. Reminder notice (white) - 1 without GTT instructions	Sample number order
3. Duplicate (yellow)	Alphabetical order
4. HER record of calls (green)	Segment-serial-family-sample person number order
5. Control card	Sample number order

ASSIGNMENT OF SAMPLE NUMBERS TO REFUSALS

You will have the refusals turned in daily by the contractor and throughout the stand. At this point, control cards need to be typed on each refusal. Using a separate master list, GTT worksheet, and roster of sample numbers, starting where you left off with appointments, assign a sample number and list as before on the master list. Follow the same coding for appointments but be sure to code a 2 in block 3. Count cards after typing to be sure you have a card on each refusal: for example, 100 refusals should have 100 cards. Follow the same separation procedure for the control cards as is used with appointment cards.

At some point before the stand is over, the master list should be typed from the pencil copy in sample order number and proofed by two persons so that there are, in effect, five master lists in the five separate number series, 001, 200, 400, 600, and 800.

PREPARATION OF FORMS FOR THE HEALTH EXAMINATION CENTER

Place the following forms in pre-numbered manila folders and file by sample number:

Medical History (PHS-6206 or PHS-6208)	A11 SP's
Inside the Medical History the following are placed:	
Dietary 24-hour Recall and Frequency (PHS-6209)	A11 SP's
Health History Supplement (PHS-6212)	12 to 74 years
Consent to Examination & Request to Furnish Results (PHS-6219)	A11 SP's
Authorization for Transportation Arrangements for Persons Under 16 Years of Age (PHS-6227)	A11 SP's under 16

HER's will fill in the name, sample number, and other identifying information on the dietary and supplement forms.

The family questionnaires and screener questionnaires should never leave the office and are filed by segment-serial number order and kept in a closed or locked file because of confidentiality.

Review of Medical Histories--On a daily basis the HER's are required to edit the medical history, family questionnaire, and the screener questionnaire, indicating on the appropriate edit form any errors and/or omissions. Any errors and omissions that cannot be obtained through household visits or telephone reminder calls will be brought to the attention of the MEC interviewer, who will get the information from the sample person when he or she comes in for the examination.

Telephone Reminder--On the day before the scheduled appointment, the HER will call to remind the sample persons of their appointment date and time for coming into the examination center and impress upon them the importance of

keeping their appointments. This will be a good time to confirm transportation arrangements and remind them of dietary restrictions for the GTT test or obtain any missing information on medical history, screener, and family questionnaires.

A refusal letter is sent to a sample person after the contract interviewer classifies a positive nonresponse as a refusal. Approximately 3 days after the refusal letter has been sent, another interviewer is sent back. However, if there is no language problem, an HER is sent.

Broken Appointments (See form number PHS-T-500 in appendix)--Cancellations and no shows will be listed on the broken appointments form for transmission to the contract supervisor. Sample persons who call the office to change an appointment time are not to be considered cancellations and should not be included on the broken appointment list. Code broken appointments on the control card as follows:

Block 4	Code 2	if SP "no shows" on contract appointment
	Code 3	if SP "cancels" original appointment
Block 15	Code 2	if SP "no shows" on HER or contract appointment
	Code 3	if SP "cancels" on HER or contract appointment

If HER or contract interviewer reschedules the appointment and the sample person comes in for the examination, leave block 15 blank.

Blocks 16 through 24 are coded only when the case is assigned to other HER's. A telephone call to a sample person is not considered a callback and while this information should appear on the HER record of calls, it should not be recorded in blocks 13 through 24.

Daily Report of Activities (See form number PHS-T-499 in appendix)--Complete the daily report of activities beginning with the first day after the office opens when the contractor turns in their first completed work. The following items require special attention:

Items 1 and 4--Figures should not be taken from the master list or from the contractor supervisor's report. Rather, do an actual count of questionnaires and sample persons after these are turned in by the contractor supervisor each day. Item 3a--Enter contractor figures daily from work turned in (rather than from the master list) to reduce errors. Once work by the contractor is finished, the figure in 3a should not change unless sample persons are taken out of sample. Item 2--Enter refusal figures when completed work is turned in. These consist of original refusals only and should decrease as HER's begin callbacks.

The remaining items are explanatory. In order to arrive at an accurate total at the close of the stand, item 2 and item 3 should equal 4. Item 2, item 8 and item 12 should equal to item 4 also.

Scheduling for the Examination--One week before the start of examinations,

using the master appointment schedule, pull the control cards for those sample persons to be examined on the first day. From the control card, enter on the appropriate reminder notice the day, date, and time of examination, pickup time, location, and so forth and mail the reminder notice to the sample person along with the "dear participant" letter and the orange \$20.00 coupon. Include school excuse where applicable and a map locating the health examination center for persons driving themselves.

Transportation Assignments (See form number PHS-T-503 in appendix)--On Friday before examinations begin, usually a week ahead of first examinations and on a weekly basis thereafter, prepare transportation assignments showing examinees' names, addresses, telephone numbers, and pickup and delivery times. For rural areas, list a description of the house. Sometimes maps of rural areas can help. The first week's transportation assignments are usually taken to the taxicab company by the FOM who will discuss these arrangements. If a HER or contract interviewer has to transport a sample person give him or her a transportation slip as soon as possible. The assignments thereafter for the taxicab company can be given to the coordinator to give to the taxicab drivers for delivery to their supervisor. If after giving the assignments to the taxicab company a sample person cancels, notify the taxicab company. If someone else is added to the list, call and give additional information. The transportation company list should include in capital letters "PLEASE CALL FOR EXAMINEES AT THE DOOR."

Daily Appointment Schedule (See form number PHS-T-497 in appendix)--Make an original and nine (9) copies of the daily appointment schedule; retain one in the office and send the other copies to the health examination center. Enter the required information in the appropriate column on the appointment schedule, paying particular attention to the test block: GTT, gallbladder, or "neither." Make any notations regarding sample persons such as blind or hard of hearing. Note also any missing forms needed and missing names of doctors and dentists.

Out-of-Sample Memos--A memo (original and 1 copy) must be written on all deletions from the sample by the FMA as they occur. Information to be included is the segment-serial-family-sample person numbers, sample number, name, race, sex, age, and the reason for deleting from the sample. It must be signed by the FOM and sent to the attention of the Survey Statistician, Health Examination Field Operations Branch (HEFOB).

ACCEPTING DELIVERY OF THE HEALTH EXAMINATION CENTER (HEC)

On receiving the HEC the FOM must carefully inspect each unit for damage prior to releasing the transportation company driver. If any damage is found, the FOM must note this on the freight bill and notify the operations manager in HEFOB as soon as possible.

ASSEMBLING HEALTH EXAMINATION CENTER

The Health Examination Center is composed of three (3) separate trailers parked parallel to each other and connected by two (2) passageways. The trailers are identified as follows:

- Unit 1--reception trailer
- Unit 2--x-ray trailer
- Unit 3--staff trailer

Prior to trailer arrival, FOM should chalkline the trailer parking site. This if possible may help make aligning the trailers an easier task for the drivers. The separation between trailers at the center of the passageways must be at least 48 inches and not more than 50 inches. This space between the trailers is especially important for trailers 2 and 3 because of the critical spacing of the staff entrance steps. Also, doors between trailers must be opened before parking.

Distance between trailers--Between trailer 1 and trailer 2, there should be a minimum of 48 inches to a maximum of 50 inches. Between trailer 2 and trailer 3, there should also be a minimum of 48 inches to a maximum of 50 inches. The three (3) trailers must be parallel and within 2 inches from the front of the trailers to the rear of the trailers. An easy method of aligning is to tape measure distance between jack pads (trailers 1 and 2 and trailers 2 and 3.) Distances between outer edges of jack pads should be 56 inches.

Leveling trailers--Once the trailers are parallel and the proper distance from each other, they can be leveled. Always begin by leveling the trailer which sits upon the highest ground. This trailer will be sitting lowest upon its jacks at the end of the leveling process for the three (3) trailers.

The plumbing system and the passageway connections between trailers require that all three trailers be level and at the same elevation. If trailers are not leveled, the plumbing system will not drain properly and the passageways will not line up.

Start with the highest trailer. Place a 3 foot carpenters level on the underside of the pickup plate at the front of the trailer. Raise the low side of the trailer until the front of the trailer is level from side to side. Due to the rigidity of the frame, the front jack on the high side of the trailer may leave the ground. If this occurs, raise the corner of the trailer which is diagonally opposite the jack which is off the ground. When the front jack is firmly on the ground, continue leveling the front from side to side.

After the front has been leveled from side to side, level the rear from side to side, holding the level on the top of the rear rub rail.

The last step is to level the trailer from front to rear. First, ensure that both front jacks are in low gear. Next, turning both cranks at the same speed, raise or lower the front of the trailer until a level altitude is

reached. The best place to use the level during this operation is on top of the rub rail mid-way down the side of the trailer.

Level all three trailers in this manner. Then bring the lower trailers up to the level of the highest trailer. First, operating the front pair of jacks at the same speed, raise the front of the trailer to the desired height. As this is being done, COUNT the number of turns taken. Raise the rear jacks the same number of turns. It may be necessary to repeat this process several times to bring the trailers to the same level. Note, if all four jacks are not raised an equal number of turns, the trailer will not remain level.

After final positioning of all trailers, next bleed the air from the air tanks (brake system) so that the trailers will not creep forward. This can be done by pulling the steel lanyard attached to the valve on the bottom of the air tanks and bleeding off all the air. Caution, if the air is not bled from the tanks after jacking, the trailers may lurch forward when returned to "wheels-down" position.

Passageway Connection--To set up the passageways, pull each passageway out to meet the adjoining passageway. Once the two passageways are aligned insert the 1/4-inch bolts along the bottom of the passageway frame. Next, on the interior of the passageway connect the four toggle clamps to the adjoining passageway. For safety reasons, be sure to cover the toggle clamps with padding so as to eliminate injury should someone inadvertently bump into one of the clamps. At the point of entrance into the passageway from each trailer, install the rubberized cover around the passageway. This is performed by connecting the velcro strips on the rubberized material to the velcro strips on the wall of the trailer and the passageway. A section of flooring (which is stored in the closed passageway or hall) is then placed in the floor hole created when the passageway is extended. The hinged floor panel attached to the passageway can now be lowered, completing the interior setup of the passageway. The last step is to connect the exterior rubberized cover around the passageway by zipping it to the zipper connectors provided around the exterior passageway entrance. This procedure is the same for all passageway connections. When tearing down and preparing for shipment the same procedure is used in reverse.

Personnel Access Steps and Platform--Mounted below each personnel door on the side of the trailer are two stainless steel keyway receptacles used for attaching the step platform. When setting up the platform, insert the two 1/2-inch diameter studs into the receptacles on the side of the trailer. The galvanized steel pipe legs fit into the sockets on the underside of the platform. The step assembly belts to the platform with three 8/16th-inch bolts, one on each side of the step. There are three handrails provided with each step or platform assembly. To install the handrails simply slip the ends into the sockets located in the sides of the step end of this platform.

Exterior Lighting--On each trailer there are strategically located outlets and connections for exterior floodlights. Place the exterior floodlights that are provided at each outlet or connection point on the trailers. The HEC system is equipped with electronic eyes, so it is not necessary to turn the

lighting system on and off. The electrician should check the system after connection and make all necessary repairs.

Subsystem installations--Electrical and plumbing connections are completed by the appropriate contractors. Copies of specifications should be kept on hand in case the contractor has misplaced them between advance arrangements and hookup. Check system after hookup and repair as necessary.

Note: Before electrical system is energized, FOM should assure that all electrical equipment is unplugged and water heaters are in the off position. The water heaters must be filled with water before electric power switch is turned on.

PREPARING HEALTH EXAMINATION CENTER FOR OPERATION

On staff setup day (as shown on the schedule) all members of the examining team except the physician (nurse is responsible for MD's area) will report to the HEC for the purpose of setting up their areas. This includes preparing the respective areas for the first examinees:

- Take separate inventories of existing medical and administrative supplies.
- Unpack and inventory the current shipment of medical and administrative supplies and case records. Store all supplies in appropriate places in and under trailers.
- Assemble all equipment in working order and calibrate.

Setup Day and Dry Run Day are two distinct and separate days. Setup day is for setting up, calibrating, and inventorying all equipment and supplies. Dry Run day is considered a regular examination day and all areas must be cleared and cleaned prior to arrival of the dry run examinees.

The coordinator will notify the FOM regarding any supplies needed to complete the stand. Malfunctioning equipment should also be reported to the FOM as soon as possible. The coordinator is responsible for consolidating the inventory reports of staff members and submitting a total inventory to the FOM as soon as possible on a specially designed form. This report is the basis for the amount and kind of supplies shipped from headquarters to the next stand. For instructions regarding actual HEC operation, see Examination Staff Procedures Manual for HHANES, 15a.

Security--During the course of the stand, individual staff members will be responsible for storing and locking expensive portable equipment such as cameras, tape recorders, and so forth used during the examination. The coordinator, usually the last person to leave the trailers, is responsible for checking all rooms and should remind staff members in cases of noncompliance. The coordinator will also be responsible for making sure that all doors are locked when he or she leaves. Guard service for the units, in areas where it is required, will have been arranged by the FOM.

CHAPTER 4. CLOSING OUT THE STAND

RECORDS TRANSMITTAL

1. Data requiring a separate document for each sample person or examinee

The "Record of Transmittal" (PHS-6184) is used to transmit data for which there is a separate document for each sample person or examinee. It is not used to transmit forms that collect data on more than one sample person per form, such as the screener or the family questionnaire.

- a. Fill out the top section of the transmittal by entering the date, stand number, person responsible for the set of records, type of records being transmitted, deck number, stand location, dates of examination, and the full address of the place to which the records are being sent. The addresses are listed later in the chapter.
- b. Circle the sample numbers of all the records being shipped.
- c. Count the circled numbers and write the total in the space provided at the top of the form.
 - (1) If the total number of circles exactly equals the number it is supposed to equal, then thank your lucky stars.
 - (2) If the total number of records is less than the number it is supposed to equal, indicate at the bottom of the page which records are missing and why. For example, if the number of SP's examined is 436, but only 433 dietary questionnaires are being transmitted, list the sample numbers of those missing and the reasons why.
 - (3) If the total number of records is more than the number it is supposed to be, explain why at the bottom of the page. For example, if you are shipping a record that should have been shipped previously but wasn't for some reason, explain that at the bottom of the page.
 - (4) If the number of circles doesn't equal the number it should and you don't know why, then you're in big trouble and you need to work until you can reconcile the figures.
- d. File the records in sample number order and pack them in the boxes supplied by headquarters. If more than one box is needed for a particular set of records, number each box, for example, 1 of 5, 2 of 5, . . . , 5 of 5. Also, write the name of the type of record, for example, dietary questionnaires, on the outside of each box.
- e. In the space provided at the top of the transmittal form write in the number of boxes required to ship that set of records. Enclose the pink

copy of the transmittal form in the first box of each shipment of a particular set of records.

- f. Send the original (white) transmittal record by registered mail in a separate envelope to the same place to which the records are being sent. Transmittals from the exam center can be given to the coordinator who will send them all together to the appropriate destinations.
- g. Send the yellow copy to the Operations Manager, HEFOB. These yellow copies from the exam center can also be given to the coordinator to accumulate and send.
- h. Transmit, according to the instructions just given, the records listed below every 2 weeks starting with the first Tuesday after a full 2 weeks of examinations have been conducted. Consider Saturday as the last day of a shipment period.

<u>Record</u>	<u>Person responsible</u>	<u>Destination</u>
Examination charts, examined SP's	Coordinator	RTP
Adult SP questionnaires, examined SP's	Coordinator	RTP
Child SP questionnaires, examined SP's	Coordinator	RTP
Control records, duplicate	Coordinator	HEFOB
Dietary questionnaires	Dietary Coordinator	RTP
Adult SP supplements	Dietary Coordinator	RTP
Reports of Findings I, original and duplicate; examined SP's, dry runs, and surpluses	Nurse	HEFOB
TB test forms, injections given and read, and refusals	TB Nurse	HEFOB
Chest x-rays, original and duplicate	Chief Technician	HEFOB
ECG tracings, original, and duplicate	Chief Technician	HEFOB

<u>Record</u>	<u>Person responsible</u>	<u>Destination</u>
Tympanograms	Chief Technician	HEFOB
Ultrasound films	Chief Technician	HEFOB
Height photos	Chief Technician	HEFOB
Dental examination forms	Chief Technician	NIDR
Reports of dental findings, duplicate	Chief Technician	HEFOB
Adult SP questionnaires, SP's not examined	FMA	RTP
Child SP questionnaires, SP's not examined	FMA	RTP
Control cards	FMA	HEFOB
Consents for examination	FMA	HEFOB
Authorizations for transportation	FMA	HEFOB

- j. Transmit the records listed below at the end of the stand.

<u>Record</u>	<u>Person responsible</u>	<u>Destination</u>
Examination charts, replicate	Nurse	RTP
Examination charts, dry runs, and surpluses	Nurse	HEFOB

2. Screener and family questionnaires

Records, such as the screener and family questionnaire, for which a single document represents a unit other than a sample person cannot be transmitted using Form PHS-6184, "Record of Transmittal." Instead, the "Hispanic Household Questionnaire Listing" (PHS-T-507) should be used to transmit these documents.

- a. Fill out the top section of the transmittal form by entering the stand number and location. Also at the top of the page write the name of the set of questionnaires being transmitted. Use separate transmittals for each type of questionnaire.

- b. File the questionnaires in segment-serial number order (screener) or segment-serial-family number order (family questionnaire), and pack them in the boxes provided. If more than one box is needed for a particular set of records, number each box, for example, 1 of 5, 2 of 5, . . . , 5 of 5. Also, write the name of the type of record enclosed, for example, screener, on the outside of each box.
- c. List the questionnaires in segment-serial number order (screener) or segment-serial-family number order (family questionnaire) on the transmittal sheets, number the pages, and enter the total number of questionnaires being transmitted at the top of the pages.
- d. Enclose the pink copies of the transmittal sheets in the first box of each shipment of a particular set of records.
- e. Send the original (white) transmittal sheets by registered mail in a separate envelope to the same place that the records are being sent.
- f. Send the pale yellow and bright yellow copies to the Operations Manager, Health Examination Field Operations Branch.
- g. Transmit the records listed below every 2 weeks, starting with the first Tuesday after a full 2 weeks of examinations have been conducted. Consider Saturday as the last day of a shipment period.

<u>Record</u>	<u>Person responsible</u>	<u>Destination</u>
Screeners, eligible households with sample persons	FMA	RTP
Screeners, eligible households with no sample persons	FMA	RTP
Family questionnaires	FMA	RTP

3. Laboratory specimens and hair samples

The laboratory technicians are responsible for shipping the laboratory specimens and hair samples every 2 weeks, according to the instructions in the HHANES Examination Staff Procedures Manual.

- a. For each set of specimens enclose the original data sheets with the shipper.
- b. For each set of specimens send the original data sheets separately by registered mail to the same place to which the shipper goes.

- c. Send the original urine data sheets and original nurse's log sheets to Research Triangle Park by registered mail every two weeks when the specimens are sent.
 - d. Send the copies of the data sheets and nurse's log at the end of the stand to HEFOB.
4. Records to be sent without formal transmittals

The records listed below should be boxed and sent to their various destinations, but it is not necessary to fill out any formal transmittal forms for them.

<u>Record</u>	<u>Person responsible</u>	<u>Destination</u>
Records of calls (green slips)	FMA	HEFOB
Yellow copies of control card (alphabetic)	FMA	HEFOB
Daily reports of activities	FMA	HEFOB
Daily appointment schedules, original	FMA	HEFOB
Westat reports	FMA	HEFOB
Master appointment schedule	FMA	HEFOB
Master list	FMA	HEFOB
Type A list (when used)	FMA	HEFOB
GTT worksheet	FMA	HEFOB
Roster of sample numbers by age	FMA	HEFOB
GTT unusual occurrence form	FMA	HEFOB
Schedule of broken appointments	FMA	HEFOB
Transportation assignments	FMA	HEFOB

<u>Record</u>	<u>Person responsible</u>	<u>Destination</u>
Household folders, eligible households with SP's	FMA	HEFOB
Household folders, eligible households with no SP's	FMA	RTP
Screener and household folders, noneligible households	FMA	HEFOB
Screener and household folders, vacant no dwelling unit	FMA	HEFOB
Segment maps	FMA	HEFOB
List of potential replicate examinees	FMA	HEFOB
Schedule sheet for assignment of technicians	Coordinator	HEFOB
Daily appointment schedules, copy	Coordinator	HEFOB
Body measurement unusual occurrence form	Chief Technician	HEFOB
X-ray roster	Chief Technician	HEFOB
Ultrasound roster	Chief Technician	HEFOB
Audiometry and tympanometry roster	Chief Technician	HEFOB
ECG roster	Chief Technician	HEFOB
Body measurement daily calibration form	Chief Technician	HEFOB
Ultrasound VCR tapes	Chief Technician	HEFOB
ECG Marquette tapes	Chief Technician	HEFOB
Audiometry weekly calibration sheet	Chief Technician	HEFOB

<u>Record</u>	<u>Person responsible</u>	<u>Destination</u>
Audiometry and tympanometry daily checklists	Chief Technician	HEFOB
Body measurement replicate forms	Chief Technician	HEFOB
Nurse's room unusual occurrence sheets	Nurse	HEFOB
Dietary interviewer unusual occurrence sheet	Dietary Coordinator	HEFOB
Market check sheets	Dietary Coordinator	HEFOB
Dietary interviewer edit sheets	Dietary Coordinator	HEFOB
MEC interviewer edit sheets	Dietary Coordinator	HEFOB
Screener edit sheets	HER	HEFOB
Family Questionnaire edit sheets	HER	HEFOB
Sample Person Questionnaire edit sheets	HER	HEFOB

5. Addresses of destinations listed above

a. Send records for RTP to the following address:

Ms. Sandi Rothwell
 National Center for Health Statistics
 Division of Data Processing
 P.O. Box 12214
 Research Triangle Park, North Carolina 27709

b. Send records for NIDR to the following address:

Ms. Janet Brunelle
 National Institute of Dental Research
 Westwood Building, Room 534
 5333 Westbard Avenue
 Bethesda, Maryland 20205

c. Send records for HEFOB to the following address:

Mr. Philip Howley
Health Examination Field Operations Branch
Center Building, Room 1-43
3700 East-West Highway
Hyattsville, Maryland 20782

If some of the records in the group sent to HEFOB should go to other NCHS people, their names should appear on the records. For example, anything meant for Dorothy Blodgett should be included in the records sent to HEFOB but should be marked with her name.

EQUIPMENT

During the last week, the FOM and the FMA should verify the transportation company bills. These bills should be mailed (certified) to NCHS Finance Office.

The FOM and FMA should make arrangements to return or have picked up any rented furniture, typewriters, and so forth. The office should be left in the same condition as it was when it was opened. In order to avoid delay in payment, all contractors should be informed (again) of how and where to submit invoices.

Efforts should be made to pay all bills that need to be paid out of petty cash before leaving a stand. If this is not done, the reason must be detailed in the FOM's end-of-stand report.

PACK-UP DAY

Once exams are completed, packing may begin. All examination staff members, with the exception of the doctors, will remain in the HEC until there is no further work to be done or to be shared with others. When individuals have completed their own work, they should provide assistance to other staff members. Consent to depart must come from the FOM after inspection of HEC.

TEARING DOWN HEC

Check with staff to assure that boxes and items for shipping have been packed and labeled properly.

Check units for proper packup and cleanliness before releasing staff.

Interior--FOM will transfer permanent files and boxed records and equipment to trailers and will mail office and HEC records previously packed.

All furniture and equipment must be secured to wall hooks so that they are immobile during transit. There are four main principles to keep in mind during tear-down:

1. Place all movable items on the floor toward the front of the trailers to prevent shifting or tipping over when moving.
2. Be sure that all doors and other suspended items like cabinet drawers are secured and that all windows are closed.
3. Unplug all electronic equipment, and be sure the water has been drained from toilet bowls. Shut off hot water heaters before cutting water or power off. Make sure the plumbing system has been flushed out thoroughly before cutting off the water supply.
4. Turn off each individual breaker on units before turning off individual breakers of the main power unit. The main breaker should be the last to be shut off. This is done in reverse order to turn power on.

Exterior--Remove all outside lights and store in one place in the under-compartment. Dismantle all stairways and store in appropriate under-compartments. Prior to locking doors, check trailers to be sure that any part which might swing out in transit is secured.

Final steps--Be sure that all electrical and plumbing fixtures have been properly stored in the under-compartments by the contractors.

Check all water heaters to be sure they have been drained and are in the off position.

Lock all under-compartment doors except first compartment on driver's side (storage of blocks and cranks). Always put tool box in front of number three trailer. Inspect trailers to see that there are no protruding parts such as windows.

At this point in the tear-down sequence, raise the rear leveling pads and remove the blocks.

The tractor can now hook up to the trailer. After hook up, raise the front leveling pads and remove the pads, store all blocks and cranks in the appropriate under-compartments, lock, and give keys to the driver.

Once the trailers are ready for transit, an inventory should be made of all FOM supplies (tools, ladder, cranks, cleaning equipment, and so forth.)

Once drivers have left the parking area, they have complete responsibility for getting trailers to the next stand location or storage area.

CHAPTER 5. PERSONNEL AND ADMINISTRATIVE PROCEDURES

This section of the manual sets forth basic administrative and operating policies and procedures for the field operation. Special authorities, which depart substantially from standard Health and Human Services Department policy, were negotiated for the Health Examination Field Operations Branch to provide rules which are operationally feasible and yet in compliance with laws and regulations. It is most important that these rules be followed consistently by each member of the field staff. Questions regarding this section or the application of these operating rules should be referred to the Field Operations Manager (FOM).

WORKING HOURS

General--All field staff must report to the FOM or office in person by 10:00 a.m. on their scheduled arrival day unless that day is a holiday or weekend, as set forth by the FOM and the Health Examination Field Operations Branch. For the exam staff, setup is not the same as scheduled arrival day.

All field staff members must provide the FOM with an address and telephone number where they can be reached while at a stand. It is the responsibility of each staff member to inform the FOM promptly of any change in this address or telephone number during the course of the stand. The FOM will likewise inform the staff of his or her address and telephone number.

The office will open at 8:00 a.m. The Health Examination Representative (HER) must be present at this time to handle cancellations and make reminder calls. Daily reporting times for other HER's and the Field Management Assistant (FMA) will be set by the FOM.

The office must be covered by either the FOM, FMA, or HER during all morning, afternoon, and evening exam sessions. For evening sessions, the office must be covered until each scheduled sample person either arrives, is confirmed to be enroute, or is confirmed as a cancellation or no show. (A no show is confirmed for the evening session 15 minutes after his appointment time has passed.) In addition, the FOM will attempt to keep examination staff informed of his or her whereabouts during all evening sessions, but is not required to be on official standby status.

If HER's work late, they should advise the FOM or FMA that they will not be reporting in early unless they have the duty for that day.

All trailer staff must be present for each session unless excused by the FOM.

Use of GSA or rental cars is restricted to travel between office and HEC and living accommodations. Personnel not traveling by privately operated automobile (POA) may make limited personal use of cars, that is to obtain

meals and cleaning services (when not immediately available at place of residence). In either case, the FOM shall require that anyone using these cars for personal pleasure or making excessive personal use of an official car either park the car at the office overnight, or refund all applicable fuel and mileage charges by check payable to Department of Health and Human Services (DHHS). (Excessive personal use is to be defined on an ad hoc basis by the FOM in consultation with headquarters.)

Personal use of government property is forbidden. Employees may use government property to do official work at home and may transport property from stand to stand (must be authorized on their travel orders). Staff members are not authorized to store personal property in the trailers.

Workweek--The first 40 hours of work in each week constitute the regular workweek of the field staff. While the usual workweek is Tuesday through Saturday, there will be occasional 6-day weeks, depending on the needs of the program.

Overtime--Work beyond 40 hours in each week is considered overtime and is compensated for by time-and-a-half, which prevails through GS-10 level. Employees above the GS-10 level receive time-and-a-half at the GS-10 level only. Time worked beyond 40 hours in each workweek may also be compensated for by compensatory leave (1 hour leave earned for each hour worked). However, since compensatory leave must be used by the end of the 8th pay period following that in which earned, and since the needs of the program precluded leave except during the Christmas and summer break, compensatory time must be approved by headquarters.

Approval for Overtime--Since the work schedule of the examining staff is normally geared to the examination schedule, any overtime occurring is automatically approved. All other overtime for FMA's and HER's, including examining staff overtime resulting from special duty not related to the examination schedule, must be approved in advance by the FOM.

PREMIUM PAY

Night Differential--Night work is regularly scheduled work between the hours of 6 p.m. and 6 a.m. (Regularly scheduled means duly authorized in advance by at least 1 day and scheduled to recur on successive days or after specified intervals.) Employees are entitled to pay for nightwork at their rate of basic pay plus premium pay amounting to 10 percent of that basic rate. Night pay differential is in addition to overtime or holiday pay.

Sunday Pay--Employees are entitled to Sunday pay for regularly scheduled nonovertime work performed on Sunday. The premium rate is 25 percent of the employee's hourly basic rate of pay.

Holiday Pay--Employees are entitled to holiday pay for nonovertime work on a holiday. The rate is 100 percent of the employee's hourly basic rate of pay for each hour worked on a holiday and is in addition to the basic rate of pay

for the holiday.

Work Time Reportable for Salary--Time spent in the following kinds of activities is considered work time reportable for salary for the basic workweek of 40 hours or for overtime or compensatory time:

- Time actually spent in performing assigned duties.
- On-call duty or time when the staff is on hand for work in the place of work (examination center, management office, and so forth) as directed by the FOM, but the staff is not actually performing assigned duties because of lack of examinees or other operating circumstances.
- Official travel time not to exceed 8 hours in any one day (Tuesday through Saturday). Travel time in excess of 8 hours in any one day and travel performed on week ends or legal Government holidays must have prior approval. If work at a stand and travel are performed on the same day, the total hours of the two may be charged as work hours up to a maximum of 8 hours.
- Standby time up to 8 hours a day (when work is not scheduled and the individual is not in leave status) is considered work time reportable for salary for the basic workweek; it may not be counted toward overtime when counted as part of the basic workweek; for example, if you are on standby Monday and Tuesday (16 hours) and then work Wednesday, Thursday, Friday, and Saturday (32 hours), you are paid for a total of 40 hours that week.

TRAVEL AND LEAVE REQUIREMENTS

Travel Between Stands--Generally when a staff member is directed to travel from one stand to another, he is in travel status between temporary duty stations and is in pay status. Field personnel must remain on duty at a stand until released by the FOM. The FOM may not vary the date of departure without the Health Examination Field Operations Branch's approval, but the FOM may determine the time of day that staff members are released.

Travel to the succeeding stand must begin as soon as possible after release and must be direct and uninterrupted to the next stand. Interrupted or indirect travel between stands may be approved in advance by the FOM in consultation with the Health Examination Field Operations Branch. Plans for such personal travel must be sufficiently firm to permit reporting of authorized travel time, per diem, leave, and so forth.

Staff will report in person at 10:00 a.m. either at the Field Management Office or at the Health Examination Center (HEC) on their scheduled arrival day unless otherwise instructed by the FOM at the preceding location. Those who fail to appear will be placed on leave and taken off per diem unless there is a legitimate reason for their absence. In the event that staff are unable to report on schedule, they should notify the FOM in advance. In the event

that there is no work that day, the FOM may authorize standby status.

Thereafter personnel may report to the FOM by telephone, but in order to qualify for standby status, they must be in the area and must be able to appear physically for duty within an hour after being called. Personnel in standby status must telephone individually to the FOM each morning before 9:30 a.m. to determine whether they may remain on standby status or should report for administrative, clerical, or other work. Should a work assignment appear imminent, personnel on standby status may be required to report in more frequently by telephone as directed.

Leave--All annual leave, compensatory leave, or leave without pay (except for emergencies) must be approved by the Health Examination Field Operations Branch well in advance. Such leave is granted if operationally feasible, that is, if the employee's work can be absorbed by other staff members or if a replacement can be sent out from the Health Examination Field Operations Branch. Leave, except for the Christmas and summer breaks, therefore, is usually only granted in emergencies. Requests involving early departure from a stand will not ordinarily be approved. Leave enroute between stands can be arranged more easily than leave during the examination period because there is often some standby time available while the examination center is being set up.

A period of leave without pay must be taken at the Christmas and summer breaks when employees are traveling to their place of appointment at Government expense. The work suspension (or forced leave) is our authority for paying for the travel home. Once home, the employee must go into nonwork status (LWOP) for at least one-third of the total time spent there. Annual or compensatory leave (if the employee has this available) may be taken for the remaining period.

Sick leave may be taken up to 8 hours in any day in which work is scheduled. If an employee works part of the day and goes on sick leave for the remainder of the day, the total number of hours may not exceed 8, even though the employee might have worked more than 8 hours had sick leave not been taken. If the employee becomes ill after he has worked the basic workweek of 40 hours, he does not have to take sick leave. In such cases, the time is simply a nonwork period.

Per diem continues during periods of sick leave. In addition, persons who become ill and must remain under a physician's care or in a hospital after the trailers have left the area continue to receive per diem until they are able to rejoin the staff, provided this period does not exceed 1 month.

Travel Orders--Travel orders for field personnel cover travel necessary to meet the schedule and are written monthly or on a blanket order to cover a fiscal year. Although travel orders are written in relatively general terms so that they can cover minor variations in the schedule, a significant variation from the order as written is not permitted. All official changes in itinerary will be authorized by amended travel orders in advance of the date travel begins, except in rare emergency situations when oral orders from HEFOB

must be carried out prior to written amendment. It is the responsibility of the traveler who wishes to change his itinerary for personal convenience to explain his plans fully to the FOM well in advance. If the change is approved, the travel order will be amended, and until the amended travel order is received (or oral approval in case of emergency) the indirect travel may not be performed. The practice of reporting travel fraudulently (by privately operated automobile when flying or vice versa) is grounds for dismissal.

Advance of Funds--An advance of funds is available to all staff upon entrance on duty to cover travel expenses until reimbursement checks are received. Thereafter, the amount of the advance which may be requested is based upon the length of the period of duty for which the traveler is under orders. Temporary staff may apply for lesser amounts depending on duration of duty. Advances of funds should be repaid in regular installment deductions made from the traveler's monthly vouchers.

Transportation Requests (GTR's)--The cost of official travel only may be purchased by the traveler through the use of Government Transportation Request (GTR). GTR's are usually issued from HEFOB to cover travel on planes, trains, and buses. The travel points listed on the GTR must always conform to those detailed on the traveler's orders. The buff copy of the GTR should be returned to HEFOB as soon as the ticket is purchased. No cash is required unless the traveler is going via an approved indirect route. In this case, he must have the carrier reissue the ticket for the indirect route and pay the difference, if any. A copy of both tickets is needed for the travel vouchers.

Excess Baggage (Air)--In addition to the two pieces of luggage permitted with the ticket, a maximum of two additional pieces or 80 additional pounds of luggage is authorized at the expense of the Government. A receipt is required. Any baggage beyond four pieces of luggage is at the expense of the traveler and must be paid for in cash.

Commercial Travel--Reservations for plane or train must always be made well in advance of the departure date. Failure to do so does not justify the use of higher class accommodations than are normally authorized. Teleticketing services from the Health Examination Field Operations Branch are available to secure tickets.

Plane Travel--Less than first class accommodations constitute the normal class of service. If this is not available, if it requires circuitous routing, or if such flights do not make connections, first class accommodations may be used. In such cases, there must be a full explanation and certification by the carrier on the copies of the GTR. Government contract air fares must be used when available.

Train Travel--Coach accommodations must be used in trips of 2 hours or less; parlor car accommodations are allowed for trips of more than 2 hours. Lower births are authorized for overnight travel. If these accommodations are not available, the next higher available accommodations may be used provided

proper certification is made on the copies of the GTR.

Bus Travel--Bus travel is also authorized and can be purchased with a GTR.

Private Automobile--Authorization for the use of a private automobile must be specified in the traveler's order. Travelers using privately operated automobiles are required to drive a minimum of 320 miles a day. Approval to use a private car is granted on an individual basis. At all times the best interests of the program must be the determining factor and, in case of conflict, the needs of the program come first.

Reimbursement is on the following basis:

- \$.20½ per mile--for travel between stands.
- \$.20½ per mile--for official travel when authorized in and around the duty station; between living quarters and place of work up to the amount of public transportation (where available); or when public transportation is not available, at the mileage to the nearest approved living accommodations in the area. The stand FOM has final authority in consultation with the Health Examination Field Operations Branch. The nearest approved accommodation will be indicated on the advance memo.
- In all cases, the mode of travel selected must allow the traveler to report to his next duty station as scheduled. Deviations from the direct route are made at the staff member's risk insofar as accident, injury, and any resulting claims are concerned.

Travel Vouchers--Staff are reimbursed for travel on a monthly basis by two methods. This is based on the "lodging-plus" method, with a maximum up to \$50/day or the "high-cost area" method with a maximum up to \$75/day. Reimbursement drops after 30 days. The maximum of \$50/day decreases to 65 percent and the maximum of \$75/day decreases to 65 percent.

Accurate and complete information for the voucher must be submitted by the traveler to the FMA on travel form A and/or travel form B no later than the 23rd of the month. The travel form B is used when in high-cost areas. The current travel order, a copy of the previous month's voucher, two copies of the GTR (if used) and any ticket stubs, receipts, and so forth must accompany travel form A and/or travel form B. Receipts are needed for taxicab fares of \$25.00 or more. The complete typewritten voucher is returned to the traveler for verification and signature and submitted to headquarters no later than the end of the month. Vouchers meeting this schedule should normally be paid around the third week of the following month. Upon receipt of all vouchers in HEFOB, they are rechecked as soon as possible and, if necessary, corrections are made before being forwarded for payment. Vouchers with errors will be returned to the traveler for correction, and this will cause further delay in the issuance of the expense or per diem check. However, employees should bear in mind that there is no predictable payment date for vouchers. The traveler should retain his copy of the voucher to verify that he has been paid the correct amount.

The reimbursement voucher must contain the following:

- All officially authorized travel performed during the month and details of each trip.
- Average daily cost of lodgings for the month.
- Number of daily authorized trips between HEC or Field Management Office and place of residence or nearest approved living accommodation.
- Annual leave, compensatory leave, or leave without pay taken during the month.
- Computation of official duty per diem.
- Listing of miscellaneous allowable expenses claimed.
- Application of a portion of the voucher check toward liquidating any outstanding advance.
- A certification by a signature of the traveler that the voucher information is accurate, complete, and correct in every way. Each person should recheck the voucher before signing.
- Originals of all receipts for lodgings, and so forth.

The following is the method of computing meals and lodgings in high cost areas:

- Subsistence reimbursement for travel to high cost areas is on an actual expense basis not to exceed the maximum daily rate.
- If the actual expenses for a day are less than the daily maximum rate, reimbursement will be limited to actual expenses for that day.
- If the actual expenses for a day are more than the daily maximum rate, reimbursement will be limited to the prescribed daily maximum rate for that day.
- The total amount for meals and miscellaneous expenses may not exceed 45 percent of the maximum amount allowed in the high rate area visited.
- The place where duty is to be performed (location of field office or examination site) must be one of the high cost areas (not the place where lodging is obtained) in order for the traveler to have actual subsistence expenses.
- Receipts for lodging are required (no food receipts) and must contain the following information:

Name of motel, hotel, and so forth
Address

Telephone

Cost of lodging - rate for a single
Show bill marked paid with a signature

Receipts from Visa, American Express, Master Charge, and so forth are not acceptable receipts.

- When travel is to both a high cost area and a lodgings-plus area, the day of return is at the same rate as the day of departure.
- Amounts spent each day for lodgings, meals (breakfast, lunch, dinner) and miscellaneous expenses must be itemized on the voucher.
- If deposits on apartments, furniture, and so forth are nonrefundable, indication should be made on the receipts. Nonrefundable deposits can be included in your daily rate.
- Rented apartments require receipts on the rental of furniture, utilities (electric and gas), telephone, television, and household goods (dishes, linens, and so forth.)

TIME AND LEAVE RECORDS

Daily Time and Leave Records--Each member of the field staff must keep a daily record of time worked on the administrative time record form. This form is to be kept current at all times and must include an entry for each day the person reported to work as well as for each day of travel between stands. Actual hours worked are to be specified in the sign-in-sign-out columns so that lunch and other nonduty periods are not included as work hours.

Administrative Staff--The work day for the administrative staff is based on individual duties and assignments, and consequently there is no regular sign-in-sign-out time for beginning and ending the work day. Actual work hours must be specified and allowance made for portions of the day when no work is performed. Because of the necessity for night work, FOM's, FMA's, and HER's should try to plan and pace their activities so that every effort is made to hold the work week to a maximum of 40 hours. Overtime for FMA's and HER's must be approved by the FOM.

Examination Staff--The coordinator and health technicians must report to the examination center 30 minutes in advance of the time the examinees are scheduled to arrive and this is to be considered the regular arrival, except for the laboratory technicians. Staff who are unavoidably delayed should sign in at their actual arrival time. (The daily appointment schedule, received at the center a day in advance, indicates the time the examinees are due.) The sign-out time at the close of the day is normally determined by the departing time of the individual staff member. All staff members should check with the coordinator before leaving the HEC. Staff involved with special duty will determine their in and out times on that basis.

Biweekly Time and Leave Records--The time and leave report is to be used

by the FOM in reporting time and leave information on a biweekly basis. Each staff member is responsible for seeing that his individual time record is up-to-date. The FOM is responsible for the proper audit of the daily time and leave report and hence for the accuracy of his consolidated report. Individual time sheets should be forwarded along with the biweekly time and leave record.

Between Stand Time Reporting--The FOM determines that a stand is officially closed when all possible sample persons have been examined and there are no additional administrative, clerical, or other duties to be performed.

At this point the FOM will release the field staff for travel to their next duty assignments. The FOM will then notify the Health Examination Field Operations Branch and the FOM at the next location of the date and time of this release. Should individual employees have duties that require their presence at the stand beyond the general release date they should request permission from the FOM. Members of the staff may not remain in the area after the trailers have departed unless they are on sick or annual leave. Once the trailers have left, the area is no longer a duty station and the reason for being there in any official capacity is ended.

As soon as is practical, after arriving at the next duty station, each employee must report to the Field Management Office to sign in at the new stand and to bring his or her time sheet up to date by entering actual travel times (including leave enroute if taken) during the intervening period.

Mailing of Checks--All pay and travel expense checks will be mailed by express mail.

Personal Mail--The Health Examination Field Operations Branch will be glad to forward any personal mail received in Hyattsville to field staff members.

Uses of Official Mailing Indicia--Official mail relates exclusively to U.S. Government business. Mail transmitted by use of the official mailing indicia must concern official agency business. Any other use is prohibited. Official mailing indicia shall not be used for personal or unofficial mail even though stamps are used. Government envelopes, labels, cards, and so forth, regardless of type, shall not be used for personal mail.

FTS and Commercial Long Distance Telephone Calls--Office telephones are for official government business only. All long distance calls must be placed over FTS lines whenever possible. Commercial long distance calls are to be made only when (1) FTS is not available, (2) a monetary loss to the government may result if other means are used, or (3) official emergency action is required. Employees who use Government telephones for personal long distance calls must reimburse the government for the commercial charges plus applicable taxes. Reimbursement must be made by check or money order, payable to the Department of Health and Human Services. Any substantial number of unidentified long distance calls must be reported to GSA for further investigation. Calls between stands should be for official business only.

COMMUNICATION BETWEEN FIELD AND HEADQUARTERS

Consultation between the field staff and the Health Examination Field Operations Branch should be on technical matters only. Questions pertaining to administrative problems must be channeled through the FOM. When in doubt as to the proper delineation between administrative and technical matters, the staff should consult with the FOM for clarification. It is not necessary for the FOM to be directly involved in all communications between the staff and HEFOB, but it is necessary that he or she be informed of all matters which might affect the operation of the stand. HEC personnel should notify the FOM if he or she is going to be absent from work. Field personnel should follow the proper channels of communication pertaining to technical matters.

FOM	Operations Manager
HER's	Assistant Operations Manager
Dietary Interviewers	HEFOB Branch Chief
FMA's	Supervisory Management Assistant
Coordinators	Survey Statistician
Nurses	Supervisory Medical Technician
Lab Techs	Supervisory Medical Technician
Health Techs	Supervisory Health Technician

Personal Appearance--Personal dress in the examination setting should always be equal to what most people have come to expect when they visit a physician, dentist, clinic, or hospital: that is, uniform or laboratory coat. For those persons who visit the selected households and make contacts with government, health, education, and other civic officials, the initial impression should be one that reflects the professionalism and competence of the individuals as well as the organization, that is, no far out dress.

Employee Conduct--In addition to the letters and newspaper coverage, all staff members are on display to the local citizens both on duty and off. Their actions must be above reproach at all times since any untoward behavior could adversely affect community attitude and response to the survey. Proper comportment is the best way to win the confidence and support of the community.

In the examination setting, discussions of examinees by members of the staff should be done discreetly, preferably in the staff room with the door closed. Similarly in the field management office, particularly when this is a public building with other offices nearby, discussion of cases should be conducted in complete privacy. Under no circumstances should any staff member discuss examinees or their families in public where the conversation might be overheard and misinterpreted.

Regardless of the size of the community, the field staff tend to be identified as the "survey group" or the "public health group," not only in their contacts with examinees and families but also with proprietors and personnel of hotels, motels, restaurants, banks, gas stations, laundries, and so forth. In our dealings with these people, it is well to remember that

individual behavior, good or bad, reflects on the survey, on the Public Health Service, and on the Government in general.

LEAVE REQUIREMENTS

Leave is an important employee benefit and should be used judiciously, and with regard for the pertinent Federal and Department regulations. You can enjoy a maximum utilization of the leave benefit available by observing the following procedural leave requirements:

Application and Charge for Leave

- Employees have an obligation to apply in advance for approval of all anticipated leave in order to permit the orderly scheduling of such leave and to avoid forfeitures which might otherwise result.
- An employee who is absent for an unforeseen reason must notify the leave-approving officer, the FOM, within the first hour after being scheduled to report for duty. When circumstances are such that the employee is unable to provide notice within this time frame, such notice must be provided as soon as possible thereafter.
- The standard minimum charge for absence is a half-hour.

Annual Leave

- Annual leave is normally scheduled and approved in advance. If not approved in advance, it may quite properly be disapproved and charged to absence without leave (AWOL).
- The rate at which you earn annual leave depends upon the length of your Government service, counting civilian service and certain military service.

Current Continuous Federal Employment Without Service Break	Employees Who Have Total Creditable Federal Civilian and Military Service	Are Placed in Leave Category
Less than 90 days	Any Amount	0
90 days or more	Less than 3 years	4
90 days or more	3 years, less than 15	6
90 days or more	15 years or more	8

Category	Full-time Employees Earn Annual Leave for Each Full Biweekly Pay Period at the Rate of	Part-time Employees Earn 1 Hour of Annual Leave for Each:
4	4 hours	20 hours in pay status
6	6 hours except for last full biweekly pay period in the calendar year for which accrual is 10 hours	13 hours in pay status
8	8 hours	10 hours in pay status

¹Part-time employees earn annual leave for each biweekly pay period only if they are scheduled in advance to perform duty on at least one day of each administrative work week. Their hours of duty not in excess of 40 hours per week accumulate until they total the amount necessary for one hour of annual leave credit.

- You may use your accrued annual leave provided you have your supervisor's and the FMO's approval in advance. Use the SF-71 application for leave for requesting leave approval and your supervisor will approve your request if work conditions permit.
- You can accumulate annual leave up to a maximum of 240 hours. Annual leave above this maximum must be used during the leave year in which it is earned, or it is lost. The statement you receive with each pay check will tell you the amount of leave you have earned, the amount you have used thus far during the year, and the amount you must use or lose. The forfeiture of annual leave in excess of 240 hours is suspended in accordance with Public Law 93-181 under the following conditions:
 - a. When an administrative error causes the loss of annual leave;
 - b. When annual leave was scheduled in advance and not allowed because of the urgent requirement of public business;
 - c. When annual leave was scheduled in advance and the sickness of an employee prevented the taking of the annual leave; and
 - d. When the leave has been previously scheduled for use during the last three pay periods of the current leave year, and the request for leave is documented.
- If you leave the Federal Service with at least 90 days of current continuous service, you will be paid a lump sum for your total annual leave balance (which will include the regular carryover balance from the previous year plus current accrued and unused leave, plus any restored annual leave).

- If you transfer from one agency to another, your leave will also be transferred. You should check with your new agency to be sure your leave was transferred.
- Advanced annual leave may be granted, but it is limited to what you will earn during the current year. Also, until the advanced leave is made up, you cannot use the annual leave you currently earn. If leave is advanced to you and you leave the service before earning the full amount of the advance, you will have to repay the balance you still owe, unless separation is by death or for disability.

Sick Leave

- You are credited with four hours of sick leave each pay period. There is no limit on the amount of sick leave you may accumulate.
- Sick leave can be used as follows:
 - a. When you are unable to work because of illness, injury, or pregnancy;
 - b. When you have been exposed to a contagious disease (one for which your local health authorities require quarantine, isolation, or limitation of movement);
 - c. When a member of your family has a contagious disease and you have to care for him or her; or
 - d. For medical, dental, or optical examination or treatment. When you plan to be absent for medical treatment, be sure to get your supervisor's approval in advance.
- Sick leave will normally be requested unless the supervisor doubts that the absence is properly chargeable to sick leave. The employee will then be carried in a pending (nonpay) status until he or she returns to duty, at which time the supervisor will meet with the employee to determine the proper leave charge.
- When the supervisor feels there might be abuse of the sick leave privilege, he or she may require that an employee present a doctor's certificate for any sick leave taken. In such cases, the employee is advised in advance and in writing of this requirement. After such action, any sick leave taken and not supported by a doctor's certificate may be charged to AWOL (absent without leave).
- A doctor's certificate may be required when an employee is forced to miss more than 3 working days as a result of an illness.
- Sick leave up to 30 days may be advanced in case of serious disability or ailment, provided the employee's request is supported by a medical

certificate. It is advisable for the employee to discuss the request for advanced leave with the approving official before making a written, formal request.

- The advanced sick leave is made up when the employee returns to work. In unusual circumstances, the employee may be advanced additional sick leave provided the total advance does not exceed 30 days. If the employee leaves the Department while still indebted for sick leave, his or her paycheck will be adjusted, except in case of disability or death.

Leave Without Pay (LWOP)

- Leave without pay is authorized if your supervisor approves your request. It may be granted with administrative discretion for such circumstances as emergencies that necessitate absence if your annual leave is depleted, absence due to illness when your sick and annual leave are depleted, or for educational and other purposes which are determined to be of mutual benefit to you and the Government. Thirty calendar days is the usual limit on the amount of LWOP you can take at one time. More may be granted if it is reasonably certain you will return to duty and if, as a result of this extension, there is improvement in your health or job abilities. When you apply for LWOP, use the application for leave, Form SF-71, stating your reasons and, if leave is necessitated by illness, attach a medical certificate.
- Leave without pay does not affect your tenure; you are simply on approved leave in your position. However, if you take LWOP before completing your probationary period, any amount over 22 working days will extend this probationary period. LWOP in excess of 6 months in any calendar year is not counted as service for retirement purposes.
- Leave without pay in excess of 2 workweeks may not be counted toward service required for within-grade increases to salary steps 2, 3, and 4; LWOP in excess of 4 workweeks may not be counted toward service required for within-grade increases to salary steps 5, 6, and 7; LWOP in excess of 6 workweeks may not be counted toward service required for within-grade increases to salary steps 8, 9 and 10. Nonpay status in excess of 30 calendar days extends the 3-year waiting period counting towards career tenure by the amount of the excess.
- Your Government life insurance covers you while you are on continuous LWOP up to 365 days, except for military furloughs exceeding 30 days and reduction-in-force furloughs.
- Health insurance may be continued for up to 1 year of nonpay status. The 365 days of nonpay status may be continuous or may be interrupted by a period (or periods) in pay status of less than 4 consecutive months. Employees must pay the premiums for those periods either during the time they are in nonpay status or upon their return to active status.

Absence Without Leave (AWOL)

- An absence from duty which was not authorized or approved or for which a leave request has been denied is charged to "absent without leave." Pay is withheld for the entire period of such absence.
- If it is later determined that the absence without prior authorization was excusable or that the employee was ill, the charge to absence without leave may be changed to annual or sick leave.
- Disciplinary action may also be taken when considered appropriate. Although a charge to AWOL is not in itself a disciplinary action, it may be cited as a basis for such action. Note: This is the only type of leave which may be used as a basis for disciplinary action.

Maternity Leave

- The employee should make known her intent to request leave for maternity reasons, including the type of leave, approximate dates, and anticipated duration, to allow management to prepare for any staffing adjustments which may be necessary.
- Sick leave may be used to cover the time required for physical examinations and to cover the period of incapacitation. After delivery and recuperation, the employee may desire a period of adjustment or need time to make arrangements for the care of the child. These additional leave requirements may be covered by the use of available annual leave or leave without pay.

Court Leave

- Court leave is authorized absence from official duty for certain attendance at court, without charge to annual leave or loss of pay. It is granted for jury duty with a State, municipal, Federal, or District of Columbia court. It is also granted for service as a witness in behalf of the Federal or District of Columbia Government and also in any court if serving an official capacity.
- Court leave is granted to employees who appear as witnesses in a non-official capacity on behalf of a private party in connection with any judicial proceeding to which the United States, the District of Columbia, or a State or local government is a party.
- When asking your supervisor for court leave, show him your court order, subpoena, or summons. When you return to work, submit written evidence (such as a marshal's statement) that you served as witness or juror. The evidence should show the date and, if possible, the hours when you served.

Military Leave

- Permanent or indefinite full-time employees who are reservists in the Army, Navy, Marine Corps, Air Force, or Coast Guard, or who are members of the Air or Army National Guard are entitled to a maximum of 15 calendar days of military leave each calendar year when ordered to active duty for training. Official orders must be presented in arranging for military leave. There is no deduction from civilian pay for military pay earned during the regular 15 days of military leave for training purposes.
- Military pay earned on workdays will be deducted from civilian pay. Military pay earned on non-workdays will be retained by the employee. Additional military leave up to 22 workdays in a calendar year may be authorized for calls to duty to provide military aid to enforce the law.
- Members of the National Guard of the District of Columbia will be granted military leave for all the days they are ordered to duty for parade or encampment.

Excused Absence

- In order to register or vote in any election or referendum, an employee may be excused from duty to permit reporting for work 3 hours after the polls open or to leave work 3 hours before the polls close, whichever results in the lesser amount of time off.
- Any full-time employee who has volunteered and is selected for an assignment with a Federal recognized State or local civil defense program, and is designated as available by the leave approving official, may be authorized to participate in preemergency programs as part of his or her regular duties for not more than 40 hours in a calendar year.
- An employee may be excused to travel to and from a blood center to actually give blood. With the approval of the supervisor, employees may also be authorized 4 hours of administrative leave to be used on the day of the donation.
- Your absence may be excused if you are required to take Civil Service or Agency examinations for your present position or to qualify for another position within the Department.
- You may be excused by your supervisor to arrange or attend the funeral of or memorial service for an immediate relative who dies from wounds, disease, or injury incurred as a member of the Armed Forces while serving in a combat zone. Such leave may be granted up to 3 workdays.

Tardiness

- The supervisor may excuse tardiness and unavoidable or necessary absences when he or she feels the employee has offered an adequate reason.

- If the employee's reason for tardiness is not found satisfactory by the supervisor, the situation should be handled administratively by a charge against leave (if the employee agrees) or by a charge to absence without leave. When a charge is made to approved leave, an employee cannot be required to work the period charged; for example, if the employee is 30 minutes late and is charged 1 hour's leave, he or she cannot be required to work until the full hour of leave has expired.
- Disciplinary action may also be taken when considered appropriate. However, tardiness which is excused or charged to approved leave, including LWOP, cannot be used as a basis for taking disciplinary action.
- The supervisor must make a special effort to be uniform in practices of leave approval and disapproval and the excusing of employee tardiness.

If you have any questions regarding the above, contact the personnel management specialist servicing your program on area code 301-433-1986 and every effort will be made to assist you.

FEDERAL EMPLOYEES COMPENSATION ACT

The Federal Employees' Compensation Act or FECA (5U.S.C. 8101 and the following) provides compensation and medical care for all civil officers and employees of all branches of the Government of the United States for disability due to personal injuries or occupational illnesses sustained while in the performance of duty.

Responsibilities

Field Operations Manager--Responsible for insuring that all reports of on-the-job traumatic injuries are expeditiously handled, properly documented, and processed in accordance with these instructions, Federal Personnel Manual Chapter 810 and supplements.

Employee--Responsible for immediately notifying the FOM of any on-the-job traumatic injuries or work-related diseases or illnesses

Procedures

Traumatic Injury

A traumatic injury is defined as a wound or other condition of the body caused by external force. The injury must be identifiable as to time and place of occurrence and member or function of the body affected. It must be caused by a specific event or incident or series of events or incidents within a single day or work shift. Traumatic injuries also include damage or destruction to prosthetic devices or appliances, exclusive of eyeglasses and hearing aids, unless the eyeglasses and hearing aids were damaged incidental to a personal injury requiring medical services.

Medical Care

When an employee is injured, the supervisor will authorize medical care on Form CA-16, "Request for Examination and/or Treatment." In emergency cases where verbal authorization for treatment is given, the CA-16 must be filled out within 48 hours.

The CA-16 may be issued to the U.S. Public Health Service or any qualified physician or hospital of the employee's choice within 25 miles.

Reporting

The supervisor will provide the employee with Form, CA-1, "Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation." The employee, or someone acting on his or her behalf, will complete the employee's section of the CA-1 form and return it to the supervisor immediately. The supervisor will give the employee the attached "Receipt of Notice of Injury." If the injury prevents the employee from returning to work the day after the injury, the supervisor will advise the employee of the right to elect annual leave or sick leave, or continuation of regular pay, and the employee will indicate which is preferred. Time cards must document continuation of pay if selected by the employee. If this is selected, the employee continues on regular pay without any leave charges. The supervisor will complete his or her section of the form, obtain statements from witnesses, and submit it to HEFOB, ATTN: Operations Manager.

Benefits

The employee is entitled to reimbursement for medical and transportation expenses incurred as a result of the injury. The medical bills or paid receipts are sent to the Office of Workers' Compensation Programs (OWCP), 666 11th St., N.W., Washington, D.C. 20211.

In a disabling injury, the employee is entitled to a maximum of 45 calendar days continuation of regular pay to include premium night or shift differential, and Sunday or holiday pay, if it is a part of the employee's normal work schedule. However, in no instances will an employee receive overtime pay.

In cases where the disability continues beyond 45 calendar days, the employee must elect to use sick or annual leave or receive compensation from OWCP while in an LWOP status. If compensation is desired, a Form CA-7, "Claim for Compensation on Account of Traumatic Injury," and CA-20, "Attending Physician's Report," are submitted within 5 working days after the end of the 45-day period. Compensation is payable at the rate of 66 2/3 percent of the employee's pay rate and is increased to 75 percent when there are one or more dependents.

Compensation from OWCP is not payable if the employee is in a paid leave status. To continue compensation beyond the period reported on the CA-7,

the employee submits a CA-8, "Claim for Continuing Compensation on Account of Disability," and CA-20a, "Attending Physician's Supplemental Report," every 2 weeks until the employee returns to work or until advised otherwise by OWCP.

An SF-52, "Request for Personnel Action," must be submitted in all cases where LWOP is granted to an injured or disabled employee and is expected to extend for 80 hours or more.

The supervisor submits a CA-3, "Report of Termination of Disability and/or Payment," when the disability ceases or when the employee returns to work.

Recurrence of Traumatic Injury

When, after returning to work following an injury, an employee is again disabled and stops work as a result of the original injury, such disability is considered to be a recurrence. (NOTE: An employee should not be allowed to return to duty following an injury or illness without authorization from a physician.)

If the recurrence happens less than 6 months following the most recent medical treatment received by the employee for the injury, the supervisor shall authorize required medical care on Form CA-16. If more than 6 months have elapsed since the most recent medical care, authorization for further medical care must be obtained from OWCP (202-724-0713).

In instances of recurrence, Form CA-2a, "Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation," must be completed by the supervisor. The employee has the option to choose sick or annual leave or continuation of regular pay, provided the 45 calendar days were not all "used" during the initial period of disability. Continuation of pay is applicable only if the recurrence is within 6 months of the date the employee first returned to duty following the initial disability. If the recurrence is after the 6-month period, the employee is entitled only to OWCP compensation although some of the 45 days may remain "unused."

If the employee wishes to claim compensation and Form CA-7 was not submitted following the original injury, one should be submitted at the time of recurrence with medical evidence on CA-20. If Form CA-7 was previously submitted, compensation may be claimed by filing Form CA-8, "Claim for Continuing Compensation on Account of Disability." The CA-20a, "Attending Physician's Supplemental Report," must be completed to support this claim.

The supervisor submits a CA-3, "Report of Termination of Disability and/or Payment," when the disability ceases or when the employee returns to work.

Occupational Disease and Illness

Occupational diseases or illnesses are produced by systemic infections; continued or repeated stress or strain; exposure to toxins, poisons, fumes, and so forth; or other continued and repeated exposure to conditions of the work environment over a long period of time.

In disease or illness cases the supervisor must contact the Office of Workers' Compensation for authorization and instructions, 666 11th Street, N.W., Washington, D.C. 20211, (202) 724-0712. If authorized by OWCP, a CA-16 must be completed. It must specifically identify (full name and title) the OWCP official issuing the authorization (Item #7).

CONFIDENTIALITY

2.1 Section 308 (d) of the Public Health Service Act (42 U.S.C. 242m). This section provides the basic legal requirements for protecting the Center's records. It reads in part:

"No information obtained in the course of activities undertaken or supported under Section 304, 305, 306, 307 (the sections authorizing the programs of the National Center of Health Statistics and of the National Center for Health Services Research) may be used for any purpose other than the purpose for which it was supplied unless authorized under regulations of the Secretary; and (1) in the case of information obtained in the course of health statistical activities under Section 304 or 306 (which authorize the program of NCHS), such information may not be published or released in other form if the particular establishment or person supplying the information or described in it is identifiable unless such establishment or person has consented (as determined under regulations of the Secretary) to its publication or release in other form "

2.2 Privacy Act of 1974 (5 U.S.C. 552a). This act also provides for the confidential treatment of records of individuals which are maintained by a Federal agency according to either the individual's name or some other identifier. This law also requires that such records in NCHS are to be protected from uses other than those purposes for which they were collected. It further requires agencies to (1) collect only that information necessary to perform agency functions; (2) publish descriptions of existing data systems (called "systems of records") so that the public can learn what records are maintained by the agency; (3) inform individuals at the time of data collection as to the legislative authority under which it is requested, whether the request is mandatory or voluntary, the consequences, if any, of nonresponse, and the purposes and uses to be made of the data; (4) maintain no records on how an individual exercises his rights under the first amendment except with special legal authorization; (5) with certain exceptions, permit individuals to examine records maintained about themselves and to challenge the accuracy of those records; (6) establish rules of conduct governing persons involved in collecting and maintaining records; and (7) establish appropriate administrative technical, and physical safeguards to protect

records. Employees of agencies and their contractors subject to the act who willfully disclose personal information contrary to the law, or who fail to give notice of a system of records, may be fined up to \$5,000, and the agency may be sued for damages. Finally, the act places severe restrictions on the use of an individual's Social Security number, with the effect that the Center is virtually precluded from using Social Security numbers in most of its statistical activities.

2.3 Federal Law Governing Federal Employees' Behavior (18 U.S.C. 1905). This law includes the following provision, which is also relevant to the maintenance of confidentiality for NCHS records:

"Disclosure of Confidential Information"

"Whoever, being an officer or employee of the United States or any department or agency thereof, publishes, divulges, discloses or makes known in any manner or to any extent not authorized by law any information coming to him in the course of his employment or official duties or by reason of any examination or investigation made by, or return, report or record made to or filed with, such department or agency or officer or employee thereof, which information relates to trade secrets, processes, operations, style of work, or apparatus, or to the identity, confidential statistical data, amount or source of any income, profits, losses, or expenditures of any person, firm, partnership, corporation or association; or permits any income return or copy thereof or any book containing any abstract or particular thereof to be seen or examined by any person except as provided by law, shall be fined not more than \$1,000 or imprisoned not more than one year, or both; and shall be removed from office or employment."

"Unauthorized disclosure of confidential information is also punishable under the Privacy Act of 1974, Subsection 552a(i) (I), which reads as follows:

'Any officer or employee of any agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.'

"It is highly important, therefore, that you understand your obligations regarding confidential information. Your signature below will indicate that you have carefully read and understood the above statements.

Typed/Printed Name

(Signature)

(Date)

Each employee must be continually vigilant in honoring this commitment,

avoiding even unintentional violations.

To assure that the employee is fully aware of his responsibilities, each person, on entering employment in NCHS, is given the above statement to read and sign. This statement must be read and signed by all part-time employees in the field.

DHHS STANDARDS OF CONDUCT REGULATIONS

Each officer and employee of the Department of Health and Human Services is personally responsible for maintaining a high standard of honesty, integrity, impartiality and conduct. These Regulations prescribe the Department standards in this respect. Each employee should read these Regulations and keep them as a reference source for future use.

Subpart A--General Provisions

To assure that the business of the Department of Health and Human Services (DHHS) is conducted effectively, objectively, and without improper influence or the appearance of improper influence, employees and special Government employees must be persons of integrity and must observe high standards of honesty, impartiality, and behavior. They must not engage in any conduct prejudicial to the Government and must avoid conflicts of private interests with public duties and responsibilities. In accord with these principles, the regulations in this Part are issued to inform HHS employees and special Government employees what standards of conduct are expected of them in performing their duties and what activities are permitted or prohibited both while they are employed and after their employment with the Department is ended.

Applicability

- (a) The regulations in this Part apply to all employees of the Department and to special Government employees to the extent indicated in Subparts J and K. They apply whether an employee is on leave, including leave without pay, or on duty.
- (b) These regulations may be supplemented by regulations governing principal operating components, or subunits of principal operating components, provided the clearance and publication requirements for standards of conduct regulations are met and approval is obtained from the Department Ethics Counselor and the Assistant Secretary for Personnel Administration.

Subpart B--Responsibilities

Employees and special Government employees shall be responsible for observing all generally accepted rules of conduct and the specific provisions of law and the regulations of this Part that apply to them. They are required to become familiar with these regulations and to exercise informed judgments

to avoid misconduct or conflicts of interest. They shall secure approvals when required and file financial disclosure reports or statements in accordance with the provisions of this Part. Failure to observe any of these regulations may be cause for disciplinary action. Some of the provisions are required by law and carry criminal penalties which are in addition to any disciplinary action which could be taken. When employees have doubts about any provision, they should consult their supervisor, personnel office, or the Department Ethics Counselor or a deputy counselor.

Subpart C--Conduct on the Job

(a) An employee's conduct on the job is, in all respects, of concern to the Federal government. Courtesy, consideration, and promptness in dealing with the public must be shown in carrying out official responsibilities and actions which deny the dignity of individuals or conduct which is disrespectful to others must be avoided. Employees must recognize that inattention to matters of common courtesy can adversely affect the quality of service the Department is responsible for providing. Where appropriate, courtesy to the public should be included in the standards for employee performance.

(b) Of equal importance is the requirement that courtesy be shown in day-by-day interaction with co-workers. Employees shall be polite to and considerate of other employees, and shall respect their needs and concerns in the work environment.

Use of Government Funds

(a) An employee shall not:

- (1) Improperly use official travel;
- (2) Improperly use payroll and other vouchers and documents on which Government payments are based;
- (3) Take or fail to account for funds with which the employee is entrusted in his or her official position; or
- (4) Take other Government funds for personal use. Violation of these prohibitions carry criminal penalties.

(b) In addition, employees shall avoid wasteful actions or behavior in the performance of their assigned duties.

Use of Government Property

(a) An employee shall not directly or indirectly use, or allow the use of, Government property of any kind, including property leased to the Government, for other than officially approved activities. An Employee has a positive duty to protect and conserve Government property, including equipment, supplies, and other property entrusted or issued to him or her.

For example:

- (1) Only official documents and materials may be processed on Government reproduction facilities. Both supervisors and employees must assure that this rule is strictly followed. (Exception for employee welfare and recreation associations is stated in Chapter 25-10, General Administration Manual. Exception for labor organizations is stated in Personnel Instruction 711-1.)
- (2) Employees may drive or use Government automobiles or aircraft only on official business. Use of a Government owned, leased, or rented vehicle or aircraft for non-official purposes may result in suspension for at least 30 days or removal from the Federal service. 31 U.S.C. 638a.

Conduct in Federal Buildings

- (a) An employee shall not participate while on Government-owned or leased property or while on duty for the Government, in any gambling activity including the operation of a gambling device, in conducting a lottery or pool in a game for money or property, or in selling or purchasing a numbers slip ticket.
- (b) An employee shall not while in or on Government-owned or leased property or while on duty for the Government solicit alms and contributions, engage in commercial soliciting and vending, display or distribute commercial advertisements, or collect private debts.
- (c) The prohibitions in (a) and (b) of this section do not preclude:
 - (1) Activities necessitated by an employee's law enforcement duties;
 - (2) Participation in Federally sponsored fund-raising activities conducted pursuant to Executive Order 10927, or similar HHS-approved activities; or
 - (3) Buying a lottery ticket at an authorized State lottery outlet for a lottery authorized by State law and conducted by an agency of a State within that State.
- (d) General Services Administration regulations on "Conduct on Federal Property" apply to all property under the control of the General Services Administration, and they are also applicable to all buildings and space under the control of this Department. These regulations prohibit, among other things, gambling, being intoxicated, and possession, distribution, or use of narcotic or dangerous drugs on the premises. The GSA regulations are found in Subpart 101-20.3 of the GSA Regulations, 41 CFR 101-20.3.

Sexual Harassment

Sexual harassment is deliberate unsolicited verbal comments, gestures, or physical contact of a sexual nature which are unwelcome. Sexual harassment is unacceptable conduct and is expressly prohibited. In addition, supervisors and managers are prohibited from taking or promising personnel actions in exchange for sexual favors, or failing to take an action because an employee or applicant for employment refused to engage in sexual conduct. This same prohibition applies to relationships between Department personnel who take or recommend action on a grant or contract and the grantee or contractor. Those employees who wish to file a complaint of sexual harassment should contact the Office of Equal Employment Opportunity (EEO) within their respective agencies for guidance. (Timeframes for pursuing a charge alleging sexual harassment are the same as for any other complaint based on allegations of sex discrimination.)

Use of Official Information

(a) The public interest requires that certain information in the possession of the Government be kept confidential and be released only with general or specific authority under Department or operating component regulations. Such information may involve the national security or be private, personal, or business information which has been furnished to the Government in confidence. In addition, information in the possession of the Government and not generally available may not be used for private gain. The following paragraphs set forth the rules to be followed by Department employees in handling information in official files or documents:

- (1) Classified information. Employees who have access to information which is classified for security reasons in accordance with Executive Order 12065 are responsible for its custody and safekeeping, and for assuring that it is not disclosed to unauthorized persons. See the Department's Security Manual, Part 3 for details.
- (2) Security and investigative information. Security and investigative data received from Government agencies or their sources for official use only within the Department or developed under a pledge of confidence is not to be divulged to unauthorized persons or agencies.
- (3) Information obtained in confidence. Certain Department units (for example, the Food and Drug Administration and the Social Security Administration) obtain in the course of their program activities certain information from businesses or individuals which they are forbidden by law from disclosing. These statutory prohibitions are found in 21 U.S.C. 331j, and 18 U.S.C. 1905. Each employee is responsible for observing these laws.

(4) Use of information for private gain. Government employees are sometimes able to obtain information about some action the Government is about to take or some other matter which is not generally known. Information of this kind shall not be used by the employee to further his or her or someone else's private financial or other interests. Such a use of official information is clearly a violation of a public trust. Employees shall not, directly or indirectly, make use of, or permit others to make use of for the purpose of furthering any private interest, official information not made available to the general public.

(b) The Privacy Act provides criminal penalties for an employee who willfully discloses individually identifiable information from records, disclosure of which is prohibited by that Act. 5 U.S.C. 552a(i).

Subpart D--Financial Obligations

General Provisions

(a) The Department considers the indebtedness of its employees to be a matter of their own concern. However, employees shall not by failure to meet their just financial obligations reflect adversely on the Government as their employer. Employees are expected to pay each just financial obligation in a proper and timely manner. A "just financial obligation" is one acknowledged by the employee, reduced to judgment by a court, or one imposed by law such as Federal, State or local taxes. "In a proper and timely manner" is a manner which the Department determines does not, under the circumstances, reflect adversely on the part of an employee in meeting his or her financial obligations, particularly those that relate to support of the employee's family, to payment of Federal, State, or local taxes, or the payments to tax-supported institutions such as a city or State hospital, or educational institution. If for some reason an employee is unable to pay these obligations promptly, he or she is expected to make satisfactory arrangement for payment and abide by these arrangements.

(b) Disciplinary action may be considered when an employee has handled his or her financial affairs in such a way that:

- (1) Action on complaints received from creditors requires the use of a considerable amount of official time, or
- (2) It appears that financial difficulties are impairing the employee's efficiency on the job, or
- (3) Because of the employee's financial irresponsibility, the attitude of the general public toward the Department may be adversely affected; and the employee after counseling does not make arrangement to meet his or her financial obligations.

Subpart E--Gifts, Entertainment, and Favors

Prohibited Acceptance of Gifts, Entertainment, and Favors.

(a) Except as provided in 73.735-502 and 73.735-506, an employee shall not directly or indirectly solicit or accept anything of monetary value, including gifts, gratuities, favors, entertainment or loans from a person who the employee knows, or should know because of the nature of the employee's work:

- (1) Has, or is seeking to obtain, contractual or other business or financial relationships with the employee's principal operating component, or subunit thereof; or with a component of the Department with respect to which the employee has official duties;
- (2) Conducts operations or activities that are regulated by the employee's principal operating component, or subunit thereof or by a component of the Department with respect to which the employee has official duties; or
- (3) Has interests that may be substantially affected by the performance of the employee's official duties.

(b) Employees may not designate a person or an organization, including charitable or nonprofit organizations, to accept any gift which an employee is prohibited from accepting directly.

Subpart F--Political Activity

Applicability

(a) All employees in the Executive Branch of the Federal Government, including noncareer employees, are subject to basic political activity restrictions in subchapter III of Chapter 73 of title 5, United States Code (the former Hatch Act) and Civil Service Rule IV. Employees are individually responsible for refraining from prohibited political activity. Ignorance of a prohibition does not excuse a violation. This subpart summarizes provisions of law and regulation concerning political activity of employees. The Federal Personnel Manual and other publications of the Office of Personnel Management contain more detailed information on this subject. These may be reviewed in Department personnel offices, or will be made available by the Ethics Counselor, or the deputy counselor for the employee's organizational component.

Permissible Activities

(a) Section 7324 of title 5, U.S.C. provides that employees have the right to vote as they please and to express their opinions on political subjects and candidates. Generally, however, employees are prohibited from taking

an active part in political management or political campaigns or using official authority or influence to interfere with an election or affect its results.

Subpart G--Outside Activities

General Provisions

(a) Outside employment may be appropriate when it will not adversely affect performance of an employee's official duties and will not reflect discredit on the Government or the Department. Such work may include civic, charitable, religious, and community undertakings. There are certain types of outside work, however, which give rise to a real or apparent conflict of interest. Some of these are prohibited by law. Others are prohibited by regulation, as discussed in paragraph (b) of this section, or by criteria developed by heads or operating components for application within a particular component. All of these provisions are binding, but they do not necessarily include all possible conflicts of interest. In all instances, good judgment must be used to avoid a conflict between an employee's Federal responsibilities and outside activities.

(b) An employee shall not engage in outside employment or other outside activity not compatible with the full and proper discharge of the duties and responsibilities of his or her Government employment whether or not in violation of any specific provision of law. Incompatible activities include, but are not limited to:

- (1) Acceptance of a fee, compensation, gift, payment of expense, or any other thing of monetary value in any circumstance in which acceptance may result in, or create the appearance of, conflicts of interest;
- (2) Outside employment which tends to impair the employee's mental or physical capacity to perform Government duties and responsibilities in an acceptable manner;
- (3) Work which identifies the Department or any employee in his or her official capacity with any organization commercializing products relating to work conducted by the Department, or with any commercial advertising matter, or work performed under such circumstances as to give the impression that it is an official act of the Department or represents an official point of view;
- (4) Outside work or activity that takes the employee's time and attention during his official work hours.

Subpart H--Financial Interests

Participation in Matters Affecting a Personal Financial Interest

(a) An employee shall not participate personally and substantially as a Government employee in a matter in which any of the following individuals or organizations has a financial interest:

- (1) The employee;
- (2) The employee's spouse;
- (3) The employee's minor child;
- (4) An organization in which the employee serves as an officer, director, trustee, partner, or employee; or
- (5) A person or organization with which the employee is negotiating for prospective employment or has an arrangement for prospective employment. Criminal penalties may be imposed under 18 U.S.C. 208 for violations of the prohibition.

Subpart K--Special Government Employees Other Than Consultants

General Provision

Individuals who are designated as special Government employees because of the nature of their services but who are not serving as a consultant, expert, or advisory committee member are subject to the provisions of Subparts B through I of these regulations. However, the provisions of 18 U.S.C. 205, 206, 207, and 208 apply to them only as described in Subpart J. Also, the limitation in 73.735-701(f) on the amount of an honorarium that may be received does not apply.

Subpart L--Disciplinary Action

General Provisions

(a) Violation of these regulations contained in this Part may be cause for disciplinary action which could be in addition to any penalty prescribed by law.

(b) The type of disciplinary action to be taken must be determined in relation to the specific violation. Those responsible for recommending and for taking disciplinary action must apply judgment to each case, taking into account the general objectives of meeting any requirements of law, deterring similar offenses by the employee and other employees, and maintaining high standards of employee conduct and public confidence. Some types of disciplinary action which may be considered are as follows:

- (1) Admonishment
- (2) Written reprimand
- (3) Reassignment
- (4) Suspension
- (5) Demotion
- (6) Removal
- (7) Suspension, demotion, and removal are adverse actions; and when such actions are taken, applicable laws, regulations, and policies must be followed.

Subpart N--Conduct and Responsibilities of Former Employees

Prohibitions Against Post-Employment Conflicts of Interest

- (a) The purpose of criminal prohibition in 18 U.S.C 207 is to prevent the unfair use of inside knowledge or influence that results from Federal service. 18 U.S.C. 207 generally prohibits a former employee from acting as another person's representative to the Government in particular matters involving a specific party or parties in which the employee had been involved while in the Federal service. This prohibition does not require a former employee to decline employment with any organization regardless of his or her dealings with that organization while employed by the Government. It applies solely to activities, not the mere existence of an employment arrangement.
- (b) The Office of Government Ethics, Office of Personnel Management, has issued Government-wide regulations covering post-employment conflict of interest (5 CFR Part 737). Those regulations are incorporated herein by reference, and they are available for review in personnel offices throughout the Department.

If questions arise regarding the impropriety of an activity, consult the Personnel Pamphlet Series No. 6, HHS Standards of Conduct for guidance.

CHAPTER 6. THE ROLE OF THE HEALTH EXAMINATION REPRESENTATIVE

GENERAL

The role of the Health Examination Representative (HER) is to

- Monitor the contractor staff by participating in training programs and group discussions to obtain accurate health data.
- Implement a program to ensure a high degree of cooperation from those individuals selected to take part in the survey.
- Review and edit medical history questionnaires for completeness and accuracy.

These discussions serve as a basis for modifying and improving the techniques to be employed in the persuasion process.

QUALITY CONTROL PROCEDURES

Problems are identified by (1) monitoring all phases of the data collection process; (2) reviewing and editing completed forms and questionnaires used in the field; and (3) participating in on-site observation of household interviewing.

Prompt action is taken to document and resolve identified problems either by reporting to the contract site manager for immediate correction or by contacting the sample person directly. Proposals are made to provide or initiate training for appropriate parties. This has an immeasurable effect in decreasing data errors and inconsistencies.

THE HOUSEHOLD INTERVIEW

In cases where the contractor fails to obtain cooperation after several household visits, or the examinee cancels or fails to keep an appointment, it is the responsibility of the HER to determine if the case should be classified as a "final refusal."

The HER also reviews each "record of calls" to determine whether all persuasion techniques have been attempted and documented. These records may also indicate the following: whether the interviewer gained admittance into the home and talked to the sample person, the social and economic environment of the household, the attitude and responsiveness of contact, the areas of conversation employed to solicit cooperation, the effectiveness of various personal approaches, the influence of others in the household and the level of comprehension of the respondent, and the interviewer's evaluation for

hesitation or reluctance of the sample person to participate in the health examination. This information is helpful in determining whether any additional followup is required by the HER.

OTHER ADMINISTRATIVE RESPONSIBILITIES

The HER assists or serves as the Field Operation Manager in accomplishing the administrative duties required at each site. This involves the procuring of supplies and equipment, arranging for blood shipments, supervising imprest funds, preparing administrative reports, and assisting other staff members in these and other administrative matters.

END OF STAND REPORT

A report is to be submitted at the end of each stand summarizing the following: response difficulties and the degree of HER involvement in persuasion cases (particularly during the last 2 weeks of the stand), recurring errors or patterns of errors noted during editing of the questionnaires, methods utilized to correct these errors, any discussions with the contractor site manager and interviewers to eliminate these errors, any unusual occurrences during the stand, and any verbal communication to the Health Examination Field Operations Branch regarding stand response.

CHAPTER 7. PURCHASING AND FINANCE

GENERAL

Procurement of goods and services in the field may be accomplished by one of the following means:

- Expenditure of funds from petty cash.
- Issuance of an emergency purchase order,
- Request for purchase order from the Health Examination Field Operation Branch (HEFOB) against which the vendor may bill,

PETTY CASH

Each FMA maintains a cashier's fund of \$15,000 and is designated "agent cashier." Ordinarily, only agent cashiers may administer the fund. The FOM's, HER's, and the coordinators in the HEC are designated "alternate cashiers" and may, if the need arises, administer the fund in the absence or illness of the agent cashier. Cash, checks, subvouchers, and receipts are to be kept at all times in the office safe provided for each agent cashier. If an office safe is not available, these items should be kept in the safe located in the HEC. Failure to comply may mean that the cashier may be held personally responsible for any loss.

The imprest fund is designed to reimburse the sample persons (SP's) for their examination and mileage (0.20¢ a mile) to and from the examination site, provide for medical supplies and equipment, and allow for the contractor's needs, as authorized. It may become necessary to pay for unusual items such as orange juice, lunch for SP's, or cash to local vendors for services performed. Should this occur, an explanatory statement must accompany the cashier's voucherized receipts forwarded to the Health Examination Field Operations Branch or they will not be processed. The maximum amount for any single expenditure is \$300. All expenditures must be authorized in advance by the FOM. The FOM should make every effort to obtain goods and/or services through the purchase order process whenever possible. Poor planning is not a valid reason for making a purchase from the imprest fund.

Administrative supplies should be purchased through the imprest fund on an emergency exception basis only. Inventory forms have been provided to the Field Management Assistants (FMA's) including a listing of office supplies routinely available through HEFOB. These forms should be used regularly in ordering and stocking commonly used administrative supplies, thus ensuring the availability and utilization of cashier imprest funds for items and services in support of direct survey activities only.

Occasionally stands must hire local individuals to perform survey-related activities on a short-term part-time basis. The U.S. Department of Treasury

has, in approving cashier designations, authorized payment of salaries of emergency staff such as part-time appointment clerks or receptionists. In the past there has been no standard hourly rate set for paying such employees. It has been determined by the Health Examination Field Operations Branch that the rate to be used will be the official Department of Labor Wage Rates applicable to the geographic area in question. Field Operations Managers (FOM's) must obtain a copy of these rates when setting up a new field location and ensure that both cashiers and HEFOB receive a copy. Receipts for payments to part-time employees must include dates and hours worked, as well as dollar amounts expended. FOM will authorize reimbursement for laboratory jackets for HEC staff. Individuals who purchase jackets must first notify the FOM of their intent in order that a proper receipt can be obtained for reimbursement purposes. FOM should purchase jackets in quantities whenever possible.

Payment of Sample Persons--The FMA will issue to the coordinator daily (in separate envelopes) enough money to cover examinees for that day. The coordinator will verify the amount of money received, sign an interim receipt for the total amount, and place all monies in the safe and lock it. Sample persons will be mailed a completed orange voucher or \$20.00 with their reminder notices. At the completion of their examination, they may present this voucher and receive \$20.00 by signing same. A "thank you" letter is enclosed in the envelope with the \$20.00. If they do not have the orange voucher, the regular receipt will be issued and signed by the sample person or guardian. At the time of payment the coordinator will have on hand a completed cash receipt as follows: "1 Health Examination \$20.00." The coordinator will enter the name and date and get the examinee (or other person indicated on the daily appointment schedule) to sign his or her full name and address. Receipts of payment for the examination should always bear the name of the examinee especially when the payee is someone other than the examinee, that is, a parent or guardian. When the name does not appear and the payee signs two or three receipts, the auditors are apt to conclude that we are paying one person more than once. Signed cash receipts and any unused money (for broken appointments) will be turned over to the FMA the same day in return for the interim receipt. When this is not feasible, as for night examinations, the coordinator should place receipts and unused money in the safe and turn them in the next day.

Receipts--In addition to the cash receipts for the examination itself, all other expenditures from the fund must be supported by a receipt indicating the cost, date, items or service purchased, name and address of vendor, and the full signature of the vendor or his representative. In the case of local employment, the agent cashier will prepare a receipt indicating the period of employment, the number of hours worked, the rate per hour, and the total cost. This receipt should then be signed by the employee prior to payment.

Advance of Funds--In addition to the daily advance of funds to the coordinator for payment of examinees, there are a few instances when the agent cashier may advance a sum of money to an alternate cashier on which he may draw to pay for certain expenditures. For example, the coordinator may wish to have a lump sum of money for periodic SP mileage, and to pay

for items delivered to the HEC; or the FOM may need a sum of money to pay laborers on occasions when the agent cashier leaves the stand prior to its close. When money is advanced, the agent cashier should get a signed interim receipt prior to releasing funds. The alternate then becomes responsible for these advanced funds until the interim receipt is redeemed with signed receipts for actual purchases, which should be as soon as possible.

Auditing the Fund--The agent cashier is responsible for examining and numbering all receipts and listing them on the miscellaneous expenditures sheet each day. On or about the 15th of each month, the agent cashier is to reconcile the fund by an actual audit, that is, totaling the signed receipts, interim receipts, cash, and checks on hand. This must be verified and signed by a staff member who is not a cashier or alternate, which could be the dietary coordinator. This will help guard against discrepancies. An original and two copies are sent to HEFOB.

Replenishing the Fund--When expenditures for payment of examinees total \$1000-1500, the agent cashier should prepare a reimbursement voucher (SF-1129). When other expenditures reach \$800 to \$1000, the cashier should prepare a separate reimbursement voucher. The original and four copies of the SF-1129 should be forwarded to HEFOB by registered mail, accompanied by three copies of the miscellaneous expenditures sheets and receipts for all transactions scotch taped on the same size paper.

Accountability Report--The agent cashier must submit an accountability report on SF-1129 direct to Treasury at the end of each month showing the status of the fund. The address is: Director, Disbursing Center, P.O. Box 2229, Washington, D.C. 20013, ATTN: Cashier Accounting Clerk. A copy should be sent to HEFOB.

Audit by Treasury--Treasury Department representatives or NCHS personnel designated by the Treasury Department have the authority to audit the cashiers fund without advance notice. Agent cashiers should administer the fund accordingly.

Safeguarding Fund in Transit--Between stands when the fund is hand carried by the cashier, every effort should be made to keep the amount of cash to a minimum. Cash on hand at the end of the stands must be converted into a cashier's check. Checks, receipts, and cash should be kept in a locked briefcase and placed in hotel and motel safes when in transit. On return to HEFOB, place fund in safe in administrative office for safe keeping.

EMERGENCY PURCHASE ORDERS

Emergency purchase orders (SF-44) are to be used only in emergency situations, and when time will not permit the request of a regular purchase order from HEFOB (See Federal Procurement Regulations (FPR) 1-3.605.1). Emergency purchase orders may be written for amounts up to \$2,500 per transaction. However, any amount over \$600 should be cleared verbally with

HEFOB in advance. Only the FOM may use this authority. Under no circumstances is the SF-44 to be used for personal services or as a cash receipt.

The SF-44 is generally self-explanatory. All information should be typed or printed legibly and the FOM should sign it only after goods or services have been received. Once the vendor signs, give him the blue (seller's) copy and forward the remaining copies to HEFOB to the Assistant Operations Manager. The vendor should not submit a bill. In the event the vendor prefers not to sign the SF-44 (or is unable to because of distance) an invoice with the above statement typed on it and all copies of the SF-44 with the FOM's signature may be forwarded to HEFOB for payment. Payment is usually made within 30 days. Each transaction should be recorded in the space provided inside the back cover of the book of SF-44's.

REQUEST FOR PURCHASE ORDER FROM HEADQUARTERS

This is the usual method by which the Government purchases goods and services. In the field, this form of payment must be used for any transaction amounting to more than \$2,500. The FOM should obtain an estimate of the cost in writing from the vendor and forward this to HEFOB. HEFOB will obtain a purchase order number (usually within 3 days) which may be given to the vendor verbally. Once the goods or services have been rendered satisfactorily, the FOM will advise the vendor to send an itemized bill to the Financial Management Officer, National Center for Health Statistics, quoting the purchase order number. It is the FOM's responsibility to monitor the vendor's performance and see that there is a direct relationship between goods and/or services rendered with the amount invoiced.

CHAPTER 8. PUBLICITY

PRINTED PUBLICITY ITEMS

General--There are several stages to be followed and several methods of preparing the general public, civic officials connected with health and education departments in the area, and the news media for the conduct of the Hispanic Health and Nutrition Examination Survey at each location.

Advance Letters--About 8 weeks before the stand begins, the Health Examination Field Operations Branch (HEFOB) sends letters explaining the program to State and local health officers, the State education official, State and county medical societies, dental societies, and the State and county osteopathic society. These letters are sent to assist the FOM in making advance arrangements.

Protective Letters--These letters are sent from HEFOB about 2 weeks before the stand begins and are directed to the people mentioned in the preceding paragraph to inform them of the actual dates of the operation and the location of the office and Health Examination Center. In addition, mayors, law enforcement officials, Chambers of Commerce, as well as individuals listed by the advance FOM, receive similar letters.

Contractor Notification--About 1 week prior to the start of the stand, the contractor mails a letter to each address from the listing developed by the contractor and informs each occupant that the contractor is conducting a health survey for the Public Health Service and that an interviewer will be calling on them within the next 2 weeks.

MISCELLANEOUS PUBLICITY

Other News Media--There have been occasions when radio and television stations have requested that staff members appear on program to talk about the survey. Such appearances should be cleared with HEFOB beforehand.

The public affairs initiative was designed to encompass a national and local approach, and to utilize both community and media contacts. At the national level, the objective was to inform target audiences--national, Hispanic, health, and professional organizations; data users; decision makers; and the general public--of the purpose, usefulness, and projected end results of the survey. At the community level the objectives focused on increasing survey response and included informing the target audience of the purpose of HHANES, obtaining community support, and ensuring maximum participation by the selected population.

The national activities generally focused on exhibits and presentations to national Hispanic and health organizations. A news release to national, general, and Hispanic press announced the start of the survey; and articles

appeared in journals, magazines, and newsletters distributed to national audiences.

At the community levels, specific procedures were developed and utilized for community and media contacts. In order that the outreach activities complemented and supported field office operation, interviewing, and examination phases of the survey, a general schedule of outreach events has been developed.

- Prior to or during the advance arrangements, visits are made to the locations by NCHS staff (Director, DDS; Chief, STIB; Chief, Publications Branch; HHANES Public Affairs Coordinators; and the Community Outreach Coordinator--COC) to introduce the survey to key political and health leaders, such as the DHHS Regional Health Administrator, State health officers, heads of city and county governments, heads of local health departments, and heads of Hispanic organizations; plans are made for major briefings; and other contacts are identified.
- Ten weeks prior to the start of the household interviewing phase, the COC becomes familiar with the community; obtains an overview; assists in the selection of the office and Medical Examination Center sites; makes preliminary contacts with Hispanic organizations, local leaders, and health officials, and makes plans for community briefings.
- One week prior to the start of the household interviewing phase, a media list is developed; news releases are prepared and distributed to all general and Hispanic print and broadcast media in the local area regarding the start of interviewing and the survey in general.
- Prior to and during the household interviewing phase, visits are made by those listed earlier and other NCHS officials to hold followup briefings regarding the survey.
- On "dry run" day (the day preceding the start of the examination phase), tours of the mobile examination center are conducted for celebrities and/or media to gain additional publicity and provide additional information to the community on the survey.
- Throughout the stand, followup contacts with media and local organizations are made to continue publicity and promotion of the survey.

A wide range of promotional materials is developed to explain both to the target Hispanic audiences and to the general public the purposes and operation of the survey. This effort is also designed to generate acceptance of the survey in general and cooperation with interviewers and medical staff in the examination trailers at each site.

The chief information services used in HHANES are described as follows:

- Public Service Announcements--These were created mostly through contractors to meet the needs of each of the three Hispanic subgroup audiences.

- Television--A thirty minute television spot announcement, featuring Los Angeles Dodger star pitcher Fernando Valenzuela, was produced in Spanish and English.
- Radio--Radio public service announcements were used throughout the survey tailored to each of the three Hispanic audiences.
- Posters--Four color printed posters were used to reinforce the message: the "Que Pasa" grandparents, Rita Moreno, and Valenzuela posters.
- Folder--A folder with pockets was designed to provide a convenient packet for carrying materials used at exhibits, meetings, and visits throughout the communities being served. This folder was designed to fit in concept and color the brochures and other materials generated in support of the survey.
- Fact Sheet and Supplement--The fact sheet described the purpose, content, operations, and uses of the data; and the supplement provided specific information on the examination components and the mobile examination center. The fact sheet was printed in English and Spanish. The supplement was printed only in English and was only used by health professionals.
- Flier--A general flier was printed in both English and Spanish to provide specific information about the purpose of the survey, its advantages for the participants, and location, dates, and sites. It was printed for each stand and distributed largely through schools and churches.
- Sample Person Brochure--This brochure provided an overview of the survey as well as answers to specific questions about how the study was conducted and what was expected of the sample person. Printed in both English and Spanish, the brochure described the sample selection techniques, the interview and examination arrangements, and payment for participation.
- Exhibit--A portable exhibit, highlighting facts about the survey, was developed for use at national and local meetings of both Hispanics and the general health community.
- Letters--Hundreds of additional letters were sent to political, community, and health leaders as part of the outreach effort. The purpose of these specialized letters was to inform individuals and organizations of the survey, to elicit support, to seek community assistance, and to invite the recipients to briefings or other events.

MEDIA CONTACT ITEMS

News releases were prepared to announce the start of the survey at each location.

Briefing notices were written to inform the media at least 2 weeks in advance regarding the location, timing, and substance of briefing.

Briefing releases were completed for distribution on the day of briefing with the names and quotations of speakers.

Color slides were provided to television stations showing the location and dates of the survey in their area.

Media kits were hand carried prior to briefings or media events, containing background materials on HHANES.

Presentations of HHANES slides and special presentations were developed for a wide range of speakers.

A newsletter was developed and produced to provide up-to-date information on the status of the survey, current operations, outreach activities, features on various components of the survey, and ongoing and future program events. It was used as a handout and distributed to a mailing list of individuals and organizations.

CHAPTER 9. REPORTS

Time and Leave Reports - Individual time records are kept in a notebook in a prominent place in the office and in the HEC for use by staff members in signing in and out daily. On the Saturday before payday (that is, in the middle of the pay period), the FOM will total the hours for all staff members and submit this report to headquarters along with individual time sheets for that period covered. The FOM should indicate variations in the work schedule such as annual or sick leave, travel performed on work days, or standby status, as noted on the report.

FOM Stand Report--Within 4 weeks of the closing date of the stand, the FOM is required to submit a report covering the following points:

- Field Staff--List all PHS staff members, contractor supervisor and personnel, and visitors to the stand.
- Contractor Operation--Include quality of training, progress of interviewing, and observations of day-to-day operations.
- Sample Considerations--Special characteristics of sample, size, geography, including how many reserve segments were used and the number of SP's obtained.
- Equipment, Space--Include adequacy of office and trailer space, trailer set up, equipment maintenance and repair, and any problems encountered.
- School Contacts--Indicate difficulties encountered, if any, ease in obtaining release of children from school.
- Publicity--Amount and type of coverage and any special problems.
- Examinations--Set up, inventory, training, dry runs, and variations and/or occurrences in the examination schedule.
- HER Callbacks--Names of HER's, date each began callbacks, problems encountered, persuasion, ease of scheduling, no shows, and cancellations.
- Non-examined--Give the number of non-examined sample persons with six or seven of the main reasons for refusal.

Since the report will be done after the FOM has left the area, a daily log covering these points should be kept.

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LIVING ACCOMMODATIONS FOR:

(Stand)

Apartment
 Hotel
 Motel

NAME: _____

ADDRESS: _____

Telephone No.: _____

RATES:	Single	Twin (per person)	Kitchenette	Furnished
Daily	_____	_____	_____	_____
Weekly	_____	_____	_____	_____
Monthly	_____	_____	_____	_____

DEPOSIT _____

<input type="checkbox"/> Tub only	<input type="checkbox"/> TV	<input type="checkbox"/> Restaurant on Premises
<input type="checkbox"/> Shower only	<input type="checkbox"/> TV Extra	<input type="checkbox"/> Restaurants within walking distance
<input type="checkbox"/> Tub-Shower	<input type="checkbox"/> Radio/Music	
<input type="checkbox"/> Swimming pool	<input type="checkbox"/> Telephone	

Distance: To Office _____ To Center _____

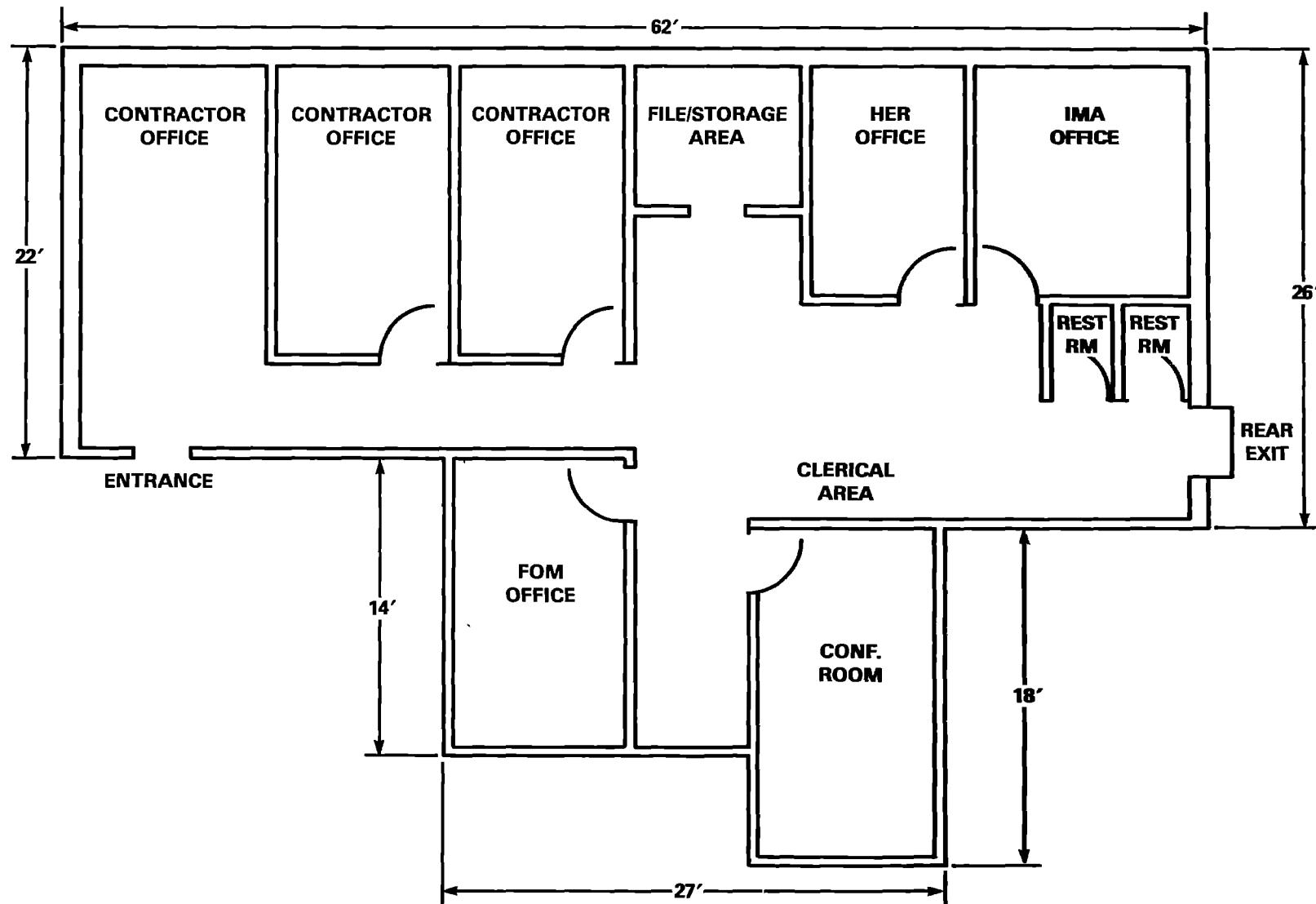
Reservations Advisable by: _____

Person to Contact: _____

Remarks: _____

Field Operations Manager

TYPICAL OFFICE CONFIGURATION
(Approximately 2000 sq. ft.)



Furniture Requirements

- 6 Legal size, 4- or 5-drawer locking cabinets.**
- 3 - Conference tables (60" x 36" or larger).**
- 10 - Conference chairs.**
- 1 - Safe, heavy, combination lock.**
- 3 - Credenza desks, typing height, L-shaped.**
- 5 - Executive chairs.**
- 5 - Executive desks, locking, (60" or larger).**
- 40-60 ft. office partitions (requirements dependent on type of office rental space).**
- 3 - Chairs, steno, swivel.**
- 6 - Bookcases (4 ft by 5 ft).**
- 2 - Typewriters.**

TELEPHONE REQUIREMENTS FOR
FIELD OFFICE & EXAMINATION CENTER

Office

Regular lines - 5

Computer lines - 2 (single lines)

Watts lines - 2

Five lines on a rotary, with two Watts lines, which can be answered on eight phones.

Three of these phones will be installed in the contractor's offices and five will be installed in the NCHS offices. Also required are two single line instruments, one line for the computer in the contractor's office and one line for the computer in the NCHS office.

MOBILE EXAMINATION CENTER

Unit 1 - Regular lines - 1

Unit 3 - Regular lines - 1

Two separate lines with two single line instruments for the mobile examination center (one instrument in Unit 1 and one instrument in Unit 3).

The telephone service should be requested and finalized prior to the completion of the advance arrangements. The advance telephone numbers must be obtained as soon as possible.

MOBILE HEALTH EXAMINATION CENTERS MANUAL

ELECTRICAL SYSTEM

1. General Description

This system utilizes 220 volt, single phase, 60 Hertz AC power. This power enters a single main distribution box which is supplied with the system and which is installed upon a locally procured pole.

The power service to this box is supplied by a locally procured electrical contractor. Providing and connecting the main power entry to this box, and grounding this box are all that is required of the local electrical contractor.

The main box has seven (7) connectors at the bottom. These are connected to the trailers by means of 50' cables provided with the system. A separate set of seven extension cables (50' each) also is provided. These must be used at the trailer ends of the cables in order to get proper connector mating.

Each trailer has a distribution panel for the branch and main circuit breakers. The total power utilization is 137 KVA in winter (when heating is required) and 117.0 KVA in summer (no heating).

The power distribution cables are rated for 100 amperes at 220 volts, three conductors, single phase-center tap circuits, with equal-sized fourth conductors (grounds).

2. Materials Supplied

- a. Main Distribution Box. Pole mounted box with 7 - 100 ampere receptacles and circuit breakers, and one main 600 ampere circuit breaker. (Pole not provided).
- b. Connecting Cables. Seven (7) each four-conductors (00) cables, 50 feet long, with plain connectors both ends. Male connector mates with pole mounted box. Cables are interchangeable.
- c. Extension Cables. Seven (7) each four-conductors (00) cables, 50 feet long, with weather-capped male connector at the outside end and plain female connector at the trailer end of the cable. These cables are interchangeable but they are not interchangeable with Item b.

3. Requirements to be Assigned to Local Electrical Contractor

- a. Provide for 136 KVA, single phase, 220 volt 60 cps power, metered to local power company requirements.
- b. Install pole and hang the main power distribution box. Install ground connection from main box to meet local requirements.

- c. Check all connections in power panels in main box and in trailers, to catch any loosening which might occur in transit.
- d. Assist in connecting the seven (7) cables to the trailers.
- e. Monitor voltage drop at main box under full seasonal load, verifying that service is adequate.

4. Tabulations

- a. Main Distribution Panel Connections. (Reading numerically from left to right as you face the installed box).

Connector #1 - - - - -	Trailer #1 - Main Input
Connector #2 - - - - -	Trailer #2 - Main Input
Connector #3 - - - - -	Trailer #3 - Main Input
Connector #4 - - - - -	Trailer #2 - X-Ray
Connector #5 - - - - -	Trailer #1 - Air Conditioner (A/C)
Connector #6 - - - - -	Trailer #2 - Air Conditioner (A/C)
Connector #7 - - - - -	Trailer #3 - Air Conditioner (A/C)

- b. Power Budget. The power requirement for the system is computed using the following list.

<u>ITEM</u>	<u>MAXIMUM CONTRIBUTED POWER USE</u>	
	<u>SUMMER</u>	<u>WINTER</u>
2 Refr. and 1 Freezer	1.0 KVA	1.0 KVA
Lighting	5.0	5.0
Receptacles	5.0	5.0
Pipe Heat	-0-	3.0
H/W Heater (3 each)	3.0	3.0
X-Ray	15.0	15.0
Stove	3.0	3.0
EKG	1.0	1.0
X-Omat	-0- (Note 1)	-0- (Note 1)
Lab Equipment	1.0	1.0
Outside Lights	2.0	2.0
Subtotal	36.0	39.0
Heat/Air Cond. (3)	35.0	54.9
Total	71.0	93.9
+ Start-up adder (Note 2)	8.8	2.5
Total (Note 3)	79.8	96.4
+ Demand Rate Factor (Note 4)	19.2	22.9
<u>Final Total</u>	<u>99.0</u>	<u>119.3</u>

Note 1 - X-Omat uses 6 KW. Since X-Omat and X-Ray do not operate simultaneously, this is omitted in the computation.

Note 2 - Start-up adder. 25% of highest inductive (motor) load, to cover start-up loads factored by usage factor.

Note 3 - Total. This is the minimum recommended power supply service.

Note 4 - Demand Rate Factor. 20% adder recommended for conservative power planning.

Note 5 - Maximum current (623 amp). System uses 600 amp circuit breaker for adequate protection. Peak overloads are of short duration and do not trip breaker.

WATER SUPPLY REQUIREMENTS

For three Mobile Units of the National Health and Nutrition Examination Survey,
Division of Operations, National Center for Health Statistics.

MATERIAL PROVIDED

100 ft. standard 1½" hose wrapped with Electric Heat Tape and insulation.

100 ft. standard 1½" hose (not wrapped).

3 each - 4 ft. jumper hose for between trailers (wrapped with electric heat tape and insulation).

(All hose equipped with standard garden hose connections.)

INSTRUCTIONS FOR CONNECTING

Connect long hose from fresh water source to main water inlet in Unit #3 (curbside). Any standard water spigot can be used as source. Connect 4 ft. jumper hoses between Trailers #3 and #2 and #2 and #1.

The insulating hose should be used if temperatures below 25° F. are expected.

After connections are made, check for leaks in exterior and interior pipes. Any leaks, however slight, are to be corrected immediately upon discovery.

Check to see that the hot water tank in each trailer is filled before electrical power is connected.

INSTRUCTIONS FOR DISCONNECTING

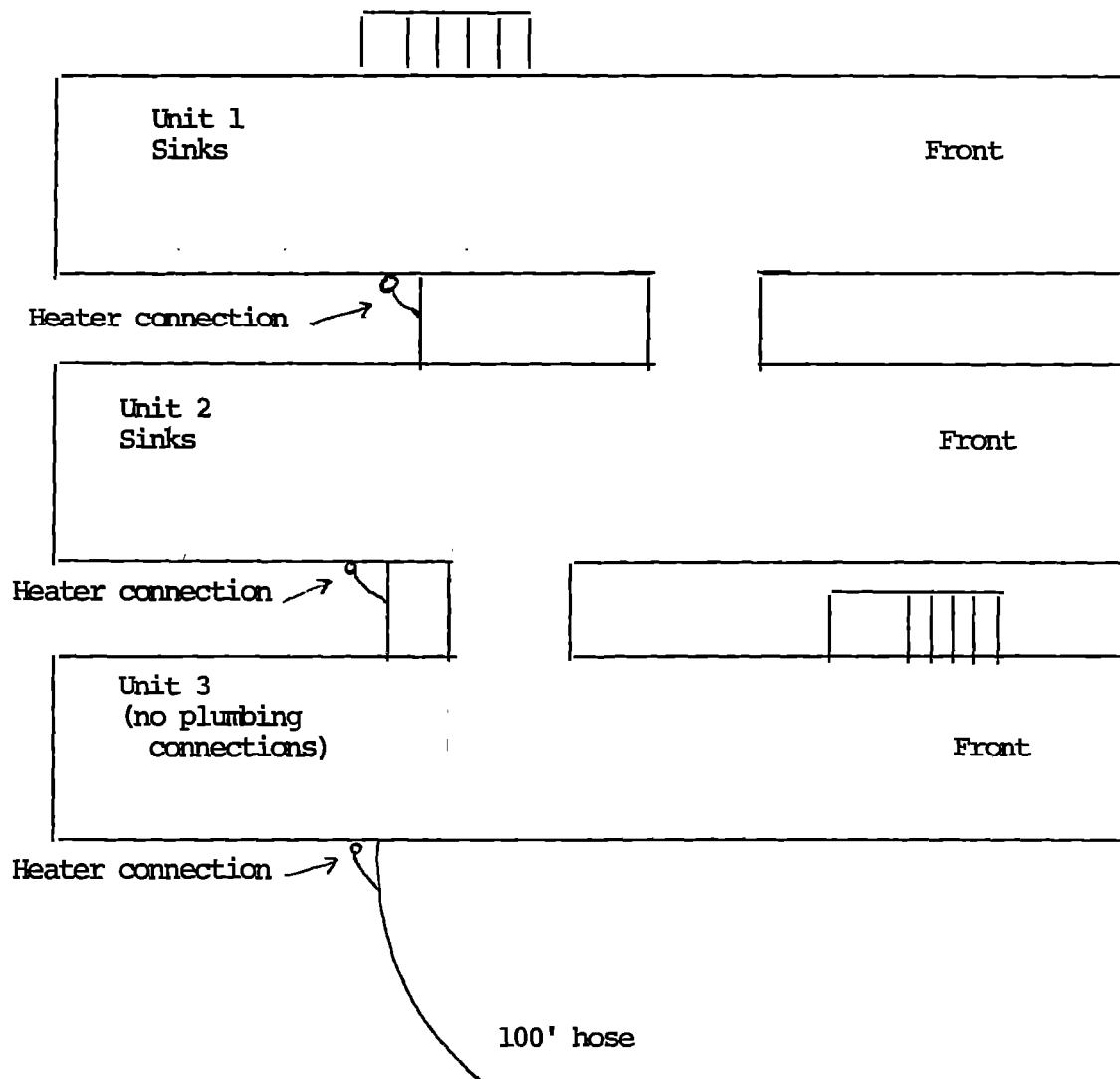
Disconnects must be done as quickly as possible, allowing time to give proper care to the equipment. Generally, the trailers should be disconnected and material stored no later than 12:30 P.M. on the day set for the disconnections. Disconnect heater connectors carefully and gently.

System is to be completely drained; water is to be emptied from toilet, tanks, and bowls. Hot water tanks are to be emptied during fall, winter, and spring. A short section of hose to drain cocks may facilitate.

At the end of each stand, check to see that electrical power to hot water heaters is disconnected before turning off water in the trailers.

SEE DIAGRAM OF WATER REQUIREMENTS ON PAGE 2.

WATER SUPPLY REQUIREMENTS



DRAINAGE SYSTEM REQUIREMENTS

For the three Mobile Units of the National Health and Nutrition Examination Survey, Division of Data Services, National Center for Health Statistics.

The system is gravity flow with both toilet and sink waste from Units #2 and #3 and sink waste only from Unit #1. Unit #2 has X-omat waste which drains through 1 1/2" PVC drain tube to Unit #3 which is similarly equipped with 1 1/2" PVC drain pipe. A 2" wire reinforced jumper connects #2 and #3 to a separate main sewer line.

MATERIAL PROVIDED

100 ft. 3 inch waste pipe (in leak proof heated sections of approximately 7 feet).

2 each - 10 ft. 3 inch flexible pipe.

2 each - 4 ft. jumper pipe (3 inches) between units.

INSTRUCTION FOR CONNECTING

Install the jumper pipe between Units #2 and #3 and between #1 and #2. This pipe is connected at the belly compartment panel just forward of the wheels. Connect X-Omat jumper between Units #2 and #3.

From the bulkhead connector on the curbside (right side) of Unit #3 one flexible section of pipe. Then connect straight sections of pipe from the flexible pipe to sanitary sewer. Use second flexible pipe to enter sewer. Take care to see that there are no leaks in the drain pipes or points of connection.

INSTRUCTIONS FOR DISCONNECTING

Disconnection must be done as quickly as possible, allowing time to give proper care to the equipment. Generally, the trailers should be disconnected and material stored no later than 12:30 p.m. on the day set for the disconnections. Disconnect freeze protection heater carefully. Coil and store the long cable.

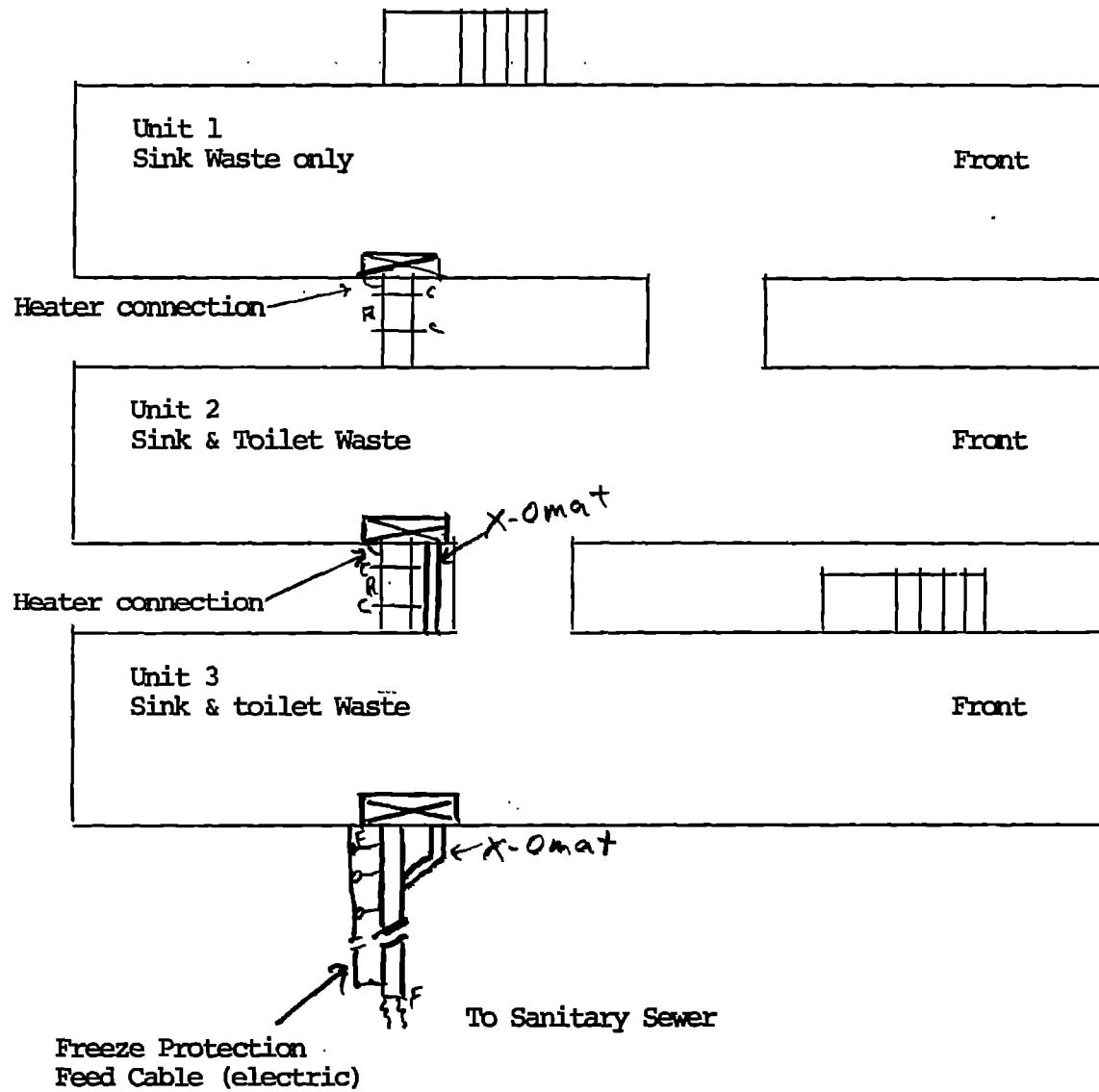
Thoroughly flush system to remove any residual photo solution or solids. Plumber should evacuate toilet tanks and bowls.

At the end of each stand, the drain pipes are to be thoroughly washed before storage.

SEE DIAGRAM OF DRAINAGE SYSTEM REQUIREMENTS ON PAGE 2

Letters "C" indicate clamps. All other connections are flanged. Segments "R" are slip segments to provide adjustability. Segments "F" are flexible drain pipe.

DRAINAGE SYSTEM REQUIREMENTS



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

National Center for Health Statistics

National Health and Nutrition Examination Survey

(DHC)

**SERVICE ESTIMATE
OFFICE SPACE RENTAL**

VENDOR:

FURNISH SERVICE TO:

(Name) _____

N.H.A.N.E.S. _____

(Address) _____

(Local Address) _____

Zip Code _____

(Area Code & Telephone Number) _____

(Local Telephone Number) _____

VENDOR AGREES TO PROVIDE THE FOLLOWING SERVICES:

- I. The rental space will be located at _____
and will consist of _____
- II. The period of rental will be _____ through _____.
The vendor agrees to provide _____ parking spaces for office staff.
- III. To furnish the following furniture and fixtures:

- IV. To permit the Health and Nutrition Examination Survey to have installed, at no expense to the vendor, telephones that are independent of internal switchboards. The vendor further agrees to permit the installation of telephones up to _____ days in advance of the rental date.
- V. Agrees to accept mail for the NHANES operation.
- VI. The space is to be available to the Health and Nutrition Examination Survey 24 hours a day, 7 days per week during the rental period.
- VII. The space must be able to be secured (locked) and keys must be available to the NHANES office staff.
- VIII. Other _____

The rental fee for the period indicated in No. II above will be \$ _____

SUBMIT ITEMIZED INVOICE TO:

**QUESTIONS IN ADVANCE OF
ABOVE SERVICE, CONTACT:**

FINANCIAL MANAGEMENT OFFICE
Room 2-11, NCHS, Center Bldg.
PG Center, 3700 East-West Highway
Hyattsville, Maryland 20782

HEFOB, NCHS, Room 1-43,
3700 East-West Highway
Hyattsville, Maryland 20782
Telephone: (301) 436-8267
Mr. Philip Howley or
Mr. Tom Makepeace

VENDOR AUTHORIZATION

(Print Name) _____

FIELD OPERATIONS MANAGER

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
National Center for Health Statistics
National Health and Nutrition Examination Survey

(Date)

SERVICE ESTIMATE
TELEPHONE SERVICE

VENDOR:

FURNISH SERVICE TO:

N.H.A.N.E.S.

(Name) _____

(Address) _____

(Local Address) _____

Zip Code _____

(Area Code & Telephone Number) _____

(Local Telephone Number) _____

VENDOR AGREES TO PROVIDE THE FOLLOWING SERVICES:

- I. To install 3 lines, rotary, if available with separate numbers, and 4 instruments with push buttons, each with hold buttons and lights picking up all numbers at the Health and Nutrition Examination Survey Field Management Office at address noted above on (date) _____ and to assign the following numbers to the installations _____, _____, and _____.
- II. To install one (1) line with one (1) instrument in Unit #1 of the Health Examination Center (address) _____ on (date) _____ and to assign the following number to the installation _____.
- III. To install one (1) line with one (1) instrument in Unit #3 of the Health Examination Center (at the location and date specified in No. II.) and to assign the following number to the installation _____.
- IV. To disconnect service and remove equipment from the Field Management Office on (date) _____, and from the Health Examination Center on (date) _____.
- V. To provide telephone books for all telephone installations for _____ county(ies).

The estimated cost of this service, exclusive of long distance calls, is \$ _____.

SUBMIT ITEMIZED INVOICE TO:

FINANCIAL MANAGEMENT OFFICE
Room 2-11, NCHS, Center Bldg.
PG Center, 3700 East-West Highway
Hyattsville, Maryland 20782

**QUESTIONS IN ADVANCE OF
ABOVE SERVICE, CONTACT:**

HEFOB, NCHS, Room 1-43,
3700 East-West Highway
Hyattsville, Maryland 20782
Telephone: (301) 436-8267
Mr. Philip Howley or
Mr. Tom Makepeace

VENDOR AUTHORIZATION

FIELD OPERATIONS MANAGER

(Print Name) _____

PHB-6176-2
11/80

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

National Center for Health Statistics

National Health and Nutrition Examination Survey

(Date)

SERVICE ESTIMATE

RENTAL SPACE FOR MOBILE HEALTH EXAMINATION CENTER

VENDOR:

FURNISH SERVICE TO:

N.H.A.N.E.S.

(Name) _____

(Address) _____

(Local Address) _____

Zip Code _____

(Area Code & Telephone Number) _____

(Local Telephone Number) _____

VENDOR AGREES TO PROVIDE THE FOLLOWING SERVICES:

- I. To provide an area of approximately 75 x 75 square feet, with access at _____ for parking of trailers, which make up the Health Examination Center, for the period of _____ through _____.
- II. To provide parking space for _____ cars.
- III. To provide access to the space 24 hours per day, 7 days per week during rental period.
- IV. To permit connections at expense of the Health and Nutrition Examination Survey, of electrical power, water, sewer, telephones to the Health Examination Center.
- V. To provide the following services and utility facilities:

<u>Services</u>	<u>Estimated Cost</u>

VI. Other (specify) _____

The total estimated cost for the above services is \$ _____.

SUBMIT ITEMIZED INVOICE TO:

FINANCIAL MANAGEMENT OFFICE
Room 2-11, NCHS, Center Bldg.
PG Center, 3700 East-West Highway
Hyattsville, Maryland 20782

**QUESTIONS IN ADVANCE OF
ABOVE SERVICE, CONTACT:**

HEFOB, NCHS, Room 1-43,
3700 East-West Highway
Hyattsville, Maryland 20782
Telephone: (301) 436-8267
Mr. Philip Howley or
Mr. Tom Makepeace

VENDOR AUTHORIZATION

(Print Name) _____

FIELD OPERATIONS MANAGER

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

National Center for Health Statistics

National Health and Nutrition Examination Survey

(Date)

**SERVICE ESTIMATE
ELECTRICAL SERVICES — PRIVATE**

VENDOR:

(Name) _____

(Address) _____

Zip Code _____

(Area Code & Telephone Number) _____

**FURNISH SERVICE TO:
N.H.A.N.E.S.**

(Fiscal Address) _____

(Local Telephone Number) _____

VENDOR AGREES TO PROVIDE THE FOLLOWING SERVICES:

The electrical system is 115-230 Volt, 3-wire single phase, 60 cycle, alternating current. The Health and Nutrition Examination Survey will provide the cable, junction box, and other major materials as described in the attached description of electrical requirements.

- I. To report to the Field Operations Manager, at the Health Examination Center (address) _____ at (hour) _____ (date) _____ to connect the Health Examination Center to local electrical power supply. The vendor agrees to work without interruption in order to complete the job.
- II. To make all connections and carry out all services in accordance with Underwriters Specifications and local ordinances.
- III. To set the electrical junction box (distribution panel) and to connect all electrical cables to the junction box and to the trailer units.
- IV. To coordinate the electrical connections with the local power company.
- V. After connections are made, to test all electrical systems.
- VI. To test the voltage input at x-ray equipment breaker.
- VII. To provide standby maintenance services during operations with immediate service when called. (Tues. - Sat., 8 AM- 9 PM), at an hourly rate of \$ _____ (INITIAL ABOVE)
- VIII. To report to the Field Operations Manager at the Health Examination Center at (hour) _____ (date) _____ to disconnect the Health Examination Center, to remove junction box, and to prepare electrical system for shipment.
- IX. To obtain permits, license, etc., required by local ordinances.
- X. Other (specify) _____

The estimated cost of the above services is \$ _____

SUBMIT ITEMIZED INVOICE TO:

FINANCIAL MANAGEMENT OFFICE
Room 2-11, NCHS, Center Bldg.
PG Center, 3700 East-West Highway
Hyattsville, Maryland 20782

VENDOR AUTHORIZATION

(Print Name) _____

PHS-61764
11/80

**QUESTIONS IN ADVANCE OF
ABOVE SERVICE, CONTACT:**

HEFOB, NCHS, Room 1-43,
3700 East-West Highway
Hyattsville, Maryland 20782
Telephone: (301) 436-8267
Mr. Philip Howley or
Mr. Tom Makepeace

FIELD OPERATIONS MANAGER

c

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

**National Center for Health Statistics
National Health and Nutrition Examination Survey**

(Date)

**SERVICE ESTIMATE
ELECTRICAL SERVICES — PUBLIC**

VENDOR:

(Name)

(Address)

Zip Code

(Area Code & Telephone Number)

FURNISH SERVICE TO:

N.H.A.N.E.S.

(Local Address)

(Local Telephone Number)

VENDOR AGREES TO PROVIDE THE FOLLOWING SERVICES:

The electrical system is 115-230 Volt, 3-wire single phase, 60 cycle, alternating current.

- I. To set a 100 KVA transformer at the Health Examination Center (address) _____
at a location mutually agreed upon by the vendor and the Field Operations Manager not later than _____.
- II. On (date) _____ at (hour) _____, to report to the Health Examination Center site to connect the power supply to the main power distribution panel supplied by the Health and Nutrition Examination Survey and mounted by a local electrical contractor. To work without interruption in order to complete the job.
- III. To make all connections and carry out all services in accordance with Underwriters Specifications and local ordinances.
- IV. To coordinate the electrical connections with the local electrical contractor, _____.
- V. To report to the Health Examination Center site at (hour) _____ on (date) _____ to disconnect service from the distribution panel.
- VI. To obtain permits, licenses, etc., required by the city, county, or State.
- VII. a. To install a meter for power consumption if there is to be a charge for electrical consumption. **OR**
b. To accept a flat rate for power consumed based on expenses of the Health and Nutrition Examination Survey, \$ _____. **OR**
c. To make no charge for electrical power consumed.
- VIII. Other (specify) _____.

The estimated cost for the above services is \$ _____.

SUBMIT ITEMIZED INVOICE TO:

FINANCIAL MANAGEMENT OFFICE
Room 2-11, NCHS, Center Bldg.
PG Center, 3700 East-West Highway
Hyattsville, Maryland 20782

VENDOR AUTHORIZATION

(Print Name)

**QUESTIONS IN ADVANCE OF
ABOVE SERVICE, CONTACT:**

HEFOB, NCHS, Room 1-43,
3700 East-West Highway
Hyattsville, Maryland 20782
Telephone: (301) 436-8267
Mr. Philip Howley or
Mr. Tom Makepeace

FIELD OPERATIONS MANAGER

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
National Center for Health Statistics
National Health and Nutrition Examination Survey

(Date)

SERVICE ESTIMATE
PLUMBING

VENDOR:

(Name) _____

(Address) _____

Zip Code _____

(Area Code & Telephone Number) _____

FURNISH SERVICE TO:

N.H.A.N.E.S. _____

(Local Address) _____

(Local Telephone Number) _____

VENDOR AGREES TO PROVIDE THE FOLLOWING SERVICES:

The plumbing includes both water supply and waste (sink and toilet) system. The Health and Nutrition Examination Survey will provide the hose, connections, and other major materials listed in the attached description of plumbing requirements.

- I. To report to the Field Operations Manager at (address) _____ at (hour) _____ (date) _____ to connect to local water supply and sanitary sewer. To work without interruption and complete job in minimum of time.
- II. To make all connections leak proof with a material or substance that will not prevent future use of pipe and connectors.
- III. To drain all pipes when disconnecting.
- IV. To provide standby maintenance services during operations (Tues. - Sat., 8 AM - 9 PM) with immediate service when called to be charged at an hourly rate of \$ _____.
- V. To report to the Manager at the site at (hour) _____ (date) _____, to disconnect all services and to clean and prepare the plumbing system for shipment.
- VI. To obtain permits, licenses, etc., required by local ordinances.
- VII. To coordinate connections to water and waste system with city, county, property owner, etc.
- VIII. Other (specify) extreme cold weather prevention, connection protection, etc.

The estimated cost for the above services is \$ _____.

SUBMIT ITEMIZED INVOICE TO:

FINANCIAL MANAGEMENT OFFICE
Room 2-11, NCHS, Center Bldg.
PG Center, 3700 East-West Highway
Hyattsville, Maryland 20782

VENDOR AUTHORIZATION

**QUESTIONS IN ADVANCE OF
ABOVE SERVICE, CONTACT:**

HEFOB, NCHS, Room 1-43,
3700 East-West Highway
Hyattsville, Maryland 20782
Telephone: (301) 436-8267
Mr. Philip Howley or
Mr. Tom Makepeace

(Print Name) _____

FIELD OPERATIONS MANAGER

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

**National Center for Health Statistics
National Health and Nutrition Examination Survey**

(Date)

**SERVICE ESTIMATE
TRANSPORTATION SERVICES**

VENDOR:

(Name) _____

(Address) _____

Zip Code _____

(Area Code & Telephone Number) _____

FURNISH SERVICE TO:

N.H.A.N.E.S. _____

(Local Address) _____

(Local Telephone Number) _____

VENDOR AGREES TO PROVIDE THE FOLLOWING SERVICES:

The Field Operations Manager will supply the vendor with a daily manifest of examinees to be transported to and from the **Health Examination Center**. Late changes in the manifest may be made by the Field Operations Manager, Field Management Assistant, or the Coordinator.

The Field Management Office will be located at _____, Telephone: _____.

The Health Examination Center will be located at _____, Telephone: _____.

I. To provide vehicles and drivers to transport examinees for approximately 20 round trips per day, during the period _____.

II. _____ (name) and telephone number _____, to receive the daily transportation schedule and arrange for prompt service.

III. To maintain individual trip tickets, one copy to be given to the Field Operations Manager or Coordinator and one copy (of each trip) to be submitted with the invoice upon completion of the service.

IV. Vendor must be able to pick up and return examinees at time indicated on the manifest.

V. To compute fares for the above service as follows: _____

The total estimated cost of this service is \$ _____.

SUBMIT ITEMIZED INVOICE TO:

FINANCIAL MANAGEMENT OFFICE
Room 2-11, NCHS, Center Bldg.
PG Center, 3700 East-West Highway
Hyattsville, Maryland 20782

VENDOR AUTHORIZATION

(Print Name) _____

**QUESTIONS IN ADVANCE OF
ABOVE SERVICE, CONTACT:**

HEFOB, NCHS, Room 1-43,
3700 East-West Highway
Hyattsville, Maryland 20782
Telephone: (301) 436-8267
Mr. Philip Howley or
Mr. Tom Makepeace

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
National Center for Health Statistics
National Health and Nutrition Examination Survey**

SERVICE ESTIMATE
AUTOMOBILE RENTAL

(Date)

VENDOR:

(SWE)

(Aktenzeichen)

Zip Code

(Area Code & Telephone Number)

FURNISH SERVICE TO:

N.H.A.N.E.S.

(Legal Address)

(Local Telephone Number)

VENDOR AGREES TO PROVIDE THE FOLLOWING SERVICES:

- I. To provide _____ mid-size cars in good mechanical condition to be picked up by representatives of the Health and Nutrition Examination Survey at (address) _____ or delivered by vendor to _____

- II. To provide prompt replacement to any car in the event of a mechanical failure.

III. ESTIMATED COST OF OPERATION:

- A . Approximate Number of Miles Driven Per Auto: 1,000

B . Cost of Rental Per Day, Week or Month _____

C . Cost Per Mile _____

D . Gasoline Provided by:

1. Provided by Vendor's Credit Card

2. Reimbursed by the Vendor

3. Paid by N. HANES

- * No credit cards necessary. _____ (INITIALED)
 - * INSURANCE: While in duty status, **Federal Employees** are covered under the Federal Tort Claims Act. This applies to rental automobiles used for Government business. No additional insurance is necessary or approved.

SUBMIT ITEMIZED INVOICE TO:

**QUESTIONS IN ADVANCE OF ABOVE
SERVICE, CONTACT:**

FINANCIAL MANAGEMENT OFFICE
Room 2-11, NCHS, Center Bldg.
PG Center, 3700 East-West Highway
Hyattsville, Maryland 20782

**HEFOB, NCHS, Room 1-43,
3700 East-West Highway
Hyattsville, Maryland 20782
Telephone: (301) 436-8267
Mr. Philip Howley or
Mr. Tom Makedpeace**

VENDOR AUTHORIZATION

FIELD OPERATIONS MANAGER

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
National Center for Health Statistics
National Health and Nutrition Examination Survey

(Date)

SERVICE ESTIMATE
OFFICE FURNITURE RENTAL

VENDOR:

(Name) _____

(Address) _____

Zip Code _____

(Area Code & Telephone Number) _____

FURNISH SERVICE TO:

N.H.A.N.E.S. _____

(Local Address) _____

(Local Telephone Number) _____

VENDOR AGREES TO PROVIDE THE FOLLOWING SERVICES:

- I. Furniture, in good condition, as noted below:

QUANTITY

ITEM

File Cabinet — legal size, locking, 4 (or more) drawers

Conference Table — 60" x 36" (or larger)

Conference Chairs — straight back, padded seats, with or without arms

Side Chairs

Safe — heavy, office type, combination lock

Credenza Desk — typing, locking, with arm or stand

Desk — executive, locking, 60" (or more)

Executive Chair — padded seat

Chair — typing, swivel, padded seat, with arms

Waste Baskets

Desk Lamps

II. The rental period will be _____ (to) _____

III. To provide delivery and pick up on the above dates to the Field Management Office, located at _____

The total estimated cost of the above services is \$ _____

SUBMIT ITEMIZED INVOICE TO:

FINANCIAL MANAGEMENT OFFICE
Room 2-11, NCHS, Center Bldg.
PG Center, 3700 East-West Highway
Hyattsville, Maryland 20782

**QUESTIONS IN ADVANCE OF
ABOVE SERVICE, CONTACT:**

HEFOB, NCHS, Room 1-43,
3700 East-West Highway
Hyattsville, Maryland 20782
Telephone: (301) 436-8267
Mr. Philip Howley or
Mr. Tom Makepeace

VENDOR AUTHORIZATION

(Print Name) _____

PHB-61769
11-68

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
National Center for Health Statistics
National Health and Nutrition Examination Survey**

(Date)

**SERVICE ESTIMATE
TYPEWRITER RENTAL**

VENDOR:

(Name) _____

(Address) _____

Zip Code _____

(Area Code & Telephone Number) _____

FURNISH SERVICE TO:

N.H.A.N.E.S. _____

(Local Address) _____

(Local Telephone Number) _____

VENDOR AGREES TO PROVIDE THE FOLLOWING SERVICES:

- I. To provide two (2) electric typewriters in good operating condition and extra ribbons to the Health and Nutrition Examination Survey.
- a. IBM Selectric Typewriter (12 pitch)
b. Other (specify) _____

II. The period of rental will be (from) _____ (to) _____

III. Delivery and pick up service will be provided:

- a. By the vendor
b. By the Health and Nutrition Examination Survey

IV. The vendor agrees to provide prompt replacement for any equipment which fails to operate satisfactorily.

V. Purchase Order No. _____ for the service.

The total estimated cost of this service is \$ _____.

SUBMIT ITEMIZED INVOICE TO:

**QUESTIONS IN ADVANCE OF
ABOVE SERVICE, CONTACT:**

FINANCIAL MANAGEMENT OFFICE
Room 2-11, NCHS, Center Bldg.
PG Center, 3700 East-West Highway
Hyattsville, Maryland 20782

HEFOB, NCHS, Room 1-43,
3700 East-West Highway
Hyattsville, Maryland 20782
Telephone: (301) 436-8267
Mr. Philip Howley or
Mr. Tom Makepeace

VENDOR AUTHORIZATION

(Print Name) _____

HS-6176-10
1/80

Hispanic Health and Nutrition Examination Survey

Survey Start Number
 <<< 08 >>>

Sample Person Numbers

Sample Person Age in Years												
5 - 5			6 - 11			12 - 19			20 - 74 Non-fasting		20 - 74 Fasting	Guests
001 0	101 8	200 6	300 6	400 4	500 1	600 9	700 7	800 5	900 3	375 8		
002 8	102 6	201 6	301 4	401 2	501 9	601 7	701 5	801 3	901 1	376 6		
003 6	103 4	202 4	302 2	402 0	502 7	602 5	702 3	802 1	902 9	377 4		
004 4	104 2	203 2	303 0	403 8	503 5	603 3	703 1	803 9	903 7	378 2		
005 1	105 9	204 0	304 8	404 6	504 3	604 1	704 9	804 7	904 5	379 8		
006 9	106 7	205 7	305 5	405 3	505 0	605 8	705 6	805 4	905 2	380 8		
007 7	107 5	206 5	306 3	406 1	506 6	606 6	706 4	806 2	906 0	381 6		
008 5	108 3	207 3	307 1	407 9	507 6	607 4	707 2	807 0	907 8	382 4		
009 3	109 1	208 1	308 9	408 7	508 4	608 2	708 0	808 8	908 6	383 2		
010 1	110 9	209 9	309 7	409 5	509 2	609 0	709 8	809 6	909 4	384 0		
011 9	111 7	210 7	310 5	410 3	510 0	610 8	710 6	810 4	910 2	385 7		
012 7	112 5	211 5	311 3	411 1	511 8	611 6	711 4	811 2	911 0	386 5		
013 5	113 3	212 3	312 1	412 9	512 6	612 4	712 2	812 0	912 8	387 3		
014 3	114 1	213 1	313 9	413 7	513 4	613 2	713 0	813 8	913 6	388 1		
015 0	115 8	214 9	314 7	414 5	514 2	614 0	714 8	814 6	914 4	389 9		
016 8	116 6	215 6	315 4	415 2	515 9	615 7	715 5	815 3	915 1	390 7		
017 6	117 4	216 4	316 2	416 0	516 7	616 5	716 3	816 1	916 9	391 5		
018 4	118 2	217 2	317 0	417 8	517 5	617 3	717 1	817 9	917 7	392 3		
019 2	119 0	218 0	318 8	418 6	518 3	618 1	718 9	818 7	918 5	393 1		
020 0	120 8	219 8	319 6	419 4	519 1	619 9	719 7	819 5	919 3	394 9		
021 8	121 6	220 6	320 4	420 2	520 9	620 7	720 5	820 3	920 1	395 6		
022 6	122 4	221 4	321 2	421 0	521 7	621 5	721 3	821 1	921 9	396 4		
023 4	123 2	222 2	322 0	422 8	522 5	622 3	722 1	822 9	922 7	397 2		
024 2	124 0	223 0	323 8	423 6	523 3	623 1	723 9	823 7	923 5	398 0		
025 9	125 7	224 8	324 6	424 4	524 1	624 9	724 7	824 5	924 3	399 8		
026 7	126 5	225 5	325 3	425 1	525 8	625 6	725 4	825 2	925 0			
027 5	127 3	226 3	326 1	426 9	526 6	626 4	726 2	826 0	926 8			
028 3	128 1	227 1	327 9	427 7	527 4	627 2	727 0	827 8	927 6			
029 1	129 9	228 9	328 7	428 5	528 2	628 0	728 8	828 6	928 4			
030 9	130 7	229 7	329 5	429 3	529 0	629 8	729 6	829 4	929 2			
031 7	131 5	230 5	330 3	430 1	530 8	630 6	730 4	830 2	930 0			
032 5	132 3	231 3	331 1	431 9	531 6	631 4	731 2	831 0	931 8			
033 3	133 1	232 1	332 9	432 7	532 4	632 2	732 0	832 8	932 6			
034 1	134 9	233 9	333 7	433 5	533 2	633 0	733 8	833 6	933 4			
035 8	135 6	234 7	334 5	434 3	534 0	634 8	734 6	834 4	934 2			
036 6	136 4	235 4	335 2	435 0	535 7	635 5	735 3	835 1	935 9			
037 4	137 2	236 2	336 0	436 8	536 5	636 3	736 1	836 9	936 7			
038 2	138 0	237 0	337 8	437 6	537 3	637 1	737 9	837 7	937 5			
039 0	139 8	238 8	338 6	438 4	538 1	638 9	738 7	838 5	938 3			
040 8	140 6	239 6	339 4	439 2	539 9	639 7	739 5	839 3	939 1			
041 6	141 4	240 4	340 2	440 0	540 7	640 5	740 3	840 1	940 9			
042 4	142 2	241 2	341 0	441 8	541 5	641 3	741 1	841 9	941 7			
043 2	143 0	242 0		442 6	542 3	642 1	742 9	842 7	942 5			
044 0		243 8		443 4	543 1	643 9	743 7	843 5	943 3			
045 7		244 6		444 2	544 9	644 7	744 5	844 3	944 1			
046 5		245 3		445 9	545 6	645 4	745 2	845 0	945 8			
047 3		246 1		446 7	546 4	646 2	746 0	846 8	946 6			

Stand 08 Sample Person Numbers -- continued

Sample Person Age in Years						Guests
.5 - 5	6 - 11	12 - 19	20 - 74 Non-fasting	20 - 74 Fasting		
048 1	247 9	447 5	547 2	647 0	747 8	847 6
049 9	248 7	448 3	548 0	648 8	748 6	848 4
050 7	249 5	449 1	549 8	649 6	749 4	849 2
051 5	250 3	450 9	550 6	650 4	750 2	850 8
052 3	251 1	451 7	551 4	651 2	751 0	851 6
053 1	252 9	452 5	552 2	652 0	752 8	852 6
054 9	253 7	453 3	553 0	653 8	753 6	853 4
055 6	254 5	454 1	554 8	654 6	754 4	854 2
056 4	255 2	455 8	555 5	655 3	755 1	855 9
057 2	256 0	456 6	556 3	656 1	756 9	856 7
058 0	257 8	457 4	557 1	657 9	757 7	857 5
059 8	258 6	458 2	558 9	658 7	758 5	858 3
060 6	259 4	459 0	559 7	659 5	759 3	859 1
061 4	260 2	460 8	560 5	660 3	760 1	860 9
062 2	261 0	461 6	561 3	661 1	761 9	861 7
063 0	262 8	462 4	562 1	662 9	762 7	862 5
064 8	263 6	463 2	563 9	663 7	763 5	863 3
065 5	264 4	464 0	564 7	664 5	764 3	864 1
066 3	265 1	465 7	565 4	665 2	765 0	865 8
067 1	266 9	466 5	566 2	666 0	766 8	866 6
068 9	267 7	467 3	567 0	667 8	767 6	867 4
069 7	268 5	468 1	568 8	668 6	768 4	868 2
070 5	269 3	469 9	569 6	669 4	769 2	869 0
071 3	270 1	470 7	570 4	670 2	770 0	870 8
072 1	271 9	471 5	571 2	671 0	771 8	871 6
073 9	272 7	472 3	572 0	672 8	772 6	872 4
074 7	273 5	473 1	573 8	673 6	773 4	873 2
075 4	274 3	474 9	574 6	674 4	774 2	874 0
076 2	275 0	475 6	575 3	675 1	775 9	875 7
077 0	276 8	476 4	576 1	676 9	776 7	876 5
078 8	277 6	477 2	577 9	677 7	777 5	877 3
079 6	278 4	478 0	578 7	678 5	778 3	878 1
080 4	279 2	479 8	579 5	679 3	779 1	879 9
081 2	280 0	480 6	580 3	680 1	780 9	880 7
082 0	281 8	481 4	581 1	681 9	781 7	881 5
083 8	282 6	482 2	582 9	682 7	782 5	882 3
084 6	283 4	483 0	583 7	683 5	783 3	883 1
085 3	284 2	484 8	584 5	684 3	784 1	884 9
086 1	285 9	485 5	585 2	685 0	785 8	885 6
087 9	286 7	486 3	586 0	686 8	786 6	886 4
088 7	287 5	487 1	587 8	687 6	787 4	887 2
089 5	288 3	488 9	588 6	688 4	788 2	888 0
090 3	289 1	489 7	589 4	689 2	789 0	889 8
091 1	290 9	490 5	590 2	690 0	790 8	890 6
092 9	291 7	491 3	591 0	691 8	791 4	
093 7	292 5	492 1		692 6	792 2	
094 5	293 3	493 9		693 4	793 0	
095 2	294 1	494 7		694 2	794 8	
096 0	295 8	495 4		695 9	795 5	
097 8	296 6	496 2		696 7	796 3	
098 6	297 4	497 0		697 5	797 1	
099 4	298 2	498 8		698 3	798 9	
100 0	299 0	499 6		699 1	799 7	

Page _____ of _____ Pages

Stand No. _____

Location _____

HISPANIC HEALTH AND NUTRITION EXAMINATION SURVEY

MASTER LIST OF SAMPLE PERSONS

**DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Health Resources Administration
National Center for Health Statistics
HEALTH AND NUTRITION EXAMINATION SURVEY
GLUCOSE TOLERANCE TEST WORKSHEET
AGES 20 TO 74 ONLY**

**DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Health Resources Administration
National Center for Health Statistics
HEALTH AND NUTRITION EXAMINATION SURVEY
GLUCOSE TOLERANCE TEST WORKSHEET
AGES 20 TO 74 ONLY**

For each GTT sample person who is not going to take the glucose tolerance test, record the date and time of examination appointment, sample number, and reason for not taking the test.

HOUSEHOLD QUESTIONNAIRE TALLY SHEET

CONSENT TO EXAMINATION AND REQUEST TO FURNISH RESULTS

Please read the following information and sign your name to indicate that you have read and understand this important information about the examination procedures used in our survey.

You can expect to be in the Examination Center about 3 hours. You will receive a medical examination by a physician and a dental examination by a dentist. We will measure your height and weight. A nutritionist will ask you about the food you eat. We will also take blood and urine specimens for laboratory tests and give you a test for tuberculosis. Depending on your age, we may give you a chest x-ray, an electrocardiogram, tests for hearing, vision, diabetes, gallstones, venereal disease, and liver disease. In addition, you will be asked questions about your mental well-being and use of alcohol and other drugs.

We use standard medical procedures administered by doctors, dentists, nurses and trained technicians. We would like to point out that as during any similar physical examination, there may be some discomfort or soreness resulting from the collection of a blood specimen or from the administration of the tuberculin skin test. If you are chosen to receive a chest x-ray, this will add to your total lifetime exposure to x-rays.

The intent of the survey is to provide a picture of the health and nutritional status of the Hispanic population. We will not be able to provide any medical treatment or medication to you. However, in the course of our examination, we will determine important health information about you and with your permission we will provide this information to your doctor or clinic. The medical information and other personal data obtained in this survey are kept in the strictest of confidence. The individual findings collected on each person in the survey are combined and used only for research and statistical purposes. By law, the information you provide cannot be used for any other purpose without your written permission.

If you have any questions about the survey or your participation in it, or have any problems as a result of the examination, you should contact either our staff at the Mobile Examination Center or at our headquarters in the Washington, D.C. area. The Mobile Examination Center will be in your area from _____ to _____. The office is open from 9 a.m. to 5 p.m., Tuesday through Saturday. You may also call Mr. David L. Larson at our headquarters at (301) 436-8267 after the Mobile Examination Center has left your area.

Remember, your participation in this survey and any part of the examination is completely voluntary. There is no penalty if you refuse to take part in the survey or in any of the procedures involved in the examination.

I HAVE READ AND UNDERSTAND THE INFORMATION PRESENTED AND CONSENT TO PARTICIPATE IN THE EXAMINATION.

PRINT FIRST, MIDDLE, AND LAST NAME OF SAMPLE PERSON

Signature of sample person if
12 years of age or over

Date

PARENT OR GUARDIAN MUST ALSO SIGN IF SAMPLE PERSON IS UNDER 18 YEARS OF AGE.

Signature of parent or guardian

Date

Interviewer

Date

Witness(if required)

Date

I WOULD LIKE THE SUMMARY OF MY EXAMINATION RESULTS TO BE SENT TO THE ADDRESSES
BELOW:

Name of Physician or Clinic

Name of Dentist or Dental Clinic

Street Address

Street Address

CITY

STATE Zone Code

CITY

STATE Zone Code

CONSENTIMIENTO PARA EL EXAMEN Y SOLICITUD PARA PROVEER LOS RESULTADOS

Por favor lea la información siguiente y firme su nombre para indicar que usted ha leído y entiende esta información importante sobre los procedimientos del examen que se usan en nuestro estudio.

Usted puede contar con estar en el Centro de Examen alrededor de 3 horas. Un médico le hará un examen médico y un dentista le hará un examen dental. Mediremos su altura y peso. Una nutricionista le hará preguntas sobre la comida que usted come. También tomaremos muestras de sangre y orina para hacer pruebas del laboratorio y le haremos una prueba para la tuberculosis. Según su edad, puede ser que le harán una radiografía del pecho, un electrocardiograma, pruebas de oído y visión, la diabetes, el cáncer biliar, enfermedad venérea, y enfermedad del hígado. Además, le harán preguntas sobre su estado mental y su uso de alcohol y otras drogas.

Usamos procedimientos médicos corrientes administrados por médicos, dentistas, enfermeras y técnicos entrenados. Quisiéramos advertirle que así como en cualquier examen físico, puede ser que haya un poco de malestar como resultado de la colección de la muestra de sangre. Si usted es escogido para recibir un rayo X del pecho, ésto se le agregará a su exposición total de vida a las radiografías.

El propósito de este estudio es presentar un cuadro del estado de la salud y nutrición de la población hispana. No podremos facilitarle ningún medicamento o tratamiento médico. Sin embargo, en el curso de nuestro examen, determinaremos importante información de salud sobre usted y con su permiso facilitaremos esta información a su médico o clínica. La información médica y otros datos personales obtenida en este estudio serán guardados estrictamente confidencial. Los resultados individuales recopilados sobre cada persona en la encuesta se combinaran y se usarán sólo para propósitos de estudios y estadísticas de salud. Por ley no podemos entregar la información que usted nos dé a nadie sin su permiso escrito.

Si necesita más información sobre la encuesta o su participación en ella, o si usted tiene algunos problemas como resultado del examen médico, por favor comuníquese con nuestro personal en el Centro de Examen Móvil o en nuestra oficina principal en Washington, D.C. El Centro de Examen Móvil estará en su área el _____ al _____. La oficina está abierta de 9 a.m. a 5 p.m., martes a sábado. También puede llamar al Señor David L. Larson en nuestra oficina principal al teléfono (301) 436-8267 después de que se haya ido el Centro de Examen Móvil de su área.

Recuérdese que su participación en esta encuesta y cualquier parte del examen es completamente voluntaria. No hay ninguna obligación si no quiere participar en la encuesta o en cualquier procedimiento del examen.

YO HE LEÍDO Y ENTIENDO LA INFORMACIÓN PRESENTADA Y CONSENTO PARA PARTICIPAR EN EL EXAMEN.

PRIMER Y SEGUNDO NOMBRE Y APELLIDO DE PERSONA MUESTRA

Firma de la persona muestra si
12 años de edad o más

Fecha _____

PADRE, MADRE, O GUARDIÁN TAMBIÉN TIENE QUE FIRMAR SI LA PERSONA MUESTRA
TIENE MENOS DE 18 AÑOS DE EDAD.

Firma del padre, madre o guardián

Fecha _____

Entrevistador

Fecha _____

Testigo (si se requiere)

Fecha _____

QUIERO QUE UN SUMARIO DE LOS RESULTADOS DE MI EXAMEN SEA MANDADO A LA
DIRECCIÓN SIGUIENTE:

Nombre del Médico o Clínica

Nombre del Dentista o Clínica Dental

Dirección

Dirección

Ciudad

Estado Zona Postal

Ciudad

Estado Zona Postal

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Office of Health Research, Statistics
and Technology
National Center for Health Statistics

HISPANIC HEALTH AND NUTRITION EXAMINATION SURVEY

AUTHORIZATION FOR TRANSPORTATION ARRANGEMENTS FOR
PERSONS UNDER 16 YEARS OF AGE

NAME OF CHILD: _____

- I consent to transportation of my child to and from the Mobile Center by members of the Hispanic Health and Nutrition Examination Survey staff.
- I consent to transportation of my child to and from the Mobile Center in a taxi arranged and paid for by the Hispanic Health and Nutrition Examination Survey.
- I will drive.

_____ (Date)

_____ (Signature of Parent or Guardian)

_____ (Witness)

- Mother will accompany
 Father will accompany
 Other adult will accompany
 Will come alone

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Office of Health Research, Statistics
and Technology
National Center for Health Statistics

ESTUDIO DE SALUD Y NUTRICION HISPANA

AUTORIZACION PARA LOS ARREGLOS DE TRANSPORTACION
PARA LAS PERSONAS MENOS DE 16 ANOS DE EDAD

NOMBRE DEL NIÑO/A: _____

Yo doy permiso a que transporten a mi niño/a de ida
y vuelta al Centro Móvil por miembros del personal
del Estudio de Salud y Nutrición Hispana.

Yo doy permiso a que transporten a mi niño/a de ida
y vuelta al Centro Móvil en un taxi seleccionado y
pagado por el Estudio de Salud y Nutrición Hispana.

Yo me encargare de llevarlo/a.

_____ (Fecha)

_____ (Firma del Padre o Guardián)

_____ (Testigo)

El niño/a irá acompañado por:

- el padre
- la madre
- otro adulto
- irá solo/a

APPOINTMENT FOR (Name) CITA PARA (Nombre)	REMINDER NOTICE AVISO RECORDATORIO	SEGMENT SEGMENTO	SERIAL SERIAL	FAMILY FAMILIA	SP NO.
PLACE OF EXAMINATION LUGAR DEL EXAMEN MÉDICO	DATE AND TIME OF EXAMINATION APPOINTMENT FECHA Y HORA DE EXAMEN MÉDICO				
	DAY OF WEEK DÍA DE SEMANA	DATE FECHA	TIME HORA		
	TRANSPORTATION/TRANSPORTE				
	<input type="checkbox"/> TAXI WILL CALL AT _____ A.M. EL TAXI LLAMARÁ A _____ P.M.				
NAME AND ADDRESS NOMBRE Y DIRECCIÓN	<input type="checkbox"/> OTHER (Specify) _____ OTRO (Especifique) _____				
	<input type="checkbox"/> WILL PROVIDE OWN TRANSPORTATION FACILITARÁ SU PROPIO TRANSPORTE				
TELEPHONE: TELÉFONO:					
NOTE: Anyone who has glasses or contact lenses should bring them to the examination. NOTA: Personas que usan lentes/anteojos/espejuelos o lentes de contacto deben traerlos a la examinación.					
	Department of Health and Human Services Public Health Service Office of Health Research Statistics, and Technology National Center for Health Statistics Hispanic Health & Nutrition Examination Survey				

PHS-621B (Revised 10/81)

APPOINTMENT FOR (Name) CITA PARA (Nombre)	REMINDER NOTICE AVISO RECORDATORIO	SEGMENT SEGMENTO	SERIAL SERIAL	FAMILY FAMILIA	SP NO.
PLACE OF EXAMINATION LUGAR DEL EXAMEN MÉDICO	DATE AND TIME OF EXAMINATION APPOINTMENT FECHA Y HORA DE EXAMEN MÉDICO				
	DAY OF WEEK DÍA DE SEMANA	DATE FECHA	TIME HORA		
	TRANSPORTATION/TRANSPORTE				
	<input type="checkbox"/> TAXI WILL CALL AT _____ A.M. EL TAXI LLAMARÁ A _____ P.M.				
NAME AND ADDRESS NOMBRE Y DIRECCIÓN	<input type="checkbox"/> OTHER (Specify) _____ OTRO (Especifique) _____				
	<input type="checkbox"/> WILL PROVIDE OWN TRANSPORTATION FACILITARÁ SU PROPIO TRANSPORTE				
TELEPHONE: TELÉFONO:	Because you are to receive the Glucose Tolerance Test (for Diabetes) and/or Gallbladder Ultrasound Test, do not eat or drink anything after 11:00 P.M. on the night before your examination. NO GUM, MINTS OR LIFESAVERS. You may urinate on getting up on the morning of your examination. Do not urinate again, if possible, until a specimen is collected at the examination center.				
NOTE: Anyone who has glasses or contact lenses should bring them to the examination. NOTA: Personas que usan lentes/anteojos/espejuelos o lentes de contacto deben traerlos a la examinación.	Debido a que se le va hacer una prueba de tolerancia a la glicosa (para la diabetes) y/o un sonograma de vesícula biliar, no ingiera alimentos ni bebidas después de las 11:00 P.M. la noche anterior al día que se le van a hacer la prueba. NO MASTIQUE NI CHICLE NI CARAMELOS DE MENTA O DULCES. Orine solo una vez al levantarse antes del examen, de ser posible, no vuelva a orinar hasta que se le hayan tomado la muestra en el centro de examen.				
	Department of Health and Human Services Public Health Service Office of Health Research Statistics, and Technology National Center for Health Statistics Hispanic Health & Nutrition Examination Survey				

PHS-6218 (Revised 10/81)

RECORD OF CALLS

REMARKS (Con't)

OVER

APPOINTMENT FOR (Name)	SAMPLE NO.	SEGMENT	SERIAL	FAMILY	SP NO.
PLACE OF EXAMINATION					
NAME AND ADDRESS					
TELEPHONE:					



**Department of Health and Human Services
Public Health Service
Office of Health Research Statistics,
and Technology
National Center for Health Statistics
Hispanic Health & Nutrition Examination Survey**

APPOINTMENT FOR EXAMINATION

APPOINTMENT FOR (Name)			SAMPLE NO.	SEGMENT	SERIAL	FAMILY	SP NO.																																																										
REMARKS <input type="checkbox"/> Dr. <input type="checkbox"/> DDS. <input type="checkbox"/> Transp. auth. <input type="checkbox"/> Auth. consent			DATE AND TIME OF APPOINTMENT <table border="1"> <tr> <td>DAY OF WEEK</td> <td>DATE</td> <td>TIME</td> </tr> </table> TRANSPORTATION <table border="1"> <tr> <td><input type="checkbox"/> GTT</td> <td><input type="checkbox"/> ULTRASOUND</td> <td><input type="checkbox"/> NEITHER</td> <td>A.M.</td> </tr> <tr> <td colspan="3"></td> <td>P.M.</td> </tr> <tr> <td colspan="3">NAME AND ADDRESS</td> <td colspan="4"> <input type="checkbox"/> TAXI WILL CALL AT _____ <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> WILL PROVIDE OWN TRANSPORTATION </td> </tr> <tr> <td colspan="3">TELEPHONE:</td> <td colspan="5"></td> </tr> <tr> <td>1. Age/date of birth</td> <td>2. Race/Sex</td> <td>3. Appt.</td> <td>13. 1st call</td> <td>14. Date</td> <td>15. 1st Result</td> <td colspan="2"></td> </tr> <tr> <td>4. Result</td> <td>5. Date examined</td> <td>6. Med. Hist.</td> <td>16. 2nd call</td> <td>17. Date</td> <td>18. 2nd Result</td> <td colspan="2"></td> </tr> <tr> <td>7. Auth. results</td> <td>8. Transp. auth.</td> <td>9. Screener</td> <td>19. 3rd call</td> <td>20. Date</td> <td>21. 3rd Result</td> <td colspan="2"></td> </tr> <tr> <td>10. Family Quest.</td> <td>11.</td> <td>12.</td> <td>22.</td> <td>23.</td> <td>24.</td> <td colspan="2"></td> </tr> </table>					DAY OF WEEK	DATE	TIME	<input type="checkbox"/> GTT	<input type="checkbox"/> ULTRASOUND	<input type="checkbox"/> NEITHER	A.M.				P.M.	NAME AND ADDRESS			<input type="checkbox"/> TAXI WILL CALL AT _____ <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> WILL PROVIDE OWN TRANSPORTATION				TELEPHONE:								1. Age/date of birth	2. Race/Sex	3. Appt.	13. 1st call	14. Date	15. 1st Result			4. Result	5. Date examined	6. Med. Hist.	16. 2nd call	17. Date	18. 2nd Result			7. Auth. results	8. Transp. auth.	9. Screener	19. 3rd call	20. Date	21. 3rd Result			10. Family Quest.	11.	12.	22.	23.	24.		
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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

You and your family will soon have the chance to take part in an important health survey.

For the past 22 years, the U. S. Public Health Service has been studying the health and nutrition of people living in the United States. This program is known as the National Health and Nutrition Examination Survey, and it is authorized by the Public Health Service Act. From this survey, we are learning more about the health needs of people.

Sometimes we survey special groups of people to find out if they have particular health needs. This time we will survey more than 16,000 people in about 30 communities across the United States. Only about 570 people in your community will be chosen for the survey.

You might be interested to know how you and your family were chosen. A survey such as ours must use a "sample group" of persons picked at random. You were picked in this way--simply by the address of your home. Your address and your community were selected by a computer on a random basis--like a lottery.

In our survey, you actually represent thousands of other people. So while your help is voluntary, it is also very important. We hope you will take part in our survey. Otherwise, not just you, but the thousands of other people you represent, will be missing from our final results.

One of our interviewers will be visiting you soon. You will know our interviewer by the official identity card this person will show you. Our interviewer will be glad to answer any questions you may have. Then, you will be asked some easy questions about the health of you and your family.

Of course, all your answers will be kept in strict confidence. When all information has been collected from all the people taking part in the survey, it will be used for research and statistical purposes only. That is, we will combine the findings from all people to present a picture of their health. By law, the information you provide us cannot be used for any other purpose without your permission.

Sincerely yours,



Manning Feinleib, M.D., Dr. P.H.
Director



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Usted y su familia pronto tendrán la oportunidad de participar en una encuesta importante sobre la salud.

Hace 22 años que el Servicio de Salud Pública (U.S. Public Health Service) estudia la salud y la nutrición de la gente que vive en los Estados Unidos. Este programa se conoce como el "National Health and Nutrition Examination Survey," y se autoriza por la Ley del Servicio de Salud Pública. Gracias a esta encuesta, estamos aprendiendo más sobre las necesidades de salud de toda la población.

Como parte del programa, a veces hacemos una encuesta de grupos especiales de personas para saber si tienen algunos problemas particulares de salud. Esta vez, nuestra encuesta incluirá a más de 16,000 personas en unas 30 comunidades en todo el país. En la comunidad donde usted vive, unas 570 personas participarán en la encuesta.

Quizás le interese saber cómo fueron seleccionados usted y su familia para la encuesta. En estas encuestas usamos un "grupo de muestra" de personas escogidas al azar. Así lo escogimos a usted--sencillamente a base de la dirección en que vive. Una computadora seleccionó la dirección y la comunidad totalmente al azar, como si se tratara de una lotería.

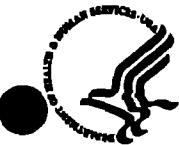
En nuestra encuesta, usted representa a miles de otras personas. Por eso es que, aunque su ayuda es voluntaria, ciertamente es muy importante. Esperamos que usted participe en la encuesta. De otro modo, no sólo usted, sino miles de personas como usted quedarían excluidas de los resultados.

Pronto lo visitará uno de nuestros entrevistadores. Usted sabrá que es uno de los entrevistadores de este programa cuando le enseñe la tarjeta oficial de identificación. Después que se identifique, el entrevistador o la entrevistadora contestará cualquiera pregunta que usted tenga. Entonces, le hará varias preguntas fáciles sobre su salud y la de su familia.

Naturalmente, sus contestaciones se mantendrán estrictamente confidenciales. Cuando se haya recogido la información de todas las personas que participan en la encuesta, los datos se usarán sólo para propósitos estadísticos y de análisis. En otras palabras, todos los resultados se combinarán para presentar un cuadro general de la salud. Por ley, sin un permiso específico suyo, está prohibido usar para cualquier otro propósito la información que usted nos dé para esta encuesta acerca de la salud.

Sinceramente,

Manning Feinleib, M.D., Dr. P.H.
Director
Centro Nacional de Estadísticas de Salud



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

**National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782**

Dear

We were sorry to learn that you do not wish to take part in our new health survey.

Perhaps our representative did not tell you just how important your help can be to the Hispanic community. Or give you a clear picture of how easy it is for you to help us.

If so, we would like to explain that our purpose is to learn how we can improve health care services for persons of Hispanic origin. The more facts we can gather, the better job we can do.

This is why your help is so essential.

And by helping us, you will also be helping yourself and your family. For you will receive -- free -- a physical exam that would normally cost \$250 or more. There is nothing painful in the examination, and all results are kept confidential.

Not only will you receive this free examination, but we will also pay you to drive yourself to the exam center -- or, if you wish, arrange free taxi service. At the end of the examination you will receive \$20, our way of saying "Thanks for your help."

Won't you please reconsider your earlier decision?

In the hope that you will, another of our representatives will call on you in a few days to arrange a convenient time for your exam.

Meanwhile, if you have any questions, please call us collect at _____.

Sincerely,

**Field Operations Manager
Hispanic Health and Nutrition
Examination Survey**



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Estimado

Lamentamos saber que no desea participar en nuestro estudio de salud.

Tal vez nuestro representante no le hizo saber lo importante que su participación puede ser para la comunidad hispana. O no pudo comunicarle lo fácil que es participar.

Si así fue, quisieramos explicarle que nuestro propósito es aprender como mejorar los servicios de salud para las personas hispanas. Cuanto más material informativo pudieramos recoger, tanto mejor le podremos ayudar a la comunidad.

Es por eso que su ayuda es tan importante.

Y al ayudarnos, usted también ayudará a sí mismo y a su familia. Por ello usted recibirá -- gratis -- un examen físico que normalmente le costaría \$250 o más. No hay nada doloroso y todo resultados serán confidenciales.

Usted no solo recibirá un examen físico gratis pero nosotros también pagaremos por su medio de transporte. Cuando se acabe el examen usted recibirá \$20 en agradecimiento "por su ayuda."

¿No quiere reconsiderar su decisión previa?

Con las esperanzas de que cambie de opinión, otro representante lo llamará en algunos días para arreglar una cita conveniente para su examen.

Mientras tanto, si usted tiene algunas preguntas, por favor llámenos cobro revertido al _____.

Sinceramente,

Encargado de Operaciones Locales
Estudio de Salud y Nutrición Hispana

Location _____
Stand No. _____

HISPANIC HEALTH AND NUTRITION EXAMINATION SURVEY

Page _____ of _____

BROKEN APPOINTMENT LIST

HISPANIC HEALTH AND NUTRITION EXAMINATION SURVEY

DAILY REPORT OF ACTIVITIES

END OF STAND PERCENTAGE _____

DATE

	STAND NO. & LOCATION	TODAY	CUMULATIVE
1. Sample Households	_____	_____	_____
2. Refusals	_____	_____	_____
3. Original Appointments—Total	_____	_____	_____
a. By Contractor	_____	_____	_____
b. By HER	_____	_____	_____
4. Sample Persons Identified	_____	_____	_____
5. Type A Households Assigned to HER's	_____	_____	_____
6. Broken Appointments	_____	_____	_____
a. By Contractor	_____	_____	_____
b. By HER	_____	_____	_____
7. Broken Appointments Rescheduled	_____	_____	_____
a. By Contractor	_____	_____	_____
b. By HER	_____	_____	_____
8. Broken Appointments Not Examined (end of stand)	_____	_____	_____
9. Surplus Appointments — Total	_____	_____	_____
a. Dry Runs	_____	_____	_____
b. Other Than Dry Runs	_____	_____	_____
c. Replicates	_____	_____	_____
10. Sample Persons Examined on Rescheduled Appointment	_____	_____	_____
a. By Contractor	_____	_____	_____
b. By HER	_____	_____	_____
11. Sample Persons Examined on Original Appointments	_____	_____	_____
a. By Contractor	_____	_____	_____
b. By HER	_____	_____	_____
12. Sample Persons Examined — Total	_____	_____	_____
13. Households Taken Out of Sample	_____	_____	_____
14. Sample Persons Taken Out of Sample	_____	_____	_____



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Dear

This is just a reminder of your appointment for our free health examination. (In case you have misplaced the original notice, I am enclosing another copy giving the day, time, and location of your exams.)

As I am sure our representative told you, your exams are very important to the success of our health survey of Hispanic families. Without your help, our findings will not be complete. This is why it is essential that you keep your appointment as scheduled.

Let me also assure you again that everything we learn from your examination will be kept confidential. At your request, however, we will be glad to send a copy of our findings to your doctor. (If you wish this, please bring his full address with you to the exam center).

Meanwhile, if you have any questions, I hope you will call our office. And thank you again for your help. We truly appreciate it..

Sincerely yours,

A handwritten signature in cursive script, appearing to read "M Feinleib".

Manning Feinleib, M.D., Dr.P.H.
Director

Enclosure

P.S. The orange voucher enclosed should also be brought with you to the exam center. This entitles each participant to a payment of \$20 when the exam is completed.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Estimado

Este es solamente un recordatorio de su cita para nuestro examen físico gratis de salud. (En caso de que se le ha extraviado su notificación de los exámenes le estoy incluyendo otra copia con la fecha, hora, y lugar de los exámenes.)

Como estoy seguro que nuestro representante le enfatizó, estos exámenes son muy importantes para el éxito de nuestro estudio de salud de las familias hispanas. Sin su ayuda, nuestros resultados no serán completos. Es por eso que es esencial que usted asista a la cita.

Quiero asegurarle nuevamente, que todo lo que encontramos en sus exámenes será guardado estrictamente confidencial. Sin embargo, si usted nos dà su permiso, con mucho gusto enviaremos una copia de sus resultados a su médico personal. (Si así lo desea, por favor traiga la dirección completa de su médico al centro de examen.)

Si tiene algunas preguntas, por favor llame a nuestra oficina. Le agradecemos de nuevo su ayuda y apreciamos su cooperación.

Sinceramente,

Manning Feinleib, M.D., Dr.P.H.
Director

Anexo

P.S. Debe traer el cupón anaranjado al centro de examen. Cuando se haya terminado el examen físico tendrá derecho a recibir \$20 por su participación.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Center for Health Statistics
Hyattsville, Maryland 20782

This certificate is issued to _____

with the understanding that upon the completion of a physical examination performed by the Hispanic Health and Nutrition Examination Survey on _____, the bearer will be paid twenty dollars (\$20.00).
date _____

Signature of Person Receiving Money _____

Street Address _____

Sample Number _____

City, State, and Zip Code _____



PHS-6224
(10-81)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Center for Health Statistics
Hyattsville, Maryland 20782

Este certificado se extiende a _____

de acuerdo que al cumplir el examen físico ejecutado por el Estudio de Salud y Nutrición Hispana el _____
se le pagará veinte dólares (\$20.00) al portador. fecha _____

Firma de la Persona Quien Recibe el Dinero _____

Dirección _____

Número de Muestra _____

Ciudad, Estado, y Zona Postal _____



Dear Principal:

Please excuse the below named student from class to participate in the Hispanic Health and Nutrition Examination Survey of the U.S. Public Health Service. The date and arrangements we have made for transportation are indicated below.

NAME _____

DATE _____

- Parent will pick up.
- Taxi will pick up.
- One of our representatives will pick up.
- Student will leave from home.

Thank you for your cooperation and your appreciation of the valuable contribution this student is making to our study. If you need to contact us, please call _____.

Sincerely,

Field Operations Manager

As parent/guardian of the above named child, I consent to the arrangements indicated.

Signed (parent/guardian)

Distinguido señor director:

Le agradecería permitiera al alumno/a abajo mencionado/a ausentarse de clase para asistir al Estudio de Salud y Nutrición Hispana del Servicio de Salud Pública de los Estados Unidos. La fecha y el medio de transporte escogido se indican más adelante.

NOMBRE _____

FECHA _____

- El padre del alumno lo recogerá
- Un taxi lo recogerá
- Uno de nuestros representantes lo recogerá
- El alumno/a saldrá del domicilio

Le doy las gracias por su cooperación y su aprecio de la valiosa contribución que la asistencia de este estudiante representará para nuestro estudio. Si necesita ponerse en contacto con nosotros, por favor llame _____.

Sinceramente,

Administrador de operaciones locales

Doy permiso para los arreglos indicados siendo parent/guardián del arriba nombrado niño/a.

Firma del (padre/guardián)

HISPANIC HEALTH AND NUTRITION EXAMINATION SURVEY

Transportation Assignments

NAME _____

DATE _____

**PLEASE PICK UP EXAMINEES AT THEIR DOOR
AND DELIVER TO:**

ANY QUESTIONS PLEASE CALL _____

HISPANIC HEALTH AND NUTRITION EXAMINATION SURVEY

DAILY APPOINTMENT SCHEDULE

(Stand No. and Location)

(Day)

(Date)

Remarks:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PUBLIC HEALTH SERVICE
 Office of Health Research, Statistics, and Technology
 National Center for Health Statistics

HISPANIC HEALTH AND NUTRITION EXAMINATION SURVEY
 RECORD OF TRANSMITTAL

TO:	DATE	STAND NUMBER
	TOTAL NUMBER OF RECORDS	
	TOTAL NUMBER OF BOXES	
	COMPLETED BY	

Here are the _____ For _____
 (Type of Record) (Deck Number) (Stand Location)

Examinations were conducted from _____ through _____
 (Date) (Date)

Sample numbers of records included are circled below:

001	041	081	121	161	201	241	281	321	361	401	441	481	521	561	601	641	681	721	761	801	841	881	921	961
002	042	082	122	162	202	242	282	322	362	402	442	482	522	562	602	642	682	722	762	802	842	882	922	962
003	043	083	123	163	203	243	283	323	363	403	443	483	523	563	603	643	683	723	763	803	843	883	923	963
004	044	084	124	164	204	244	284	324	364	404	444	484	524	564	604	644	684	724	764	804	844	884	924	964
005	045	085	125	165	205	245	285	325	365	405	445	485	525	565	605	645	685	725	765	805	845	885	925	965
006	046	086	126	166	206	246	286	326	366	406	446	486	526	566	606	646	686	726	766	806	846	886	926	966
007	047	087	127	167	207	247	287	327	367	407	447	487	527	567	607	647	687	727	767	807	847	887	927	967
008	048	088	128	168	208	248	288	328	368	408	448	488	528	568	608	648	688	728	768	808	848	888	928	968
009	049	089	129	169	209	249	289	329	369	409	449	489	529	569	609	649	689	729	769	809	849	889	929	969
010	050	090	130	170	210	250	290	330	370	410	450	490	530	570	610	650	690	730	770	810	850	890	930	970
011	051	091	131	171	211	251	291	331	371	411	451	491	531	571	611	651	691	731	771	811	851	891	931	971
012	052	092	132	172	212	252	292	332	372	412	452	492	532	572	612	652	692	732	772	812	852	892	932	972
013	053	093	133	173	213	253	293	333	373	413	453	493	533	573	613	653	693	733	773	813	853	893	933	973
014	054	094	134	174	214	254	294	334	374	414	454	494	534	574	614	654	694	734	774	814	854	894	934	974
015	055	095	135	175	215	255	295	335	375	415	455	495	535	575	615	655	695	735	775	815	855	895	935	975
016	056	096	136	176	216	256	296	336	376	416	456	496	536	576	616	656	696	736	776	816	856	896	936	976
017	057	097	137	177	217	257	297	337	377	417	457	497	537	577	617	657	697	737	777	817	857	897	937	977
018	058	098	138	178	218	258	298	338	378	418	458	498	538	578	618	658	698	738	778	818	858	898	938	978
019	059	099	139	179	219	259	299	339	379	419	459	499	539	579	619	659	699	739	779	819	859	899	939	979
020	060	100	140	180	220	260	300	340	380	420	460	500	540	580	620	660	700	740	780	820	860	900	940	980
021	061	101	141	181	221	261	301	341	381	421	461	501	541	581	621	661	701	741	781	821	861	901	941	981
022	062	102	142	182	222	262	302	342	382	422	462	502	542	582	622	662	702	742	782	822	862	902	942	982
023	063	103	143	183	223	263	303	343	383	423	463	503	543	583	623	663	703	743	783	823	863	903	943	983
024	064	104	144	184	224	264	304	344	384	424	464	504	544	584	624	664	704	744	784	824	864	904	944	984
025	065	105	145	185	225	265	305	345	385	425	465	505	545	585	625	665	705	745	785	825	865	905	945	985
026	066	106	146	186	226	266	306	346	386	426	466	506	546	586	626	666	706	746	786	826	866	906	946	986
027	067	107	147	187	227	267	307	347	387	427	467	507	547	587	627	667	707	747	787	827	867	907	947	987
028	068	108	148	188	228	268	308	348	388	428	468	508	548	588	628	668	708	748	788	828	868	908	948	988
029	069	109	149	189	229	269	309	349	389	429	469	509	549	589	629	669	709	749	789	829	869	909	949	989
030	070	110	150	190	230	270	310	350	390	430	470	510	550	590	630	670	710	750	790	830	870	910	950	990
031	071	111	151	191	231	271	311	351	391	431	471	511	551	591	631	671	711	751	791	831	871	911	951	991
032	072	112	152	192	232	272	312	352	392	432	472	512	552	592	632	672	712	752	792	832	872	912	952	992
033	073	113	153	193	233	273	313	353	393	433	473	513	553	593	633	673	713	753	793	833	873	913	953	993
034	074	114	154	194	234	274	314	354	394	434	474	514	554	594	634	674	714	754	794	834	874	914	954	994
035	075	115	155	195	235	275	315	355	395	435	475	515	555	595	635	675	715	755	795	835	875	915	955	995
036	076	116	156	196	236	276	316	356	396	436	476	516	556	596	636	676	716	756	796	836	876	916	956	996
037	077	117	157	197	237	277	317	357	397	437	477	517	557	597	637	677	717	757	797	837	877	917	957	997
038	078	118	158	198	238	278	318	358	398	438	478	518	558	598	638	678	718	758	798	838	878	918	958	998
039	079	119	159	199	239	279	319	359	399	439	479	519	559	599	639	679	719	759	799	839	879	919	959	999
040	080	120	160	200	240	280	320	360	400	440	480	520	560	600	640	680	720	760	800	840	880	920	960	

Sample numbers of records not included and reasons why are listed below:

PAGE _____ of _____

TOTAL

STAND #

HISPANIC HOUSEHOLD QUESTIONNAIRE LISTING

LOCATION

PSU-SEGMENT-SERIAL

PSU-SEGMENT-SERIAL

PSU-SEGMENT-SERIAL

PSU-SEGMENT-SERIAL



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Dear Participant:

Thank you for participating in the Hispanic Health and Nutrition Examination Survey. We hope you found it to be a worthwhile experience. Your participation will provide doctors and health planners with information on the health and nutrition of Hispanics in the United States.

With the information collected from this survey, the Public Health Service will have better knowledge of which medical services are available and which services are most needed in Hispanic communities across the country. Also, research can be directed toward the health problems found among members of your community. By answering the questions and receiving the physical examination, you have contributed to the common good of your community.

This examination also provides a great deal of information on you as an individual. The survey team will be reviewing your physical examination findings during the next few months. The results of your examination will be sent to your doctor or clinic. If you have not given us the name of a doctor or a clinic, we will notify you of any health problems. However, we suggest that you discuss these results with a doctor or other health professionals.

We also want you to know that although the examination was thorough, several types of tests were not performed on you to ensure your comfort while in the examination center. Therefore, examination results do not represent a complete picture of your health.

Please accept the enclosed renumeration to show our appreciation for your help and to compensate you for your time and any inconvenience we may have caused you. If you have any questions about your examination or the survey, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to read "David L. Larson".

David L. Larson
Chief, Health Examination
Field Operations Branch
Division of Data Services

**DEPARTMENT OF HEALTH & HUMAN SERVICES****Public Health Service**

**National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782**

Estimado Participante:

Gracias por participar en el Estudio de Salud y Nutrición Hispana. Esperamos que haya sido una experiencia valiosa. Su participación facilitará información a los médicos y planificadores de salud sobre la salud y nutrición de los hispanos en los Estados Unidos.

Con la información que se recogerá de este estudio, el Servicio de Salud Pública tendrá mejor conocimiento sobre cuales son los servicios disponibles y cuales son los servicios más necesitados en las comunidades hispanas de los Estados Unidos. Además, se podrán dirigir investigaciones hacia los problemas de salud que se encuentran entre los miembros de su comunidad. Al contestar a las preguntas y recibir el examen físico, usted contribuye al bienestar de su comunidad.

Esta examinación también le facilita mucha información sobre usted como individuo. El personal del estudio estará revisando los resultados durante los próximos pocos meses. Los resultados de su examen médico serán mandados a su médico o clínica. Si usted no nos dió el nombre de un médico o una clínica. Si usted no nos dió el nombre de un médico o una clínica, nosotros le avisaremos a usted si hay algunos problemas de salud. Sin embargo, le sugerimos que discuta estos resultados con un médico u otros profesionales de salud.

También queremos hacerle saber que aún siendo este un examen bastante comprensivo, algunos análisis no se hicieron para no incomodarle. Por eso, los resultados del examen médico no representan un cuadro completo de su salud.

Por favor acepte el pago remitido como muestra de nuestra apreciación de su ayuda y para compensarlo por su tiempo y cualquier inconveniencia que le hemos causado. Si tiene algunas preguntas sobre su examinación o el estudio, por favor póngase en contacto conmigo.

Sinceramente,

**David L. Larson
Chief, Health Examination
Field Operations Branch
Division of Data Services**

TRAVEL FORM A

INSTRUCTIONS: Attach your copy of your preceding month's Travel Voucher plus your current month's Travel Order and any amendments.

NAME _____ Travel Order No. _____	TRAVEL ADVANCE:	Outstanding _____ To be Applied _____ Balance _____
--------------------------------------	-----------------	---

Type of Travel:

POA _____ Mileage _____ TR# _____ AIR _____ BUS _____ TRAIN _____

DATE	LOCATION	TIME LV.	DATE	LOCATION	TIME ARRIVED

<u>BUS FARES OR MILEAGE</u>				<u>TELEPHONE CALLS, TOLLS, TAXI FARES</u>
Wkly.	Date	RD Trips	Cost of Each	Total

ADDITIONAL INFORMATION

Annual, Sick, or LWOP Taken During Month:

LODGING

SIGNATURE

GRAND TOTAL:

NAME: _____

ITEMIZED TRAVEL FORM B

1 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M + L \$ _____

6 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

11 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

16 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

2 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

7 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

12 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

17 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

3 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

8 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

13 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

18 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

4 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

9 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

14 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

19 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

5 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

10 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

15 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

20 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

NAME: _____

ITEMIZED TRAVEL FORM B

PAGE 2

21 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

26 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

31 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

22 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

27 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

23 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

28 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

24 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

29 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

25 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

30 Meals
 Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____
 TOTAL \$ _____
Lodging \$ _____
 TOTAL M & L \$ _____

ADMINISTRATIVE TIME SHEET

NAME: _____

PAY PERIOD _____

DATE	Time In	Time Out	TOTAL		DATE	Time In	Time Out	TOTAL
SUN.					SUN.			
MON.					MON.			
TUES.					TUES.			
WED.					WED.			
THURS.					THURS.			
FRI.					FRI.			
SAT.					SAT.			
TOTAL NUMBER OF HOURS WORKED					TOTAL NUMBER OF HOURS WORKED			

NOTE: Time Sheets must be submitted to the FOM no later than NOON, Saturday at the end of a pay period. Saturday hours may be estimated and any adjustments necessary for Saturday may be made on the following pay period, after approval by the FOM.

Attach SF-71 for any leave taken within the pay period.

Pay Period _____

TIME AND LEAVE REPORT

Stand No. & Location

FOOTNOTES FOR EXPLANATION OF PAY STATUS:

- 1/ Actual hours worked on holiday; if no hours worked enter "H".
2/ Hours in travel status, not to exceed 8 hours. DO NOT include hours traveled on Saturdays, Sundays and holidays in hours of pay status unless authorized.
3/ In pay status but on sick leave (attach SF-71).
4/ In pay status but on annual leave (attach SF-71).
5/ In pay status but on compensatory leave (attach SF-71).
HR/Indicate total hours worked each day
ND/Indicate total hours worked after 6 PM (Night Differential).