ICPSR | INTER-UNIVERSITY CONSORTIUM FOR POLITICAL AND SOCIAL RESEARCH

ICPSR 25504

National Health and Nutrition Examination Survey (NHANES), 2005-2006

United States Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics

NCHS Questionnaire: Demographics

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Introduction and Verification (IVQ)

DMQ.010   [You have been chosen to participate in the National Health and Nutrition Examination Survey conducted by the U.S. Public Health Service. All the information that you give us will be kept in the strictest of confidence. Your name will not be attached to any of your answers without your specific permission. HAND RESPONDENT THE ADVANCE LETTER.] I would like to begin the health interview by verifying some information about {you/SP}.

VERIFY OR ASK DATE OF BIRTH AND AGE.

CAPI INSTRUCTION:
DISPLAY DATE OF BIRTH AND SP AGE FROM SCREENER.
IF AGE OR ALL OR PART OF DATE OF BIRTH NOT AVAILABLE, FILL CORRESPONDING FIELDS WITH 'DK' OR 'REF' AS APPROPRIATE.
IF AGE IS A RANGE, DISPLAY THE RANGE FOR AGE.
IF AGE IS LESS THAN 1 YEAR, DISPLAY AGE IN MONTHS.
IF AGE IS CHANGED, DISPLAY MESSAGE TO CORRECT DOB.
IF DOB IS CHANGED, RECALCULATE AGE.

{ |___|___|___|___|___|___|___|___| }   { |___|___|___| }
DATE OF BIRTH (MONTH, DAY, YEAR)   AGE

REFUSED.....................................77777777
DON'T KNOW...............................99999999

DMQ.020   VERIFY GENDER.

CAPI INSTRUCTION:
DISPLAY SP GENDER FROM SCREENER. IF GENDER NOT AVAILABLE, DISPLAY DK OR REF AS APPROPRIATE.

{ |___| }
GENDER

BOX 1

CHECK ITEM DMQ.025:
RUN SAMPLING ALGORITHM. IF PERSON NO LONGER IN THE SAMPLE DUE TO UPDATED AGE OR GENDER INFORMATION, CONTINUE.
OTHERWISE, GO TO BOX 4.

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

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┌─────────────────────────────────────────────────────────┐
│                         BOX 2                             │
│                                                           │
│  CHECK ITEM DMQ.035:                                      │
│  GO TO END OF INTERVIEW.                                  │
└─────────────────────────────────────────────────────────┘
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DMQ.040   What is {your/SP's} **full** name, including middle name?

What is your **first** name?

VERIFY SPELLING
USE F1 FOR HELP RECORDING FIRST NAME

|___|___|___|___|
ENTER PREFIX (MS, MR, MRS, DR)

REFUSED 7777
DON'T KNOW 9999

_____
ENTER FIRST NAME

REFUSED   7
DON'T KNOW   9

DMQ.050   What is {your/SP's} **middle** name?

VERIFY SPELLING
USE F1 FOR HELP RECORDING MIDDLE NAME(S)
IF NO MIDDLE NAME, MARK CHECK BOX

_____
ENTER MIDDLE NAME #1

REFUSED   7
DON'T KNOW   9

_____
ENTER MIDDLE NAME #2

REFUSED   7
DON'T KNOW   9

DMQ.060   What is {your/SP's} **last** name?

VERIFY SPELLING
USE F1 FOR HELP RECORDING LAST NAME(S)

_____

ENTER LAST NAME #1

REFUSED 7
DON'T KNOW 9

_____
ENTER LAST NAME #2

REFUSED 7
DON'T KNOW 9

DMQ.070   {Do you/Does SP} have a suffix? [What is it?]

_____
ENTER SUFFIX (JR, SR, III)
        or
NO 2
REFUSED 7
DON'T KNOW 9

RESPONDENT SELECTION SECTION - RIQ - MEC
Target Group: SPs 12+

RIQ.005   INTERVIEWER: MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.

SP... 1   (RIQ.090)
MOTHER 2
FATHER 3
SPOUSE 4
SISTER OR BROTHER.............................. 5
CHILD.. 6
GRANDPARENT 7
LEGAL GUARDIAN 8
OTHER (SPECIFY)_____ 9

RIQ.030   WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

SP HAS COGNITIVE PROBLEMS................ 1
SP HAS PHYSICAL PROBLEMS
   (SPECIFY) _____ 2
OTHER (SPECIFY)_____ 3

RIQ.038   INTERVIEWER: WAS SP PRESENT IN THE ROOM DURING ANY PART OF THE INTERVIEW?

YES 1
NO 2

RIQ.090   INTERPRETER USED FOR THIS INTERVIEW?

YES 1
NO 2   (END OF SECTION)

RIQ.100   CODE TYPE OF INTERPRETER.

RELATIVE 1
NEIGHBOR OR FRIEND.............................. 2
PAID INTERPRETER 3

RIQ.140   LANGUAGE OF INTERVIEW.

CHINESE.. 1
FRENCH.. 2
GERMAN... 3
ITALIAN.. 4
JAPANESE.. 5
RUSSIAN.. 6
VIETNAMESE 8
SPANISH... 9
OTHER (SPECIFY)_____ 10

BOX 1

CHECK ITEM RIQ.149:

- IF SP 8-11 YEARS AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "During this interview, I will be asking you questions about your health and weight. Your answers will be kept private. Do you have any questions before we begin?"

- IF SP 12 YEARS OR OLDER AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "During this interview, I will be asking you questions on your current health status, and on other health behaviors. Remember, all of your responses to these questions will be kept strictly confidential. Do you have any questions before we begin?"

- OTHERWISE, DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "During this interview, I will be asking you questions about {SP}'s current health status, and on other health behaviors."

2005-06 Questionnaire

DEMOGRAPHIC BACKGROUND/OCCUPATION – DMQ - FAM
Target Group: ■ **Head of CPS Family (Non-SP)**
■ **Head of CPS Family Spouse (Non-SP)**

BOX 1A

RULES FOR ADMINISTERING THE DEMOGRAPHIC AND OCCUPATION SECTION OF THE FAMILY QUESTIONNAIRE:

■ A CPS FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE 16+ AND RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: A CPS FAMILY CAN BE ONE INDIVIDUAL.

BOX 1

LOOP 1:
ASK DMQ.106 – DMQ.141 AS APPROPRIATE FOR NON-SP HEAD OF CPS FAMILY AND NON-SP SPOUSE (RELATIONSHIP OF "MARRIED" IN THE SCREENER) OF HEAD OF CPS FAMILY.
■ FIRST ASK DMQ.106, 130, AND 141 FOR NON-SP HEAD OF CPS FAMILY.
■ NEXT, ASK DMQ.141 FOR NON-SP SPOUSE OF HEAD OF CPS FAMILY.
■ EACH TARGET PERSON SHOULD BE ASKED THIS SECTION ONCE.
■ IF NO NON-SP HEAD OF CPS FAMILY AND NON-SP SPOUSE, GO TO END OF SECTION.

DMQ.106   In what country {were you/was NON-SP Head} born?

UNITED STATES	1	(DMQ.130)
MEXICO	2	(DMQ.141)
OTHER	3	

DMQ.111   _____
           ENTER COUNTRY NAME

REFUSED	7
DON'T KNOW	9

CAPI INSTRUCTION:
FOLLOW THE BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW ENTRY OF 1 COUNTRY. COUNTRY LOOKUP IN SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

DMQ.115   PRESS BACKSPACE KEY TO START THE LOOKUP.
           SELECT COUNTRY FROM CAPI COUNTRY LIST.
           IF COUNTRY **NOT** ON LIST --
             PRESS BACKSPACE KEY TO DELETE ENTRY
             THEN TYPE '**' AND SELECT '** COUNTRY NOT ON LIST'.
           PRESS ENTER TO ACCEPT SELECTION.

           CAPI INSTRUCTION:
           DISPLAY FIPS COUNTRY LIST. INTERVIEWER SHOULD ONLY BE ABLE TO SELECT 1 COUNTRY
           FROM THE LIST OR USE THE '**' OPTION TO ACCEPT THE ENTRY THEY KEYED. REFUSED AND
           DON'T KNOW OPTIONS SHOULD BE AVAILABLE TO THE INTERVIEWER AS THE F6 AND F5 KEYS.

           +--+
           | **BOX 2** |
           | |
           | **CHECK ITEM DMQ.120:** |
           | IF ANY CODE OTHER THAN 'UNITED STATES', SKIP TO DMQ.141. |
           +--+

DMQ.130   In what state {were you/was NON-SP HEAD} born?

           ENTER 2 LETTER STATE ABBREVIATION TO START THE LOOKUP.
           SELECT STATE FROM CAPI STATE LIST.
           PRESS ENTER TO ACCEPT SELECTION.

           CAPI INSTRUCTION:
           DISPLAY FIPS STATE LIST. INTERVIEWER SHOULD ONLY BE ABLE TO SELECT 1 STATE FROM THE
           LIST. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. THE STATE LOOKUP IN THE SP
           AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

DMQ.141   What is the **highest** grade or level of school {you have/NON-SP HEAD/NON-SP SPOUSE has} **completed** or the **highest degree** {you have/he/she has} **received**?

HAND CARD DMQ1
READ HAND CARD CATEGORIES IF NECESSARY
ENTER HIGHEST LEVEL OF SCHOOL.

NEVER ATTENDED/KINDERGARTEN
  ONLY... 0
1ST GRADE 1
2ND GRADE... 2
3RD GRADE... 3
4TH GRADE 4
5TH GRADE 5
6TH GRADE 6
7TH GRADE 7
8TH GRADE 8
9TH GRADE 9
10TH GRADE 10
11TH GRADE 11
12TH GRADE, NO DIPLOMA........................ 12
HIGH SCHOOL GRADUATE......................... 13
GED OR EQUIVALENT................................. 14
SOME COLLEGE, NO DEGREE................... 15
ASSOCIATE DEGREE: OCCUPATIONAL,
  TECHNICAL, OR VOCATIONAL
  PROGRAM 16
ASSOCIATE DEGREE: ACADEMIC
  PROGRAM 17
BACHELOR'S DEGREE (EXAMPLE: BA,
  AB, BS, BBA)... 18
MASTER'S DEGREE (EXAMPLE: MA,
  MS, MEng, MEd, MBA) 19
PROFESSIONAL SCHOOL DEGREE
  (EXAMPLE: MD, DDS, DVM, JD)............... 20
DOCTORAL DEGREE (EXAMPLE:
  PhD, EdD) 21
REFUSED 77
DON'T KNOW 99

BOX 3

END LOOP 1:
- ASK DMQ.106-141 FOR NEXT TARGET PERSON (NON-SP HEAD)
- ASK DMQ.141 FOR NEXT TARGET PERSON (NON-SP SPOUSE – RELATIONSHIP OF "MARRIED" IN THE SCREENER).

IF NO NEXT PERSON, GO TO BOX 4.

OCQ.150 The next questions are about {your/NON-SP HEAD'S/NON-SP SPOUSE'S} current job or business. Which of the following {were you/was} {NON-SP HEAD/NON-SP SPOUSE} doing **last week** . . .

working at a job or business, ...	1	(OCQ.261)
with a job or business but not at work,...........	2	
looking for work, or	3	
not working at a job or business?	4	(OCQ.380)
REFUSED	7	
DON'T KNOW	9	

OCQ.160 Did {you/NON-SP HEAD/NON-SP SPOUSE} do **any** work at a job or business at all **last week** (include unpaid work in a family farm or business)?

YES	1	
NO	2	
REFUSED	7	(OCQ.380)
DON'T KNOW	9	(OCQ.380)

BOX 5

CHECK ITEM DMQ.170:
IF OCQ.150 IS CODED '2', CONTINUE.
OTHERWISE, GO TO BOX 7.

OCQ.261 Looking at the card, which of these **best** describes this job or work situation?

ASK IF NOT CLEAR

HAND CARD DMQ2

AN EMPLOYEE OF A **PRIVATE** COMPANY, BUSINESS, OR INDIVIDUAL FOR WAGES, SALARY, OR COMMISSION.........................	1
A **FEDERAL** GOVERNMENT EMPLOYEE...	2
A **STATE** GOVERNMENT EMPLOYEE	3
A **LOCAL** GOVERNMENT EMPLOYEE	4
SELF-EMPLOYED IN **OWN** BUSINESS, PROFESSIONAL PRACTICE OR FARM	5
WORKING **WITHOUT PAY** IN FAMILY BUSINESS OR FARM.................................	6
REFUSED	7
DON'T KNOW	9

OCQ.380   What is the **main** reason {you/NON-SP HEAD/NON-SP SPOUSE} did not work **last week**?

TAKING CARE OF HOUSE OR FAMILY   1
GOING TO SCHOOL   2
RETIRED...   3
UNABLE TO WORK FOR HEALTH
  REASONS...   4
ON LAYOFF   5
DISABLED..   6
OTHER   7
REFUSED 77
DON'T KNOW 99

BOX 7
END LOOP 2: ASK OCQ.150 - OCQ.380 FOR NEXT TARGET PERSON (NON-SP HEAD OR NON-SP SPOUSE - RELATIONSHIP OF "MARRIED" IN THE SCREENER). IF NO NEXT PERSON, GO TO END OF SECTION.

2005-06 Questionnaire

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┌─────────────────────────────────────────────────────────┐
│                        BOX 1A                            │
│                                                          │
│ CHECK ITEM DMQ.030:                                      │
│ IF SP AGE >= 6, CONTINUE.                                │
│ OTHERWISE, GO TO DMQ.061.                                │
└─────────────────────────────────────────────────────────┘
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DMQ.141   What is the **highest** grade or level of school {you have/SP has} **completed** or the **highest degree** {you have/s/he has} **received**?

HAND CARD DMQ1
READ HAND CARD CATEGORIES IF NECESSARY.
ENTER HIGHEST LEVEL OF SCHOOL.

NEVER ATTENDED/KINDERGARTEN ONLY	0 (BOX 1B)
1ST GRADE	1
2ND GRADE	2
3RD GRADE	3
4TH GRADE	4
5TH GRADE	5
6TH GRADE	6
7TH GRADE	7
8TH GRADE	8
9TH GRADE	9
10TH GRADE	10
11TH GRADE	11
12TH GRADE, NO DIPLOMA	12
HIGH SCHOOL GRADUATE	13
GED OR EQUIVALENT	14
SOME COLLEGE, NO DEGREE	15
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM	16
ASSOCIATE DEGREE: ACADEMIC PROGRAM	17
BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA)	18
MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA)	19
PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD)	20
DOCTORAL DEGREE (EXAMPLE: PhD, EdD)	21
REFUSED	77
DON'T KNOW	99

```
                            BOX 1AA

CHECK ITEM DMQ.035:
IF SP AGE <= 19, CONTINUE
OTHERWISE, GO TO DMQ.051.
```

DMQ.037   {Are you/Is SP} now . . .

                    going to school, ...   1
                    on vacation from school (between
                      grades), or   2
                    neither?...   3
                    REFUSED   7
                    DON'T KNOW   9

```
                             BOX 1B

CHECK ITEM DMQ.040:
IF SP AGE >= 17, CONTINUE.
OTHERWISE, GO TO DMQ.061.
```

DMQ.051   Did {you/SP} **ever** serve in the Armed Forces of the United States?

                    YES   1
                    NO   2
                    REFUSED   7
                    DON'T KNOW   9

DMQ.061   {Do you/Does SP} usually go by **another** first name besides {DISPLAY FIRST NAME FROM DMQ.040}?

               CAPI INSTRUCTION:
               DISPLAY "FIRST NAME:" AND FIRST NAME FROM DMQ.040 AS LEFT HEADER.

                    YES   1
                    NO   2   (BOX 1BB)
                    REFUSED   7   (BOX 1BB)
                    DON'T KNOW   9   (BOX 1BB)

DMQ.071   What is this **other first** name?

               VERIFY SPELLING

                    _____
                    ENTER NAME

                    REFUSED   7
                    DON'T KNOW   9

```
┌────────────────────────────────────────────────────────────────────┐
│                            BOX 1BB                                   │
│                                                                      │
│  CHECK ITEM DMQ.073a:                                                │
│  IF AGE >= 14, CONTINUE.                                             │
│  OTHERWISE, GO TO BOX 1D.                                            │
└────────────────────────────────────────────────────────────────────┘
```

DMQ.380   {Are you/Is SP} **now** married, widowed, divorced, separated, never married or living with a partner?

                    MARRIED   1
                    WIDOWED   2
                    DIVORCED   3
                    SEPARATED   4
                    NEVER MARRIED   5   (BOX 1D)
                    LIVING WITH PARTNER   6
                    REFUSED   7
                    DON'T KNOW   9

```
┌────────────────────────────────────────────────────────────────────┐
│                            BOX 1C                                    │
│                                                                      │
│  CHECK ITEM DMQ.075A:                                                │
│  IF SP IS MALE OR CODED AS 'NEVER MARRIED' IN DMQ.380, GO TO         │
│  BOX 1D.                                                             │
│  OTHERWISE, CONTINUE.                                                │
└────────────────────────────────────────────────────────────────────┘
```

DMQ.081   {Do you/Does SP} have a maiden name?

           ASK IF NOT KNOWN

                    YES   1
                    NO   2   (BOX 1D)
                    REFUSED   7   (BOX 1D)
                    DON'T KNOW   9   (BOX 1D)

DMQ.090   What is {your/SP's} **maiden** name?
G/Q
           VERIFY SPELLING

           CAPI INSTRUCTION:
           DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME FROM DMQ.060 AS LEFT HEADER.

                    _____
                    ENTER MAIDEN NAME
                       or
                    SAME AS CURRENT LAST NAME   2
                    REFUSED   7
                    DON'T KNOW   9

DMQ.101   What is {your/SP's} **father's** last name?
G/Q
           VERIFY SPELLING

           CAPI INSTRUCTION:
           DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME FROM DMQ.060 AS LEFT HEADER.
           IF MAIDEN NAME ENTERED IN DMQ.090G/Q, AND MAIDEN NAME IS DIFFERENT FROM CURRENT
           LAST NAME, ALSO DISPLAY "MAIDEN NAME:" AND MAIDEN NAME FROM DMQ.090G/Q AS LEFT
           HEADER.

           CAPI INSTRUCTION:
           HARD EDIT: IF SP MALE, DO NOT ALLOW RESPONSE 3.

           _____
           ENTER NAME
                or
           SAME AS CURRENT LAST NAME   2
           SAME AS MAIDEN NAME   3
           REFUSED   7
           DON'T KNOW   9

DMQ.106   In what country {were you/was SP} born?

                                    UNITED STATES   1   (DMQ.130)
                                    MEXICO   2   (DMQ.160M/Y)
                                    OTHER   3

DMQ.111   _____
                                    ENTER COUNTRY NAME

                                    REFUSED   7
                                    DON'T KNOW   9

           CAPI INSTRUCTION:
           FOLLOW THE BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW ENTRY OF 1
           COUNTRY. COUNTRY LOOKUP IN SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY
           THE SAME.

DMQ.115   PRESS BACKSPACE KEY TO START THE LOOKUP.

           SELECT COUNTRY FROM LIST.

           IF COUNTRY **NOT**
           ON LIST - PRESS BS
           TO DELETE ENTRY.

             TYPE '**'

           CAPI INSTRUCTION:
           DISPLAY FIPS COUNTRY LIST. INTERVIEWER SHOULD BE ABLE TO SELECT 1 COUNTRY FROM
           THE LIST. INTERVIEWER SHOULD BE ABLE TO USE THE '**' OPTION TO ACCEPT THE COUNTRY
           THEY ENTERED IN DMQ.106. REFUSED AND DON'T KNOW OPTIONS SHOULD BE AVAILABLE TO
           THE INTERVIEWER AS THE F6 AND F5 KEYS.

           +--+
           | **BOX 2** |
           | |
           | **CHECK ITEM DMQ.120:** |
           | IF OTHER THAN 'UNITED STATES' IN DMQ.106, GO TO DMQ.160M/Y.|
           | OTHERWISE, CONTINUE. |
           +--+

DMQ.130   In what state {were you/was SP} born?

           ENTER 2 LETTER STATE ABBREVIATION TO START THE LOOKUP.
           SELECT STATE FROM CAPI STATE LIST.
           PRESS ENTER TO ACCEPT SELECTION.

           CAPI INSTRUCTION:
           DISPLAY FIPS STATE LIST. INTERVIEWER ONLY SHOULD BE ABLE TO SELECT 1 STATE FROM
           LIST. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. THE STATE LOOKUP IN THE SP
           AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

           +--+
           | **BOX 3** |
           | |
           | **CHECK ITEM DMQ.150:** |
           | GO TO BOX 3A. |
           +--+

DMQ.160   In what month and year did {you/SP} come to the United States to stay?
M/Y
                               |___|___|
                               ENTER MONTH NUMBER

                               REFUSED   7777
                               DON'T KNOW   9999

                               |___|___|___|___|
                               ENTER 4-DIGIT YEAR

                               REFUSED   777777
                               DON'T KNOW   999999

SP_DMQ   **5**

DMQ.170   {Are you/Is SP} a citizen of the United States?

[Information about citizenship is being collected by the U.S. Public Health Service to perform health related research. Providing this information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on pending immigration or citizenship petitions.]

HAND CARD DMQ2

<div align="center">

YES, BORN IN UNITED STATES 1
YES, BORN IN PUERTO RICO, GUAM,
  AMERICAN VIRGIN ISLANDS, OR
    OTHER U.S. TERRITORY 2
YES, BORN ABROAD TO AMERICAN
    PARENTS 3
YES, U.S. CITIZEN BY NATURALIZATION.. 4
NO, NOT A CITIZEN OF THE UNITED
    STATES 5
REFUSED 7
DON'T KNOW 9

</div>

+---+
| BOX 3A |
| |
| **CHECK ITEM DMQ.180:** |
| IF SP AGE >= 6 AND DMQ.106 = UNITED STATES, CONTINUE WITH DMQ.190. |
| OTHERWISE, GO TO BOX 3B. |
+---+

DMQ.190   {Have you/Has SP} **ever** traveled outside of the United States or Canada?

<div align="center">

YES 1
NO 2   (DMQ.240)
REFUSED 7   (DMQ.240)
DON'T KNOW 9   (DMQ.240)

</div>

DMQ.200   Where {have you/has SP} traveled?

HAND CARD DMQ3
CODE ALL THAT APPLY

<div align="center">

EUROPE OR AUSTRALIA/NEW ZEALAND . 1
ASIA OR AFRICA OR SOUTH PACIFIC....... 2
SOUTH/CENTRAL AMERICA (INCLUDING
  MEXICO) 3
CARIBBEAN... 4
MIDDLE EAST.. 5
OTHER... 6
REFUSED 77
DON'T KNOW 99

</div>

CHECK ITEM DMQ.210:
IF SP AGE >= 6 AND OTHER THAN 'UNITED STATES' IN DMQ.106, CONTINUE.
OTHERWISE, GO TO DMQ.240.

DMQ.220   Other than {your/SP's} move to the United States, {have you/has {he/she}} **ever** traveled outside of {COUNTRY OF BIRTH}?

CAPI INSTRUCTION:
DISPLAY "COUNTRY OF BIRTH:" AND COUNTRY OF BIRTH FROM DMQ.106 AS LEFT HEADER.

YES	1	
NO	2	(DMQ.240)
REFUSED	7	(DMQ.240)
DON'T KNOW	9	(DMQ.240)

DMQ.230   Where {have you/has SP} traveled?

HAND CARD DMQ3
CODE ALL THAT APPLY

EUROPE OR AUSTRALIA/NEW ZEALAND .	1
ASIA OR AFRICA OR SOUTH PACIFIC	2
SOUTH/CENTRAL AMERICA (INCLUDING MEXICO)	3
CARIBBEAN	4
MIDDLE EAST	5
OTHER	6
REFUSED	77
DON'T KNOW	99

DMQ.240   {Do you/Does SP} consider {yourself/himself/herself} Hispanic/Latino? [Where did {your/his/her} ancestors come from?]

HAND CARD DMQ4
READ HAND CARD CATEGORIES IF NECESSARY

CAPI INSTRUCTION:
IF DON'T KNOW (CODE 9), DISPLAY SOFT EDIT MESSAGE ONCE "INTERVIEWER: GIVE RESPONDENT **HAND CARD DMQ4** AND READ CATEGORIES."

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

```
                              BOX 3C

CHECK ITEM DMQ.243:
IF YES (CODE 1) IN DMQ.240, GO TO DMQ.251.
IF DON'T KNOW (CODE 9) IN DMQ.240, GO TO DMQ.260.
*IF NO (CODE 2) IN DMQ.240, CONTINUE TO BOX 3D.
OTHERWISE, GO TO DMQ.260.
```

```
                              BOX 3D

CHECK ITEM DMQ.245:
IF NOT HISPANIC (CODE 4) OR OTHER HISPANIC OR LATINO (CODE 2) IN
SCQ.260 (SAMPLED RACE/ETHNICITY = BLACK OR WHITE/OTHER), GO TO
DMQ.260.
IF MEXICAN OR MEXICAN AMERICAN (CODES 1 OR 3) IN SCQ.260 (SAMPLED
RACE ETHNICITY = MEXICAN), DISPLAY SOFT EDIT ONCE THEN GO TO BOX 3E.
OTHERWISE, GO TO DMQ.260.
CAPI INSTRUCTION:

DISPLAY SOFT EDIT MESSAGE –

"SCREENER ETHNICITY:  MEXICAN OR MEXICAN AMERICAN.
INTERVIEWER:  GIVE RESPONDENT HAND CARD DMQ4 AND READ
CATEGORIES."
```

```
                              BOX 3E

CHECK ITEM DMQ.247:
IF YES (CODE 1) IN DMQ.240, CONTINUE.
OTHERWISE, GO TO DMQ.260.
```

DMQ.251   Please give me the number of the group that represents {your/SP's} Hispanic origin or ancestry. Please
          select 1 or more of these categories.

          HAND CARD DMQ4
          SELECT 1 OR MORE

                              PUERTO RICAN 10
                              DOMINICAN (REPUBLIC)............................ 12
                              MEXICAN/MEXICANO 13
                              MEXICAN AMERICAN 14
                              CHICANO... 15
                              CUBAN.. 18
                              CUBAN AMERICAN 19
                              CENTRAL OR SOUTH AMERICAN.............. 20
                              OTHER LATIN AMERICAN

                              _____ 40

                              OTHER HISPANIC

                              _____ 41
                              REFUSED 77
                              DON'T KNOW 99

DMQ.260   What race {do you/does SP} consider {yourself/himself/herself} to be? Please select 1 or more of these categories.

HAND CARD DMQ5
SELECT 1 OR MORE

WHITE.. 10
BLACK/AFRICAN AMERICAN 11
INDIAN (AMERICAN) 12
ALASKA NATIVE.. 13
NATIVE HAWAIIAN...................................... 14
GUAMANIAN.. 15
SAMOAN... 16
OTHER PACIFIC ISLANDER (SPECIFY) 17
ASIAN INDIAN... 18
CHINESE... 19
FILIPINO 20
JAPANESE... 21
KOREAN 22
VIETNAMESE 23
OTHER ASIAN (SPECIFY) 24
SOME OTHER RACE (SPECIFY) _____ 25
REFUSED 77
DON'T KNOW 99

BOX 4

CHECK ITEM DMQ.270:
IF MORE THAN 1 ENTRY (CODE 10-25) IN DMQ.260, CONTINUE.
OTHERWISE, GO TO DMQ.280a/b/c.

DMQ.275   Which one of these groups, that is {DISPLAY RESPONSES CODED IN DMQ.260 WITH CORRESPONDING
G/Q   CODES}, would you say **best** represents {your/SP's} race?

|___|___|
ENTER RACE CODE

CANNOT CHOOSE 1 RACE.................... 66
REFUSED 7777
DON'T KNOW 9999

DMQ.280   We also need {your/SP's} Social Security Number. The Department of Health and Human Services will use
a/b/c   {your/his/her} Social Security Number to conduct health-related research by linking {your/his/her} survey data
          with vital statistics and other records, such as health registries. We may also use it if we need to recontact
          {you/him/her} or {your/his/her} family.   Except for these purposes, the Department will not release
          {your/his/her} SSN to anyone, including any government agency. Providing this information is voluntary and is
          collected under the authority of the Public Health Service Act. There will be no effect on {your/his/her}
          benefits if you do not provide it. [Public Health Service Act is title 42, United States Code, section 242k.]

          What is {your/SP's} Social Security Number?

          CAPI INSTRUCTION:
          REQUIRE DOUBLE ENTRY OF SOCIAL SECURITY NUMBER.

                    |___|___|___| |___|___| |___|___|___|___|
                         ENTER SOCIAL SECURITY NUMBER
                                    or
          DOES NOT HAVE SOCIAL SECURITY NUMBER .... 2 (END OF SECTION)
          REFUSED .... 7 (END OF SECTION)
          DON'T KNOW .... 9 (END OF SECTION)

DMQ.300   INTERVIEWER: SELECT CATEGORY FOR REPORTING OF SOCIAL SECURITY NUMBER

           SELF REPORTED FROM MEMORY... 1
           SELF REPORTED FROM RECORDS 2
           PROXY REPORTED FROM MEMORY 3
           PROXY REPORTED FROM RECORDS... 4

2005-06 Questionnaire

FOR THE PURPOSE OF ADMINISTERING THE INCOME SECTION:

■   A FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: INDIVIDUALS LIVING ALONE OR WITH OTHER UNRELATED INDIVIDUALS ARE REFERRED TO AS "UNRELATED INDIVIDUALS"

■   ONE INCOME SECTION IS ADMINISTERED FOR EACH FAMILY AND FOR EACH UNRELATED INDIVIDUAL.

■   TOTAL HOUSEHOLD INCOME QUESTIONS ARE ASKED FOR EVERY FAMILY QUESTIONNAIRE COMPLETED WITHIN A HOUSEHOLD (SEE UNNUMBERED BOX)

INQ.020   The next questions are about {your/your combined family} income. When answering these questions, please remember that by {"income/combined family income"}, I mean {your income/your income **plus** the income of {NAMES OF OTHER NHANES FAMILY MEMBERS} for {LAST CALENDAR YEAR}. Did {you/you or OTHER FAMILY MEMBERS 16+} receive income in {LAST CALENDAR YEAR} from **wages and salaries**?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

INQ.012   Did {you/you or **any** family members 16 and older} receive income in {LAST CALENDAR YEAR} from **self-employment** including business and farm income?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 1B

OMITTED

BOX 1C

OMITTED

INQ.030   When answering the next questions about different kinds of income members of your family might have received in {LAST CALENDAR YEAR}, please consider that we also want to know about family members less than 16 years old. Did {you/you or **any** family members living here, that is: you or NAME(S) OF OTHER FAMILY MEMBERS} receive income in {LAST CALENDAR YEAR} from **Social Security** or **Railroad Retirement**?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 1D

OMITTED

INQ.060   Did {you/you or **any** family members living here} receive **any disability** pension [other than Social Security or Railroad Retirement] in {LAST CALENDAR YEAR}?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

BOX 2A

OMITTED

INQ.080   Did {you/you or **any** family members living here} receive **retirement or survivor pension** [other than Social Security or Railroad Retirement or disability pension] in {LAST CALENDAR YEAR}?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

BOX 2B

OMITTED

INQ.090   Did {you/you or **any** family members living here} receive **Supplemental Security Income** [SSI] in {LAST CALENDAR YEAR}?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

BOX 2C

OMITTED

BOX 3A

OMITTED

INQ.132   Did {you/you or **any** family members living here} receive any **cash** assistance from a state or county welfare program such as {DISPLAY SPECIFIC STATE PROGRAMS} in {LAST CALENDAR YEAR}?

CAPI INSTRUCTION:
DISPLAY FULL NAMES OF ALL STATE PROGRAMS FOR STATE IN WHICH INTERVIEW IS BEING CONDUCTED. NAMES FOR EACH STATE WILL BE SENT TO PROGRAMMING IN A SEPARATE FILE.

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

BOX 3AA

OMITTED

BOX 3B

OMITTED

INQ.140   Did {you/you or **any** family members living here} receive **interest** from savings or other bank accounts or income from dividends received from stocks or mutual funds or net rental income from property, royalties, estates, or trusts in {LAST CALENDAR YEAR}?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

BOX 3C

OMITTED

INQ.150   Did {you/you or **any** family members living here} receive income in {LAST CALENDAR YEAR} from child support, alimony, contributions from family or others, VA payments, worker's compensation, or unemployment compensation?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

BOX 3D

OMITTED

BOX 4A
OMITTED

BOX 4C
OMITTED

BOX 4B
OMITTED

BOX 5
OMITTED

BOX 7
ASK INQ.200 – 230 FOR EACH CPS FAMILY IN THE FAMILY.

FOR THE PURPOSE OF ADMINISTERING THE QUESTIONS ABOUT TOTAL INCOME:

■ A CPS FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: INDIVIDUALS LIVING ALONG OR WITH OTHER UNRELATED INDIVIDUALS ARE REFERRED TO AS "UNRELATED INDIVIDUALS".

■ TOTAL INCOME IS ADMINISTERED FOR THE CPS FAMILY AND FOR THE ENTIRE HOUSEHOLD.

INQ.200   Now I am going to ask about the **total income** for {you/NAME(S) OF CPS FAMILY MEMBERS} in {LAST CALENDAR YEAR}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

CAPI INSTRUCTIONS:
- DISPLAY "YOU" IF ONLY 1 PERSON IN THE FAMILY.
- DISPLAY "NAMES OF FIRST/NEXT CPS FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.

$ |___|___|___|___|___|___|___|___|___| (GO TO BOX 8A)

REFUSED 7777777777 (INQ.220)
DON'T KNOW 9999999999 (INQ.220)

CAPI INSTRUCTION:
- REQUIRE DOUBLE ENTRY OF INCOME.
- SCREEN SHOULD READ:
  "INCOME FOR {NAMES OF FAMILY MEMBERS} HAS BEEN RECORDED AS {INCOME ENTERED IN INQ.200} DOUBLE ENTRY OF INCOME REQUIRED."
- IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.

BOX 5A

OMITTED

INQ.220   You may not be able to give us an exact figure for {your/NAME(S) OF CPS FAMILY MEMBERS} income, but can you tell me if this income in {LAST CALENDAR YEAR} was . . .

PROBE: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.

CAPI INSTRUCTIONS:
- DISPLAY "YOUR" IF ONLY 1 PERSON IN THE FAMILY.
- DISPLAY "NAMES OF FIRST/NEXT CPS FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.

$20,000 or more, or 1
less than $20,000? 2
REFUSED .... 7 (BOX 8)
DON'T KNOW .... 9 (BOX 8)

INQ.230 Of these income groups, can you tell me which letter **best** represents {your/NAME(S) OF FIRST/NEXT
a/b   CPS FAMILY MEMBERS} income in {LAST CALENDAR YEAR}?

HAND CARD {INQ2/INQ3}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED FAMILY INCOME.

CAPI INSTRUCTIONS:
- DISPLAY "YOUR" IF ONLY 1 PERSON IN THE FAMILY.
- DISPLAY "NAMES OF FIRST/NEXT CPS FAMILY MEMBERS" IF THERE IS MORE THAN 1
  PERSON IN THE FAMILY.

|___|___|

A	I	Q	Y	GG	OO
B	J	R	Z	HH	PP
C	K	S	AA	II	QQ
D	L	T	BB	JJ	RR
E	M	U	CC	KK	
F	N	V	DD	LL	
G	O	W	EE	MM	
H	P	X	FF	NN	

REFUSED 77
DON'T KNOW 99

BOX 6

OMITTED

BOX 8

END LOOP 2:
ASK INQ.200 – INQ.230 FOR NEXT CPS FAMILY.
IF NO NEXT CPS FAMILY, CONTINUE.

BOX 9

CHECK ITEM INQ.240:
IF THERE IS MORE THAN ONE FAMILY IN THE HOUSEHOLD, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

INQ.250   Now I am going to ask you about the total **household** income for the persons we have talked about plus NAMES OF ALL OTHER PERSONS IN ADDITIONAL FAMILIES (MEMBERS OF FAMILIES WHO ARE NOT INCLUDED IN THIS QUESTIONNAIRE) in {LAST CALENDAR YEAR}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

$ |___|___|___|___|___|___|___|___|___| (GO TO END OF SECTION)

REFUSED 7777777777 (INQ.260)
DON'T KNOW 9999999999 (INQ.260)

CAPI INSTRUCTION:
■   REQUIRE DOUBLE ENTRY OF INCOME.
■   SCREEN SHOULD READ:
      "INCOME FOR YOUR HOUSEHOLD HAS BEEN RECORDED AS {INCOME ENTERED IN INQ.250} DOUBLE ENTRY OF INCOME REQUIRED."
■   IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.

INQ.260   You may not be able to give us an exact figure for your total household income, but can you tell me if this income in {LAST CALENDAR YEAR} was . . .

PROBE: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.

$20,000 or more, or 1
less than $20,000? 2
REFUSED .... 7 (END OF SECTION)
DON'T KNOW .... 9 (END OF SECTION)

INQ.270   Of these income groups, can you tell me which letter **best** represents your total household income in {LAST CALENDAR YEAR}?

HAND CARD {INQ2/INQ3}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED HOUSEHOLD INCOME.

|___|___|

A	I	Q	Y	GG	OO
B	J	R	Z	HH	PP
C	K	S	AA	II	QQ
D	L	T	BB	JJ	RR
E	M	U	CC	KK	
F	N	V	DD	LL	
G	O	W	EE	MM	
H	P	X	FF	NN	

REFUSED 77
DON'T KNOW 99

END OF SECTION

INQ3

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

INQ2

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