

FORM **DFS-1**
(7-1-94)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY
(NHIS PHASE II)
CHILD'S QUESTIONNAIRE

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 50 minutes per response, with an average of 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

RT 01
3-7
8

Part I - CALL RECORD

RT 06
3-4

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	

Part II - STATUS

A. Final Status		B. Mode		D. Field representative's name	Code 65-67
Interview 20-21 01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial (Explain in Notes) Noninterview 04 <input type="checkbox"/> Refused 05 <input type="checkbox"/> Unable to contact 06 <input type="checkbox"/> Unable to locate 07 <input type="checkbox"/> Deceased 10 <input type="checkbox"/> Moved o/s PSU, unable to phone 11 <input type="checkbox"/> Other noninterview		1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit 22		Notes	
} (Explain in Notes)		C. Respondent Name 23-63 _____ _____ 64 1 <input type="checkbox"/> Desired respondent (Name on label) 2 <input type="checkbox"/> Preferred respondent (Name in PR box on page 3) 3 <input type="checkbox"/> Other respondent			

Part III - NEW ADDRESS FOR CHILD

RT 07
3-4

A. Address (Different from label)					
Number and street					5-29
City	30-49	State	50-51	ZIP Code	52-60
B. Telephone (Different from label)					
Area code	61-63	Number	64-70	71	
1 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK number					

INITIAL SCREENING - CHILDREN

<p>1. I need to talk to (desired respondent) about (sample child). Do they both live here?</p>	<p>1 <input type="checkbox"/> Yes (Go to 2) 2 <input type="checkbox"/> No (Skip to 6)</p>	<p>5</p>
<p>2. May I speak with (desired respondent)?</p>	<p>1 <input type="checkbox"/> Yes (Skip to A) 2 <input type="checkbox"/> Not available (Go to 3)</p>	<p>6</p>
<p>3. Will (desired respondent) [be available/return] before (closeout date)?</p>	<p>1 <input type="checkbox"/> Yes (Arrange callback) 2 <input type="checkbox"/> No (Go to 4)</p>	<p>7</p>
<p>4. Why will (desired respondent) not be available before (closeout date)?</p>	<p>1 <input type="checkbox"/> Incapable 2 <input type="checkbox"/> Institutionalized } (Skip to 8) 3 <input type="checkbox"/> Temporarily absent (Go to 5) 4 <input type="checkbox"/> Other (Skip to 8)</p>	<p>8</p>
<p>5. How can I get in contact with (desired respondent)?</p>	<p>1 <input type="checkbox"/> Not possible (Skip to 8) 2 <input type="checkbox"/> Address/telephone no. given (Record address and telephone no. on page 3)</p>	<p>9</p>
<p>6a. Do EITHER of them still live here?</p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No (Skip to 7)</p>	<p>10</p>
<p>b. Who?</p>	<p>1 <input type="checkbox"/> Desired respondent } (Skip to 8) 2 <input type="checkbox"/> Sample child</p>	<p>11</p>
<p>7a. Did they move somewhere together?</p>	<p>1 <input type="checkbox"/> Yes (Go to 7b) 2 <input type="checkbox"/> No (Skip to 8)</p>	<p>12</p>
<p>b. Where do (desired respondent) and (sample child) live?</p>	<p>1 <input type="checkbox"/> DK (END interview-noninterview) 2 <input type="checkbox"/> Address/telephone no. given (Record address and telephone no. on page 3)</p>	<p>13</p>
<p><i>Read with parenthetical first.</i></p>		
<p>8a. I need to speak to an adult [relative or guardian who lives with (sample child)] about (sample child's) health. Who would that be?</p>	<p>1 <input type="checkbox"/> Respondent } (Record preferred respondent information on page 3. Go to 8b) 2 <input type="checkbox"/> Other person } 3 <input type="checkbox"/> SC or SC's spouse (Interview SC on DFS-2) 4 <input type="checkbox"/> SC died (Skip to 9) 5 <input type="checkbox"/> SC institutionalized } (Reask 8a without first parenthetical) 6 <input type="checkbox"/> No one 9 <input type="checkbox"/> DK (Skip to 8c)</p>	<p>14</p>
<p>b. How [are you/is this person] related to (sample child)?</p>	<p>1 <input type="checkbox"/> Mother 2 <input type="checkbox"/> Father 3 <input type="checkbox"/> Brother/Sister 4 <input type="checkbox"/> Grandparent 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative 9 <input type="checkbox"/> DK } (Continue with A or arrange callback)</p>	<p>15</p>
<p>c. Who would know who I should speak to about (sample child's) health?</p>	<p>1 <input type="checkbox"/> Person given - (Record preferred respondent information on page 3) 2 <input type="checkbox"/> No one (End interview - noninterview) 3 <input type="checkbox"/> DK (End interview - noninterview)</p>	<p>16</p>
<p>9. On what date did (sample child) die?</p>	<p>Date of Death ___/___/19___ } (Mark deceased on Cover Page) 999999 <input type="checkbox"/> DK</p>	<p>17-22</p>

<p>A</p>	<p>Begin all interviews by asking: When we conducted the interview several months ago, we recorded (sample child's) age as (age from label). Is this still correct?</p>	<p>1 <input type="checkbox"/> Yes (Go to Section A on page 5) 2 <input type="checkbox"/> No (Correct age on label, then go to Section A on page 5)</p>
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Notes

INITIAL SCREENING - Continued

NEW ADDRESS (First or only)				RT 09 3-4	Second (If appropriate)				RT 10 3-4			
Name of place (If appropriate)				5-40	Name of place (If appropriate)				5-40			
Number and street				41-64	Number and street				41-64			
City	65-84	State	85-86	ZIP Code	87-95	City	65-84	State	85-86	ZIP Code	87-95	
Telephone					Telephone							
Area code	96-98	Number	99-105	<input type="checkbox"/> None	<input type="checkbox"/> DK		Area code	96-98	Number	99-105	<input type="checkbox"/> None	<input type="checkbox"/> DK
				<input type="checkbox"/> Refused	number						<input type="checkbox"/> Refused	number
PREFERRED RESPONDENT (From 8a or 8c)				RT 11 3-4								
Name				5-40								
<input type="checkbox"/> Mark box if same address/phone as SC (Skip to A1 on page 5)				41								
Number and street				42-65								
City	66-85	State	86-87	ZIP Code	88-96							
Telephone												
Area code	97-99	Number	100-106	<input type="checkbox"/> None	<input type="checkbox"/> DK		Area code	97-99	Number	100-106	<input type="checkbox"/> None	<input type="checkbox"/> DK
				<input type="checkbox"/> Refused	number						<input type="checkbox"/> Refused	number

GENERAL INSTRUCTIONS

- | | |
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| <p>1. Conduct all interviews by personal visit unless the only way to get an interview is by telephone.</p> <p>2. After appropriate introductions, begin all interviews with A on page 2.</p> <p>3. If the respondent is not within your normal assignment area, call your office for instructions.</p> <p>4. Make minor corrections to address or phone number on the LABEL. Record new addresses and/or phone numbers above.</p> <p>5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space.</p> | <p>6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions:</p> <ul style="list-style-type: none"> • Long dash (—) – Insert the appropriate words or names from the list. • Underlined italics in parentheses – Insert the specified words, name, date, etc. • Regular type in parentheses – Either read or do not read the parenthetical, depending on the situation and the context of the question. • Brackets with a slash (/) – Choose the appropriate words or phrase for the particular interview. • Bold capitals – Emphasize the word(s) when reading the question. <p>7. If the sample child is emancipated, interview the sample child on a DFS-2 questionnaire, transcribing all label information from the DFS-1 to the DFS-2.</p> |
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Notes

FORM **DFS-2**
(7-1-94)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
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U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY
(NHIS PHASE II)
ADULT'S QUESTIONNAIRE

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RT 31
3-7
8

RT 37
3-4

Part I - CALL RECORD

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	

Part II - STATUS

A. Final Status 20-21		B. Mode 22		C. Respondent 64	
Interview 01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial (Explain in Notes) Noninterview 03 <input type="checkbox"/> SP refused 04 <input type="checkbox"/> Proxy refused 05 <input type="checkbox"/> Unable to contact 06 <input type="checkbox"/> Unable to locate 07 <input type="checkbox"/> Deceased 08 <input type="checkbox"/> Institutionalized, no proxy 09 <input type="checkbox"/> Incapable, no proxy 10 <input type="checkbox"/> Moved o/s PSU, unable to phone 11 <input type="checkbox"/> Other noninterview		1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit D. Proxy Name 23-63 E. Field Representative's Name Code 66-68		1 <input type="checkbox"/> Self 2 <input type="checkbox"/> Proxy \checkmark Reason for proxy 1 <input type="checkbox"/> SP incapable 2 <input type="checkbox"/> SP institutionalized 3 <input type="checkbox"/> SP unavailable 4 <input type="checkbox"/> Other - Specify \checkmark (Fill II.D) 65	

Part III - NEW ADDRESS

RT 38
3-4
Notes

A. Address (Different from label)					
Number and street 5-29					
City	30-49	State	50-51	ZIP Code	52-60
B. Telephone (Different from label)					
Area code	61-63	Number	64-70	71	
		1 <input type="checkbox"/> None		7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK number	

INITIAL SCREENING

1. May I please speak with (sample person)?	<input type="checkbox"/> 1 Yes (Go to A below) <input type="checkbox"/> 2 No (Go to 2)	5						
2. Why is (sample person) not available to be interviewed?	<input type="checkbox"/> 1 SP deceased (Skip to 6) <input type="checkbox"/> 2 SP moved (Skip to 4) <input type="checkbox"/> 3 SP temporarily absent/unavailable (Go to 3) <input type="checkbox"/> 4 SP incapable } (Skip to 5) <input type="checkbox"/> 5 Other	6						
3. Will (sample person) [return/be available] before (closeout date)?	<input type="checkbox"/> 1 Yes (Schedule appointment) <input type="checkbox"/> 2 No } (Go to 4) <input type="checkbox"/> 9 DK	7						
4a. Has (sample person) moved to a new residence or is [he/she] in a health facility, group home, or some other place?	<input type="checkbox"/> 1 SP moved (Record new address and telephone no.) <input type="checkbox"/> 2 SP in health facility/group home (Go to 4b) <input type="checkbox"/> 3 SP in jail (Skip to 5) <input type="checkbox"/> 4 SP in prison (END interview - noninterview) <input type="checkbox"/> 5 SP on vacation/visiting/temporarily absent (Skip to 4d)	8						
b. What type of facility or group home is this? <i>Mark (X) first appropriate box.</i>	<table style="width:100%; border: none;"> <tr> <td style="border: none;"> <input type="checkbox"/> 01 Hospital <input type="checkbox"/> 02 Nursing/convalescent home <input type="checkbox"/> 03 Retirement home <input type="checkbox"/> 04 Group home <input type="checkbox"/> 06 Supervised apartment <input type="checkbox"/> 08 Halfway house <input type="checkbox"/> 07 Board and Care home <input type="checkbox"/> 08 Developmental Center <input type="checkbox"/> 09 Other supervised group residence or facility <input type="checkbox"/> 10 Other </td> <td style="border: none; vertical-align: middle; padding-left: 10px;"> } (Go to 4c) } (Record new address and telephone no.) </td> </tr> </table>	<input type="checkbox"/> 01 Hospital <input type="checkbox"/> 02 Nursing/convalescent home <input type="checkbox"/> 03 Retirement home <input type="checkbox"/> 04 Group home <input type="checkbox"/> 06 Supervised apartment <input type="checkbox"/> 08 Halfway house <input type="checkbox"/> 07 Board and Care home <input type="checkbox"/> 08 Developmental Center <input type="checkbox"/> 09 Other supervised group residence or facility <input type="checkbox"/> 10 Other	} (Go to 4c) } (Record new address and telephone no.)	9-10				
<input type="checkbox"/> 01 Hospital <input type="checkbox"/> 02 Nursing/convalescent home <input type="checkbox"/> 03 Retirement home <input type="checkbox"/> 04 Group home <input type="checkbox"/> 06 Supervised apartment <input type="checkbox"/> 08 Halfway house <input type="checkbox"/> 07 Board and Care home <input type="checkbox"/> 08 Developmental Center <input type="checkbox"/> 09 Other supervised group residence or facility <input type="checkbox"/> 10 Other	} (Go to 4c) } (Record new address and telephone no.)							
c. Refer to age on label.	<input type="checkbox"/> 1 Under 69 (Skip to 5) <input type="checkbox"/> 2 69+ (Go to 4d)	11						
d. Is it possible to interview (sample person) at the [facility/present location]?	<input type="checkbox"/> 1 Yes (Record address and telephone no.) <input type="checkbox"/> 2 No (Go to 5)	12						
5. Since I won't be able to interview (sample person), I need to talk to the person who knows the most about (sample person's) health. Who would that be?	<input type="checkbox"/> 1 Respondent (Go to A below) <input type="checkbox"/> 2 Other person (Record person's name, address, and telephone no.) <input type="checkbox"/> 3 No one } (END interview - noninterview) <input type="checkbox"/> 9 DK/Ref	13						
6. On what date did (sample person) die?	<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Month</td> <td style="border: 1px solid black; padding: 2px;">Day</td> <td style="border: 1px solid black; padding: 2px;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> } (Go to 7) <input type="checkbox"/> 999999 DK	Month	Day	Year				14-19
Month	Day	Year						
7. Did (sample person) die at home, in a hospital, in a nursing or convalescent home, or some other place?	<input type="checkbox"/> 1 At home <input type="checkbox"/> 2 In hospital <input type="checkbox"/> 3 In nursing/convalescent home } (END interview - noninterview) <input type="checkbox"/> 4 Other place <input type="checkbox"/> 9 DK	20						
A	<i>Begin interview by asking: When we conducted the interview several months ago, we recorded (sample person's) age as (age from label). Is this still correct?</i>	<input type="checkbox"/> 1 Yes (Go to Section A on page 4) <input type="checkbox"/> 2 No (Correct age on label, then go to Section A on page 4)	21					
Notes								