

National Health
and Nutrition
Examination Survey

Mental Health Parent Interview

Telephone Interviewers Procedures Manual



August 1999



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1. THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

The National Health and Nutrition Examination Surveys (NHANES) are a series of studies conducted to learn about the health and nutrition of people in this country. The surveys include interviews and physical exams. NHANES is a program of the National Center for Health Statistics (NCHS), a Federal agency that gathers health data for the United States. The agency is part of the Centers for Disease Control and Prevention, U.S. Public Health Service.

The NHANES programs began in the early 1960's. The current NHANES survey began in 1999 and will now be an ongoing program.

The survey combines in-person interviews with health exams and some telephone followup. Participation begins with an in-person interview conducted in the home, which focuses on the family's diet and health. Each member of the household selected for the study is considered a sample person (SP) and information is collected separately for each SP. After the in-home interview, people who agree to be in the survey visit a special mobile examination center (MEC). These special exam centers travel the country with highly trained medical teams. The team conducts a screening exam that focuses on special health topics, using the most up-to-date methods and equipment, and includes medical and dental exams and other lab tests. Exhibit 1-1 lists the tests and examination components for children. About 5,000 persons each year will be examined in 15 different locations, called "stands." More than 130,000 persons have participated in past NHANES programs.

NCHS uses the data collected in NHANES to estimate the number of people with certain health problems – for example, diabetes, high blood pressure, or osteoporosis. The survey also collects information on diet and other habits that affect health, such as smoking and exercise, as well as mental health. The data are used to describe the physical and mental health and nutritional status of the U.S. population and form the basis for further important health research. They are also used in the design of health programs and services and will expand health knowledge about the United States.

Health Tests Performed on Children in Mobile Examination Centers

Health Measurements

- * Physician's exam: All ages
- * Blood pressure: Ages 8 and older
- * Body fat: Boys 8 and older
- * Bone density: Boys ages 8 and older
- * Oral health exam by a dentist: Ages 2 and older
- * Vision test: Ages 12 and older
- * Fitness test: Ages 12 and older
- * Height, weight, and other body measures: All ages
- * TB skin test: Ages 1 and older
- ** Hair sample for mercury test: Ages 1-5 years and females 16 and older

Lab Tests on Urine: (6 years and older)

- Bone status tests: Ages 8 and older
- Kidney function tests: Ages 6 and older
- ! Sexually transmitted disease (STD)
Chlamydia and gonorrhea: Ages 14 and older
- Exposure to pesticides: Selected persons ages 6-59

Lab Tests on Blood: (1 year and older)

- * Anemia: All ages
- * Cholesterol: Ages 3 and older
- * Glucose measures: Ages 12 and older
- Markers of immunization status: Ages 6 and older
- ** Infectious diseases: Ages 3 and older
- * Kidney function tests: Ages 12 and older
- * Lead: All ages
- ** Cadmium: All ages
- ** Mercury: Ages 1-5 and girls 16 and older
- * Liver function tests: Ages 12 and older
- Nutrition status: All ages
- * Hormone tests: Ages 12 and older
- ! Herpes type 2: Ages 14 and older
- Exposure to environmental chemicals: Selected persons ages 12-19

Private Health Interviews

- Health status: All ages (parent answers for 11 and younger)
- Mental health: Ages 8 and older
- Drug and alcohol use: Ages 12 and older
- Nutrition: All ages (parent answers for ages 5 and younger)
- Physical activity: Ages 12 and older
- Reproductive health: Girls ages 12 and older
- Sexual experience: Ages 14 and older
- Tobacco use: Ages 12 and older

LEGEND
* Results reported to child and parent/guardian
** Results reported only if positive (or abnormal)
! Results reported only to child

2. OVERVIEW OF DATA COLLECTION

Over each of the next 5 years, followup telephone interviews will be conducted with the parents of approximately 900 children ages 8 to 15 who were examined in the MEC. These interviews will be about the mental health of the children and will be based on the Computerized Diagnostic Interview Schedule for Children (CDISC), developed by the National Institute for Mental Health. It is known that there has been a dramatic increase in the last decade or so in the number of children and adolescents in the U.S. diagnosed with depression and other common psychiatric disorders. The results of the parent interviews will allow researchers to get an idea of the prevalence of certain mental health disorders and also to discover how these disorders are related to other medical conditions and biological risk factors.

The interviews will take approximately 30 minutes, depending on the case. All parents who are interviewed will be asked about depression, conduct disorders, attention deficit/hyperactivity, and eating disorders in their children. Parents of children ages 8-11 also will be asked about elimination disorders.

Interviewing will begin in January 2000 and continue through 2004. Approximately 15 percent to 20 percent of the interviews are expected to be conducted in Spanish. Before the main study starts in January, the study procedures and instruments will be pretested. In July, two sets of five cases each will be completed with volunteers as the respondents. These are referred to as the alpha and beta tests, and their primary purpose is to test data collection and delivery procedures. Starting in August and continuing into November, a pilot test will be conducted with the parents of 60 children examined at two different MEC locations. The focus of this phase will be testing procedures for status reporting, quality control, and data delivery.

Telephone interviews will be conducted with the parent within 4 to 28 days of the child's screening exam in the MEC. If a child has a sibling in the eligible age range who also participated in the MEC exam, the parent will be asked to complete telephone interviews for both children. (For the pilot test, only a subset of children 8-15 years of age are eligible for the parent interview, so in some cases siblings in the eligible age group will not be sampled for the parent interview.)

3. OVERVIEW OF INTERVIEWING MATERIALS AND TASKS

For this study, you will be using the following materials:

- The CDISC, the computer-assisted telephone interviewing program for the National Institute of Mental Health Diagnostic Interview Schedule for Children (DISC). You will be using the parent version of this interview, and instructions for using it are contained in your Telephone Interviewer QxQ Specifications;
- Hard-copy Contact Information Sheet;
- Hard-copy Introduction/Closing Script;
- Hard-copy Call Record Form; and
- Hard-copy Non-Interview Report Form (NIRF) for recording information about refusals and break-offs.

For this survey, your responsibilities will include the following:

1. Attempt a telephone interview with each respondent sampled for this study using information from the Contact Information Sheet.
2. Be thoroughly knowledgeable about the purpose of the study so that you can answer questions and assure the respondent that any information they provide will be kept confidential.
3. Administer the questionnaire, according to the study procedures described in your QxQs, using a computerized version of the DISC.
4. Record all of your attempts to reach the individual on the Call Record Form.
5. Complete a Non-Interview Report Form (NIRF) whenever a respondent is reached but the call results in a refusal or when an interview has been started, but the respondent breaks it off and refuses to continue.

4. CONTACTING THE RESPONDENT

In this section we talk about the procedures and materials used for contacting respondents for the interview.

4.1 Contact Information Sheet

For this study, you will be using a Contact Information Sheet as well as a Call Record Form to document attempts to reach respondents. The Contact Information Sheet will have all the information you will need to contact a respondent (Exhibit 4-1).

The section at the top of the information sheet has the following information:

- Study ID number;
- Batch number;
- Date child was examined;
- The earliest and latest dates the parent interview can take place (it must be conducted between 4 and 28 days after the child is examined);
- The child's name, age, and gender; and
- Whether the elimination disorder module will be used (these questions are asked only if the child is aged 8 to 11).

In the middle of the sheet you will find information about the respondent:

- Name, address and phone number;
- Relationship to child;
- The respondent's preferred language;
- Whether the respondent has more than one child who was sampled for the study; and
- When the respondent is available to do the interview.

**NHANES PARENT FOLLOWUP INTERVIEW
CONTACT INFORMATION SHEET**

ID:	940456	CHILD INFORMATION	
Batch #:	A01	Child's Name:	Randy Talons
Date Child Visited MEC:	7/7/99	Age:	13
Earliest Date for Interview:	7/11/99	Gender:	M
Latest Date for Interview:	8/4/99	Ask Elim. Disorder?	NO

**RESPONDENT
INFORMATION**

Name: Wanda Talons
Street/Apartment: 424 E. Wayne St.
City/State/ZIP: Duron, OH 49456
Telephone: (707) 555-1212
Relationship to Child: Mother
Preferred Language: English
Interview for >1 Child? NO
(If yes, see below)
Available Weekdays? NO
Available Weeknights? YES
Available Weekends? YES

REVISIONS/UPDATES

Comments from Field: Grandmother brought SP to MEC

Other Sampled Children
Associated with
This Respondent:

**SUPERVISOR: COMMENTS/
SPECIAL CIRCUMSTANCES**

To the right of this information is a box you can use to make corrections. Below the respondent information are boxes that may contain important comments from the field staff about the respondent and child as well as information about any other children associated with the respondent who were selected for the survey. At the bottom of the sheet is a section for supervisors to use to make comments about the interview.

4.2 Preparing for the Telephone and Making Contact

Before placing your call, look carefully at the Contact Information Sheet. If you are calling a case for which previous calls have been attempted, also review the Call Record Form and any notes that have been made.

You will need to be prepared to introduce yourself as soon as someone answers the phone. Then, when you have the designated respondent on the line, you must be able to quickly get him or her interested in doing the interview.

The introduction to the survey is not written into the computer program with the questionnaire, so you will read the introduction from the script provided to you (Exhibit 4-2). You will have a laminated copy of the introduction at your work station.

4.3 Obtaining Consent

Prior to the child's appointment at the mobile examination center, the child's parent or guardian is asked to give their written permission for their children's physical examination, for an interview administered in the MEC, and for the telephone interview that we are conducting. You will not have to be concerned about obtaining the respondent's formal consent.

It may happen that you will end up interviewing someone other than the person who gave their consent for the interview. If the respondent wants a record of the original consent, verify the respondent's address so we can mail them a copy. Report the request to your supervisor who will contact project staff to obtain a copy of the consent. When this happens, we will probably have to postpone the interview for a few days to wait until the respondent has received the consent form.

**NHANES MENTAL HEALTH PARENT INTERVIEW
CDISC INTRODUCTORY AND CLOSING SCRIPTS**

INTRODUCTION

May I speak to (DESIGNATED PARENT/GUARDIAN)?

IF R IS NOT AVAILABLE: What would be the best time to reach him/her?

RECORD BEST DATE, DAY, AND TIME TO CALL BACK. END CALL

(WHEN SPEAKING TO DESIGNATED PARENT/GUARDIAN)

Hello, my name is _____ and I'm calling for the National Health and Nutrition Examination Survey being conducted by the U.S. Public Health Service. As part of this survey, (CHILD'S NAME), recently came to our mobile examination center for a health examination.

At that time, you were informed that we would be calling you to ask more questions about (CHILD)'s behavior and feelings. (REFER TO PACKAGE OF MATERIALS SENT HOME WITH CHILD IF RESPONDENT SEEMS UNFAMILIAR WITH THE STUDY). You will be sent \$30 by mail for completing the telephone interview. The interview should take about half an hour. Could we begin the interview now? **(ENTER START TIME ON CALL RECORD FORM.)**

(OPTIONAL STATEMENT TO BE USED ONLY IF THE DESIGNATED PARENT/GUARDIAN DOESN'T SEEM FAMILIAR WITH THE STUDY): The National Health and Nutrition Examination Survey is one of a series of studies that look into the health and nutrition of people in this country. In order to get a better picture of the health of children, we would like to ask their parents or guardians some questions.

CLOSING

These are all the questions I have. Thank you for taking the time to talk with me today. Let me just verify your address so we can send you the check for \$30. [VERIFY ADDRESS AND MAKE ANY CHANGES IN THE BOX PROVIDED ON THE CONTACT INFORMATION SHEET.] You should receive the check within 3 weeks. Thank you again for your help. Good-bye.

(ENTER END TIME ON CALL RECORD FORM.)

4.4 Whom Can You Interview?

The correct respondent for this interview is determined from questions asked of the children examined in the MEC. The child's mother is the preferred respondent if the child lives with her. If the child does not live with the mother, the child is asked what adults he or she has lived with, who have taken care of him or her in the past year, and to whom the child felt the closest. That person then becomes the selected respondent. In general, no one can be substituted for the selected respondent. This is a standard rule for most surveys, but it may seem unusual, for instance, that the father cannot answer the questions if the mother is unavailable. Simply explain that the rules of the survey say that there can be no substitutes. The only time you would seek a new respondent would be if the information about the child's caretaker turned out to be incorrect; for instance, the child does not live with the person named as respondent. If you decide that a new respondent is needed, you should not call that person immediately, but rather refer the case to your supervisor for further action.

You may not use a proxy respondent to interpret or translate for the designated respondent. If the respondent does not speak either English or Spanish or has a hearing problem, the case cannot be completed.

4.5 Gaining Cooperation

While most respondents will be aware of the family's participation in the study and therefore will understand the reason for your call and the purpose of the study, you must be prepared to answer any questions that might arise. During your introduction, some respondents may ask for additional information before proceeding with the interview. Listen carefully to what is asked and answer clearly and concisely only what is asked. This will avoid the introduction of other topics that may divert the respondent's attention from the interview. The answers to potential questions should be rehearsed so you do not sound vague or hesitant while answering.

Because this interview deals with some sensitive issues in the area of mental health, you may find respondents more reluctant than usual to answer certain questions. Some may become upset in talking about their children's problems. Maintaining your professional neutrality is extremely important in these situations. While you do not want to seem completely indifferent to what the respondent is telling you, neither do you want to become too sympathetic. It is much easier for an upset respondent if you acknowledge their feelings, give them a moment to gain control, and then proceed with the interview.

Another situation that may arise is that the process of answering a series of questions makes the respondent realize that there may be a problem with their child. You do not want to give false assurances that there is no problem, but you also are not in the position to give medical advice. You could say that "yes" responses do not necessarily mean a child has a particular problem, but if the parent wants to investigate further, we have a number they can call. We will give you the name and telephone number of a person the respondent can call for a medical referral.

If you find that a respondent is balking at certain questions or an entire set of questions, keep in mind that it is better to skip a few questions rather than lose the entire interview. The questionnaire is set up in modules, so that questions pertaining to one condition are together in one section. If a respondent is becoming very agitated by questions about depression, for instance, you can say something like: "These questions seem to be upsetting you. Let's move on to a new section."

If a respondent wants to verify that the survey is legitimate or that you are a bona fide interviewer for this survey before proceeding with the interview, you can refer the respondent to Dr. Kathryn Porter at the U.S. Public Health Service office at 1-800-452-6115, Monday through Friday, 9:00 a.m. - 6:00 p.m. EST. In this situation, always try to set an appointment for the interview that will allow the respondent ample opportunity to make a verification call.

Here is a listing of the types of questions that you may receive from respondents and some suggested answers:

Who are you?

I work for the National Center for Health Statistics, a Federal agency that gathers health data for the United States. The agency is part of the Centers for Disease Control and Prevention, which is part of the U.S. Public Health Service.

How will information from this survey be used?

The National Center for Health Statistics uses the information from the survey to obtain a broad picture of the physical and mental health of people in the United States. The information from this section of the survey allows them to assess the mental health of children in this country. Many Federal agencies, universities, and other public and private groups use NHANES data to help find new cures and treatments for diseases and disabilities.

How long will the survey take?

It usually takes about 30 minutes [for each child].

How was I/my child chosen?

The National Center for Health Statistics selected your household and your child in a carefully designed sample of people living in the United States. No one else can be chosen in your child's place because no one has the same health characteristics as s/he has. Having your child as part of the survey will help make the information complete. The information you give will be added to that from all others who join in this study. That information will help create greater understanding of our Nation's health.

What do I gain by taking part in the survey?

You will have the chance to help us learn more about the health of our Nation, and you will receive a check for \$30 for taking part in the telephone interview.

How can I get the results of this interview about my child's behavior?

There are no results or report of findings for the telephone interview about your child's feelings and actions. The series of questions that we have asked cannot be used to establish an actual diagnosis for any

specific mental or behavioral disorder. If you have serious concerns about your child's emotional well-being, we suggest that you discuss them with your pediatrician or family health provider.

I don't think I'm the person you want to speak to.

Do you live in the same household as (CHILD)?

IF YES: The questions I will ask you will be about how (CHILD) behaves at home, in school and in his interactions with others. If you live with (CHILD), you should be able to answer them. Could we begin?

IF NO: Would you be able to provide us with the name, address, and phone number of a person who lives with (CHILD) and who would know the most about (his/her) health?

NOTE: If you have any doubts about whether the person should do the interview, tell the person that you need to consult your supervisor and you will call them back.

Do I have to do the interview?

Your participation is voluntary. Also, you may skip any questions you do not wish to answer. There are absolutely no penalties for not participating.

How do I know that this information is confidential? or Will my name be kept for future surveys?

As an interviewer, I have signed a confidentiality pledge not to divulge information about the people I interview. Also, public laws ensure that all information you give is kept confidential. These laws prohibit us from giving out information that identifies you or your family without your consent. This means that we cannot give out any fact about you, even if a court of law asks for it. The information you give me will be combined with information from many others participating in this survey and will be reported only in tables and statistics, without any identifying information.

We may need to contact you in the future. To do this we would ask public or private agencies, such as the Post Office, to provide changes in your address.

What questions will I be asked?

You will be asked questions about how your child has been acting and feeling in the last year. Some of these questions may not apply to your child, but we need to ask them to learn about how all children are acting and feeling.

I'm extremely busy. I don't really have the time.

I know your time is limited. The interview will take about 30 minutes. I can schedule it for any time that is convenient for you, days or evenings, weekdays or weekends, if you prefer. We do need to talk to you before (LAST POSSIBLE DATE) because we need to schedule the interview within four weeks of your child's examination.

I never have 30 minutes free.

We can do the interview in two or more sessions if you prefer.

4.6 Handling Refusals

In every survey, it is important to remember that people refuse for many reasons, and experienced interviewers know that they should not take refusals personally. Because of the circumstances of the current study, we do not want to be overly aggressive in trying to get respondents to do the interview when we call. It is better to back off before you get an absolute refusal. We will followup the case with a letter explaining the importance of the study and asking them again to cooperate. Then we will have a supervisor recontact the respondent.

Break-offs. A break-off occurs when a respondent begins an interview but refuses to finish or is unable to finish. As with a refusal, you should attempt to determine the reasons for the break-off and try to answer the respondent's concerns. If the questions in a particular section of the interview seem to be bothering the respondent, offer to go on to the next topic. If the respondent has decided to discontinue near the end of the questionnaire, be sure to let him/her know how much longer the interview will take. If it is simply a matter of inconvenience for the respondent, you should try to set an appointment for another time. If it is clear the respondent has no intention of resuming at a later time, record the situation on the Non-Interview Report Form (NIRF), Exhibit 4-3, and on the Call Record Form, Exhibit 4-4. Instructions for filling out these forms are in the following section.

4.7 Recording Contact Attempts

Keeping a record of the result of every phone attempt you make is an important part of the research process. When this is done, the timing of later attempts can be customized for maximum efficiency. After you contact or attempt to contact a case, record the result on the hard-copy Call Record Form, shown as Exhibit 4-4.

The Contact Information Sheet (see Section 4.1) will have all the information you will need to make an initial contact with a respondent. This will include the batch number and ID number of the case; the name, address, and telephone number of the respondent, and information about the child who participated in the exam, the date of the exam, and the first and last dates allowed for completing the interview. There is also space provided to update respondent and address information.

The top left section of the Call Record Form also will show the batch and ID numbers, the name of the respondent, and a phone number to use. Sometimes a second phone number is provided for a respondent, or you may have to find a new number through Directory Assistance. The top right section of the CRF is used to record any new phone information and to enable us to keep track of which phone number was used to reach the respondent.

The CRF should have the following information for each attempt you make to reach a respondent:

1. **Phone:** Corresponding number that pertains to the phone number that is being called. For instance, the first phone number listed on the label would be "Phone 1." If this is the number called, you would put a "1" in the space provided.

2. **Date:** Day of the week, month, and date of the attempt, such as Mon, 12/2.
3. **Time:** Time of day you called with a.m. or p.m. circled.
4. **Int:** Your initials. You should always use three initials unless otherwise advised by a supervisor.

**NHANES MENTAL HEALTH PARENT SURVEY
NON-INTERVIEW REPORT FORM (NIRF)**

Date: _____

CASE ID: _____ Respondent Name: _____

1. Was this a: (circle one)

- 1. refusal, or
- 2. a breakoff? (specify breakoff point: _____)

2. Who refused? (circle one)

- 1. Respondent
- 2. Don't know/person not identified.
- 3. Someone else (specify: _____)

3. Record reason for refusal/breakoff. If possible, include verbatim comments made by person who refused.

4. Strength of refusal: (circle one)

- 1. Mild, no hostility
- 2. Firm, not hostile
- 3. Very firm, not hostile
- 4. Hostile

5. Record any information that might be helpful for another interviewer working on this case.

Exhibit 4-4. Call Record Form

**NHANES MENTAL HEALTH PARENT INTERVIEW
CALL RECORD FORM**

BATCH:						PHONE2: _____	STATUS: _____
ID:						PHONE3: _____	STATUS: _____
RESP:						PHONE4: _____	STATUS: _____
PHONE1:						TIME ZONE: _____	

#	SH	PHNE	DATE	TIME	INT	RESULT	COMMENTS	E/A	APPOINT
1	D E W			am pm					Date: _____ Time: _____
2	D E W			am pm					Date: _____ Time: _____
3	D E W			am pm					Date: _____ Time: _____
4	D E W			am pm					Date: _____ Time: _____
5	D E W			am pm					Date: _____ Time: _____
6	D E W			am pm					Date: _____ Time: _____
7	D E W			am pm					Date: _____ Time: _____
8	D E W			am pm					Date: _____ Time: _____
9	D E W			am pm					Date: _____ Time: _____

INTERIM CODES

CB	Callback, No Appt	<i>RECORD TIME</i>	LP	Language Problem	<i>NOTE IN COMMENTS</i>
AP	Callback, Appointment	<i>RECORD TIME</i>	SP	Spanish Interview needed	<i>NOTE IN COMMENTS</i>
NA	Ring, No Answer		UA	Unavailable / Field Period	<i>NOTE IN COMMENTS</i>
BU	Busy		WC	Wrong Contact	<i>NOTE IN COMMENTS</i>
AM	Answering Mach: No Message	<i>STANDARD MESSAGE</i>	BR	Break-off: Refusal	<i>NIRF</i>
LM	Answering Mach: Left Msg	<i>NIRF</i>	BA	Break-off: Non-refusal	<i>MAKE APPT</i>
RF	Initial Refusal	<i>NOTE IN COMMENTS</i>	OT	Other	<i>NOTE IN COMMENTS</i>
NL	Not Locatable/Contact Prob				

FINAL CODE: 01 Complete

ADMIN USE ONLY:
Date Check mailed: _____
Init: _____

TIME STARTED: _____ **AM/PM**

TIME ENDED: _____ **AM/PM**

FOR SUPERVISORS' USE ONLY:

DISP CODE (MHQDISP) _____ **COMMENT CODE (MHQCDMT)** _____

COMMENT (MHQDOH) _____ **DATE (MHQDATE)** _____

5. **Result:** The result code of the call. The codes are explained below.
6. **Comments:** Any note or explanation you feel will be helpful for you or another interviewer.
7. **Appointment:** The date and time of an appointment. This should always be converted to Eastern Time.

There are two columns you do not need to worry about. In the **SH** column a Telephone Research Center supervisor labels the calls made as day, evening, or weekend calls. This allows us to make sure that calls are being made at all possible times to respondents who are difficult to reach. The **E/A** column is for the use of clerical staff, to note when they have entered information in the Access survey receipt system. At the bottom of the CRF are spaces for supervisory staff to use in indicating the final status of the case.

Result Codes

Interim and final result codes should be entered on the Call Record Form. The only final result code you will use will be '01' to indicate a completed interview; supervisors will make the final decision to close out a case that is not completed.

CB *Callback, No Appointment:* Enter "CB" when you make contact with the respondent but you do not obtain a specific time to call back, or if you are given a time to call back by another household member. (For example, you reach the respondent's spouse and he indicates the respondent will be home after 8 p.m.) Be sure to note any comments about the respondent's availability in the comments area.

AP *Callback, Appointment:* Enter "AP" when you are given a **specific day and time**, from **the respondent** for a callback. (This could occur after you have started the interview if the respondent wants to complete the remainder at another time.) Record the day and time in the appointment column, as well as any relevant comments. Appointments for later the same day should be given immediately to the supervisor on duty.

NA *Ring, No Answer:* Enter "NA" when no one answers after six rings.

BU *Busy:* Enter "BU" when the number is busy. Call the case back one time only, approximately 15 minutes after the original call. If you will be unable to call the case back within 15 minutes, give the case to your supervisor so s/he can reassign it. Record both calls on the same row of the Call Sheet.

AM *Answering Machine:* Enter "AM" when you reach an answering machine and do not leave a message. Do not leave messages on answering machines unless instructed to do so by your supervisor.

LM *Left Message:* Enter "LM" when you have left a message on an answering machine. Do not leave messages on answering machines unless instructed to do so by your supervisor.

RF *Initial Refusal:* Enter "RF" when a respondent refuses the interview. (You would also use this code

when a household member refuses to grant access to the respondent.) You will need to complete a Non-Interview Report Form (NIRF) and staple it to the Call Record Form.

LP *Language Problem:* Enter "LP" when the respondent (or some other household member) cannot understand English or Spanish, or has hearing or speech difficulties.

SP *Spanish:* Enter "SP" when the case requires a Spanish-speaking interviewer.

NL *Not Locatable:* Enter "NL" when a respondent cannot be reached at the number given, for example, the phone number you have dialed has been disconnected or the person answering the phone says the respondent does not live there. Before using NL, be sure that you have dialed correctly and that the person answering the phone has no information that would help us locate the respondent.

WC *Wrong Contact Provided:* Enter "WC" if you reach the person listed as the contact, but s/he turns out not to be the person who can answer questions about the child's health, for instance, because the child and this person do not live in the same household. If you are given contact information for another possible respondent, do not call that person immediately. The case will be reviewed by supervisors to determine the next step to take.

UA *Unavailable During Field Period:* Enter "UA" when the identified caretaker is unavailable during the 4-week field period. For example, the caretaker may be on extended travel, or s/he may be in the hospital and too ill to complete the interview, etc.

BR *Break-off:* Enter "BR" if respondent begins the interview but refuses to continue. You should fill out a NIRF form for these cases.

BA *Break-off: Other:* Enter "BA" if respondent starts but cannot finish the interview at the designated time, or breaks off during the interview due to a time conflict or emergency. Use BA only if the respondent agrees to continue the interview at another time.

OT *Other:* Enter "OT" for any other interim result not covered by the other codes. Be sure to explain the situation in detail in the comments area.

4.8 Maintaining Confidentiality

Respondents for the NHANES Survey are promised that the answers they give will be kept strictly confidential. It goes without saying that the respondents then have a right to expect that the information will be used only for purposes of the project, will be seen only by project staff and will not be disclosed either intentionally or through negligence.

As an interviewer, you are the link between the respondent and the other members of the research team. It is important that you recognize the importance of your commitment to the respondents in this regard. Everyone working on this project will also sign a confidentiality form for the National Center for Health Statistics. Please be sure you have read it carefully and please note that a breach of confidentiality is cause for immediate dismissal.

Although the possibility is rare, in the event that you recognize the name of someone whose Contact Information Sheet you have received, do not attempt this call. Instead, turn the sheet in to your supervisor. Contacting someone with whom you are familiar would be a breach of confidentiality.