

ICPSR 25502

**National Health and Nutrition  
Examination Survey (NHANES),  
2001-2002**

*United States Department of Health and  
Human Services. Centers for Disease  
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for Health Statistics*

NCHS Questionnaire: Demographics

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**Questionnaire:** Family (2001-02)

**Target Group:** ■ Head of CPS Family (Non-SP)  
■ Head of CPS Family Spouse (Non-SP)

## **FAMILY QUESTIONNAIRE**

### **DEMOGRAPHIC BACKGROUND/OCCUPATION – DMQ**

#### **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?

UNITED STATES .....	1 (DMQ.130)
MEXICO .....	2 (DMQ.140)
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.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**?

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.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  $\geq$  16 AND NON-SP SPOUSE (RELATIONSHIP OF 'MARRIED' IN THE SCREENER) OF HEAD IF NON-SP SPOUSE AGE  $\geq$  16.

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.220)
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.220 For whom did {you/NON-SP HEAD/NON-SP SPOUSE} work at {your/his/her} main job or business? (What is the name of the company, business, organization or employer?)

IF MORE THAN 1 JOB, PROBE FOR **MAIN** 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 shoe store, state labor department, farm.)

ENTER NAME OF BUSINESS, JOB OR INDUSTRY

REFUSED ..... 7  
DON'T KNOW ..... 9

OCQ.240 What kind of work {were/was} {you/NON-SP HEAD/NON-SP SPOUSE} doing? (For example: farming, mail clerk, computer specialist.)

ENTER NAME OF OCCUPATION

REFUSED ..... 7  
DON'T KNOW ..... 9

OCQ.250 What {were/was} {your/NON-SP HEAD'S/NON-SP SPOUSE'S} most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

ENTER NAME OF DUTIES

REFUSED ..... 7  
DON'T KNOW ..... 9



OCQ.260 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 <b>PRIVATE</b> COMPANY, BUSINESS, OR INDIVIDUAL FOR WAGES, SALARY, OR COMMISSION.....	1
A <b>FEDERAL</b> GOVERNMENT EMPLOYEE ...	2
A <b>STATE</b> GOVERNMENT EMPLOYEE .....	3
A <b>LOCAL</b> GOVERNMENT EMPLOYEE.....	4
SELF-EMPLOYED IN <b>OWN</b> BUSINESS, PROFESSIONAL PRACTICE OR FARM ....	5
WORKING <b>WITHOUT PAY</b> IN FAMILY BUSINESS OR FARM.....	6
REFUSED .....	7
DON'T KNOW .....	9

**BOX 6**

**CHECK ITEM DMQ.270:**  
GO TO BOX 7.

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.

**Questionnaire:** Family (2001-02)

**Target Group:** Household

**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.

**BOX 1**

**CHECK ITEM FSQ.025Anew:**

IF TOTAL HOUSEHOLD INCOME  $\geq$  FOUR TIMES THE POVERTY GUIDELINE  
FOR THAT HOUSEHOLD, 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  $\geq$  FOUR TIMES THE POVERTY GUIDELINE FOR THAT HOUSEHOLD, TREAT THE TOTAL HOUSEHOLD INCOME AS  $\geq$  FOUR TIMES THE POVERTY GUIDELINE FOR THAT HOUSEHOLD;
  - IF THE RESULT IS  $<$  FOUR TIMES THE POVERTY GUIDELINE FOR THAT HOUSEHOLD 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  $\geq$  FOUR TIMES THE POVERTY GUIDELINE FOR THAT HOUSEHOLD, TREAT THE TOTAL HOUSEHOLD INCOME AS  $\geq$  FOUR TIMES THE POVERTY GUIDELINE FOR THAT HOUSEHOLD;

FOR **2002**, FOUR TIMES THE POVERTY GUIDELINE FOR EACH HOUSEHOLD SIZE IS: 1: \$34,360; 2: \$46,660; 3: \$58,520; 4: \$70,600; 5: \$82,680; 6: \$94,760; 7: \$106,840; 8: \$118,920. FOR EACH ADDITIONAL PERSON, ADD \$12,080.

FSQ.031

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 **often** true, **sometimes** true, or **never** true for {you/your household} in the **last 12 months**, 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  $\leq 17$  (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17).

DISPLAY INSTRUCTIONS FOR {YOU/YOUR HOUSEHOLD}:

IF ONLY ONE PERSON IN HOUSEHOLD, DISPLAY "YOU".

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY "YOUR HOUSEHOLD".

DISPLAY INSTRUCTIONS FOR {I/WE}, {MY/OUR} AND {I WAS/WE WERE}:

IF ONLY ONE PERSON IN HOUSEHOLD, DISPLAY "I" AND "MY".

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY "WE" AND "OUR".

DISPLAY INSTRUCTIONS FOR {NAME/THE CHILDREN}:

IF ONLY ONE CHILD IN THE HOUSEHOLD AGE  $\leq 17$ , DISPLAY CHILD'S FIRST NAME.

IF MORE THAN ONE CHILD IN HOUSEHOLD AGE  $\leq 17$ , DISPLAY "THE CHILDREN".

RESPONSES: OFTEN TRUE = 1, SOMETIMES TRUE = 2, NEVER TRUE = 3, REFUSED = 7, DON'T KNOW = 9

- 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 foods to feed {NAME/the children} because {I was/we were} running out of money to buy food. \_\_\_\_\_
- e. {I/we} couldn't feed {NAME/the children} a balanced meal, because {I/we} couldn't afford that. \_\_\_\_\_

**BOX 2**

**CHECK ITEM FSQ.038A:**

IF THE RESPONSE TO FSQ.031 'A', 'B', 'C', 'D' OR 'E' IS 'OFTEN TRUE' (CODE 1) OR 'SOMETIMES TRUE' (CODE 2), CONTINUE.  
OTHERWISE, GO TO FSQ.150.

**BOX 3**

**CHECK ITEM FSQ.039:**

IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS  $\leq 17$  (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. {NAME was/the 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?

YES ..... 1  
NO ..... 2 (FSQ.060)  
REFUSED ..... 7 (FSQ.060)  
DON'T KNOW ..... 9 (FSQ.060)

FSQ.051 How often did this happen?

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

FSQ.060 In the **last 12 months**, did you **ever** eat **less** than you felt you should because there wasn't enough money to buy food?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

FSQ.070 [In the **last 12 months**], were you **ever** hungry but didn't eat because you couldn't afford enough food?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

FSQ.080 [In the **last 12 months**], did you lose weight because you didn't have enough money for food?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 5A**

**CHECK ITEM FSQ.086:**

IF FSQ.031F IS OFTEN TRUE (CODE 1) OR SOMETIMES TRUE (CODE 2), OR IF 'YES' (CODE 1) IN FSQ.040, FSQ.060, FSQ.070, OR FSQ.080, CONTINUE. OTHERWISE, GO TO FSQ.150.

FSQ.091 [In the **last 12 months**], did {you/you or other adults in your household} **ever** not eat for a whole day because there wasn't enough money for food?

YES ..... 1  
NO ..... 2 (BOX 4A)  
REFUSED ..... 7 (BOX 4A)  
DON'T KNOW ..... 9 (BOX 4A)

FSQ.101 How often did this happen?

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

**BOX 4A**

**CHECK ITEM FSQ.085A:**

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

OTHERWISE, GO TO FSQ.150.

FSQ.110 The next questions are about children living in the household who are under 18 years old.

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  $\leq 17$ , 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  $\leq 17$ , DISPLAY CHILD'S NAME.

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

FSQ.131 How often did this happen?

almost every month, ..... 1  
some months but not every month, or ..... 2  
in 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 ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

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:

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

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

FSQ.150 In the **last 12 months**, did {you/you or any member of your household} **ever** get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 6**

**CHECK ITEM FSQ.155B:**

IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <=5 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 5) OR THERE IS A FEMALE IN THE HOUSEHOLD WHO IS BETWEEN 12 AND 59 (OR IN THE AGE RANGE THAT INCLUDES OR IS GREATER THAN THE ONE THAT INCLUDES 12 **AND** IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 59), CONTINUE.  
OTHERWISE, GO TO FSQ.170.

FSQ.162 [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 ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

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 IN FSQ.180 AND GO TO BOX 8 (ASK FSQ.190 AND FSQ.200 FOR THIS PERSON).

OTHERWISE, CONTINUE.

FSQ.180 Who was authorized to receive Food Stamps?

**PROBE:** Anyone else?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL **HOUSEHOLD** MEMBERS.

SELECT NAME(S) FROM ROSTER

REFUSED ..... 7 (END OF SECTION)  
DON'T KNOW ..... 9 (END OF SECTION)

**BOX 8**

**LOOP 1:**

ASK FSQ.190 AND FSQ.200 FOR EACH PERSON FLAGGED IN FSQ.180 AS RECEIVING FOOD STAMPS.



FSQ.190 In the **last 12 months**, about how many months {were you/was PERSON NAME} authorized to receive Food Stamps?

IF LESS THAN 1 MONTH, ENTER 1

|\_|\_|

ENTER NUMBER OF MONTHS

REFUSED ..... 77

DON'T KNOW ..... 99

FSQ.200 {Are you/Is PERSON NAME} **now** authorized to receive Food Stamps?

YES ..... 1

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

**BOX 9**

**END LOOP 1:**

ASK FSQ.190 AND FSQ.200 FOR NEXT PERSON.

IF NO NEXT PERSON, GO TO END OF SECTION.

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.]

**CAP I 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

**Questionnaire: Family(2001-02)**  
**Target Group: All SPs**

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 Does the insurance {you have/SP has} through {TYPE OF INSURANCE} cover any part of dental care?

CAPI INSTRUCTION:  
 DISPLAY PLAN TYPE AS A LEFT HEADER.

YES ..... 1  
 NO ..... 2  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

**BOX 4**

**CHECK ITEM HIQ.045:**

IF MEDICARE (CODE 4 IN HIQ.030), GO TO HIQ.100.  
 IF MEDICAID (CODE 6 IN HIQ.030), GO TO HIQ.150.  
 IF CHIP, MILITARY, CHAMPUS, INDIAN HEALTH SERVICE,  
 STATE, OR OTHER GOVERNMENT PLAN (CODES 7, 8, 9, 10,  
 11, AND 12), GO TO HIQ.190.  
 OTHERWISE, (IF PRIVATE PLAN – CODE 1, 2, 3 OR 5),  
 CONTINUE.

HIQ.050 Is {your/SP's} {TYPE OF INSURANCE} an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-of-Service), or is it some other kind of plan?

HMO/IPA ..... 1  
 PPO ..... 2  
 POS ..... 3  
 OTHER ..... 4  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

HIQ.060 Under this plan, can {you/SP} choose **any** doctor or **must** {you/he/she} choose one from a specific group or list of doctors?

ANY DOCTOR..... 1  
 SELECTED LIST ..... 2 (HIQ.080)  
 REFUSED ..... 7 (BOX 5)  
 DON'T KNOW ..... 9 (BOX 5)

**Target Group: All SPs**

HIQ.070 {Do you/Does SP} have the option of choosing a doctor from a preferred or select list at a lower cost?

YES .....	1 (HIQ.090)
NO .....	2 (BOX 5)
REFUSED .....	7 (BOX 5)
DON'T KNOW .....	9 (BOX 5)

HIQ.080 If {you/SP} select{s} a doctor who is not in the plan, will the plan pay for any part of the cost?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

HIQ.090 If {you need/SP needs} to go to a different doctor or place for special care, {do you/does s/he} need approval or a referral? [Do not include emergency care.]

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

## BOX 5

**CHECK ITEM HIQ.095:**  
GO TO HIQ.190.

HIQ.100 May I please see {your/SP's} Medicare card to determine the type of coverage and to record the Health Insurance Claim Number? This number is needed to allow Medicare records of the Centers for Medicare and Medicaid Services (CMS) to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact {you/SP}. Except for these purposes, the Department of Health and Human Services will not release {your/his/her} Health Insurance Claim Number to anyone, including any other government agency. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on {your/his/her} benefits. This number will be held in strict confidence. [The Public Health Service Act is Title 42, United States Code, Section 242K.]

CAPI INSTRUCTION:  
 REQUIRE DOUBLE ENTRY OF NUMBER.  
 ALLOW UP TO 11 CHARACTERS (LETTERS OR NUMBERS)

ENTER CLAIM NUMBER

**Questionnaire: Family(2001-02)**  
**Target Group: All SPs**

REFUSED .....77777777 (HIQ.120)  
DON'T KNOW .....99999999 (HIQ.120)

HIQ.105 INTERVIEWER: ENTER 1 RESPONSE

CARD AVAILABLE ..... 1  
CARD NOT AVAILABLE ..... 2 (HIQ.120)

HIQ.110 ENTER **TYPE** OF COVERAGE FROM CARD.

HOSPITAL ONLY (PART A) ..... 1 (BOX 6)  
MEDICAL ONLY (PART B) ..... 2  
BOTH HOSPITAL AND MEDICAL (PART A  
AND PART B)..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

HIQ.120 {Are you/Is SP} under a Medicare managed care arrangement, such as an HMO,  
that is a Health Maintenance Organization? [With an HMO, you must generally  
receive care from HMO doctors, otherwise the expense is not covered unless you  
were referred by the HMO or there was a medical emergency.]

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

HIQ.130 If {you need/SP needs} to go to a different doctor or place for special care, {do  
you/does s/he} need approval or a referral? [Do not include emergency care.]

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

HIQ.140 Besides {your/SP's} Medicare insurance, {are you/is SP} paying an additional  
monthly or yearly premium to receive a more comprehensive health plan?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 6**

**CHECK ITEM HIQ.145:**  
GO TO HIQ.190.

HIQ.150 In this state, Medicaid is also called {DISPLAY STATE PLAN NAME}. With Medicaid, can {you/SP} go to **any** doctor who will accept Medicaid or **must** {you/he/she} choose from a book or list of doctors or is a doctor assigned?

ANY DOCTOR..... 1  
SELECT FROM BOOK/LIST ..... 2  
DOCTOR IS ASSIGNED ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

HIQ.160 {Are you/Is SP} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which {you/he/she} must go to for all of {your/his/her} routine care? [Do **not** include emergency care or care from a specialist {you were/he was/she was} referred to.]

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

HIQ.170 If {you/SP} need{s} to go to a different doctor or place for special care, {do/does} {you/he/she} need approval or a referral? [Do **not** include emergency care.]

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 7**

**CHECK ITEM HIQ.175:**  
GO TO HIQ.190.

HIQ.180 What types of service or care does {your/SP's} single service plan or plans pay for?

CODE ALL THAT APPLY

ACCIDENTS..... 10  
AIDS CARE ..... 11  
CANCER TREATMENT ..... 12  
CATASTROPHE CARE ..... 13  
DENTAL CARE ..... 14  
DISABILITY INSURANCE (CASH  
PAYMENTS WHEN UNABLE TO WORK  
FOR HEALTH REASONS)..... 15  
HOSPICE CARE ..... 16  
HOSPITALIZATION ONLY..... 17

**Questionnaire: Family(2001-02)**  
**Target Group: All SPs**

LONG-TERM CARE (NURSING HOME CARE) .....	18
PRESCRIPTIONS .....	19
VISION CARE .....	20
OTHER (SPECIFY) .....	21
REFUSED .....	77
DON'T KNOW .....	99

HIQ.190 {Do you/Does SP} have another type of health insurance or health care coverage?

CODE IF KNOWN. OTHERWISE, ASK.

HAND CARD HIQ1

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.

YES .....	1
NO .....	2 (HIQ.210)
REFUSED .....	7 (HIQ.210)
DON'T KNOW .....	9 (HIQ.210)

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 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)

**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

**Questionnaire: Family(2001-02)**  
**Target Group: All SPs**

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 **NOT** COVERED BY  
 HEALTH INSURANCE.

IF NO NEXT SP, GO TO END OF SECTION.

HOUSING CHARACTERISTICS - HOQ

HOQ.010new 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<br>other house,.....  | 2 (HOQ.040) |
| a one family house attached to one or<br>more houses,..... | 3 (HOQ.040) |
| an apartment, or .....                                     | 4           |
| dormitory.....   | 5 (HOQ.040) |
| something else (SPECIFY)? .....                            | 6 (HOQ.040) |
| REFUSED .....  | 7 (HOQ.040) |
| DON'T KNOW .....   | 9 (HOQ.040) |

HOQ.030 How many apartments are in this building? Would you say . . .

- |                    |    |
|--------------------|----|
| 1,.....            | 1  |
| 2,.....            | 2  |
| 3 or 4, .....      | 3  |
| 5 to 9,.....       | 4  |
| 10 to 19,.....     | 5  |
| 20 to 49, or ..... | 6  |
| 50 or more? .....  | 7  |
| REFUSED .....      | 77 |
| DON'T KNOW .....   | 99 |

HOQ.040 When was this {mobile home/house/building} originally built?

READ CATEGORIES IF NECESSARY.

- |                        |   |
|------------------------|---|
| 1990 TO PRESENT .....  | 1 |
| 1978 TO 1989,.....     | 2 |
| 1960 TO 1977,.....     | 3 |
| 1950 TO 1959,.....     | 4 |
| 1940 TO 1949, OR ..... | 5 |
| BEFORE 1940.....       | 6 |
| REFUSED .....          | 7 |
| DON'T KNOW .....       | 9 |

HOQ.050 How many rooms are in this home? Count the kitchen but not the bathroom.

|\_|\_|\_|

ENTER NUMBER OF ROOMS

**Questionnaire: Family (2001-02)**  
**Target Group: SP, Family**

REFUSED ..... 77  
 DON'T KNOW ..... 99

HOQ.060 How long {have you/has your family} lived at this address?

|\_|\_|\_|\_|  
 ENTER NUMBER (OF MONTHS OR YEARS)

LESS THAN ONE MONTH .....666  
 REFUSED .....777  
 DON'T KNOW .....999

ENTER UNIT

MONTHS ..... 1  
 YEARS ..... 2  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

HOQ.065 Is this {mobile home/house/apartment} owned, being bought, rented, or occupied by some other arrangement by {you/you or someone else in your family}?

OWNED OR BEING BOUGHT ..... 1  
 RENTED ..... 2  
 OTHER ARRANGEMENT ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

HOQ.070 What is the source of tap water in this home? Is it a private or public water company, a private or public well, or something else?

PRIVATE/PUBLIC WATER COMPANY.. 1  
 PRIVATE/PUBLIC WELL ..... 2  
 SOMETHING ELSE ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

HOQ.080 Are any of the water treatment devices listed on this card used in your home?

HAND CARD HOQ1

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

HOQ.083 Which of these water treatment devices are now used in your home?

HAND CARD HOQ1

CODE ALL THAT APPLY

BRITA OR OTHER PITCHER

**Questionnaire: Family (2001-02)**  
**Target Group: SP, Family**

WATER FILTER .....	1
CERAMIC OR CHARCOAL FILTER .....	2
WATER SOFTENER .....	3
AERATOR .....	4
REVERSE OSMOSIS .....	5
REFUSED .....	7
DON'T KNOW .....	9

**BOX 1**

**CHECK ITEM HOQ.085:**

IF FAMILY INCLUDES CHILD WHO IS AN SP AND IS AGE 1-5, CONTINUE.  
OTHERWISE, GO TO END OF SECTION.

HOQ.140 During the **last 12 months**, were any areas **inside** your home painted, such as walls, trim or ceilings?

YES .....	1
NO .....	2 (HOQ.160)
REFUSED .....	7 (HOQ.160)
DON'T KNOW .....	9 (HOQ.160)

HOQ.150 When this painting was done did someone sand or scrape off any of the old paint?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

HOQ.160 Are there any rooms in your home where you can see paint that is peeling, flaking or chipping off the walls, ceilings, doors, or windows?

YES .....	1
NO .....	2 (HOQ.190)
REFUSED .....	7 (HOQ.190)
DON'T KNOW .....	9 (HOQ.190)

HOQ.170 In any of these rooms, can you see at least one total area of peeling, flaking or chipping paint that is **larger than one page of a regular newspaper**?

YES .....	1
NO .....	2 (HOQ.190)
REFUSED .....	7 (HOQ.190)
DON'T KNOW .....	9 (HOQ.190)

HOQ.180 How many rooms have this much peeling, flaking or chipping paint? [Areas that are larger than one page of regular newspaper.]

Questionnaire: Family (2001-02)  
Target Group: SP, Family

|\_|\_|\_|  
ENTER NUMBER OF ROOMS

REFUSED ..... 77  
DON'T KNOW ..... 99

HOQ.190 Can you see paint that is peeling, flaking or chipping on any **outside area** of your {house/building}?

YES ..... 1  
NO ..... 2 (HOQ.220)  
REFUSED ..... 7 (HOQ.220)  
DON'T KNOW ..... 9 (HOQ.220)

HOQ.210 Can you see any total area of peeling, flaking or chipping paint on any outside area that is **larger than a regular door**?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

HOQ.220 The next questions are about work that has been done in your home in the **past 12 months**. In the **past 12 months**, have you or anyone else . . .

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

- a. replaced a window in your home? \_\_\_\_\_
- b. replaced a kitchen cabinet? \_\_\_\_\_
- c. removed a wall in your home? \_\_\_\_\_

INCOME - INQ

**BOX 1A**

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

1. 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**. This would include income sources that you collect on behalf of children like SSI, WIC, etc.

**Questionnaire: Family (2001-02)**  
**Target Group: SP, Family,**  
**Household**

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?

YES .....	1
NO .....	2 (INQ.020)
REFUSED .....	7 (INQ.020)
DON'T KNOW .....	9 (INQ.020)

**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:  
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 .....	1
NO .....	2 (INQ.030)
REFUSED .....	7 (INQ.030)
DON'T KNOW .....	9 (INQ.030)

**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:  
DISPLAY NAMES OF FAMILY MEMBERS.



**Questionnaire: Family (2001-02)**  
**Target Group: SP, Family,**  
**Household**

SELECT NAME(S) FROM ROSTER

SELECT..... 1  
REFUSED ..... 7  
DON'T KNOW ..... 9

INQ.030 Did {you/you or **any** family members living here, that is: you or NAME(S) OF OTHER FAMILY MEMBERS} receive income in the **last 12 months** from **Social Security** or **Railroad Retirement**?

YES ..... 1  
NO ..... 2 (INQ.060)  
REFUSED ..... 7 (INQ.060)  
DON'T KNOW ..... 9 (INQ.060)

**BOX 1D**

**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:  
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 **disability** benefit?

YES ..... 1  
NO ..... 2 (INQ.060)  
REFUSED ..... 7 (INQ.060)  
DON'T KNOW ..... 9 (INQ.060)

**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?

**PROBE:** Anyone else?

CAP I 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 **any** family members living here} receive **any disability** pension [other than Social Security or Railroad Retirement] in the **last 12 months**?

YES .....	1
NO .....	2 (INQ.080)
REFUSED .....	7 (INQ.080)
DON'T KNOW .....	9 (INQ.080)

**BOX 2A**

**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?

CAP I INSTRUCTION:  
DISPLAY NAMES OF ALL FAMILY MEMBERS.

SELECT NAME(S) FROM ROSTER

SELECT .....	1
REFUSED .....	7
DON'T KNOW .....	9

Questionnaire: Family (2001-02)  
Target Group: SP, Family,  
Household

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 the **last 12 months**?

YES ..... 1  
NO ..... 2 (INQ.090)  
REFUSED ..... 7 (INQ.090)  
DON'T KNOW ..... 9 (INQ.090)

**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:  
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 **Supplemental Security Income** [SSI] in the **last 12 months**?

YES ..... 1  
NO ..... 2 (INQ.130)  
REFUSED ..... 7 (INQ.130)  
DON'T KNOW ..... 9 (INQ.130)

**BOX 2C**

**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.

**Questionnaire: Family (2001-02)**  
**Target Group: SP, Family,**  
**Household**

SELECT NAME(S) FROM ROSTER

SELECT..... 1  
REFUSED ..... 7  
DON'T KNOW ..... 9

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

YES ..... 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 cash assistance from a state or county welfare program such as {DISPLAY SPECIFIC STATE PROGRAMS}?

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 (INQ.138)  
REFUSED ..... 7 (INQ.138)  
DON'T KNOW ..... 9 (INQ.138)

**BOX 3AA**

**CHECK ITEM INQ.131:**

IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS  
SELECTED AND GO TO INQ.138, OTHERWISE, CONTINUE.

INQ.133 Who received government payments?

**PROBE:** Anyone else?

CAPI INSTRUCTION:  
DISPLAY NAMES OF FAMILY MEMBERS.

SELECT NAME(S) FROM ROSTER

SELECT .....	1
REFUSED .....	7
DON'T KNOW .....	9

INQ.138 In the **last 12 months**, did {you/you or **any** family member living here} receive any **other** kind of welfare assistance, such as help with getting a job, placement in educational or job training programs, or help with transportation or child care?

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

**BOX 3B**

**CHECK ITEM INQ.138A:**

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

INQ.139 Who received other welfare assistance?

**PROBE:** Anyone else?

CAPI INSTRUCTION:  
DISPLAY NAMES OF FAMILY MEMBERS.

SELECT NAME(S) FROM ROSTER

SELECT .....	1
REFUSED .....	7
DON'T KNOW .....	9

INQ.135 Are {you/you or **any** family members living here} paying lower rent because the Federal, state, or local government is paying part of the cost?

**Questionnaire: Family (2001-02)**  
**Target Group: SP, Family,**  
**Household**

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

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 the **last 12 months**?

YES ..... 1  
NO ..... 2 (INQ.150)  
REFUSED ..... 7 (INQ.150)  
DON'T KNOW ..... 9 (INQ.150)

**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:  
DISPLAY NAMES OF FAMILY MEMBERS.

SELECT NAME(S) FROM ROSTER

SELECT ..... 1  
REFUSED ..... 7  
DON'T KNOW ..... 9

INQ.150 Did {you/you or **any** family members living here} receive income in the **last 12 months** from child support, alimony, contributions from family or others, VA payments, worker's compensation, or unemployment compensation?

YES ..... 1  
NO ..... 2 (BOX 4A)  
REFUSED ..... 7 (BOX 4A)  
DON'T KNOW ..... 9 (BOX 4A)

**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:  
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 CASH ASSISTANCE (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 cash assistance from a state or  
county welfare program in the **last 12 months**. In the **last 12 months**, about how  
many **months** did anyone receive these payments?

{DISPLAY SPECIFIC STATE PROGRAMS}  
IF LESS THAN 1 MONTH, ENTER 1

|\_|\_|  
ENTER NUMBER OF MONTHS

REFUSED ..... 77  
DON'T KNOW ..... 99

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

**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 because the Federal, state, or local government is 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

|\_|\_|\_|

ENTER NUMBER OF MONTHS

REFUSED ..... 77

DON'T KNOW ..... 99

**BOX 4C**

**CHECK ITEM INQ.167:**

IF 'YES' TO RECEIVE OTHER WELFARE 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

1. 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?

**CAP I 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 5A)

REFUSED .....7777777777

DON'T KNOW .....9999999999

**BOX 5A**

**CHECK ITEM INQ.210:**

IF INCOME ENTERED IN INQ.200 (ALL TOTAL INCOME QUESTIONS) IS 5 OR 6 DIGITS, SKIP TO BOX 6.

OTHERWISE (TOTAL INCOME IS 4 OR LESS DIGITS OR 7 OR MORE DIGITS), CONTINUE.

Questionnaire: Family (2001-02)  
Target Group: SP, Family,  
Household

INQ.215     **INTERVIEWER:**  
YOU HAVE ENTERED {DISPLAY INCOME ENTERED IN TOTAL INCOME  
QUESTION – INQ.200A, B, C, ETC.} FOR FAMILY TOTAL NUMBER. IS THIS  
CORRECT?

CAPI INSTRUCTION:  
DISPLAY INCOME WITH COMMAS IN APPROPRIATE PLACES – EXAMPLE:  
4,000 – IF THIS CANNOT BE DONE, PLEASE NOTIFY DESIGN GROUP.

YES ..... 1  
NO ..... 2 (RETURN  
TO INQ.200)

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 5.
- IF CODE 1 IN INQ.220, DISPLAY {HAND CARD INQ2} AND DISPLAY ONLY  
THOSE RESPONSE OPTIONS ASSOCIATED WITH HAND CARD 2.

**Questionnaire: Family (2001-02)**

**Target Group: SP, Family,  
Household**

- IF CODE 2 IN INQ.220, DISPLAY {HAND CARD INQ3} AND DISPLAY ONLY THOSE RESPONSE OPTIONS ASSOCIATED WITH HAND CARD 3.

|\_|\_|

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**

**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.

INQ 3
-------

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

INQ 2
-------

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

Questionnaire: Family (2001-02)  
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 **past month**, 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 **past month**], which of the following areas of your home were treated with these chemical products?

**PROBE:** For example, products used to control fleas, roaches, ants, termites or other insects?

CODE ALL THAT APPLY  
HAND CARD PUQ1

LIVING ROOM.....	1
FAMILY ROOM .....	2
DINING ROOM.....	3
KITCHEN.....	4
BATHROOM(S) .....	5
BEDROOM(S) .....	6
OTHER ROOMS (DEN, PLAYROOM, REC ROOM, ETC.) .....	7
OUTSIDE (TO FOUNDATION OR BUILDING) .....	8
ENTIRE HOUSE.....	9
REFUSED .....	77
DON'T KNOW .....	99

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 **past month**], 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

- someone living in your home personally apply these products?**
- a professional exterminator apply these products?**
- 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.

PUQ.040 Does the outdoor area around this home have a private yard?

MARK IF KNOWN. OTHERWISE ASK.

YES ..... 1  
NO ..... 2 (END OF  
SECTION)  
REFUSED ..... 7 (END OF  
SECTION)  
DON'T KNOW ..... 9 (END OF  
SECTION)

PUQ.060 In the **past month**, did anyone treat your lawn or yard with chemical products to kill  
insects, weeds, or plant diseases?

YES ..... 1  
NO ..... 2 (END OF  
SECTION)  
REFUSED ..... 7 (END OF  
SECTION)  
DON'T KNOW ..... 9 (END OF  
SECTION)

PUQ.070 In these questions, we want to get information about who applied these chemical  
products and the number of times they applied them.

[In the **past month**], when these chemical products were used to treat the area  
around 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 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)?**



SMOKING - SMQ

SMQ.410 I would now like to ask you a few questions about smoking.

Does **anyone** who lives here smoke cigarettes, cigars, or pipes **anywhere inside** this home?

YES ..... 1  
NO ..... 2 (END OF  
SECTION)  
REFUSED ..... 7 (END OF  
SECTION)  
DON'T KNOW ..... 9 (END OF  
SECTION)

SMQ.420 Who smokes?  
**PROBE:** Anyone else?

CAPI INSTRUCTION:  
DISPLAY **HOUSEHOLD** ROSTER

SELECT NAMES FROM HOUSEHOLD ROSTER

SELECT ..... 1  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 1**

**LOOP 1:**  
ASK SMQ.430-SMQ.450 FOR EACH PERSON SELECTED FROM  
HOUSEHOLD ROSTER AS SMOKING INSIDE THE HOME.

SMQ.430 How many cigarettes **per day** {do you/does PERSON} usually smoke **anywhere inside** the home?

1 PACK EQUALS 20 CIGARETTES  
IF NONE, ENTER 0  
IF LESS THAN 1 PER DAY, ENTER 1

|\_|\_|\_|  
ENTER NUMBER OF CIGARETTES  
  
REFUSED .....777  
DON'T KNOW .....999

SMQ.440 How many cigars **per day** {do you/does PERSON} usually smoke **anywhere inside** the home?

IF NONE, ENTER 0

**Questionnaire: Family (2001-02)**  
**Target Group: Household**

IF LESS THAN 1 PER DAY, ENTER 1

|\_|\_|\_|

ENTER NUMBER OF CIGARS

REFUSED .....777

DON'T KNOW .....999

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.

TRACKING AND TRACING - TTQ

BOX 1

**LOOP 1:**

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 health related information. Please give me the names, addresses, and telephone numbers of 2 relatives or friends who would know where you could be reached in case we have trouble reaching you. (Please give me the names 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

REFUSED ..... 7 (END OF SECTION)

DON'T KNOW ..... 9 (END OF SECTION)

TTQ.010 **REFERRING TO PERSON {1/2}**

VERIFY SPELLING.

\_\_\_\_\_  
ENTER FIRST NAME

REFUSED ..... 7

DON'T KNOW..... 9

PROBE FOR MIDDLE NAME IF NOT REPORTED

ENTER "NMN" FOR NO MIDDLE NAME

\_\_\_\_\_  
ENTER MIDDLE NAME

REFUSED ..... 7

DON'T KNOW..... 9

\_\_\_\_\_  
ENTER LAST NAME

REFUSED ..... 7

DON'T KNOW..... 9

**Questionnaire: Family (2001-02)**  
**Target Group: Family**

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

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
---------------------------------	----------------------------	------------------------------------

REFUSED..... 7	REFUSED..... 7	REFUSED ..... 7
DON'T KNOW.. 9	DON'T KNOW..... 9	DON'T KNOW ..... 9

_____ ENTER TOWN OR CITY NAME	_____ ENTER 2 LETTER STATE ABBREVIATION TO TO START THE LOOKUP.	_____ ENTER POSTAL CODE OR ZIPCODE
-------------------------------------	--	--

SELECT STATE FROM CAPI STATE LIST.  
PRESS ENTER TO ACCEPT SELECTION.

REFUSED..... 7	REFUSED.....77	REFUSED ..... 7777
DON'T KNOW.. 9	DON'T KNOW.....99	DON'T KNOW ..... 9999

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.

TTQ.030 **REFERRING TO PERSON {1/2}**

What is this person's telephone number, beginning with the area code?

REPEAT AREA CODE  
 REPEAT PHONE NUMBER  
 REPEAT EXTENSION

_____ ENTER AREA CODE	_____ ENTER TELEPHONE NUMBER	_____ ENTER EXTENSION
-----------------------------	---------------------------------	--------------------------

NO PHONE.....666 (TTQ.040)	REFUSED ..... 777777	REFUSED ..... 777
REFUSED..... 777 (TTQ.040)	DON'T KNOW ..... 999999	DON'T KNOW ..... 999
DON'T KNOW. 999 (TTQ.040)		

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