ICPSR 25501

# National Health and Nutrition Examination Survey (NHANES), 1999-2000

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

NCHS Questionnaire: Family Questionnaire

Inter-university Consortium for Political and Social Research P.O. Box 1248 Ann Arbor, Michigan 48106 www.icpsr.umich.edu

# **Terms of Use**

The terms of use for this study can be found at: http://www.icpsr.umich.edu/cocoon/ICPSR/TERMS/25501.xml

# **Information about Copyrighted Content**

Some instruments administered as part of this study may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

# NOTICE WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

12/3/98 **Questionnaire:** Family

Target Group: ■ Head of CPS Family

(Non-SP)

Head of CPS Family Spouse (Non-SP)

#### **DEMOGRAPHIC BACKGROUND/OCCUPATION - DMQ - FAM**

#### BOX 1A

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

1. FOR THE PURPOSE OF ADMINISTERING THIS SECTION A SEPARATE "FAMILY" IS DEFINED AS THE 'NHANES FAMILY' AS DESCRIBED BELOW:

#### **GROUP 1**

- EITHER AN INDIVIDUAL HOUSEHOLDER OR PRIMARY FAMILY.
  - RELATED SUBFAMILY.
  - SECONDARY INDIVIDUALS WHO ARE RELATED TO ANYONE ABOVE

AS A PARTNER.

#### **GROUP 2**

- UNRELATED SUBFAMILIES.
- SECONDARY INDIVIDUALS WHO ARE RELATED TO THEM AS A PARTNER.

# **GROUP 3**

 SECONDARY INDIVIDUALS WHO ARE NOT RELATED TO ANY INDIVIDUALS ABOVE.

**NOTE:** FOSTER CHILDREN SHOULD BE CONSIDERED PART OF THE FOSTER PARENT'S FAMILY.

- 2. USING THE DEFINITION IN (1), ADMINISTER THE SECTION ONCE TO EACH GROUP (NHANES FAMILY) IF THERE IS AT LEAST 1 SP IN THE GROUP.
- 3. QUESTIONS SHOULD BE LOOPED THROUGH SEPARATELY FOR EACH CPS FAMILY WITHIN THE GROUP: HOUSEHOLDER, PRIMARY FAMILY, RELATED SUBFAMILY, UNRELATED SUBFAMILY AND SECONDARY INDIVIDUAL.

#### BOX 1

#### LOOP 1:

ASK DMQ.110 - DMQ.140 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.110, 130, AND 140 FOR NON-SP HEAD OF CPS FAMILY.
- NEXT, ASK DMQ.140 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.110 In what country {were you/was NON-SP Head} born?

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.140.

# 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.140 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**?

ENTER HIGHEST LEVEL OF SCHOOL.

| NEVER ATTENDED/KINDERGARTEN     |    |
|---------------------------------|----|
| ONLY                            | (  |
| 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                       | Ç  |
| 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)                       | 2  |
| REFUSED                         | 77 |
| DON'T KNOW                      | 99 |

# BOX 3

# **END LOOP 1:**

■ ASK DMQ.110-140 FOR NEXT TARGET PERSON (NON-SP HEAD) ASK DMQ.140 FOR NEXT TARGET PERSON (NON-SP SPOUSE - RELATIONSHIP OF "MARRIED" IN THE SCREENER).

IF NO NEXT PERSON, GO TO BOX 4.

# BOX 4

# LOOP 2:

ASK OCQ.150 - OCQ.380 FOR NON-SP HEAD IF AGE >= 16 AND NON-SP SPOUSE (RELATIONSHIP OF 'MARRIED' IN THE SCREENER) OF HEAD IF NON-SP SPOUSE AGE >= 16.

| OCQ.150 | The next questions are about {your/NON-SP HEAD'S/NON-SP SPOUSE'S} current job or busin the following {were you/was} {NON-SP HEAD/NON-SP SPOUSE} doing <b>last week</b> | ess. Which of   |
|---------|--|-----------------|
|         | working at a job or business,  |                 |
|         | BON 1 (NOW   |                 |
| OCQ.160 | Did (you/NON-SP HEAD/NON-SP SPOUSE) do <b>any</b> work at a job or business at all <b>last week</b> ( work in a family farm or business)?                              | include unpaid  |
|         | YES  |                 |
|         | BOX 5  |                 |
|         | CHECK ITEM DMQ.170: IF OCQ.150 IS CODED '2', CONTINUE. OTHERWISE, GO TO BOX 7.   |                 |
| OCQ.220 | For whom did {you/NON-SP HEAD/NON-SP SPOUSE} work at {your/his/her} main job or busin the name of the company, business, organization or employer?)                    | ess? (What is   |
|         | IF MORE THAN 1 JOB, PROBE FOR <b>MAIN</b> JOB.   |                 |
|         | ENTER NAME OF EMPLOYER   |                 |
|         | REFUSED         7           DON'T KNOW         9   |                 |
| OCQ.230 | What kind of business or industry is this? (For example: TV and radio management, retail she labor department, farm.)  | oe store, state |
|         | ENTER NAME OF BUSINESS, JOB OR INDUSTRY  |                 |
|         | REFUSED  |                 |
| OCQ.240 | What kind of work {were/was} {you/NON-SP HEAD/NON-SP SPOUSE} doing? (For example: clerk, computer specialist.)   | farming, mail   |
|         | ENTER NAME OF OCCUPATION   |                 |
|         | REFUSED         7           DON'T KNOW         9   |                 |

| OCQ.250 |                                    | ON-SP HEAD'S/NON-SP SPOUSE'S} most impells cars, keeps account books, operates printing  |                                      |
|---------|------------------------------------|--|--------------------------------------|
|         |                                    | ENTER NAME OF DUTIES   |                                      |
|         |                                    | REFUSED  | 7<br>9                               |
| OCQ.260 | Looking at the card, which o       | of these <b>best</b> describes this job or work situation?   | ?                                    |
|         | ASK IF NOT CLEAR                   |  |                                      |
|         | HAND CARD DMQ1                     |  |                                      |
|         |                                    | AN EMPLOYEE OF A PRIVATE COMPANY, BUSINESS, OR INDIVIDUAL FOR WAGES, SALARY, OR COMMISSION   | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>9 |
|         |                                    | BOX 6  |                                      |
|         | CHECK ITEM DMQ.270<br>GO TO BOX 7. | ):   |                                      |
| OCQ.380 | What is the <b>main</b> reason {y  | ou/NON-SP HEAD/NON-SP SPOUSE} did not w  | ork last week?                       |
|         |                                    | TAKING CARE OF HOUSE OR FAMILY GOING TO SCHOOL RETIRED UNABLE TO WORK FOR HEALTH REASONS ON LAYOFF DISABLED OTHER REFUSED DON'T KNOW |                                      |
|         |                                    | BOX 7  |                                      |
|         | SP SPOUSE - RELATION               | BO FOR NEXT TARGET PERSON (NON-SP HEA<br>INSHIP OF "MARRIED" IN THE SCREENER).<br>GO TO END OF SECTION.                              | AD OR NON-                           |

**Questionnaire:** Family (Year 2) **Target Group:** Household

(Placing: Move whole section to follow INQ.)

#### **FOOD SECURITY - FSQ**

#### BOX 0

#### **CHECK ITEM FSQ.005:**

IF THIS IS THE FIRST NHANES FAMILY IN THE HOUSEHOLD, CONTINUE. OTHERWISE, GO TO END OF SECTION.

FSQ.010 The next questions are about the food eaten by {you/you and your household}. {When answering these questions, think about all the people who eat here, even if they are not related to you.}

Which of these statements best describes the food eaten {by you/in your household} in the **last 12 months**, that is since {DISPLAY CURRENT MONTH} of last year. 1. {I/We} always have enough to eat and the kinds of food {I/we} want; 2. {I/We} have enough to eat but **not** always the **kinds** of food {I/we} want; 3. Sometimes {I/we} don't have **enough** to eat; or 4. **Often** {I/we} don't have enough to eat.

#### HAND CARD FSQ1

### CAPI INSTRUCTION:

CHECK SCREENER. DISPLAY: "WHEN ANSWERING . . . . " IF THERE ARE ADDITIONAL PERSONS IN HOUSEHOLD (I.E., PERSONS WHO ARE **NOT** MEMBERS OF NHANES FAMILY #1). DISPLAY "YOU" OR "BY YOU" IF ALL PERSONS IN HOUSEHOLD ARE IN NHANES FAMILY #1. DISPLAY "YOU AND YOUR HOUSEHOLD" OR "IN YOUR HOUSEHOLD" IF ALL PERSONS IN THE HOUSEHOLD ARE **NOT** IN NHANES FAMILY #1.

| ENOUGH AND THE KINDS OF FOOD     |   |         |
|----------------------------------|---|---------|
| WANTED                           | 1 | (BOX 1) |
| ENOUGH BUT <b>NOT</b> ALWAYS THE |   |         |
| KINDS OF FOOD WANTED             | 2 |         |
| SOMETIMES NOT <b>ENOUGH</b>      | 3 |         |
| OFTEN NOT ENOUGH                 | 4 |         |
| REFUSED                          | 7 | (BOX 1) |
| DON'T KNOW                       | 9 | (BOX 1) |

#### FSQ.020

Here are some reasons why people {don't always have enough to eat/don't always have the kinds of foods they want or need}. For each one, please tell me if that is a reason why {you don't/your household doesn't} {always have enough to eat/always have the kinds of food you want or need}.

#### **CAPI INSTRUCTIONS:**

DISPLAY "DON'T ALWAYS HAVE ENOUGH TO EAT" IF FSQ.010 IS SOMETIMES NOT ENOUGH (CODE 3) OR OFTEN NOT ENOUGH (CODE 4).

DISPLAY "DON'T ALWAYS HAVE THE KINDS OF FOODS THEY WANT OR NEED" IF FSQ.010 IS ENOUGH BUT NOT ALWAYS THE KINDS (CODE 2).

DISPLAY "YOU DON'T" IF ALL PERSONS IN HOUSEHOLD ARE IN NHANES FAMILY #1.

DISPLAY "YOUR HOUSEHOLD DOESN'T" IF ALL PERSONS IN HOUSEHOLD ARE  ${f NOT}$  IN NHANES FAMILY #1.

# CAPI INSTRUCTIONS FOR RESPONSE DISPLAY:

IF FSQ.010 IS CODE 3 OR CODE 4, DISPLAY OPTION A-E. IF FSQ.010 IS CODE 2, DISPLAY OPTION A, B, C, F AND G.

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

| а. | Not enough money for food.                          |  |
|----|---|--|
| ٥. | Too hard to get to the store.                       |  |
| Э. | On a diet.  |  |
| d. | No working stove available.                         |  |
| Э. | Not able to cook or eat because of health problems. |  |
|    | Kinds of foods {I/we} want not available.           |  |
| ٦. | Good quality food not available.                    |  |

#### BOX 1

#### **CHECK ITEM FSQ.025:**

IF FSQ.010 = 1 **AND** TOTAL HOUSEHOLD INCOME >= \$50,000, GO TO BOX 6. OTHERWISE, CONTINUE WITH FSQ.030.

#### **BOX 1A**

# SPECIAL SPECS FOR TOTAL HOUSEHOLD INCOME:

- 1) IF ONLY 1 NHANES FAMILY -
  - A) IF A NUMERIC VALUE IS GIVEN FOR ALL INQ.200, THEN TOTAL INQ.200 FOR ALL CPS FAMILIES TO GET THE TOTAL HOUSEHOLD INCOME:
  - B) IF RANGES (INQ.230) ARE GIVEN FOR ALL CPS FAMILIES, THEN TOTAL THE LOWEST AMOUNT IN EACH RANGE IN INQ.230 FOR EACH CPS FAMILY TO GET THE TOTAL HOUSEHOLD INCOME:
  - C) IF BOTH NUMERIC VALUES (INQ.200) AND RANGES (INQ.230) ARE GIVEN, THEN TOTAL THE EXACT NUMERIC VALUES FROM INQ.200 WITH THE LOWEST AMOUNT IN EACH RANGE FROM INQ.230 FOR ALL CPS FAMILIES TO GET THE TOTAL HOUSEHOLD INCOME;
  - D) IF BOTH THE NUMERIC VALUE (INQ.200) AND RANGE (INQ.230) ARE DON'T KNOW (CODE 9) OR REFUSED (CODE 7) FOR ANY OF THE CPS FAMILIES, THEN TOTAL THE AVAILABLE NUMERIC VALUES (INQ.200) AND THE LOWEST AMOUNTS IN EACH AVAILABLE RANGE (INQ.230);
    - IF THE RESULT IS >= 50,000, TREAT THE TOTAL HOUSEHOLD INCOME AS >= \$50,000;
    - IF THE RESULT IS < 50,000 OR DK/REF (9/7), TREAT THE TOTAL HOUSEHOLD INCOME AS DK/REF (9/7).
- 2) IF MORE THAN 1 NHANES FAMILY -
  - A) IF THE TOTAL HOUSEHOLD INCOME IS A NUMERIC VALUE (INQ.200), USE THAT VALUE;
  - B) IF THE TOTAL HOUSEHOLD INCOME IS A RANGE (INQ.230), USE THE LOWEST AMOUNT IN THAT RANGE;
  - C) IF THE TOTAL HOUSEHOLD INCOME IS DK/REF (9/7), THEN TOTAL THE AVAILABLE NUMERIC VALUES (INQ.200) AND THE LOWEST AMOUNT FOR EACH AVAILABLE RANGE (INQ.230) FOR EACH CPS FAMILY:
    - IF THE RESULT IS >= 50,000, TREAT THE TOTAL HOUSEHOLD INCOME AS >= \$50,000;
    - IF THE RESULT IS < 50,000 OR DK/REF (9/7), TREAT THE TOTAL HOUSEHOLD INCOME AS DK/REF (9/7).

| FSQ.030 | Now I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was <b>often</b> true, <b>sometimes</b> true, or <b>never</b> true for {you/your household} in the <b>last 12 months</b> , that is since last {DISPLAY CURRENT MONTH}. |
|---------|---|
|         | CAPI INSTRUCTION: CHECK SCREENER: ASK D AND E ONLY IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17).   |
|         | DISPLAY "YOU" IF ALL PERSONS IN HOUSEHOLD ARE IN NHANES FAMILY #1.  DISPLAY "YOUR HOUSEHOLD" IF ALL PERSONS IN HOUSEHOLD ARE <b>NOT</b> IN NHANES FAMILY #1.  |
|         | RESPONSES: OFTEN TRUE = 1, SOMETIMES TRUE = 2, NEVER TRUE = 3, REFUSED = 7, DON'T KNOW = 9  |
|         | The {first/next} statement is   |
|         | a. {I/we} worried whether {my/our} food would run out before {I/we} got money to buy more.  |
|         | b. the food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.  |
|         | c. {I/we} couldn't afford to eat balanced meals.  |
|         | d. (I/we) relied on only a few kinds of low-cost food to feed the {child/children} because (I was/we were) running out of money to buy food.  |
|         | e. (I/we) couldn't feed the {child/children} a balanced meal, because (I/we) couldn't afford that.  |
|         | BOX 2   |
|         | CHECK ITEM FSQ.038:  IF THE RESPONSE TO FSQ.030 'A', 'B', 'C', 'D' OR 'E' IS 'OFTEN TRUE' (CODE 1)  OR 'SOMETIMES TRUE' (CODE 2), OR RESPONSE TO FSQ.010 IS CODE 3 OR  CODE 4, CONTINUE.  OTHERWISE, GO TO FSQ.150.   |
|         |   |
|         | вох з   |
|         | CHECK ITEM FSQ.039:  IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17), CONTINUE WITH ITEM F.  OTHERWISE, GO TO FSQ.040.  |
|         | f. the {child was/children were} not eating enough because (I/we) just couldn't afford enough food.   |

FSQ.040 In the **last 12 months**, since last {DISPLAY CURRENT MONTH}, did {you/you or other adults in your household} **ever** cut the size of your meals or skip meals because there wasn't enough money for food?

| REFUSED    | 7 | (FSQ.060) |
|------------|---|-----------|
| DON'T KNOW | 9 | (FSQ.060) |
|            |   |           |

| FSQ.050 | How often did this happen?                               | Would you say  |  |
|---------|--|--|--|
|         |  | almost every month,  | 1<br>2<br>3<br>7<br>9                    |
| FSQ.060 | In the <b>last 12 months</b> , did you to buy food?      | u ever eat less than you felt you should because                 | there wasn't enough money                |
|         |  | YES NO REFUSED DON'T KNOW  | 1<br>2<br>7<br>9                         |
| FSQ.070 | [In the last 12 months], wer                             | e you <b>ever</b> hungry but didn't eat because you c            | ouldn't afford enough food?              |
|         |  | YES  | 1<br>2<br>7<br>9                         |
| FSQ.080 | [In the last 12 months], did                             | you lose weight because you didn't have enoug                    | h money for food?                        |
|         |  | YES  | 1<br>2<br>7<br>9                         |
| FSQ.090 | [In the last 12 months], did because there wasn't enough | d {you/you or other adults in your household} en money for food? | ver not eat for a whole day              |
|         |  | YES  | 1<br>2 (BOX 4)<br>7 (BOX 4)<br>9 (BOX 4) |
| FSQ.100 | How often did this happen?                               | Would you say  |  |
|         |  | almost every month,  | 1<br>2<br>3<br>7<br>9                    |
|         |  |  |  |

# BOX 4

# CHECK ITEM FSQ.085:

IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17), CONTINUE.

OTHERWISE, GO TO FSQ.150.

| ١ | D | $\sim$ | v | E |
|---|---|--------|---|---|
|   | 0 | u      | ^ | - |

| $\sim$ | ш |   | $\sim$ 1 | _ | ıŦ | ΝЛ  | F  | •  | $\sim$ | Λ | 0  | • |  |
|--------|---|---|----------|---|----|-----|----|----|--------|---|----|---|--|
| u      | п | E | u        | ` |    | IVI | г, | יכ | w.     | u | O١ | o |  |

IF FSQ.030F IS OFTEN TRUE (CODE 1) OR SOMETIMES TRUE (CODE 2), OR IF 'YES' (CODE 1) IN FSQ.070, FSQ.080, OR FSQ.090, CONTINUE. OTHERWISE, GO TO FSQ.150.

| FSQ.110 The next questions are about children living in the household who are under 18 years | FSQ.110 | The next questions are | e about children liv | ving in the household | who are under 18 years o |
|--|---------|------------------------|----------------------|-----------------------|--------------------------|
|--|---------|------------------------|----------------------|-----------------------|--------------------------|

In the **last 12 months**, since {DISPLAY CURRENT MONTH} of last year, did you **ever** cut the size of {CHILD'S NAME's/any of the children's} meals because there wasn't enough money for food?

# CAPI INSTRUCTION:

IF ONLY 1 CHILD IN HOUSEHOLD IS <= 17, DISPLAY CHILD'S NAME.

| YES        | 1 |
|------------|---|
| NO         | 2 |
| REFUSED    | 7 |
| DON'T KNOW | 9 |

FSQ.120 [In the **last 12 months**], did {CHILD'S NAME/any of the children} **ever** skip meals because there wasn't enough money for food?

### CAPI INSTRUCTION:

IF ONLY 1 CHILD IN HOUSEHOLD <= 17, DISPLAY CHILD'S NAME.

| YES        | 1 |           |
|------------|---|-----------|
| NO         | 2 | (FSQ.140) |
| REFUSED    | 7 | (FSQ.140) |
| DON'T KNOW | 9 | (FSQ.140) |

FSQ.130 How often did this happen? Would you say . . .

| almost every month,                 | 1 |
|-------------------------------------|---|
| some months but not every month, or | 2 |
| only 1 or 2 months?                 | 3 |
| REFUSED                             | 7 |
| DON'T KNOW                          | 9 |

FSQ.140 In the **last 12 months**, {was CHILD'S NAME/were the children} **ever** hungry but you just couldn't afford more food?

# CAPI INSTRUCTION:

IF ONLY 1 CHILD IN HOUSEHOLD IS <= 17, DISPLAY CHILD'S NAME.

| YES        | 1 |
|------------|---|
| NO         |   |
| REFUSED    | 7 |
| DON'T KNOW | a |

| FSQ.145 | [In the last 12 months], did {CHILD'S NAME/any of the children} ever not eat for a whole day because there wasn't enough money for food?   |
|---------|--|
|         | CAPI INSTRUCTION:<br>IF ONLY 1 CHILD IN HOUSEHOLD IS <= 17, DISPLAY CHILD'S NAME.  |
|         | YES  |
| FSQ.150 | In the <b>last 12 months</b> , did {you/you or any member of your household} <b>ever</b> get emergency food from a church, a food pantry, or a food bank, or eat in a community kitchen?   |
|         | YES  |
|         | BOX 6  |
|         | CHECK ITEM FSQ.155:  IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 4 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 4)  OR THERE IS A FEMALE IN THE HOUSEHOLD WHO IS BETWEEN 15 AND 49 (OR IN THE AGE RANGE THAT INCLUDES OR IS GREATER THAN THE ONE THAT INCLUDES 15 AND IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 49), CONTINUE.  OTHERWISE, GO TO FSQ.170. |
| FSQ.160 | [In the last 12 months], did {you/you or any member of your household} receive benefits from the WIC program, that is, the Women, Infants and Children program?  |
|         | YES  |
| FSQ.170 | [In the last 12 months], were {you/you or any members of your household} authorized to receive Food Stamps [which includes a food stamp card or voucher, or cash grants from the state for food]?  |
|         | AN AUTHORIZED PERSON IS ONE WHOSE NAME APPEARS ON A CERTIFICATION CARD   |
|         | YES         1           NO         2 (END OF SECTION)           REFUSED         7 (END OF SECTION)           DON'T KNOW         9 (END OF SECTION)   |
|         | BOX 7  |
|         | CHECK ITEM FSQ.175:  IF ONLY ONE PERSON IN HOUSEHOLD, FLAG PERSON AS RECEIVING FOOD STAMPS AND GO TO BOX 7.  OTHERWISE, CONTINUE.  |

| FSQ.180 | Who was authorized to receive Food Stamps?  PROBE: Anyone else?  |  |  |  |
|---------|--|--|--|--|
|         | CAPI INSTRUCTION:<br>DISPLAY NAMES OF ALL <b>HOUSEHOLD</b> MEMBERS.  |  |  |  |
|         | SELECT NAME(S) FROM ROSTER   |  |  |  |
|         | REFUSED  |  |  |  |
|         | BOX 8  |  |  |  |
|         | LOOP 1: ASK FSQ.190 AND FSQ.200 FOR EACH PERSON SELECTED IN FSQ.180 AS RECEIVING FOOD STAMPS.                      |  |  |  |
| FSQ.190 | In the <b>last 12 months</b> , about how many months {were you/was PERSON NAME} authorized to receive Food Stamps? |  |  |  |
|         | IF LESS THAN 1 MONTH, ENTER 1  |  |  |  |
|         | <br>ENTER NUMBER OF MONTHS   |  |  |  |
|         | REFUSED  |  |  |  |
| FSQ.200 | {Are you/Is PERSON NAME} now authorized to receive Food Stamps?  |  |  |  |
|         | YES  |  |  |  |
|         | BOX 9  |  |  |  |
|         | END LOOP 1: ASK FSQ.190 AND FSQ.200 FOR NEXT PERSON. IF NO NEXT PERSON, GO TO END OF SECTION.                      |  |  |  |

12/3/98 Questionnaire: Family
Target Group: All SPs

#### **HEALTH INSURANCE - HIQ**

#### BOX 1

# RULES FOR ADMINISTERING THE HEALTH INSURANCE SECTION OF THE FAMILY QUESTIONNAIRE:

FOR THE PURPOSE OF ADMINISTERING THIS SECTION "ALL SPS" IN FILLS AND DISPLAYS REFERS TO THE NHANES FAMILY MEMBERS AS DESCRIBED BELOW:

#### **GROUP 1**

 SPS WHO ARE INDIVIDUAL HOUSEHOLDERS OR MEMBERS OF THE PRIMARY FAMILY AND ALL RELATED SUBFAMILIES.

#### AND

 SPS WHO ARE RELATED TO THEM AS A PARTNER, FOSTER PARENT, OR FOSTER CHILD.

#### **GROUP 2**

SPS WHO ARE MEMBERS OF UNRELATED SUBFAMILIES.

#### AND

 SPS WHO ARE RELATED TO THEM AS PARTNER, FOSTER PARENT, OR FOSTER CHILD.

# **GROUP 3**

SPS WHO ARE SECONDARY INDIVIDUALS AND ARE NOT RELATED TO

ANY INDIVIDUALS ABOVE.

HIQ.010 The (first/next) questions are about health insurance. (For these questions, we are only interested in persons who have been selected for the survey, that is {NAMES OF ALL SPs}.)

{Are you/Is SP/Are **any** of the following persons: ALL SPs} covered by health insurance or some other kind of health care plan? [Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.]

# CAPI INSTRUCTION:

IF ONLY ONE SP OR ALL SPS COVERED IN HIQ.010, FLAG PERSON(S) AS COVERED IN HIQ.020.

| ALL SPS COVERED            | 1 |          |
|----------------------------|---|----------|
| SOME SPS COVERED, SOME NOT |   |          |
| COVERED                    | 2 |          |
| NO SPS COVERED             | 3 | (BOX 10) |
| REFUSED                    | 7 | (BOX 10) |
| DON'T KNOW                 | 9 | (BOX 10) |

# BOX 2

#### **CHECK ITEM HIQ.015:**

- IF ONLY 1 SP IN FAMILY OR IF ALL SPS ARE COVERED BY HEALTH INSURANCE (CODE 1 IN HIQ.010), SKIP TO BOX 3.
- OTHERWISE, CONTINUE WITH HIQ.020.

HIQ.020 Who has coverage?

PROBE: Anyone else?

CAPI INSTRUCTION:

DISPLAY ROSTER OF ALL SPS.

SELECT SP FROM ROSTER

 SELECT
 1

 REFUSED
 7

 DON'T KNOW
 9

#### BOX 3

#### **LOOP 1:**

ASK HIQ.030 - HIQ.210 FOR (FIRST/NEXT) SP SELECTED AS BEING COVERED BY HEALTH INSURANCE IN HIQ.010 OR HIQ.020.

HIQ.030 What kind of health insurance or health care coverage {do you/does SP} have? **Include** those that pay for only one type of service (nursing home care, accidents, or dental care). **Exclude** private plans that only provide extra cash while hospitalized. If {you have/he/she has} more than one kind of health insurance, just tell me about the **first** kind.

# HAND CARD HIQ1

| PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYER OR   |    |           |
|--|----|-----------|
| WORKPLACE  | 1  |           |
| PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY | 2  |           |
| PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR |    |           |
| LOCAL GOVERNMENT PROGRAM OR COMMUNITY PROGRAM    | 3  |           |
| MEDICARE   | 4  |           |
| MEDI-GAP   | 5  |           |
| MEDICAID ({DISPLAY STATE PLAN NAME})             | 6  |           |
| CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)       | 7  |           |
| MILITARY HEALTH CARE/VA                          | 8  |           |
| CHAMPUS/TRICARE/CHAMP-VA                         | 9  |           |
| INDIAN HEALTH SERVICE                            | 10 |           |
| STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE      |    |           |
| PLAN NAME})                                      | 11 |           |
| OTHER GOVERNMENT PROGRAM                         | 12 |           |
| SINGLE SERVICE PLAN (E.G., DENTAL, VISION,       |    |           |
| PRESCRIPTIONS)                                   | 13 | (HIQ.180) |
| REFUSED  | 77 | (BOX 9)   |
| DON'T KNOW                                       | 99 | (BOX 9)   |

| HIQ.040 | CAPI INSTRUCTION: DISPLAY PLAN TYPE AS A LEF  YI  N  R                     | P has} through {TYPE OF INSURANCE} co  | ver any part of dental care?  1 2 7 9 |
|---------|--|--|---------------------------------------|
|         |  | BOX 4  |                                       |
|         | IF MEDICAID (CODE 6 IN I<br>IF CHIP, MILITARY, CHAM<br>GOVERNMENT PLAN (CO | HIQ.030), GO TO HIQ.100.<br>HIQ.030), GO TO HIQ.150.<br>IPUS, INDIAN HEALTH SERVICE, STATE,<br>IDES 7, 8, 9, 10, 11, AND 12), GO TO HIQ.<br>E PLAN – CODE 1, 2, 3 OR 5), CONTINUE. | 190.                                  |
| HIQ.050 |  | JRANCE) an HMO (Health Maintenance O eferred Provider Organization), a POS (Point  |                                       |
|         | Н  | MO/IPA   | 1                                     |
|         |  | PO   | 2                                     |
|         |  | OS<br>THER   | 3<br>4                                |
|         |  | EFUSED   | 7                                     |
|         | D  | ON'T KNOW  | 9                                     |
| HIQ.060 | Under this plan, can {you/SP} ch list of doctors?                          | oose any doctor or must {you/he/she} choo  | ose one from a specific group or      |
|         | A  | NY DOCTOR  | 1                                     |
|         |  | ELECTED LIST   |                                       |
|         |  | EFUSED   |                                       |
|         | ט  | ON'T KNOW  | 9 (BOX 5)                             |
| HIQ.070 | {Do you/Does SP} have the option   | on of choosing a doctor from a preferred or  | select list at a lower cost?          |
|         | Y  | ES   | 1 (HIQ.090)                           |
|         |  | 0  | 2 (BOX 5)                             |
|         |  | EFUSED   | 7 (BOX 5)<br>9 (BOX 5)                |
| HIQ.080 | If {you/SP} select{s} a doctor wh  | no is not in the plan, will the plan pay for any   | part of the cost?                     |
|         | Y  | ES   | 1                                     |
|         |  | 0  | 2                                     |
|         |  | EFUSED   | 7                                     |
|         | יט   | ON'T KNOW  | 9                                     |

|         | or a referral? [Do not include   | e emergency care.]  |  |
|---------|--|---|--|
|         |  | YES   | 1<br>2<br>7<br>9   |
|         |  | BOX 5   |  |
|         | CHECK ITEM HIQ.095:<br>GO TO HIQ.190.  |   |  |
|         |  |   |  |
| HIQ.100 | Insurance Claim Number? This number is needed to allow accurately located and identification records in order to re-contact (your/his/her) Health Insurance the Health Insurance Claim Number. Whether the number is | s) Medicare card to determine the type of cover when Medicare records of the Health Care Financing fied for statistical or research purposes. We may source of these purposes, the Public Claim Number to anyone, including any other umber is voluntary and collected under the author given or not, there will be no effect on (your/his [The Public Health Service Act is Title 42, Uniter | Administration to be easily and ay also need to link it with other c Health Service will not release government agency. Providing prity of the Public Health Service s/her} benefits. This number will |
|         | CAPI INSTRUCTION:<br>REQUIRE DOUBLE ENTRY  | OF NUMBER.  |  |
|         |  | _ _ _ _ <br>ENTER CLAIM NUMBER  |  |
|         |  | REFUSED   |  |
| HIQ.105 | INTERVIEWER: ENTER 1 F   | RESPONSE  |  |
|         |  | CARD AVAILABLE  | 1<br>2 (HIQ.120)   |
| HIQ.110 | ENTER TYPE OF COVERAGE   | GE FROM CARD.   |  |
|         |  | PART A - HOSPITAL ONLY PART B - MEDICAL ONLY BOTH PART A & PART B REFUSED DON'T KNOW  | 1 (BOX 6)<br>2<br>3<br>7<br>9  |
| HIQ.120 | Organization? [With an HMC   | care managed care arrangement, such as an HM<br>0, you must generally receive care from HMO do<br>be referred by the HMO or there was a medical en  | octors, otherwise the expense is   |
|         |  | YES NO REFUSED DON'T KNOW   | 1<br>2<br>7<br>9   |

If {you need/SP needs} to go to a different doctor or place for special care, {do you/does s/he} need approval

HIQ.090

| HIQ.130  | or a referral? [Do not include   | to a different doctor or place for special care, {dienements care.]   | o you/does s/fie} fieed approval         |
|----------|--|---|--|
|          |  | YES   | 2<br>7                                   |
| HIQ.140  | Besides {your/SP's} Medicare receive a more comprehension                    | re insurance, {are you/is SP} paying an addition ive health plan?   | ıal monthly or yearly premium to         |
|          |  | YESNO   | 2  |
|          |  | REFUSED DON'T KNOW  |  |
|          |  | BOX 6   |  |
|          | CHECK ITEM HIQ.145:<br>GO TO HIQ.190.  |   |  |
| HIQ.150  | In this state Medicaid is also (   | called {DISPLAY STATE PLAN NAME}. With M  | Modicaid, can (vou/SP) do to <b>an</b> v |
| HIQ. 100 |  | called (DISPLAY STATE PLAN NAME). With Mi<br>licaid or <b>must</b> {you/he/she} choose from a book  |  |
|          |  | ANY DOCTOR  |  |
|          |  | SELECT FROM BOOK/LISTDOCTOR IS ASSIGNED   |  |
|          |  | REFUSED   |  |
|          |  | DON'T KNOW  | 9  |
| HIQ.160  |  | gn up with a certain primary care doctor, group of<br>all of {your/his/her} routine care? [Do <b>not</b> includes<br>s/she was} referred to.] |  |
|          |  | YES   | 1  |
|          |  | NO  | 2  |
|          |  | REFUSED DON'T KNOW  | 7<br>9                                   |
| HIQ.170  | If {you/SP} need{s} to go to a control or a referral? [Do <b>not</b> include | different doctor or place for special care, {do/do  | pes} {you/he/she} need approval          |
|          |  | YES   | 1  |
|          |  | NO  | 2  |
|          |  | REFUSED DON'T KNOW  | 7<br>9                                   |
|          |  | BOX 7   |  |
|          | CHECK ITEM HIQ.175:<br>GO TO HIQ.190.  |   |  |

|         |  | CATASTROPHE CARE   | 13                               |
|---------|--|--|----------------------------------|
|         |  | DENTAL CARE  | 14                               |
|         |  | DISABILITY INSURANCE (CASH   |                                  |
|         |  | PAYMENTS WHEN UNABLE TO WORK   |                                  |
|         |  | FOR HEALTH REASONS)  | 15                               |
|         |  | HOSPICE CARE   |                                  |
|         |  | HOSPITALIZATION ONLY   | 17                               |
|         |  | LONG-TERM CARE (NURSING HOME   |                                  |
|         |  | CARE)  |                                  |
|         |  | PRESCRIPTIONS  | 19                               |
|         |  | VISION CARE  | 20                               |
|         |  | OTHER (SPECIFY)  |                                  |
|         |  | REFUSED  | 77                               |
|         |  | DON'T KNOW   | 99                               |
| HIQ.190 | {Do you/Does SP} have and CODE IF KNOWN. OTHER | other type of health insurance or health care cov  | erage?                           |
|         |  |  |                                  |
|         | ` ,  | " AS LEFT HEADER.<br>VERAGE: {LIST TYPES OF COVERAGE}" AS<br>OVERAGE ALREADY CODED FOR SP IN HIQ.0 |                                  |
|         |  | YES  | 1                                |
|         |  | NO   |                                  |
|         |  | REFUSED  | ,                                |
|         |  | DON'T KNOW   | ( /                              |
|         |  |  | υ (ι ιι <b>α</b> ι <b>Σ</b> ι υ) |

What types of service or care does {your/SP's} single service plan or plans pay for?

 ACCIDENTS
 10

 AIDS CARE
 11

 CANCER TREATMENT
 12

HIQ.180

CODE ALL THAT APPLY

HIQ.200 What other type of insurance {do you/does SP} have? HAND CARD HIQ1 SELECT NEXT TYPE OF INSURANCE CAPI INSTRUCTIONS: DISPLAY "SP NAME: {SP}" AS LEFT HEADER. DISPLAY "TYPE(S) OF COVERAGE: {LIST TYPES OF COVERAGE}" AS LEFT HEADER. DISPLAY ALL TYPES OF COVERAGE ALREADY CODED FOR SP IN HIQ.030 AND HIQ.200 FOR LIST OF TYPES OF COVERAGE. PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYER OR PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY ... PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT PROGRAM OR COMMUNITY PROGRAM 3 MEDICARE ..... MEDICAID ({DISPLAY STATE PLAN NAME}) ..... CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM) ...... CHAMPUS/TRICARE/CHAMP-VA ..... INDIAN HEALTH SERVICE ..... 10 STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE PLAN NAME}) ...... 11 SINGLE SERVICE PLAN (E.G., DENTAL, VISION, REFUSED ...... 77 (BOX 9) BOX 8 **EMBEDDED LOOP 2:** ASK HIQ.040 - HIQ.190 AS APPROPRIATE FOR NEXT TYPE OF INSURANCE.

HIQ.210 In the past 12 months, was there any time when {you/SP} did not have any health insurance coverage?

| YES        | 1 |
|------------|---|
| NO         | 2 |
| REFUSED    | 7 |
| DON'T KNOW | 9 |

# BOX 9

#### **END LOOP 1:**

ASK HIQ.030 - HIQ.210 AS APPROPRIATE FOR NEXT SP SELECTED IN HIQ.010 OR HIQ.020.

IF NO NEXT SP, CONTINUE WITH BOX 10.

# **BOX 10**

# **CHECK ITEM HIQ.155:**

IF ANY SPS NOT COVERED BY HEALTH INSURANCE (NOT SELECTED IN HIQ.010 OR HIQ.020), CONTINUE. OTHERWISE, GO TO END OF SECTION.

#### LOOP 2:

ASK HIQ.220 - HIQ.230 FOR EACH SP **NOT** SELECTED AS COVERED BY HEALTH INSURANCE IN HIQ.010 OR HIQ.020.

HIQ.220 About how long has it been since {you/SP} last had health care coverage?

HAND CARD HIQ2

| 6 MONTHS OR LESS               | 1 |
|--------------------------------|---|
| MORE THAN 6 MONTHS, BUT NOT    |   |
| MORE THAN 1 YEAR AGO           | 2 |
| MORE THAN 1 YEAR, BUT NOT MORE |   |
| THAN 3 YEARS AGO               | 3 |
| MORE THAN 3 YEARS              | 4 |
| NEVER                          | 5 |
| REFUSED                        | 7 |
| DON'T KNOW                     | 9 |

HIQ.230 Which of these are reasons (you/SP) stopped being covered by or (do/does) not have health insurance?

HAND CARD HIQ3 CODE ALL THAT APPLY

| PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB OR |    |
|--|----|
| CHANGED EMPLOYERS                                  | 10 |
| GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR       |    |
| PARENT   | 11 |
| BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL       | 12 |
| EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE   |    |
| FOR COVERAGE                                       | 13 |
| COST IS TOO HIGH                                   | 14 |
| INSURANCE COMPANY REFUSED COVERAGE                 | 15 |
| MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY      | 16 |
| LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB      |    |
| OR INCREASE IN INCOME                              | 17 |
| LOST MEDICAID (OTHER)                              | 18 |
| OTHER (SPECIFY)                                    | 19 |
| REFUSED  | 77 |
| DON'T KNOW   | 99 |

# **BOX 11**

# **END LOOP 2:**

ASK HIQ.220 – HIQ.230 FOR NEXT SP  ${\bf NOT}$  COVERED BY HEALTH INSURANCE.

IF NO NEXT SP, GO TO END OF SECTION.

**Questionnaire:** Family **Target Group:** SPs Family

#### HOUSING CHARACTERISTICS - HOQ

HOQ.010 I'd like to ask you a few questions about your home. Is your home . . . VERIFY OR ASK IF NOT OBVIOUS. INCLUDE TOWNHOME AS 'HOUSE', EITHER DETACHED OR ATTACHED. a mobile home or trailer, ...... 1 (HOQ.040) a one family house detached from any other house, ..... 2 (HOQ.040) a one family house attached to one or more houses, ..... 3 (HOQ.040) an apartment, or ............. something else (SPECIFY)? ..... (HOQ.040) REFUSED ..... 7 (HOQ.040) 9 (HOQ.040) HOQ.030 How many apartments are in this building? Would you say . . . 1, .......... 4 7 HOQ.040 When was this {mobile home/house/building} originally built? READ CATEGORIES IF NECESSARY. 1960 TO 1977, ..... 3 1950 TO 1959, ..... 4 1940 TO 1949, OR ..... 7

| HOQ.050 | How many rooms are in this                                   | home? Count the kitchen but not the bathroom                          | n.                                       |
|---------|--|---|--|
|         |  | <br>ENTER NUMBER OF ROOMS   |  |
|         |  | REFUSED   |  |
| HOQ.060 | How long {have you/has you                                   | r family} lived at this address?                                      |  |
|         |  | <br>ENTER NUMBER (OF MONTHS OR YEARS                                  | )  |
|         |  | LESS THAN ONE MONTH   | 777                                      |
|         |  | ENTER UNIT  |  |
|         |  | MONTHS  | 1<br>2<br>7<br>9                         |
| HOQ.065 | Is this {mobile home/house/ap<br>by {you/you or someone else | partment} owned, being bought, rented, or occupe in your family}?     | pied by some other arrangement           |
|         |  | OWNED OR BEING BOUGHT  RENTED  OTHER ARRANGEMENT  REFUSED  DON'T KNOW | 1<br>2<br>3<br>7<br>9                    |
| HOQ.070 | What is the source of tap wate or something else?            | er in this home? Is it a private or public water co                   | ompany, a private or public well,        |
|         |  | PRIVATE/PUBLIC WATER COMPANY PRIVATE/PUBLIC WELL SOMETHING ELSE       | 1<br>2<br>3<br>7<br>9                    |
| HOQ.080 | Are any of the water treatme                                 | ent devices listed on this card used in your home                     | e?                                       |
|         | HAND CARD HOQ1   | YES   | 1<br>2 (BOX 1)<br>7 (BOX 1)<br>9 (BOX 1) |

|         | HAND CARD HOQ1 CODE ALL THAT APPLY  |  |  |
|---------|---|--|--|
|         |   | BRITA OR OTHER PITCHER WATER FILTER CERAMIC OR CHARCOAL FILTER WATER SOFTENER AERATOR REVERSE OSMOSIS REFUSED DON'T KNOW | 1<br>2<br>3<br>4<br>5<br>7<br>9                |
|         |   | BOX 1  |  |
|         | CHECK ITEM HOQ.089<br>IF FAMILY INCLUDES<br>CONTINUE.<br>OTHERWISE, GO TO B | CHILD WHO IS AN SP AND IS AGE 1-5,   |  |
| HOQ.140 | During the last 12 months,  | were any areas <b>inside</b> your home painted, suc  | h as walls, trim or ceilings?                  |
|         |   | YES  | 1<br>2 (HOQ.160)<br>7 (HOQ.160)<br>9 (HOQ.160) |
| HOQ.150 | When this painting was done   | e did someone sand or scrape off any of the old  | J paint?                                       |
|         |   | YES  | 1<br>2<br>7<br>9                               |
| HOQ.160 | Are there any rooms in your ceilings, doors, or windows?                    | home where you can see paint that is peeling,  | flaking or chipping off the walls              |
|         |   | YES  | 1<br>2 (HOQ.190)<br>7 (HOQ.190)<br>9 (HOQ.190) |
| HOQ.170 | In any of these rooms, can y than one page of a regular                     | you see at least one total area of peeling, flaking newspaper?   | g or chipping paint that is <b>large</b>       |
|         |   | YES  | 1<br>2 (HOQ.190)<br>7 (HOQ.190)<br>9 (HOQ.190) |

Which of these water treatment devices are now used in your home?

HOQ.083

| HOQ.180 | How many rooms have this me regular newspaper.]         | uch peeling, flaking or chipping paint? [Areas                | that are larger than one page of  |
|---------|---|---|-----------------------------------|
|         |   | <br>ENTER NUMBER OF ROOMS                                     |                                   |
|         |   | REFUSED DON'T KNOW  |                                   |
| HOQ.190 | Can you see paint that is pee                           | eling, flaking or chipping on any outside area                | of your {house/building}?         |
|         |   | YESNOREFUSEDDON'T KNOW  | 2 (HOQ.220)<br>7 (HOQ.220)        |
| HOQ.210 | Can you see any total area regular door?                | of peeling, flaking or chipping paint on any o                | utside area that is larger than a |
|         |   | YES   | 2<br>7                            |
| HOQ.220 | The next questions are about months, have you or anyone | work that has been done in your home in the else              | past 12 months. In the past 12    |
|         | RESPONSES: YES = 1, NO                                  | = 2, REFUSED = 7, DON'T KNOW = 9.                             |                                   |
|         | b. replaced a k   | vindow in your home?<br>itchen cabinet?<br>vall in your home? |                                   |

**Questionnaire:** Family (Year 2)

Target Group: SP, Family,

Household

#### **INCOME - INQ**

#### **BOX 1A**

# RULES FOR ADMINISTERING THE INCOME SECTION OF THE FAMILY QUESTIONNAIRE:

 FOR THE PURPOSE OF ADMINISTERING THIS SECTION "FAMILY MEMBER" IN FILLS AND DISPLAYS REFER TO THE 'NHANES FAMILY' AS DESCRIBED BELOW.

#### **CPS GROUP 1**

- EITHER AN INDIVIDUAL HOUSEHOLDER OR A PRIMARY FAMILY
- SECONDARY INDIVIDUALS WHO ARE RELATED TO THEM AS A PARTNER, FOSTER PARENT, OR FOSTER CHILD.

#### OR

#### **CPS GROUP 2**

■ UNRELATED SUBFAMILIES.

#### AND

 SECONDARY INDIVIDUALS WHO ARE RELATED TO THEM AS A PARTNER, FOSTER PARENT, OR FOSTER CHILD.

#### OR

# **CPS GROUP 3**

 SECONDARY INDIVIDUALS WHO ARE NOT RELATED TO ANY INDIVIDUALS ABOVE.

# 2. EXCEPTION:

- A. QUESTIONS ABOUT **TOTAL FAMILY** INCOME ARE ASKED **ONCE** FOR EACH CPS FAMILY. THAT IS ONCE FOR THE HOUSEHOLDER, PRIMARY FAMILY, RELATED SUBFAMILY, UNRELATED SUBFAMILY, AND SECONDARY INDIVIDUAL INCLUDED IN A GROUP.
- B. IF THERE ARE OTHER PERSONS IN THE HOUSEHOLD (IN ADDITION TO PERSONS IN THE NHANES FAMILY), **TOTAL HOUSEHOLD** INCOME WILL ALSO BE ASKED IF THIS IS FAMILY #1.

INQ.010 The next questions are about {your/your combined family} income in the **last 12 months**. When answering these questions, please remember that by {"income/combined family income"}, I mean {your income/your income **plus** the income of all family members living in the household} **before taxes**.

Did {you/you or **any** family members 16 years old and older, that is: you or OTHER FAMILY MEMBERS 16+} receive income in the **last 12 months** from **self-employment** including business and farm income?

| ΥE | C |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4 |
|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| ľΕ | o |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ı |

|         | BOX 1B  |
|---------|---|
|         | CHECK ITEM INQ.015: IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO INQ.020.   |
|         |   |
| INQ.017 | Who received income from self-employment?  PROBE: Anyone else?  |
|         | CAPI INSTRUCTION:<br>DISPLAY NAMES OF FAMILY MEMBERS.   |
|         | SELECT NAME(S) FROM ROSTER  |
|         | SELECT       1         REFUSED       7         DON'T KNOW       9   |
| INQ.020 | Did {you/you or OTHER FAMILY MEMBERS 16+} receive income in the last 12 months from wages and salaries?   |
|         | YES   |
|         | BOX 1C  |
|         | CHECK ITEM INQ.024: IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO INQ.030.   |
| INQ.026 | Who received income from wages and salaries?  PROBE: Anyone else?   |
|         | CAPI INSTRUCTION:<br>DISPLAY NAMES OF FAMILY MEMBERS.   |
|         | SELECT NAME(S) FROM ROSTER  |
|         | SELECT       1         REFUSED       7         DON'T KNOW       9   |
| INQ.030 | Did {you/you or <b>any</b> family members living here, that is: you or NAME(S) OF OTHER FAMILY MEMBERS} receive income in the <b>last 12 months</b> from <b>Social Security</b> or <b>Railroad Retirement</b> ? |
|         | YES   |

NO .....

2 (INQ.020)

|         | CHECK ITEM INQ.032: IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO INQ.040.   |
|---------|---|
| INQ.034 | Who received income from Social Security or Railroad Retirement?  PROBE: Anyone else?   |
|         | CAPI INSTRUCTION:<br>DISPLAY NAMES OF FAMILY MEMBERS.   |
|         | SELECT NAME(S) FROM ROSTER  |
|         | SELECT       1         REFUSED       7         DON'T KNOW       9   |
| INQ.040 | Was the Social Security or Railroad Retirement income received as a <b>disability</b> benefit?  |
|         | YES   |
|         | BOX 1E  CHECK ITEM INQ.045:  IF ONLY ONE FAMILY MEMBER SELECTED IN INQ.034, FLAG PERSON AS RECEIVING DISABILITY BENEFIT AND GO TO INQ.060.                                      |
| INQ.050 | Who received income from Social Security or Railroad Retirement as a disability benefit? <b>PROBE:</b> Anyone else?   |
|         | CAPI INSTRUCTION: DISPLAY NAMES OF FAMILY MEMBERS.  |
|         | SELECT NAME(S) FROM ROSTER  |
|         | SELECT       1         REFUSED       7         DON'T KNOW       9   |
| INQ.060 | Did {you/you or <b>any</b> family members living here} receive <b>any disability</b> pension [other than Social Security or Railroad Retirement] in the <b>last 12 months</b> ? |
|         | YES   |

BOX 1D

| _ | _                   |   | _ | _ |
|---|---------------------|---|---|---|
| 0 | $\boldsymbol{\cap}$ | v | 2 | Λ |
| 0 | u                   | ^ | _ | - |

|         | CHECK ITEM INQ.065: IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS RECEIVING BENEFIT AND GO TO INQ.080.  |
|---------|---|
| INQ.070 | Who received this disability pension?  PROBE: Anyone else?  |
|         | CAPI INSTRUCTION:<br>DISPLAY NAMES OF ALL FAMILY MEMBERS.   |
|         | SELECT NAME(S) FROM ROSTER  |
|         | SELECT       1         REFUSED       7         DON'T KNOW       9   |
| INQ.080 | Did (you/you or <b>any</b> family members living here) receive <b>retirement or survivor pension</b> [other than Social Security or Railroad Retirement or disability pension] in the <b>last 12 months</b> ? |
|         | YES   |
|         | BOX 2B  CHECK ITEM INQ.083:   |
|         | IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO INQ.090.   |
| INQ.085 | Who received retirement or survivor pension?  PROBE: Anyone else?   |
|         | CAPI INSTRUCTION:<br>DISPLAY NAMES OF FAMILY MEMBERS.   |
|         | SELECT NAME(S) FROM ROSTER  |
|         | SELECT       1         REFUSED       7         DON'T KNOW       9   |
| INQ.090 | Did {you/you or any family members living here} receive <b>Supplemental Security Income</b> [SSI] in the <b>last 12 months</b> ?  |
|         | YES   |

# **CHECK ITEM INQ.093:**

IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO INQ.100.

INQ.095 Who received Supplement Security Income [SSI]?

PROBE: Anyone else?

CAPI INSTRUCTION:

DISPLAY NAMES OF FAMILY MEMBERS.

SELECT NAME(S) FROM ROSTER

| SELECT     | 1 |
|------------|---|
| REFUSED    | 7 |
| DON'T KNOW | 9 |

INQ.100 Was the SSI received because of a **disability**?

| 169        | - 1 |           |
|------------|-----|-----------|
| NO         | 2   | (INQ.130) |
| REFUSED    | 7   | (INQ.130) |
| DON'T KNOW | 9   | (INQ.130) |

#### **BOX 3A**

#### **CHECK ITEM INQ.105:**

IF ONLY ONE FAMILY MEMBER SELECTED IN INQ.095, FLAG PERSON AS RECEIVING BENEFIT AND GO TO INQ.130.

INQ.120 Who received SSI because of a disability?

PROBE: Anyone else?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL FAMILY MEMBERS.

SELECT NAME(S) FROM ROSTER

| SELECT     | 1 |
|------------|---|
| REFUSED    | 7 |
| DON'T KNOW | 9 |

INQ.130 At any time in the **last 12 months**, even for 1 month, did {you/you or **any** family members living here, that is: you or NAMES OF OTHER FAMILY MEMBERS} receive any **government** payments because your income was low, such as welfare, public assistance, AFDC, or some other program?

REVIEW PROGRAMS FOR {DISPLAY STATE NAME} FROM HAND CARD INQ1 WITH RESPONDENT.

# CAPI INSTRUCTION:

DISPLAY FULL STATE NAME FOR THE STATE WHERE THE SAMPLED HOUSEHOLD IS LOCATED.

| YES        | 1 |           |
|------------|---|-----------|
| NO         | 2 | (INQ.135) |
| REFUSED    | 7 | (INQ.135) |
| DON'T KNOW | 9 | (INQ.135) |

# **BOX 3AA**

| CHECK ITEM INO 13 |  |  |
|-------------------|--|--|
|                   |  |  |
|                   |  |  |
|                   |  |  |

CHECK ITEM INQ.131:
IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO INQ.135, OTHERWISE, CONTINUE.

| INQ.133 | Who received government payme <b>PROBE</b> : Anyone else?                   | ents?   |                           |
|---------|---|---|---------------------------|
|         | CAPI INSTRUCTION:<br>DISPLAY NAMES OF FAMILY M                              | EMBERS.   |                           |
|         | SELECT NAME(S) FROM ROST  | ER  |                           |
|         | SE  | LECT  | 1                         |
|         |   | FUSED   | 7                         |
|         | DC  | N'T KNOW  | 9                         |
| INQ.135 |   | bers living here} paying lower rent or makir<br>al government is paying part of the cost? | ng lower mortgage payment |
|         | YE  | S   | 1                         |
|         | NC  | )   | 2                         |
|         | RE  | FUSED   | 7                         |
|         | DC  | N'T KNOW  | 9                         |
|         | programs, or help with transporta<br>YE<br>NC<br>RE                         | such as help with getting a job, placement tion or child care?  S                         | 1                         |
|         |   | вох зв  |                           |
|         | CHECK ITEM INQ.138A: IF ONLY ONE FAMILY MEMBE INQ.140. OTHERWISE, CONTINUE. | ER, FLAG PERSON AS SELECTED AND G   | ю то                      |
| INQ.139 | Who received other welfare assis <b>PROBE</b> : Anyone else?                | tance?  |                           |
|         | CAPI INSTRUCTION:<br>DISPLAY NAMES OF FAMILY M                              | EMBERS.   |                           |
|         | SELECT NAME(S) FROM ROST  | ER  |                           |
|         | RE  | LECTFUSED   | 1<br>7<br>9               |

| INQ.140 | Did {you/you or <b>any</b> family members living here} receive <b>interest</b> 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 the <b>last 12 months</b> ? |
|---------|---|
|         | YES   |
|         | BOX 3C  CHECK ITEM INQ.143:  IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO INQ.150.  OTHERWISE, CONTINUE.  |
| INQ.145 | Who received interest, dividend or rental income?  PROBE: Anyone else?  |
|         | CAPI INSTRUCTION:<br>DISPLAY NAMES OF FAMILY MEMBERS.   |
|         | SELECT NAME(S) FROM ROSTER  |
|         | SELECT       1         REFUSED       7         DON'T KNOW       9   |
| INQ.150 | Did {you/you or <b>any</b> family members living here} receive income in the <b>last 12 months</b> from child support, alimony, contributions from family or others, VA payments, worker's compensation, or unemployment compensation?  |
|         | YES   |
|         | BOX 3D  |
|         | CHECK ITEM INQ.153: IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO BOX 4A.  |
|         | OTHERWISE, CONTINUE.  |
| INQ.155 | Who received income from child support, alimony, contributions from family or others, VA payments, workers compensation or unemployment compensation?  PROBE: Anyone else?  |
|         | CAPI INSTRUCTION:<br>DISPLAY NAMES OF FAMILY MEMBERS.   |
|         | SELECT NAME(S) FROM ROSTER  |
|         | SELECT         1           REFUSED         7  |

|         | DON'T KNOW 9  |
|---------|---|
|         | BOX 4A  |
|         | CHECK ITEM INQ.157:  IF 'YES' TO RECEIVED GOVERNMENT ASSISTANCE PAYMENTS (CODE 1 IN INQ.130), CONTINUE.  OTHERWISE, GO TO BOX 4B.   |
| INQ.160 | Earlier I recorded that {you/you and OTHER NAMES SELECTED IN INQ.133/NAMES SELECTED IN INQ.133} received government payments from programs such as welfare or public assistance in the <b>last 12 months</b> . In the <b>last 12 months</b> , about how many <b>months</b> did anyone receive these payments? |
|         | HAND CARD INQ1<br>IF LESS THAN 1 MONTH, ENTER 1   |
|         | <br>ENTER NUMBER OF MONTHS  |
|         | REFUSED 77 DON'T KNOW 99  |
|         | BOX 4B  |
|         | CHECK ITEM INQ.163: IF 'YES' TO RECEIVED HOUSING ASSISTANCE (CODE 1 IN INQ.135, CONTINUE). OTHERWISE, GO TO BOX 4C.   |
| INQ.165 | Earlier I recorded that {you/you or someone in your family} received lower rent or mortgage payments because of a government program for persons with low income was paying part of the cost. In the last 12 months, about how many months did anyone receive this type of assistance?                        |
|         | IF LESS THAN 1 MONTH, ENTER 1   |
|         | _ <br>ENTER NUMBER OF MONTHS  |
|         | REFUSED   |
|         | BOX 4C  |

**CHECK ITEM INQ.167:** 

IF 'YES' TO RECEIVE OTHER GOVERNMENT ASSISTANCE (CODE 1 IN INQ.138), CONTINUE.

OTHERWISE, GO TO BOX 5.

INQ.168 Earlier I recorded that {you/you and OTHER NAMES SELECTED IN INQ.139/NAMES SELECTED IN INQ.139} received other types of welfare assistance, such as help with getting a job, placement in education or job training programs or help with transportation or child care. In the **last 12 months**, about how many **months** did anyone receive this type of assistance?

IF LESS THAN 1 MONTH, ENTER 1

\_\_\_\_

#### **ENTER NUMBER OF MONTHS**

| REFUSED    | 77 |
|------------|----|
| DON'T KNOW | 99 |

### **BOX 5**

#### LOOP 2:

ASK INQ.200 - INQ.230 FOR

 EACH CPS FAMILY (HOUSEHOLDER, PRIMARY FAMILY, RELATED SUBFAMILY, UNRELATED SUBFAMILY, SECONDARY INDIVIDUAL) INCLUDED IN THE NHANES FAMILY AND THEREFORE INCLUDED IN THIS INTERVIEW.

#### AND

- 2. FOR THE ENTIRE HOUSEHOLD IF:
  - THIS IS THE FIRST NHANES FAMILY IN THE HOUSEHOLD

#### AND

- THERE ARE PERSONS IN THE HOUSEHOLD WHO ARE NOT INCLUDED IN THE FIRST NHANES FAMILY IN THE HOUSEHOLD
- INQ.200 Now I am going to ask about the **total combined income** for {you/NAME(S) OF CPS FAMILY MEMBERS/all the persons in your household: that is all the persons we have talked about and NAMES OF ADDITIONAL HOUSEHOLD MEMBERS} in the **last 12 months**, 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 HOUSEHOLD.
- DISPLAY "NAMES OF CPS FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE HOUSEHOLD AND ASKING QUESTIONS FOR CPS FAMILY.
- DISPLAY "ALL THE PERSONS IN YOUR HOUSEHOLD . . ." IF ASKING QUESTIONS FOR HOUSEHOLD SEE BOX 5.

| \$         | _       | (GO TO BOX 6) |
|------------|---------|---------------|
| REFUSED    | 7.7.777 | 7777          |
| DON'T KNOW | 999999  | 9999          |

INQ.220 You may not be able to give us an exact figure for {your/NAME(S) OF CPS FAMILY MEMBERS/your total household} income, but can you tell me if this income in the **last 12 months** 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 HOUSEHOLD.
- DISPLAY "NAMES OF CPS FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE HOUSEHOLD AND ASKING QUESTIONS FOR CPS FAMILY.
- DISPLAY "YOUR TOTAL HOUSEHOLD" IF ASKING QUESTIONS FOR HOUSEHOLD SEE BOX
   5.

| \$20,000 or more, or | 1 |         |
|----------------------|---|---------|
| less than \$20,000?  | 2 |         |
| REFUSED              | 7 | (BOX 6) |
| DON'T KNOW           | 9 | (BOX 6) |

INQ.230 Of these income groups, can you tell me which letter **best** represents {your/NAME(S) OF CPS FAMILY MEMBERS/your total household} income in the **last 12 months**?

HAND CARD {INQ2/INQ3}

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

#### CAPI INSTRUCTIONS:

- DISPLAY "YOUR" IF ONLY 1 PERSON IN THE HOUSEHOLD.
- DISPLAY "NAMES OF CPS FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE HOUSEHOLD AND ASKING QUESTIONS FOR CPS FAMILY.
- DISPLAY "YOUR TOTAL HOUSEHOLD" IF ASKING QUESTIONS FOR HOUSEHOLD SEE BOX
- IF CODE 1 IN INQ.220, DISPLAY {HAND CARD INQ2} AND DISPLAY ONLY THOSE RESPONSE OPTIONS ASSOCIATED WITH HAND CARD 2.
- IF CODE 2 IN INQ.220, DISPLAY {HAND CARD INQ3} AND DISPLAY ONLY THOSE RESPONSE OPTIONS ASSOCIATED WITH HAND CARD 3.

| Α | 1 | Q | Υ  | GG | 00 |
|---|---|---|----|----|----|
| В | J | R | Z  | HH | PP |
| С | K | S | AA | Ш  | QQ |
| D | L | Т | BB | JJ | RR |
| E | M | U | CC | KK |    |
| F | N | V | DD | LL |    |
| G | 0 | W | EE | MM |    |
| Н | Р | Χ | FF | NN |    |

| REFUSED    |  |  |  |  |  |  |  |  |  |  |  | 77 |
|------------|--|--|--|--|--|--|--|--|--|--|--|----|
| DON'T KNOW |  |  |  |  |  |  |  |  |  |  |  | 99 |

#### BOX 6

### **END LOOP 2:**

ASK INQ.200 - INQ.230 FOR NEXT CPS FAMILY. IF NO NEXT CPS FAMILY, ASK INQ.200 - INQ.230 FOR **HOUSEHOLD** IF:

- THIS IS THE FIRST NHANES FAMILY IN THE HOUSEHOLD
   AND
- THERE ARE PERSONS IN THE HOUSEHOLD WHO ARE NOT INCLUDED IN THE FIRST NHANES FAMILY IN THE HOUSEHOLD.

IF NO HOUSEHOLD QUESTIONS REQUIRED, GO TO 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           |
|----|----------------------|----------------------|
| U. | $\phi \angle U, UUU$ | <del>-</del> ゆとい,ႸႸჇ |

GG. \$32,000 - \$32,999

HH. \$33,000 - \$33,999

II. \$34,000 - \$34,999

JJ. \$35,000 - \$39,999

KK. \$40,000 - \$44,999

LL. \$45,000 - \$49,999

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

12/3/98

**Questionnaire:** Family **Target Group:** Family

# **PESTICIDE USE - PUQ**

| PUQ.010 | Now I have a few questions about products {you use/your family uses} in or around your home.   |
|---------|--|
|         | In the <b>past month</b> , were any chemicals used to treat this home to control fleas, roaches, ants, termites, or other insects?   |
|         | YES 1 NO 2 (BOX 1) REFUSED 7 (BOX 1) DON'T KNOW 9 (BOX 1)  |
| PUQ.020 | [In the <b>past month</b> ], which of the following areas of your home were treated with these chemical products? <b>PROBE:</b> For example, products used to control fleas, roaches, ants, termites or other insects? |
|         | CODE ALL THAT APPLY<br>HAND CARD PUQ1  |
|         | LIVING ROOM  |
| PUQ.030 | In these questions, we want to get information about who applied these chemical products and the number of times they applied them.  |
|         | [In the <b>past month</b> ], when these chemical products were used to treat your home, how many times did   |
|         | IF NEVER, ENTER 0  |
|         | RESPONSES: ENTER NUMBER OF TIMES, REFUSED = 7, DON'T KNOW = 9  |
|         | a. someone living in your home personally apply these products?  |
|         | b. a professional exterminator apply these products?   |
|         | c. someone other than a professional or household member apply these products (for example, a neighbor or relative living outside your home)?  |

# BOX 1

# **CHECK ITEM PUQ.035:**

IF HOME IS TRAILER/MOBILE HOME (CODE 1 IN HOQ.010) OR SINGLE FAMILY HOUSE DETACHED FROM OTHER HOUSES (CODE 2 IN HOQ.010) OR A SINGLE FAMILY HOME ATTACHED TO OTHER HOMES (CODE 3 IN HOQ.010), CONTINUE.

OTHERWISE, GO TO END OF SECTION.

|         |   | a professional or household member<br>(for example, a neighbor or relative<br>ome)? |  |  |  |  |  |  |
|---------|---|---|--|--|--|--|--|--|
|         | b. a professional apply t                                   | hese products?  |  |  |  |  |  |  |
|         | a. someone living in you                                    | ur home personally apply these products?  |  |  |  |  |  |  |
|         | RESPONSES: ENTER NUM  | MBER OF TIMES, REFUSED = 7, DON'T KNO   | W = 9                                    |  |  |  |  |  |
|         | IF NEVER, ENTER 0   |   |  |  |  |  |  |  |
|         | [In the <b>past month</b> ], when the many times did        | se chemical products were used to treat the ar                                      | ea around your home, how                 |  |  |  |  |  |
| PUQ.070 | In these questions, we wan number of times they applied     | at to get information about who applied these d them.                               | chemical products and the                |  |  |  |  |  |
|         |   | YES   | 2 (END OF SECTION)<br>7 (END OF SECTION) |  |  |  |  |  |
| PUQ.060 | In the <b>past month</b> , did anyor plant diseases?        | ne treat your lawn or yard with chemical produc                                     | cts to kill insects, weeds, or           |  |  |  |  |  |
|         |   | YES   | 7 (END OF SECTION)                       |  |  |  |  |  |
|         | MARK IF KNOWN. OTHERWISE ASK.                               |   |  |  |  |  |  |  |
| PUQ.040 | Does the outdoor area around this home have a private yard? |   |  |  |  |  |  |  |
|         |   |   |  |  |  |  |  |  |

**Questionnaire:** Family **Target Group:** Household

# SMOKING - SMQ

| SMQ.410 | I would now like to ask you a few questions about smoking.            |  |                       |  |  |  |  |  |  |
|---------|---|--|-----------------------|--|--|--|--|--|--|
|         | Does anyone who lives here  | e smoke cigarettes, cigars, or pipes <b>anywhere i</b> | nside this home?      |  |  |  |  |  |  |
|         |   | YES  | 7 (END OF SECTION)    |  |  |  |  |  |  |
| SMQ.420 | Who smokes? PROBE: Anyone else?                                       |  |                       |  |  |  |  |  |  |
|         | CAPI INSTRUCTION:<br>DISPLAY <b>HOUSEHOLD</b> RO                      | STER   |                       |  |  |  |  |  |  |
|         | SELECT NAMES FROM HO  | USEHOLD ROSTER   |                       |  |  |  |  |  |  |
|         |   | SELECT REFUSED DON'T KNOW                              | 1<br>7<br>9           |  |  |  |  |  |  |
|         |   | BOX 1  |                       |  |  |  |  |  |  |
|         | LOOP 1:<br>ASK SMQ.430-SMQ.450 FC<br>ROSTER AS SMOKING INS            | OR EACH PERSON SELECTED FROM HOUSE<br>SIDE THE HOME.   | HOLD                  |  |  |  |  |  |  |
| SMQ.430 | How many cigarettes <b>per da</b>                                     | y {do you/does PERSON} usually smoke anyw              | here inside the home? |  |  |  |  |  |  |
|         | 1 PACK EQUALS 20 CIGAR<br>IF NONE, ENTER 0<br>IF LESS THAN 1 PER DAY, |  |                       |  |  |  |  |  |  |
|         |   | <br>ENTER NUMBER OF CIGARETTES                         |                       |  |  |  |  |  |  |
|         |   | REFUSED  |                       |  |  |  |  |  |  |
| SMQ.440 | How many cigars <b>per day</b> {c                                     | do you/does PERSON} usually smoke <b>anywher</b>       | e inside the home?    |  |  |  |  |  |  |
|         | IF NONE, ENTER 0<br>IF LESS THAN 1 PER DAY,                           | ENTER 1  |                       |  |  |  |  |  |  |
|         |   | <br>ENTER NUMBER OF CIGARS                             |                       |  |  |  |  |  |  |
|         |   | REFUSED  |                       |  |  |  |  |  |  |

# SMQ.450 How many pipes per day {do you/does PERSON} usually smoke **anywhere inside** the home?

IF NONE, ENTER 0
IF LESS THAN 1 PER DAY, ENTER 1

|\_\_\_|\_\_| ENTER NUMBER OF PIPES

 REFUSED
 777

 DON'T KNOW
 999

# BOX 2

# END LOOP 1:

ASK SMQ.430-SMQ.450 FOR EACH PERSON SELECTED FROM HOUSEHOLD ROSTER AS SMOKING INSIDE THE HOME. IF NO NEXT PERSON, GO TO END OF SECTION.

**Questionnaire:** Family **Target Group:** Family

# TRACKING AND TRACING - TTQ

|         | BOX 1   |                           |
|---------|---|---------------------------|
|         | LOOP 1:<br>ASK TTQ.010 - TTQ.040 FOR 2 CONTACT PERSONS.   |                           |
| TTQ.005 | The United States Public Health Service may wish to contact you again to obtain additional hear information. Please give me the names, addresses, and telephone numbers of 2 relatives or f would know where you could be reached in case we have trouble reaching you. (Please gnames of persons not currently living in the household.)  PRESS F6 IF RESPONDENT REFUSES {ALL/SECOND} CONTACT INFORMATION PRESS F5 IF RESPONDENT DOESN'T KNOW {ANY/SECOND} CONTACT INFORMATION PRESS ENTER TO ADD {FIRST/SECOND} CONTACT INFORMATION | riends who<br>give me the |
|         | REFUSED   | SECTION)<br>SECTION)      |
| TTQ.010 | REFERRING TO PERSON {1/2}   |                           |
|         | VERIFY SPELLING.  |                           |
|         | ENTER FIRST NAME  |                           |
|         | REFUSED 7<br>DON'T KNOW 9   |                           |
|         | PROBE FOR MIDDLE NAME IF NOT REPORTED ENTER "NMN" FOR NO MIDDLE NAME  |                           |
|         | ENTER MIDDLE NAME   |                           |
|         | REFUSED 7<br>DON'T KNOW 9   |                           |
|         | ENTER LAST NAME   |                           |
|         | REFUSED 7<br>DON'T KNOW 9   |                           |
|         |   |                           |

#### TTQ.020 REFERRING TO PERSON {1/2}

TTQ.030

What is this person's address? [If there is more than one address, please give us the address used most often.]

| ENCOURAGE RESPONDENT TO USE PHONE BOOK OR OTHER DOCUMENTATION IF AVAILABLE. |   |  |  |  |  |
|---|---|--|--|--|--|
| ENTER STREET NUMBER   | ENTER STREET NAME   | ENTER APARTMENT NUMBER   |  |  |  |
|   | EFUSED  | REFUSED 7<br>DON'T KNOW 9  |  |  |  |
| <u></u>   | ENTER 2 LETTER STATE ABBREVIATION TO TO START THE LOOKUP. ECT STATE FROM CAPI STATE SS ENTER TO ACCEPT SELECT |  |  |  |  |
|   | EFUSED  | REFUSED77777<br>DON'T KNOW99999  |  |  |  |
| THE LIST. DON'T KNOW AND I  |   | ABLE TO SELECT 1 STATE FROM PTIONS. THE STATE LOOKUP IN CTLY THE SAME. |  |  |  |
| REFERRING TO PERSON {1/2}   |   |  |  |  |  |
| What is this person's telephone r   | number, beginning with the area o   | code?  |  |  |  |
| REPEAT AREA CODE<br>REPEAT PHONE NUMBER<br>REPEAT EXTENSION                 |   |  |  |  |  |
| _ <br>ENTER AREA CODE   | _  -    -   <br>ENTER TELEPHONE NUM   | _     _   _  |  |  |  |
| NO PHONE  | REFUSED7777777<br>DON'T KNOW .9999999   | REFUSED  |  |  |  |

# TTQ.040 REFERRING TO PERSON {1/2}

What is the relationship of this contact person to you?

| SPOUSE/EX-SPOUSE NOT LIVING IN HH  | 1  |   |
|------------------------------------|----|---|
| UNMARRIED PARTNER NOT LIVING IN HH |    | 2 |
| CHILD                              | 3  |   |
| GRANDCHILD                         | 4  |   |
| PARENT (MOTHER OR FATHER)          | 5  |   |
| BROTHER OR SISTER                  | 6  |   |
| GRANDPARENT                        | 7  |   |
| OTHER RELATIVE                     | 8  |   |
| LEGAL GUARDIAN                     | 9  |   |
| FRIEND                             | 10 |   |
| CO-WORKER                          | 11 |   |
| NEIGHBOR                           | 12 |   |
| OTHER                              | 13 |   |
| REFUSED                            | 77 |   |
| DON'T KNOW                         | 99 |   |

#### BOX 2

# **END LOOP 1:**

ASK TTQ.010 - TTQ.040 FOR SECOND CONTACT PERSON.
IF SECOND CONTACT PERSON INFORMATION COLLECTED, GO TO TTQ.050.

TTQ.050 This is the end of the Family Interview. Thank you very much for your cooperation.

PRESS F10 TO SAVE AND EXIT FORM